**FINAL OSNPPH - HERS Status Report**

***July 2015***

**Background/Introduction:**

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) is the independent and official voice of Registered Dietitians working in public health in Ontario. OSNPPH has workgroups focusing on different nutrition environments. In November 2012, OSNPPH formed a workgroup focusing on recreation settings as a nutrition environment – Healthy Eating in the Recreation Settings Work Group (HERS WG).

Initially, there were 14 health units represented on the HERS WG (see Appendix A for the list of health units involved). For more information on the group’s goals and objectives, see the Terms of Reference (Appendix B).

The HERS WG provides an opportunity for consistent and improved efficacy in creating a supportive nutrition environment and policy development in recreation settings through public health regions across Ontario. This group provides an opportunity for networking, collaboration and knowledge exchange among OSNPPH members addressing healthy eating in the recreation setting through work with recreation facilities and organizations, municipalities and other partners, as outlined in the [Ontario Public Health Standards 2008](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf). The purpose of this work is to identify effective strategies to increase access and availability of healthier food choices in recreation settings and to influence environmental change and policy in recreation settings based on best practices.

The initial priorities of this group were to scan, gather and analyze healthy eating and food related issues within recreation settings in the province of Ontario. The group has used an evidence-informed decision-making model (Peel Public Health’s Program Planning and Evaluation model) to define best practices. The HERS WG completed a situational assessment followed by a literature review, including an analysis of these findings (See PEEST and SWOT Analysis Appendix G).

**Rationale:**

Recreation facilities are a gathering place and community hub for people of all ages. They are key community settings and can have a positive impact on the health and behaviour of all residents. Recreation settings are an ideal location to promote a healthy food environment and provide healthier food choices as they already support active lifestyles.

There are many reasons to focus on recreation settings. Public health units in Ontario are mandated by the Ministry of Health and Long-Term Care to complete program specific requirements. Within the Chronic Diseases and Injuries Program Standards, health units are required to “work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreation settings and the built environment regarding the following topics: healthy eating.” [[1]](#footnote-1)

Recreation settings have also been identified as a priority within the Ontario Chronic Disease and Prevention Alliance and the Healthy Kids Panel report. One recommendation from the Healthy Kids Panel report included to “develop a single standard guideline for food and beverages served or sold where children play and learn.”[[2]](#footnote-2) Recreation settings already promote physical activity, and there is an opportunity to better promote healthy eating to create a supportive food environment.

In addition, the Local Food Act encourages increasing access and use of local food in a variety of settings, including public facilities.

One complexity of food provision within recreation settings is that food and beverages are available through a variety of means including vending machines, canteens, concessions, restaurants, fundraising and meetings.

Recreation settings, particularly arenas, have a very strong social and cultural environment where food is expected to be sold. Food is used in fundraising in many sports settings. It is also often used as a reward or celebration (e.g., for good play, good behaviour). It is important to recognize the impacts of role models and adult influences on children. This includes athletes, parents, coaches and sports league administration. The abundance and normalization of unhealthy food and beverages and their consumption within recreation settings may undermine other positive health messages children and youth receive on site.

Prior to April 2013, the province coordinated the *Eat Smart!* Award of Excellence program for recreation settings. This program provided guidance for creating an overall healthy food and beverage environment. Many health units were implementing this program in their communities. The discontinuation of this program created a gap in service and triggered a need for a coordinated provincial approach. Currently there are no provincial policies or programs operating to support healthy eating in recreation centres in Ontario.

**Information Gathering:**

To guide action on the HERSWG priorities, members completed a pre-planning process that included concept development, stakeholder identification, a preliminary situational assessment and a Project Idea Development Outline. See Appendix C for further details.

*Situational Assessment:*

Following the pre-planning stage, a comprehensive situational assessment was completed. The components of the situational assessment included examining surveillance data, a literature review, environmental scan, and PEEST and SWOT analysis.

An assessment of surveillance data looked at the physical and social environment of recreation settings in relation to healthy eating and health issues. For more information, see Appendix D.

*Highlights from Literature review:*

The HERS WG completed a literature review on healthy eating programs or policies for recreation settings. The literature included findings within Canada and North America. See Appendix E for the literature review and research questions.

The literature on recreation settings is emerging as it becomes recognized as an influencer on the eating patterns of children and their families.There is limited literature and systematic reviews to show changes to the food environment in recreation settings through healthy eating programming or policy. Some evidence reported that healthier foods could be sold and profitable in recreation facilities, but also that there were many barriers such as financial concerns, insufficient resources and logistical issues, and knowledge and attitudes.

It was clear within the literature that there are inconsistent health messages at sporting venues that promote active lifestyles yet sell many foods with little or no nutrient content. Within these centres, the availability of high fat, sugar and sodium containing foods are normalized and abundant. Additionally, that these foods are available in a setting geared for physical activity may influence perceptions of their healthfulness. There is very limited choice within recreation settings for patrons who are interested in selecting more nutrient dense, healthier options. The food industry also plays an influential role within recreation settings. This includes marketing and fundraising through the sales of sugar-sweetened beverages (i.e. pop, sport and energy drinks) to raise money for sporting fees for families.

*Environmental Scan:*

An environmental scan at the local, provincial, and national levels was completed. For more information on the environmental scan, see Appendix F.

Local highlights from environmental scan:

Prior to 2013, the Province offered the *EatSmart!* Recreation Program, which was implemented by many health units across the province. *Eat Smart!* was an Award of Excellence program that recognized and promoted Ontario food premises that met standards of excellence in nutrition, food safety and compliance with the Smoke-Free Ontario Act. The goal of the program was to contribute to the reduction of food-borne illness and chronic diseases in Ontario. As a result of this work, some nutrition standards in the recreation centres were addressed through pilot projects. As of April 1, 2013, the *Eat Smart!* program stopped being coordinated provincially by the Nutrition Resource Centre.

Currently, multiple public health units are working on recreation settings within their own communities. These health units have been collecting information from their community to determine whether or not recreation facility patrons are interested in healthier food and beverage options at their facilities. Within a select few health units, pilots have also been conducted to determine success with implementing healthier options. Some public health unit initiatives are completing evaluations. See Appendix H for a description of a local program case study.

Provincial highlights from environmental scan:

Provinces vary in their work to promote healthy eating in recreation settings across Canada; there is no national recreation setting policy/guideline. Some of the provinces have developed voluntary guidelines, toolkits and initiatives; however none of these, at the time of writing, have been adopted by the provincial government as mandatory requirements. A common theme within each of the provinces is that multi-leveled political will and momentum is required to move the agenda forward. Some of the approaches taken by the provinces include grant programs for healthy eating initiatives, voluntary nutrition guidelines and policies, using a capacity-building approach, and resource toolkit development. See appendix D for Provincial highlights.

*Key findings from PEEST and SWOT analysis:*

After completing the environmental scan and literature review, the HERS WG analyzed the findings using a PEEST and SWOT analysis. This included looking at the political, economic, environmental, social and technological factors that influence the current situation in recreation settings. Strengths, weaknesses, opportunities and threats were also considered. For more information see the summary of PEEST and SWOT analysis Appendix D.

Within recreation settings, healthier foods are often not available, which supports an obesogenic environment. These settings promote physical activity while negating a healthy food environment. Currently, food standards have been developed to support various food environments including schools, child care centres and workplaces. From a professional practice perspective, these standards vary greatly from each other and are often used inconsistently. A lack of funding and capacity exists for enforcing these standards. Therefore, partnerships at the local and provincial levels are essential to the success of this work.

Recreation settings and their food service providers follow different business models. Some facilities are funded through municipalities, others are privately operated and some are run by not-for-profit organizations (such as a local minor hockey association). This means food services are often outsourced via Request for Proposals (RFP). Many of these contracts are for a long-term duration however there is an opportunity to influence the RFP process and policy level changes.

For many of these businesses, food sales are essential to their success. Within some of these settings, the food industry provides sponsorship funds. This also includes pouring rights from certain beverage providers. Within the recreation food service providers, availability and affordability of healthier and shelf-stable products remains a barrier. Many operators are unable to source or safely store these items. Other commonly identified barriers to offering different food options within recreation settings include lack of food safety and preparation training; lack of models and resources to develop and monitor policy implementation; limited control over facilities and other club priorities; contract specification; perceived costs and structural limitations to support food provision.

**Recommendations:**

**Staged-approach for change:** Recreation facilities are an ideal setting to adopt policies and practices in support of healthy dietary behaviours. A staged approach is recommended for strategies and initiatives to work toward increasing the availability of healthier foods within recreation settings. These stages are:

* Raising awareness
* Nutrition education
* Capacity building
* Policy development
* Evaluation and Surveillance

**Partnership and Collaboration**:

* **Build OSNPPH HERS WG capacity.** Work with OPHA as a hub organization to create a collaborative partnership to help build workgroup capacity and support reach to other provincial organizations (potential partners).
* **Stakeholder Engagement.** Work with groups that support provincial level recreation organizations (e.g., Parks and Recreation Ontario). Partner with municipalities and recreation facilities at the local level and involve them in the process of implementing healthier choices. When working with local stakeholders, seek community champions, engage the food service operator in the process and gain manager buy-in to promote increase access to healthier food options.
* **Collaboration within OSNPPH**. Work with other OSNPPH working groups to ensure consistent nutrition standards and messaging is implemented across applicable food environments.
* **Explore non-traditional uses for recreation settings.** Recreation facilities provide an opportunity to promote local foods supporting food security and addressing food skills issues while supporting a healthier food environment (i.e., farmers’ markets at arenas in the summer).

**Harmonized Nutrition standards:** Currently there are varying nutrition guidelines for different food environments (i.e., schools, workplaces, childcare facilities, recreation facilities). It is recommended that these guidelines be consistent as per recommendation (#2.10) in the Healthy Kids Panel report. Support the continued establishment of the new OSNPPH work group in developing standardized nutrition guidelines to ensure consistent messages are reaching partners across the different sectors.

**Resource Development:**  The development of a comprehensive toolkit would be of value to help guide progress and support cohesive and consistent messaging and work among health units and external partners within the recreation setting food environment. Explore the need for supportive resources in recreation facilities and identify examples from other provinces or OSNPPH work groups.

**Advocacy:**  Advocating for enhanced nutrition programs and policies in recreation settings needs to occur at all levels of government – local, provincial and federal. Explore strategies, opportunities and allies to influence key decision makers and to highlight the public health importance of supportive nutrition environments.

**Appendices List**

1. Involved HERSWG Health Units (2012 & 2015)
2. Terms of Reference
3. Project Idea Development Outline (PIDO)
4. Summary of Situational Assessment
5. Literature Review & Research Questions
6. Environmental Scan
7. PEEST & SWOT Analysis
8. Case Study Pilot Project Summary (Niagara Region)

**Appendix A**

**Involved HERSWG Health Units**

*Health Units participating in HERS WG as of November 2012*

Algoma Public Health

County of Lambton Community Health Services Department

Elgin St. Thomas Public Health

Haliburton, Kawartha, Pine Ridge District Health Unit

Halton Region Health Department

Hastings & Prince Edward County Health Unit

Kingston, Frontenac and Lennox & Addington Public Health

Leeds, Grenville & Lanark District Health Unit

Niagara Region Public Health

Peel Public Health

Renfrew County and District Health Unit

Simcoe Muskoka District Health Unit

Timiskaming Health Unit

Wellington-Dufferin-Guelph Public Health

York Region Community and Health Services Department

*Health Units participating in HERS WG as of Oct 2015*

Algoma Public Health

County of Lambton Community Health Services Department

Elgin St. Thomas Public Health

Grey Bruce Public Health

Haldimand-Norfolk Health Unit

Haliburton, Kawartha, Pine Ridge District Health Unit

Halton Region Health Department

Kingston, Frontenac and Lennox & Addington Public Health

North Bay Perry Sound District Health Unit

Ottawa Public Health

Oxford County Public Health

Peel Public Health

Renfrew County and District Health Unit

Sudbury & District Health Unit

Thunder Bay District Health Unit

Windsor-Essex County Health Unit

York Region Community and Health Services Department

**Appendix B**

**OSNPPH HERSWG: Terms of Reference**

**OSNPPH Healthy Eating in the Recreation Setting Work Group**

**Terms of Reference (December 2012)**

**Purpose**

The Healthy Eating in the Recreation Setting Work Group (HERSWG) of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) provides an opportunity for consistency and improved efficacy in creating a supportive environment and policy development in the recreation setting in public health regions across Ontario. This group provides an opportunity for networking, collaboration and knowledge exchange among OSNPPH members addressing healthy eating in the recreation setting through work with recreation facilities and organizations, municipalities, or other partners, as outlined in the Ontario Public Health Standards 2008.

**Goals**

To collaborate provincially as a work group, sharing resources and staff to:

* gather and analyze evidence to identify the key healthy eating and food related issues within the recreation setting in Ontario; and
* use evidence-informed decision making to define best practices and identify an appropriate course of action to address the identified issues.

**Definitions**

Recreation setting: for the purposes of the HERSWG, the recreation setting includes recreation, sport, or fitness facilities and centres, including municipally owned and operated facilities, non-governmental, non-profit, private and for-profit organizations; sport clubs, teams and associations; and food service operations within the aforementioned facilities.

**Selection of Co-chairs**

* + Co-chairs are OSNPPH members who have been members of the HERSWG prior to becoming co-chair unless a person with this level of experience is not available.
  + New co-chairs can be selected from the HERSWG, on a voluntary basis, annually, or as otherwise needed. The position will typically commence in July.
  + If more than two members come forward and elections are required, please see OSNPPH Constitution, July 2008 Section 15 or By-laws Section 14 regarding elections.
  + Co-chairs will serve a one year term, which is typically from July to June (as per the OSNPPH Executive term) however the term for this position is flexible depending on the needs of the HERSWG.
  + Co-chairs may serve more than one-term on approval of the HERSWG membership.

**Expectations of Co-chairs**

* Responsibilities include: development of the agenda, chairing meetings, participating on task groups, coordinating tasks among HERSWG members and responding to questions from HERSWG members, the general membership and relevant outside organizations.
* Liaise with OSNPPH Executive as needed.
* Chairing of the meetings will alternate between Co-chairs.
* Agenda will be distributed to group one week in advance of the meeting.
* Maintain an updated distribution and contact list of members.
* Maintain recorder schedule by alphabetical order of members’ last names.
* Distribute individual member communications to entire HERSWG distribution list as requested.
* Send an email annually via OSNPPH list serve to make members aware of the opportunity to participate in the HERSWG.
* Provide updates for Executive meeting to Liaison Coordinator as appropriate.
* Prepare report for OSNPPH annual report.
* Maintain membership in OSNPPH annually.
* Adhere to the Policies and Procedures of OSNPPH.
* Notify the OSNPPH Executive of the names of the incoming co-chairs at the end of their term.

**Eligibility of Members**

* HERSWG members can include any OSNPPH members working in the area of healthy eating in the recreation setting.
* Term of membership is ongoing as long as individual members are working in the area of healthy eating in the recreation setting.
* There is no limit to the number of members and all members may participate in monthly teleconferences, however, if costs become prohibitive, or if the work group membership becomes so large that clear communications during teleconference are difficult, the workgroup may be asked to re-visit the number of members attending the teleconference.

**Expectations of Members**

* Be present at teleconferences and send regrets to the chair if unable to attend.
* Identify themselves before speaking on the teleconference format in order for the recorder to attribute comments accurately in the minutes.
* Take minutes for meetings on a rotating basis according to the recorder schedule, and forward minutes to the chair for distribution to HERSWG.
  + The recorder will find a replacement if unable to record on the assigned date by referencing the recorder schedule.
  + The recorder will forward the teleconference minutes to the co-chairs within two weeks of the teleconference.
* Participate in tasks as opportunities arise, or as necessary to complete the tasks determined by the group.
* Maintain membership in OSNPPH annually.
* Adhere to the Policies and Procedures of OSNPPH.

**Meetings and Communication**

* Meetings will be held by teleconference monthly or more often as required (1½-2 hours in length).
* HERSWG communication will occur by e-mail through the distribution list as maintained by the Co-chairs.
* Communication to other members of OSNPPH will occur through the OSNPPH list-serve.
* Updates will be sent to the OSNPPH Executive to post on the OSNPPH website as appropriate.

**Budget**

* Regular budget needs for ongoing meetings include teleconference line use, provided by OSNPPH.
* Budgetary needs will be reviewed annually by the end of June and reported to the OSNPPH Executive.
* If an increase in budget is anticipated, outside of teleconference fees, the HERSWG will explore external funding options.

*OSNPPH HERSWG Terms of Reference, drafted December 2012.*

**Appendix C**

**Project Idea Development Outline (PIDO)**

OSNPPH Healthy Eating in Recreation Settings Workgroup (HERS)

## Project Idea Development Outline

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project information | | | | | | | | | |
| **Project Name** | Provincial action for healthy eating in the recreation setting | | | **Proposal Prepared By** **HERS WG** | | | **Date**  **March 21 2013**  **Updated July 4, 2013** | | |
| **Project Sponsor** | **OSNPPH** |  | | | |  | **Project Manager** | **HERS WG** | |
| **Proposed Project Team** | **HERS WG members** | | | | | **Lead work group** | **HERS WG** | | |
| **Status** |  | **Estimated Budget** | | | | **0 – unless requested** | **Proposed Start Date** | | **March 21, 2013** |
|  |  |  | | | |  | **Proposed End Date** | | **Dec 31, 2013** |
| **Target Audience** | * **Recreation Settings/ Groups** * **Consumers/patrons of these settings** | | | | **Stakeholders**  (internal and external) | | **HERS WG members**  **OSNPPH Membership**  **Ontario Recreation settings**  **Public Health Ontario** | | |
| **Key messages**  **(to guide PIDO)** | **The current nutrition environment in recreation settings does not support health.**  **Recreation centres are already promoting physical activity so there is an opportunity to further promote healthy through healthy eating role modeling.**  **Children, parents, and other adults access recreation centres and may spend a significant amount of time in these settings.**  **There is not currently a provincial policy or program operating to support healthy eating in recreation centres in Ontario.** | | | | | | | | |
| **Ontario Public Health standards** | Which [**Public Health Standards**](http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/index.html) and Recommended **Protocols** does your project fulfill?  **Chronic Disease Prevention #5 and #6:**  **5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke.**  **6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding the following topics:**  **• Healthy eating;**  **• Healthy weights;**  **• Comprehensive tobacco control;**  **• Physical activity;**  **• Alcohol use; and**  **• Exposure to ultraviolet radiation.** | | | | | | | | |
| Project Description | | | | | | | | | |
| *Provide a high level description of the proposed project*  The purpose of the project is to identify effective strategies to increase access and availability of healthy food choices in recreation settings and to influence environmental change and policy in recreation settings based on best practice across the province through OSNPPH.  **Project Goals:**  Short Term   1. Identify strategies and best practices to improve the nutrition environment in recreation settings 2. Identify effective models to engage recreation settings to improve the food environment   Long Term:   1. Policies support a healthy food environment in recreation settings   (Strategies to improve the nutrition environment focus on, but not limited to, positive role modeling, pricing, product placement, promotions.)  **Project Objectives:**  1. Identify essential elements of a supportive healthy recreation nutritibest practices for creating a healthy nutrition environment in recreation settings 2. Identify best practices for creating and maintaining a healthy nutrition environment in recreation settings 3. Identify best practices for engaging and working with recreation nutrition environment  4. Develop partnerships to involve stakeholders in the development of recommendations 5. Raise awareness of the need to take action in community recreation settings. | | | | | | | | | |
| **Scope** | | | | | | | | | |
| In scope:  i. identification of best practices  ii. high level recommendation (eg. call to action)  iii. resource development in conjunction with recreation centres  iv. building capacity provincially  v. building capacity at a local level  vi. consider adapting existing tools  vii. consider funding application or using student work  viii. gathering perceptions and information from stakeholders  ix. using food standards consistent with other OSNPPH recommendations (NTS, workplace)  x. support policy development | | | Out of scope:  i.  ii.  iii. | | | | | | |
| **[Project Size](http://pluto/llprd/llisapi.dll?func=ll&objId=5267483&objAction=viewheader)**: Small ☐ Medium ☐ Large ☒ | | | | | | | | | |
| Rationale | | | | | | | | | |
| **Guiding questions:**  \* What is the health problem?  **Healthy eating is fundamental to good health and is important in reducing the risk of many chronic diseases. The current food environment in recreation settings does not promote and support healthy food choices and eating behaviours.**  \* How big is the problem? (rates and trends of health issue)  From Make No Little Plans: Ontario’s Public Health Sector Strategic Plan  **Almost 30 per cent of Ontario children and youth are overweight or obese.21 The rates are even higher in some populations such as Aboriginal children (40 per cent).22 Overweight children and youth are more likely to develop cardiovascular disease and other health problems later in life.23 Over half of Ontario adults are now overweight or obese, which means they are more likely to develop chronic diseases such as coronary artery disease, stroke, hypertension, breast and colon cancer, type 2 diabetes, gall bladder disease and osteoarthritis.24 Obesity cost Ontario $4.5 billion in 2009: $1.6 billion in direct health care costs and $2.87 billion in lost earnings due to illness and premature death.25**  21 Statistics Canada, Health Canada. Canadian Community Health Survey Cycle 2.2, Nutrition (2004). Canada’s Nutrition and Health Atlas.  22 Shields, M. (2006). Overweight and obesity among children and youth. Health Reports, Vol. 17, No. 3, August 2006.  23 Institute of Medicine, Committee on Accelerating Progress in Obesity Prevention, Food Nutrition Board. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press, 2012.  24 Katzmarzyk, P. The Economic Costs Associated with Physical Inactivity and Obesity in Ontario. Can J Appl Physiol. 2004 Feb; 29(1); 90–115.  25 Ibid.  **Time children and parents spend at recreation centres**  **61% of parents with kids aged 5-17 say they use public facilities and programs for physical activity at least sometimes (2010, PAM, CLFRI)**  **In 2010 in KFL&A, 56.7% of adults reported they used any recreational facility in the past 12 months.**  (A recreational facility includes any facility provided in the KFL&A area for physical activities, sports, or other recreational activities. This includes the local Y as well as municipal facilities such as pools, rinks, playing fields and parks. Trails and private facilities are not included.)  **Source:** RRFSS (Rapid Risk Factor Surveillance System), KFL&A area, 2010  **Food services in recreation facilities are well used; in a study of recreation facilities in London, Ontario, findings were that 40.8% of patrons purchase food at the snack bar of the recreation facility, and 30.8% purchase food from the vending machine. Of these consumers, 80.5% purchased food or beverages for their children and 44.7% purchased food or beverages for themselves7**. **These findings demonstrate the potential for the recreation facility environment to influence the health behaviours of both children and adults who use the facilities. There is currently little availability of healthy food choices in the vending machines and snack bars found in sports and recreational facilities.5 Many patrons are dissatisfied with the food choices available; the top reason for dissatisfaction is that foods available are unhealthy7**.   1. Chaumette P, Morency S, Royer A, Lemieux S, Tremblay A. [Food environment in the sports, recreational and cultural facilities of Quebec City: a look at the situation]. Can J Public Health. 2009;100(4):310-314. 2. Naylor PJ, Bridgewater L, Purcell M, Ostry A, Vander Wekken S*:* Publically funded recreation facilities: obesogenic environments for children and families? Int J Environ Res Public Health. 2010;7:2208-2221. 3. Thomas H, Irwin J: Food choices in recreation facilities: operators’ and patrons’ perspectives. Can J Diet Pract Res. 2010;71(4):180-185.   \* What can we do about it? (as per work group discussion, June 6, 2013)  - Does Public Health have a role in dealing with the issue?   * **Public Health can support recreation facilities to further promote health through supportive food environments and healthy policies.** * **Boards of Health are mandated through the OPHS Chronic Disease Prevention Requirements to collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating; to work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment; increase the capacity of community partners to coordinate and develop regional/local programs and services related to healthy eating (CDP Requirements 5, 6, 7)** * **Additionally, public health can further support the school food and beverage policy, PPM 150, by applying similar standards to other publicly funded buildings and places where children play.**   - If Public Health does have a role, explain the rationale for the type of program selected/designed  (i.e. should high risk populations be targeted instead of the general population? Why?)  **Public health unit staff can work locally with recreation settings to build healthy policy and supportive environments. The target population may be specific to each health unit, or the initiatives may target the general population. Public health can also advocate to the provincial ministries for provincial policies that cannot be implemented by health units alone.**  - Would advocacy and policy development be more effective than developing a health promotion  strategy?  **At different levels of government, different strategies will be required. Advocacy for a provincial policy that could bring the greatest efficacy and consistency across the province may be a strategy used, but raising awareness among consumers and key stakeholders, while working with recreation settings at a local level can also achieve success. Improving the food environment and policy development at a local level can build sustainability support should a provincial policy be implemented.**  \* Do we have sufficient capacity? If no, how much additional resources will be required?  **Human capacity consists of WG members with different expertise and experience, and in partnership with stakeholders. Time and financial capacity may be barrier. We may also need to expand human capacity when working with different levels of government and public health bodies. In addition to work group members’ time, support from other PH staff (students, PH nurses/promoters) may be available ad hoc. Algoma HC partnership is looking at recreation centres and the current offerings – this may provide some additional support for us.**  **We have capacity for:**   * **Research on models for effectively impacting the food environments in recreation settings?** * **Research on provincial level working groups** * **Implementing initiatives locally (within each health unit)** * **Time –**   **We do not have sufficient resources for the implementation and dissemination stages – would require more resources, funding, or provincial support to implement long term goals at a provincial level. We do have capacity for advocacy for these supports.**  \*How difficult is it to acquire these resources?   * **Could look at pooling resources from health units to fund contracts as needed (eg. if a contract position or consultant is required) but not all health units might support this** * **Consider external funding sources – eg. spark advocacy funding** * **Consider if we can access NRC funding as a transition from Eat Smart**   \* What are the predicted costs?   * **Limited or no costs are predicted for short term goals, outside of work/time contributions of working group members. Achieving the long term goals would have an associated cost.** * **Stakeholder engagement may have associated costs (eg. survey, if incentive is required)** * **Potential cost if a consultant is required to complete some of the research or writing** * **teleconference costs are paid by OSNPPH**   \* What is the expected reach?   * **OSNPPH, public health dietitians and nutritionists** * **Stakeholders** * **Provincial ministries – MOHLTC, Ministry of Tourism, Culture and Sport** * **Provincial park and recreation associations** * **Recreation facilities** * **Users of recreation settings/service providers** * **Providers of food services/concessions**   \* What is the expected impact?   * **Healthy food and beverages are available and accessible** * **Recommendations and best practices are available, essential elements of a healthy nutrition environment in the recreation setting** * **Nutrition guidelines** * **Implementation models** * **Advocacy strategy for recreation setting** * **Comprehensive working group to support implementation, next steps**   \* Where can we find evidence to support this need?   * **Documents that recommend changes to the availability of foods in recreation settings:**   + **No Time to Wait: The Healthy Kids Panel Strategy**   + **Strategic actions to address Childhood obesity developed by The OPHA Collaborative Chronic Disease Prevention work group**   + **Health Canada: Healthy Eating After School-Integrating healthy eating into after-school physical activity initiatives**   + **IOM: Local Government Actions to Prevent Childhood Obesity**   + **OMA Policy Paper: Applying lessons learned from anti-tobacco campaigns to the prevention of obesity** * **Scan of provincial programs** * **gather information from stakeholders – e.g. survey patrons, meet with recreation centre owner/operators** * **success stories/examples of supportive healthy food environments** * **Review published and grey literature** | | | | | | | | | |
| **Alignment with Strategic Priorities and Health Promotion Theories** | | | | | | | | | |
| How does your project align with Ontario’s Public Health Sector Strategic Plan and OSNPPH mission?  The proposed project aligns well with the Strategic Goals 3 and 4 of Ontario’s Public Health Sector Strategic Plan:  **Strategic Goal #3 Improve health by reducing preventable diseases and injuries**  ***Proposed Actions***  i. Build on existing efforts to reduce risk factors for overweight and obesity, tobacco use and high-risk alcohol use, including No Time to Wait: Report of the Healthy Kids Panel, Smoke-Free Ontario initiatives, Canada’s Low-Risk Alcohol Drinking Guidelines and all other public health, health sector and non-health sector initiatives that promote healthy eating and physical activity, discourage tobacco use, encourage low-risk consumption and contribute to achieving the goals in Ontario’s Action Plan for Health Care.  ii. Implement new and more effective policies and programs to promote physical activity, healthy eating, smoking cessation and low-risk consumption with both the broader population and groups at higher risk of poor health outcomes.  **Strategic Goal #4 Promote healthy environments – both natural and built**  ***Proposed Actions***  i. Define the scope and role for the public health sector in addressing and mitigating the health impact of the built environment  ii. Enhance provincial capacity to generate evidence to guide provincial and local public health collaboration with municipal planners, transportation planners, public works, parks and recreation and others who influence the built environment.  The proposed project aligns well with the OSNPPH Mission: We advocate and respond in order to advance the public health nutrition agenda. OSNPPH facilitates connections and provides supports among members in order to enhance their individual and collective effectiveness.  Which **health promotion theories** (i.e. Bandura’s Social Cognitive Learning Theories, the Stage Theories of Behavioural Change – See Glossary for detailed definitions) can you draw on to support your project idea?   * **Socio-ecological theory** : Individual, relationship, community, societal * **Ecological Model** (from Theory at a Glance):   The *ecological perspective* emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem. It highlights people’s interactions with their physical and sociocultural environments. Two key concepts of the ecological perspective help to identify intervention points for promoting health: first, behavior both affects, and is affected by, *multiple levels of influence*; second, individual behavior both shapes, and is shaped by, the social environment (*reciprocal causation*).  To explain the first key concept of the ecological perspective, multiple levels of influence, McLeroy and colleagues (1988)4 identified five levels of influence for health-related behaviors and conditions: (1) *intrapersonal* or *individual* factors; (2) *interpersonal* factors; (3) *institutional* or *organizational* factors; (4) *community* factors; and (5) *public policy* factors.  The second key concept of an ecological perspective, reciprocal causation, suggests that people both influence, and are influenced by, those around them.  **Project Classification**: Select one Primary (P) Classification and any applicable Secondary (S) Classifications  (  **p** ) *Citizen/Client/Customer* – New or improved service to clients  (  **s** ) *Compliance* - Required in response to externally imposed (e.g. legislated) changes  ~~( )~~ *~~Financial~~* ~~– Reduce costs or increase revenues~~  ~~( )~~ *~~Internal~~* ~~– Improvement to business process, increased efficiency or effectiveness~~  ( **S** ) *Learning and Growth* – Improved employee capabilities, motivation or satisfaction  ~~( )~~ *~~Utility~~* ~~- Required to maintain technology at current/supported level~~ | | | | | | | | | |
| **Evaluation** | | | | | | | | | |
| How will the suggested project be evaluated:  Type of evaluation: ☒ Formative ☒ Process ☒ Impact/Summative  Budget estimate :  Will evaluation require an external contract? ☐ Yes ☐ No **Maybe – depends on type of evaluation (impact/summative evaluation would likely require an external contract** | | | | | | | | | |

|  |
| --- |
| **Sign off** |
| Reviewer Comments: |
| Reviewer Signature: Date: |

**Appendix D**

**Summary of Situational Assessment**

**Healthy Eating in Recreation Settings (HERS) – OSNPPH Work Group**

**Summary of Situational Assessment**

In order to complete a situational assessment of healthy eating in recreation settings, the OSNPPH HERS work group used an Evidence-informed decision making (EIDM) process. This document summarized the key findings from the EIDM process. This process included completing:

* 2a: Evidence review on topic of interest
* 2b: Analysis of population of interest (captured in 2a)
* 2c: Review current and past practices, initiatives and evaluations (captured in environmental scan)
* 2d: Environmental scan
* 2e: PEEST and SWOT analysis

**Summary of 2a: Evidence review on topic of interest**

Targeted Factors

Given workgroup capacity and scope, the factors that will be targeted include:

* Food access, supply and policy (Physical Environment)
* Health practices related to food consumption (Social Environment)
* Attitudes, beliefs and recreation organizations role modelling (Physical and Social Environment)

Factors beyond the workgroup capacity and scope of this project are:

* Built Environment (physical)
* Opportunities for physical activity
* Food security (access to food)
* Skills beyond food selection
* Nutrition screening or counseling

Overweight and obesity for children:

* Direct measure rates of overweight and obesity of children aged 2-17 in Ontario was 27.5%.
* In 2011/12, 32.8 % of Ontario adults (18-64) were overweight and 18.7% were obese.
* There are significant gaps in the understanding of this health issue and the relationship between obesity and its contributing factors.
* This lack of data highlights the need to monitor and utilize relevant surveillance data as it becomes available.
* It also supports the consideration of incorporating formal research to measure the effect that recreation organization environment and policy interventions can have on overweight and obesity levels among children and youth and adults.

**Summary of 2d: Environmental Scan**

Key local findings from environmental scan:

* Multiple Public Health Units (11 of 36 Public Health Units who have provided information through OSNPPH) are working on this initiative within their own communities. These health units have been collecting information from their community to determine whether or not recreation facility patrons are interested in healthy food options at their facilities. Pilots have also been conducted in a select few of these health units to determine success with implementing healthier foods.
* First steps in an initiative such as this one is to gather community data. This would require gaining information from stakeholders: arena patrons, staff, volunteers, managers, food service providers (if possible).
* Community collaborations/groups/associations are important in order to include perspectives of different stakeholders. Many of the community groups involved in initiatives included people from: Public Health, community groups, parks and recreation associations (local and provincial) etc.
* Some challenges have been:
  + Definition of ‘healthy food options’
  + Difficulty in preserving some foods such as perishable foods
  + Concerns in lost revenue if the food options change
* Some Public Health Unit initiatives are in the middle of an evaluation step or still require evaluation. Follow-up with these results is warranted to learn from their success.

Key Provincial findings from environmental scan:

* Creating healthy eating environments in recreation facilities is supported by multiple provincial and professional organizations. This requires action from multiple sectors working together.
* Provinces vary across Canada. There is no national recreation setting policy/guideline, although BC has a grant to share their evaluated program/process across Canada (fee = 2,000.00 to pay trainer travel).
* Tools that have been developed have not been evaluated (exception is BC) there is limited evidence of effectiveness of initiatives.
* Political push drives the agenda forward much quicker (example of energy drink ban in Ottawa recreation facilities).
* Policies have been sparsely created.

Brief Analysis of policies/guidelines created:

* None of the provinces have implemented a healthy eating policy within recreation facilities.
* Provinces have developed voluntary guidelines, toolkits and initiatives; however none of these, at the time of writing, have been adopted by the provincial government.
* In Nova Scotia the government has adopted a policy approach to healthy eating and physical activity and grants are offered for healthy eating initiatives such as those in recreation facilities. Despite this it is unclear whether a policy has been adopted or mandated by the Nova Scotia Government and if these initiatives will continue once funding is done:
  + The Thrive! initiative in Nova Scotia is a policy and environmental approach to healthy eating and physical activity
  + There is commitment from the Government of Nova Scotia as expressed from the Premier. Grants for working on healthy eating policies have been given out to sport and recreation facilities along with other settings such as post-secondary schools etc.
* In BC, the Stay Active Eat Healthy - Healthy Food and Beverage Sales initiative has been developed and evaluated. This program encourages recreation facilities and local government buildings to make the healthy choice the easy choice for the community; however it has not been adopted or mandated from the provincial government.
* Locally within the provinces there is evidence of some policies being created:
  + In BC there are 3 cities that have implemented policies, however there is no adoption from the provincial government:
    - City of Prince George – however this was rescinding due to the 2015 Canada Winter Games
    - City of Kelowna
    - Corporation of Delta
  + In Manitoba
    - The Baldur Recreation Centre has made a nutrition policy for their canteen (see environmental scan for more information)
    - Policies have not been adopted by the province and it appears that local centres are encouraged to adopt healthier options
* In Ontario, at the Public Health Unit level, none of the 11 health units have implemented a policy in recreation facilities at the time this information was collected.
* Internationally, in the United States there have been some states with varying levels of standards, regulations and legislature created.

**Summary of 2e: PEEST and SWOT analysis**

**PEEST = Political, Economic, Environmental, Social, Technological**

Overall ideas towards over-arching goal:

* To go capacity building route and support ROs
* To support policy development related to supportive environments in ROs (local)/municipal level/provincial level
* Support policy development and/or environmental change via capacity building

Political:

* Supportive food environments – this is the driver of the project and overall trend
* Different food standards in different environments. Lack of funding/capacity for enforcing these standards.
* Capacity-building model has been shown to be best-practice
* Identified key potential partnerships:
  + OSNPPH as the project lead (opportunity for work groups to work together towards supportive environments)
  + Need buy-in from local level (municipalities) - vary in interest, capacity and where they are at
  + At the provincial government and NGOs (ideas include OPHA, PRO, AMO)

Media/Communication channels:

* Develop a clear communications plan using expert partners (i.e. could HC Link help with this?)
* Will need to collaborate with others to get the message out there (recreation organizations as a component of supportive environments)

Economic:

* ROs are funded through municipalities/private/not for profit and many depend on food sales (budget is key to their success)
* Grants might need to be considered to move project forward (at provincial or local level) (advocacy and collaboration may play a role here)
* Sponsorship provided from industry to ROs. This also includes pouring rights from certain SSB providers.
* Foods are often outsourced via RFPs. These contracts are often long term.
* Availability and affordability of healthy/shelf stable products, i.e. are operators able to source these products.

Environmental:

* Capacity within the recreation settings: physical, staffing (are they paid or volunteer), equipment available to them (fridges, microwaves, fryers)
* Obesogenic environments – healthier foods are not available in rec settings. Inconsistent messaging within recreation organizations that promote physical activity but not healthy eating.
* Impacts of marketing (especially to kids)

Social:

* Impact of role models/adult-influencers (athletes, parents, coaches, leagues)
* People are becoming more aware and interested in healthy eating (children)
* The culture of food in our society:
  + - Food is used as a reward (for good play, good behaviour) is used in fundraising in many sport settings
    - Food is expected to be sold in recreation settings

Technological:

* Need capacity for sharing information for both providers and patrons
* Vendor capacity – food packaging technology

**Recommendations moving forward:**

The group identified three goals moving forward:

* **Advocate** to the OSNPPH executive for:
* Capacity building partnership with OPHA
* Consistent nutritional standards across the environments
* An OSNPPH workgroup to develop consistent nutritional standards (one rep from each work group)
* **Build our capacity:** Using OPHA as a hub organization, see if we can partner with them. OPHA could help us build our capacity. They could also support us in forming a work group and reaching out to other provincial organizations (potential partners). This ask would need to be approved by the executive.

**Harmonized Nutrition standards.** Currently there are multiple nutritional guidelines for each of the food environments. These need to be consistent. This is also a recommendation (#2.10) in the Healthy Kids Panel report. A new OSNPPH work group could work on these. This would send consistent messages to partners across the different sectors.

**Appendix E**

**Literature Review & Research Questions**

**Literature Review OSNPPH Healthy Eating in the Recreation Setting Work Group**

**Literature Review Chart (3 - Edited April 16 2014)**

Research Questions:

1) Do interventions that change the food environment and/or policy in recreation organizations affect the health or health related behaviours of children, youth and their parents/adults?

2) Can community partnerships influence organizations to change their food environment and related policies?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUTHOR,**  **DATE**  **TITLE** | **METHODS** | **POPULATION/**  **AUDIENCE** | **ELEMENT**  **ADDRESSED (eg, vending machines) / STRATEGY USED** | **KEY FINDING/**  **CONCLUSIONS** | **RECREATION PRACTICE (i.e., how we could apply)** | **COMMENTS**  **(e.g. EIDM evaluated)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Kelly B, Chapman K, King L, Hardy L, Farrell L. **Double standards for community sports: promoting active lifestyles but unhealthy diets.** Health Promot J Austr 2008 12;19(3):226-228 | Telephone survey (avg. 15 min) with close-ended questions | Parents of children aged 5-17 yrs in NSW Australia and who were the main grocery buyer for the household (n=402)  *78% were mothers; 77% had post-school education* | Canteens at sporting venues – outdoor sports fields and community swimming pools  Evaluated:  - perception of food and beverages available (healthy or unhealthy or both);  - items most freq. purchased;  - thoughts towards gov’t regulation on types of food that can be sold | * Items most freq. bought at outdoor sports fields were water (57%), chocolate and confectionary (48%), soft drinks and sports drinks (48%) and ice cream and iced confection (44%) * Items most freq. bought at community swimming pools were ice cream and iced confection (48%) and snack foods, incl. chips, cakes & biscuits (47%) * Older children (13-17 yrs) were more likely to purchase soft drinks and sports drinks and pies and pastries than younger children (5-12 yrs) * Younger children more likely than older to buy fruit juice at both venues * Younger children more likely than older to buy ice cream and iced confection and snack foods at outdoor sports fields * Majority of canteens in both venues sold mostly unhealthy items * Most parents (63%) agreed the gov’t should restrict type of items to be sold | Evidence that children receive inconsistent health messages at sporting venues that promoting active lifestyles and sell mostly unhealthy food  Showed parent support for gov’t regulation of foods and beverages sold in canteens at sporting venues (in Australia) | Kelly B, Chapman K, King L, Hardy L, Farrell L. **Double standards for community sports: promoting active lifestyles but unhealthy diets.** Health Promot J Austr 2008 12;19(3):226-228 |
| Jilcott Pitts S,B., Edwards MB, Moore JB, Shores KA, Drowatzky Dubose K, McGranahan D. **Obesity is inversely associated with natural amenities and recreation facilities per capita.** J Phys Act Health 2013 09;10(7):1032-1038 | * Study not useful for us |  |  |  |  | Jilcott Pitts S,B., Edwards MB, Moore JB, Shores KA, Drowatzky Dubose K, McGranahan D. **Obesity is inversely associated with natural amenities and recreation facilities per capita.** J Phys Act Health 2013 09;10(7):1032-1038 |
| Henderson J, House E, Coveney J, Meyer S, Ankeny R, Ward P, et al. **Evaluating the use of citizens' juries in food policy: a case study of food regulation.** BMC Public Health 2013 08;13(1):1-9  Hayhurst RD, Dietrich-O'connor F, Hazen S, Landman K. **Community-based research for food system policy development in the City of Guelph, Ontario**. Local Environ. 2013 05;18(5):606-619 | Citzens’ Jury –  12-24 members of the public are invited to a session to discuss an issue of interest to the community. They are given time and information to learn about the issue. Specialists are the “witnesses”. Facilitators encourage debate and guide discussions. Jury forms recommendations for policy makers.  Describes an example of a community- based research project aimed to provide recommendations for adding food system policies into the City of Guelph’s municipal operation plans.  Consulted with key stakeholders and held a planning session open to the community. | * 17 jury members met for one 3-hr session. Incl. males and females varying in age (range 24-79), SES, occupation, political preference and with or without children * Witnesses incl. 2 specialists in favour of a ban and 2 against a ban to present their points and answer questions * project occurred in Australia | Gauge public views on regulation of food and drink marketing and advertising at children’s sporting events.  Not applicable to recreation settings | **Jury Verdict & Recommendations:** *Against ban of food and drink sponsorship & advertising b/c:*  - would mean extra costs for parents (e.g., uniforms)  - felt funding is important; instead of ban, set regulations, e.g., if McDonalds gave awards or vouchers it must be for healthy choices like salad & water  - some suggested seeking non-food or beverage companies as sponsors  - felt it would not improve eating habits b/c children still exposed to tv advertising  **Jury Process Evaluation:**  -82% said knowledge on topic increased  -95% viewed decision-making process as fair; 94% felt their views were listened to  -all jurors would participate in another citizens’ jury  **Recommendations for future juries:**  -ensure a representative sample  -allot sufficient time for deliberation and use an experienced facilitator  -select witnesses carefully (consider gender) | Citzens’ juries are an interesting way of engaging the public in policy recommendations and gauging how public will accept new policies.  Not helpful for us | Henderson J, House E, Coveney J, Meyer S, Ankeny R, Ward P, et al. **Evaluating the use of citizens' juries in food policy: a case study of food regulation.** BMC Public Health 2013 08;13(1):1-9  Hayhurst RD, Dietrich-O'connor F, Hazen S, Landman K. **Community-based research for food system policy development in the City of Guelph, Ontario**. Local Environ. 2013 05;18(5):606-619 |
| Author Unknown  Date: June 2006  Title: Georgia Adopts Healthy Resolution  Parks & Recreation 2006 06;41(6):60-60 | Georgia Recreation and Parks Association – resolution | Children and families at community service agencies, such as parks and recreation | The association’s resolution addresses items sold in vending machines or in concessions. The association asks that community agencies selling foods sell healthy items at a lowered price. These items are to be from the “best and acceptable” nutrition categories for health. Examples they provide are animal crackers, trail mix, granola bars, baked chips and soft pretzels. | No findings are listed since the article is more of a “news update.” There is no information on how the resolution will be implemented, monitored or enforced. The resolution uses questionable nutritional standards (i.e. soft pretzels and animal crackers are best or acceptable food items). | Could use this concept and apply it more as a “policy.” I.e. allowing healthier items to be sold at lower prices, these items could be selected from existing nutritional standards (PPM-150 or Nutrition Standards for Workplaces) | Not EIDM evaluated, article does not provide enough information for this. |
| Author Unknown  Date: February 2007  Title: Healthy Departments in Action: Tackling Vending Machine Nutrition  Parks & Recreation 2007 02;42(2):64-64 | Adopting vending nutrition standards | Parks and Recreation in Lee County, Florida | The Parks and Recreation Department adopted vending nutrition standards as part of the Step Up to Health Initiative. | No findings are listed since the article is more of a “news update.” I was unable to find the vending nutrition standards they were using, although the choices they consider to be healthy are questionable (i.e. beef jerky, diet soda). | If the standards were implemented and monitored they could be introduced as a policy, vs. nutrition standards that are just encouraged. | Not EIDM evaluated, article does not provide enough information for this. |
| Author Unknown  Date: November 2009  Title: Teaming Up for Health  Parks & Recreation 2009 11;44(11):52-52 | Adopting a healthy lifestyles program (Wise Kids) through grant funding | Youth | Healthy lifestyles program offered to youth. Addresses awareness and education of healthier foods and physical activity. | No findings noted. I was unable to find further information about the Wise Kids program and the experience within the rec centers. | At the programming level, does not address the nutrition/food environment | Not EIDM evaluated, article does not provide enough information for this. |
| Authors: Naylor, P., Wekken, S.V., Trill, D. & Kirbyson, A  Date: 2010  Facilitating healthier food environments in public recreation facilities: Results of a pilot project in British Columbia, Canada.  *Journal of Park and Recreation Administration.*  28(4) 37-58. | Using a mixed methods approach with cross-sectional sampling methods (different group at baseline and follow up) this study sought to further understand the impacts of implementing a voluntary provincial policy (which was developed in tandem with mandated School food and beverage guidelines) in recreation facilities which was funded through the Health Food and Beverage Sales in Recreation facilities and Local Government Buildings (HFBS) initiative. | Rec centre patrons | Voluntary policy related to vending machines | Data collection included a facility assessment, vending machine audit (conducted by facility staff who received training), patron survey, document review and qualitative interviews with staff. Limitations include self reporting by staff and the absence of reliability and validity testing of data collection tools (with the exception of reliability testing on one instrument). Notably, facilities were selected for inclusion based on their ‘level of readiness’ which was not further described in the publication.  Results indicated significant positive change in the facility environment and an increase in healthy choice products in vending machines. Patron and staff survey results indicated healthy eating was ‘important’ or ‘very important’ to patrons as well barriers and facilitators to policy implementation. | Policy is the best way to ensure a healthy environment, however the voluntary approach may not be the best option. | Waiting to access full text article. Information from Peel’s literature review. |
| Authors: Olstad, DJ., Downs, SM., Raine., KD., Berry TR. And McCargar, LJ.  Date: 2011  Title: Improving children’s nutrition environments: A survey of adoption and implementation of nutrition guidelines in recreational facilities.  BMC Public Health 2011, 11:423. | Cross-sectional telephone survey | Managers of publicly funded rec facilities, a total of 151 surveys were completed. | The aim of the survey was to determine awareness, adoption and implementation of the Alberta Nutrition Guidelines for Children and Youth (ANGCDY) among rec facilities in Alberta, one year following their release. The ANGCY are voluntary nutrition guidelines. They address access to healthy foods in multiple settings: schools, childcare and recreation facilities. | * Half of managers had heard of the guidelines * Less than 20% of the facilities had a nutrition policy (that may or may not have addressed the ANGCY) * 51% of facilities had taken steps to address the nutritional quality of foods offered * Managers felt that the guidelines would negatively impact their profits (“too expensive to serve healthy foods” or “the products that are not healthy sell better”) * Managers felt that food choice is an independent decision (i.e. parental choice) and that the guidelines would increase the complexity of their operations (more prep time, less convenient and lower shelf lives). Managers did not want to be seen as the “food police.” They did not make deliberate choices to serve unhealthy foods. * Managers recognized the culture associated with rec facilities. But did not understand that they had the opportunity to shape demand by actively manipulating food availability. | * Simply developing nutritional standards is not enough * Policy-based approach has potential to improve the nutrition environment within this setting. | Not EIDM evaluated |
| Oldstad, D.L., Raine, K.D., and McCargar. Adopting and implementing nutrition guidelines in recreational facilities: tensions between public health and corporate profitability. Public Health Nutrition: 16(4=5), 815-823. | Semi structured interviews were conducted with 7 managers. This included four companies that had adopted the ANGCY, two from companies that were non-adopters and one from a company that had adopted the guidelines in schools. Interviews were analyzed according to principles of directed content analysis guided by the diffusions of innovations framework. | Managers of concessions in recreational facilities. | Vending and Concession stands where the Alberta Nutrition Guidelines for Children and Youth (ANGCY) | Adopting and implementing nutrition guidelines were not easy for adopters. They lacked resources and training, found the guidelines complex, had difficulty locating suitable products, had to act in opposition to market forces, felt squeezed by competitive pressures, and experienced highly visible reductions in revenue that threatened the viability of their businesses. Despite these barriers, adopters continued to implement the ANGCY primarily because they felt forced to do so by recreational facility managers, and also because they perceived that remaining ahead of health eating trends offered potential for long-term financial gain. | 1. Oldstad, D.L., Raine, K.D., and McCargar. Adopting and implementing nutrition guidelines in recreational facilities: tensions between public health and corporate profitability. Public Health Nutrition: 16(4=5), 815-823. | Semi structured interviews were conducted with 7 managers. This included four companies that had adopted the ANGCY, two from companies that were non-adopters and one from a company that had adopted the guidelines in schools. Interviews were analyzed according to principles of directed content analysis guided by the diffusions of innovations framework. |
| Oldstad, D.L, Raine, K.D., and McCargar, L.J. Adopting and implementing nutrition guidelines in recreational facilities: Public and private sector roles. A multiple case study. BMC Public Health 2012, 12:376. | Mixed methods used which began with randomized telephone survey of publicly funded recreational facilities. A written questionnaire was sent to each recreational facility manager from each of the cases a non-adopter, semi-adopter and full adopter. consisting of 37 questions. Observations conducted at each facility, document reviews, food and beverage availability and nutritional profiles were calculated. ANGCY adoption and implementations cores were calculated. | Full adopters (those who had adopted and implementing the ANGCY recommendations within concessions and vending machines.  Non-adopters defined as those facilities that had decided not to incorporate the recommendations in its food service operations.  Semi-adopters – following recommendations in concessions or vending machines. | Concession and vending or concession or vending looked at using ANGCY guidelines | Keys to adoption of ANGCY related to managers nutrition knowledge, beliefs and perceptions although they couldn’t accomplish this on their own. Links with schools and health promoting partnerships with industry were important. Concerns that adoption will falter under the current voluntary approach and they propose that stronger government measures may be need to require recreational facilities to improve the food environments for children. They had difficulty providing foods for vending as many of the choose more often foods required refrigeration. | 1. Oldstad, D.L, Raine, K.D., and McCargar, L.J. Adopting and implementing nutrition guidelines in recreational facilities: Public and private sector roles. A multiple case study. BMC Public Health 2012, 12:376. | Mixed methods used which began with randomized telephone survey of publicly funded recreational facilities. A written questionnaire was sent to each recreational facility manager from each of the cases a non-adopter, semi-adopter and full adopter. consisting of 37 questions. Observations conducted at each facility, document reviews, food and beverage availability and nutritional profiles were calculated. ANGCY adoption and implementations cores were calculated. |
| Oldstad, D.L., Lieffers, J.R.L., Raine, K.D. and McCargar, L.J. Implementing the Alberta Nutrition Guidelines for Children and Youth In a Recreational Facility. Can J Diet Pract Res. 2011;72;e212-e220. | Qualitative data were generated via semi-structured interviews, observations (of the salient features of the food environment including food and bevarage availability, nutrition environment measures survey in restaurants, a nutrition profile of vending machine items, and ANGCY adoption and implementation) and document reviews (policies, food service contracts, and strategic plans, sales data). The quality of the food environment was assessed using validated and newly developed food environment assessment tools. | Recreational facility manager who had created a nutrition policy following the release of the ANGCY, food environment review – facility had 50% users under 18 years | Concession (third party provider) and vending (third party provider) | Few barriers existed in terms of adopting the guidelines, implementing them proved more challenging. Implementation was impeded by concerns about lack of profitability of healthy items, time and resource constraints. Guidelines that do not restrict unhealthy items are more accepted by stakeholders. Availability of healthy items remained very low (16%) for concessions and (20%) for vending machines. Children continued to purchase the unhealthy items. Suggested long-term plan to recommend near to total elimination of unhealthy options. | 1. Oldstad, D.L., Lieffers, J.R.L., Raine, K.D. and McCargar, L.J. Implementing the Alberta Nutrition Guidelines for Children and Youth In a Recreational Facility. Can J Diet Pract Res. 2011;72;e212-e220. | Qualitative data were generated via semi-structured interviews, observations (of the salient features of the food environment including food and beverage availability, nutrition environment measures survey in restaurants, a nutrition profile of vending machine items, and ANGCY adoption and implementation) and document reviews (policies, food service contracts, and strategic plans, sales data). The quality of the food environment was assessed using validated and newly developed food environment assessment tools. |
| Olstad, D.L. and Raine, K.D. Profit versus Public Health: The need to improve the food environment in recreational facilities. Can J of Public Health, 2013;104(2):e167-e169. | Attempted to recruit recreational facility managers in order to impact their knowledge, beliefs and perceptions of nutrition guidelines through a one day session and five monthly group meetings with other managers who have successfully implemented nutrition guidelines. Study was cancelled due to low enrollment. | Recreational facility managers. | Introduction of Alberta’s Nutrition Guidelines for Children and Youth (ANGCY) in recreational facilities | Study was cancelled but suggestions presented on how to implement policy were made. Suggested that regulations should be developed in consultation with all stakeholders, considering each sector’s capacity but being careful not to allow the economically powerful voice of industry to take precedence over public health concerns.  Final regulations should be child focused, include robust standards for what constitutes a healthy food/beverage, mandate that a high proportion of items be healthy, prohibit marketing of unhealthy foods, and ensure healthier items are affordable in recreational facilities. | 1. Olstad, D.L. and Raine, K.D. Profit versus Public Health: The need to improve the food environment in recreational facilities. Can J of Public Health, 2013;104(2):e167-e169. | Attempted to recruit recreational facility managers in order to impact their knowledge, beliefs and perceptions of nutrition guidelines through a one day session and five monthly group meetings with other managers who have successfully implemented nutrition guidelines. Study was cancelled due to low enrollment. |
| Kimmons, J., Jones, S., McPeak, H.H., & Bowden, B. (2012). Developing and implementing health and sustainability guidelines for institutional food service. *Advances in Nutrition, 3, 337-342.* | Summary article of conference proceedings that reported on the development of institutional food service guidelines for improving health and sustainability in Federal concessions and vending operations. **(U.S.)** | Institutional settings include, but are not limited to worksites, hospitals, child care centers, school systems, college, universities, prisons, assisted living facilities and community or faith-based organizations.  Potential target consumers include all persons with access to these institutions. | Increasing access to healthy foods in cafeterias and vending machines, menu labeling, pricing strategies, marketing campaigns and organizational support. | Guidelines to improve the healthfulness and sustainability of institutional food services represent a unique opportunity to benefit public health by positively shaping a part of the food system. By increasing demand for healthy and sustainable foods, institutional health and sustainability guidelines have the potential to shift production and supply affecting large-scale impact due to the overall purchasing power of institutions.  Changing institutional food service practice requires comprehensive analysis, engagement, and education of relevant stakeholders, including those not typically considered in public health and nutrition. |  | Summary article |
| Olstad, D.L., Downs, S.M., Raine, K.D., Berry, T.R., & McCargar, L.J. (2011). Improving children's nutrition environments: A survey of adoption and implementation of nutrition guidelines in recreational facilities. *BioMed Central Public Health*, 11(423), 1-12. | Cross-sectional telephone survey conducted from June - December 2009 with managers of publicly funded recreational facilities in **Alberta, Canada**. | 151 recreation centre managers representing 12% of the 1275 publicly funded recreation facilities in Alberta. | Investigate whether, and to what extent recreational facilities in Alberta were aware of, and had adopted and implemented the Alberta Nutrition Guidelines for Children and Youth released in June 2008, and the barriers to their adoption and implementation. | * Half of managers had heard of the guidelines. * Healthy eating was a low priority for 32% of recreational facilities, a medium priority for 50% and a high priority for 13%. * 19% of managers indicated that they had nutrition policies within their recreational facilities. * 14% of facilities were classified as adopters. * 6% of facilities were implementing the guidelines.   Barriers to adopting the guidelines:   * Guidelines would put them at an economic disadvantage and decrease profit. * Guidelines would increase the complexity of their operations as they believe healthier foods require additional preparation time, were less convenient and had shorter shelf lives than traditional products. * Customer expectations for unhealthy foods | A mandated policy approach could offer an efficacious, cost-effective means of improving the food environment within recreational facilities. | Research article |
| Lloyd, B., & Drumbrell, S. (2011). Modifying the food supply at a community swimming pool: a case study. *Health Promotion Jouranl of Australia, 22(1), 22-26.* | The case study method captured the project narrative. The primary data were interviews with key project participants, supplemented with project records and media articles.  **(Australia)** | Local government community services division, health promotion public health nutrition and a local business person who leased the pool kiosk from the council. Children and youth who attended the swimming pool. | Canteen  Primary goal was to modify the physical environment by full replacement of energy dense, nutrient poor items at the kiosk with "healthy" items. Also to make explicit and consistent the contradictory nature of the availability of "unhealthy" food at a recreational venue, policy commitment for the project had been given in the local government area's social plan.  A shift in strategy was required to keep the project viable. The compromise approach was to:   * Remove some red items in the first instance and aim for a staged approach to the introduction of a significant proportion of green and amber foods (at least 50%) * Preferentially display green and amber items   Progressively increase the proportion of green and amber items. | * Be prepared to be flexible with objectives and strategies by setting general goals and allowing the project to be modified as it interacts with the environment. * Develop an understanding of your setting, including the socio-cultural and political aspects of the environment before the project and review throughout. * Be mindful that partner commitment to healthy weight or reducing childhood obesity is made in the context of the constraints imposed by the physical and economic aspects of the setting. |  | Pilot project; case study |
| Meister, J.S., & Guernsey de Zapien, J. (2005). Bringing Health Policy Issues Front and Center in the Community: Expanding the Role of Community Health Coalitions. *Preventing Chronic Disease,* 2(1), 1-7. | Community case study.  **(U.S.)** | 2 communities along the Arizona-Mexico border with a large Hispanic population where the prevalence of diabetes is twice the average for non-Hispanic whites.  Community coalitions expanded their membership to become policy and advocacy coalitions with broad community representation. These coalitions identified and prioritized policy issues that directly or indirectly affect physical activity or nutrition. | Comprehensive, community-based chronic disease prevention interventions that address community-wide or regional policy issues that influence lifestyle behaviors associated with chronic diseases.  In schools, advocating for more physical education programs, removal of vending machines, substitution of more healthful options in vending machines and changes in health education curricula.  In the broader community, promoting opportunities for walking and bicycling, long-term planning by the cities and counties and healthy food choices in local grocery stores.  Attend and present at city councils, school boards, parks and recreation, planning and zoning commission meetings, participating on long-range planning committees, organizing an annual community forum for elected and appointed officials and presenting healthy food and cooking demonstration in local markets. | After three years, changes in local policies and practices were documented. | None | Peer reviewed article |
| Naylor P, Bridgewater L, Purcell M, Ostry A, Wekken SV.  2010  **Publically funded recreation facilities: obesogenic environments for children and families?** | - Mixed methods (focus groups with semi-structured interview, and facility audits)  - Public recreation facilities in B.C.  -Used an audit tool called *Municipal Recreation Facilities Food Environment Audit Tool* | - children using recreation facilities in B.C.  - 77 audits were completed by rec facilities managers  -56 municipal rec employees, mangers, city council members, sports team managers, food service staff participated in focus groups (7 total) | The audit tool examined:  - vending machines  - food provision  -cafeteria snack bar  - facilities food policies and guidelines  - programs and initiatives  -food sale fundraisers  -availability of food for municipal recreation employees  *Strategy:* environmental scan using the audit tool as well as focus groups to gain staff opinions | * 88% of facilities had no food policy * Avg # beverage machines = 3.6 (range 0-19) and 1.9 snack machines (range 0-12) * 68% of vending snacks were chocolate bars and chips * 57% of beverages were sugar sweetened * 42% of facilities did have healthy eating initiatives underway * Barriers to change identified were contracts, economics, lack of resources and knowledge, motivation of staff and patrons, pressure to maintain sales. Barriers to providing healthy options were budget, preservation, storage and prep. * “recreation food environments were obesogenic, but stakeholders were interested in change” * Many communities had concerns about food security issues * Staff required increased education and support for healthy eating * Need for policy, resources partnership and info | - gradual, step-wise approach to making changes in rec facilities  -provide rec centers with info on how to provide healthier options in concession stands and vending options and how we can support them  - nutrition education for staff, including rationale for changes  -limit children’s access to unhealthy food choices  -adopt some of the questions used in the survey | - Refer to article Chaumette 2009. Can J Public Health. Food environment in the sports, recreational and cultural facilities in Quebec City.  -Audit tool was based on the following references:  Rideout. Can. J. PH 2007;  Golaszewski Am. J Health Promot. 2002;  Oldeburg Am. J Health Promot. 2002 |
| Nowak M, Jeanes Y, Reeves S.  2012  **The food environment in leisure centres and health clubs: how appropriate is it for children?** | - Visited 44 public and 23 private rec centers in UK (health clubs and leisure centers).  - Recorded the proportion of healthy food options using  School Food Trust criteria and Nutrient Profiling Model.  -Convenience sampling used. | *- Population:* children using leisure centres and health clubs  *-Audience:* patrons and managers of rec facilities | Proportion of healthy food and drink options in:   * Vending machines * Café/restaurant   Nutritional value assessed using School Food Trust criteria and Nutrient Profiling Model | * All facilities had vending machines; public had significantly more than private (2.8 vs. 1.5 machines) * Vending machines: Avg. number of snacks offered was 19.3 and 11.4 drinks; 0.8% and 59% respectively were classified as healthy * Private had significantly more cafes than public with an avg. of 16 ± 7.8 snack options, 49.3% of which would not be permitted * Only 13% of vending machine drinks and 24% of snacks would be allowed in schools based on School Food Trust Fund criteria * The food enviro in most leisure centres and healthy clubs could be described as obesogenic. * Parents should consider taking their own snacks/drinks for their kids when using these facilities. * Facilities should consider offering healthier foods and drinks in cafes and vending machines. | * Method for assessment of number of vending machine options as % that would be allowed; possibly based on NTS standards or Nutrition Standards for Workplaces from the Call to Action: Creating a Healthy Workplace Nutrition Environment * Health campaigns and legislation should target leisure centres and health clubs to improve the food environment. | * Differences were found for the % healthy and not permitted items sold in this study depending on the criteria used. * Should consider which criteria would be the most applicable if applied in our rec centres * The prices were not considered in this study |
| Nowlin T.  2007  **A Prescription for Parks and Recreation.** | N/A: This is not a research paper, rather a summary of programs | - children  - general public  -rec facility managers | -Parks and recreation facilities as venues for health promotion and chronic disease prevention  -*Strategy:* expand programs offered (ex. dance classes, after-school programs which include physical activity); often advertising or fancy facilities are not needed, some parks or scenic open-spaces simply draw people to use them.  - Partnering with local business to have annual events (ex. “Hearts N’ Parks”= hospital and rec partnership. Also youth/teen collaborative group partners with non-profit agencies. | -The new objective of parks and recreation departments “should be to maintain the health of the community that each facility serves” rather than simply maintaining the facilities  - Open spaces and trails are highly valued  -Importance of partnerships between rec and businesses or non-profit organizations | * Finding local partners to make annual events * Phasing out of candies and sodas * Offers some examples of healthier food options for vending machines * Having more green spaces and trails connecting parks together |  |
| O'Brien S.  2010  **Food and Recreation- A Perfect Combination for Healthy Communities.** | N/A: This is not a research paper, rather a summary of programs | - children  -general public | -links between food insecurity and obesity in children  *Strategies:*  -Member agencies of the National Recreation and Park Association (NPRA) in the USA provide summer feeding programs to school-aged kids from low-income communities.  -Agencies are reimbursed for food costs by USDA summer food program.  -NRPA partners with Food Action Resource Center (FRAC) to promote the programs and strives for public policy reduce hunger. | Children in moderate income families rely on cheaper high calorie foods due to limited resources and limited access to healthy foods (fruit and veg)  The programs listed provide food for 2.9 million children out of 16 million who qualify; shortfall attributed to lack of feeding sites.  Parks and recreation agencies are critical in fighting childhood hunger and the obesity epidemic. | - Summer feeding program targeting school-aged children from low-income communities offered through rec facilities. | - Other programs mentioned are the ACHIEVE program (Centers of Disease Control and Prevention) that looks at local public policy change  -“Grow Your Park” program for edible gardens  -Article does not describe these programs in detail |
| Sacks G, Swinburn BA, Lawrence MA. **A systematic policy approach to changing the food system and physical activity environments to prevent obesity**. Australia & New Zealand Health Policy (ANZHP) 2008 01;5:1-7 | Literature search conducted to gain perspective on the previously recognized obesity prevention policy actions that focus on changes to the food system and physical activity environments. | Laws and regulations with legal authority at the level of local, state, national, international or organizational.  All audiences considered. | Inventory of policies no policies specific to recreation settings identified. | Identifies a systematic approach to classifying obesity prevention polices targeting the food system and physical activity environments.  Further work required to evaluate effectiveness of the range of interventions identified. | Be aware of possible overlaps with other policies in place.  Consider a holistic approach. |  |
| Stubenrouch JM**. Culturally Sensitive Community-Based Interventions**. Am.J.Nurs. 2007 02;107(2):47-47 | Article not available (only one page). The SDHU Librarian searched but it was unavailable. |  |  |  |  |  |
| Thomas HM, Irwin JD. **Food choices in recreation facilities: operators' and patrons' perspectives**. Can J Diet Pract Res 2010 10;71(4):180-185 | Cross-sectional study using a self-administered 16-item, paper and pencil patron survey and a researcher administrated 23-item survey for operators.  The purpose of the surveys was to increase understanding of patron’s and operator’s perspectives on food choices in RF. Considered patron’s purchasing preference, reasons for purchasing certain foods and inclination for other food options.  Considered operators receptiveness to and perspectives on the feasibility of providing healthy food choices and identification of most popular food and beverage sales (opinion). | Patrons (adults – primarily parents/caregivers of children participating in activities at RF) and operators of the recreation facilities (Ontario).  Focus on RF in rural communities.  Only one urban RF included. | Foods and beverages offered in recreation facilities (snack bars and vending machines). | Patrons should be exposed to an education and awareness campaign that defines “healthy” in relation to food and beverages found in RF.  Consider increasing prices of unhealthy food while simultaneously decreasing the cost of healthier choices.  Revamp kitchen facilities in RF to ensure proper equipment to prepare healthy options is available.  Challenge for operator’s to provide healthier foods that meet patron’s demands and generate revenue (many currently operate within a deficit).  RDs need to develop and come to a consensus on a consistent definition of what constitutes “healthy” food and beverage choices. | Develop education and awareness campaign.  Consider pricing opportunities.  Consider opportunities to support kitchen enhancements.  Develop consistent healthy eating guidelines among school, workplaces and recreation settings. |  |
| Policy interventions implemented through sporting organizations for promoting healthy behaviour change  Cochrane 2008 | Search done in 2007 (2004-07) to update a 2004 search. Included controlled studies and un-controlled study designs with pre-post intervention data. Included an policy intervention implemented through sporting organizations to instigate and/or sustain healthy behaviour change, intention to change behaviour, or changes in attitudes, knowledge tor awareness behaviour, excluding sports injury prevention or reduction of drug use. | Policy definition: laws, regulations, formal or informal rules and understandings that are adopted on a collective basis to guide individual and collective behaviour, including legislation and organizational policy.  Sporting organization definition: any organization that controls sports or sporting events; organizes or administers sports or sporting events; accredits people to take part in sporting competition; provides teams to compete in sporting competition; or trains, or provides finance for people to take part in sporting competition and encompasses professional and amateur sporting bodies. | Objectives (summary):  Determine if policy interventions implemented through sporting organizations instigate and sustain:  -healthy behaviour changes within the sport setting  -changes in attitudes, knowledge or awareness or intention to change  (and other secondary objectives) | No controlled studies met the inclusion criteria. No uncontrolled studies were identified to include.  Recommend more rigorous evaluation techniques be used.  The original search did find relevant results:  Positive factors associated with the establishment of a policy included having a designated person responsible for policy, and the location of the club in the metropolitan area. Barriers included training, advice, and resources to develop and monitor the policy, limited control over facilities and other club priorities; contract specification, lack of support and training, other pressing issues of the sports club, perceived costs, and structural impediments. | Other qualitative studies identified in the 2007 search suggest: policy development for health promotion policies can be achieved in sports clubs when they are well supported by health agencies, when specific behaviours to be encouraged are appropriate for a given sport, and when support and resources for policy development reach the club level; limitations in clued limited club capacity and limited support from statewide organization. |  |
| Thomas M, Nelson TF, Harwood E, Neumark-Sztainer D. **Exploring parent perceptions of the food environment in youth sport**. J Nutr Educ Behav 2012 07/20;44(4):365-371 | Objective: To examine parent perceptions of the food environment in youth sport Methods: Eight focus group discussions were held with parents (n = 60) of youth aged 6-13 years participating in basketball programs in Minnesota. Key themes and concepts were identified via transcript-based analysis  Based on social ecological theory | Parents (n = 60) of youth aged 6-13 years participating in basketball programs in Minnesota. Two sites were used, one primarily serving African Americans and families of low to middle socio-economic status, one which served primarily white families of middle to high socio-economic status. Most participants were female. Many parents had multiple children participating in multiple sports (in addition to child participating in basketball). | Parental perceptions of the food environment in youth sport: Concessions  Post-game snacks  Organized snacks | * Some parents found it difficult to define what foods are healthy. * They perceive youth consume unhealthful snacks in conjunction with sports, as postgame snacks, SSBs and sports drinks, fast food at tournaments, and organized snacks for younger children. * Parents experience time barriers to having family meals and healthy snacks. * Parents say youth are influenced by the foods available, mass media, coaches (coaches or mentors were identified as a way to educate children on nutrition and sport). * Parents perceived that unhealthy foods are readily available in sport settings, but had mixed attitudes: some were ambivalent due to youth being active, or having healthy foods at home. * Perceived barriers to changing the food environment were concerns about loss of profit, foods not available from vendor sources, and lack of empowerment to create change. * Some parents saw the opportunity for gradual improvements on food sold including the promotion of healthier foods at concessions. | * integrate nutrition messages into youth sport programs * develop collaboration between youth sport leagues, public health professionals and dietitians * increase knowledge of parents and league administrators, and use coaches and peer mentors to deliver nutrition messages to children * develop nutrition guidelines for sport leagues regarding the types of food and beverages that are appropriate for organized snack schedules and concession stands * explore feasible ways to improve the nutritional quality of foods and beverages available and sold in youth sport settings | Limitations:   * convenience sample of parents with a child in basketball – may not be generalizeable * parent perceptions were gathered rather than direct measurement of youth behaviours. |
| Venditti EM, Elliot DL, Faith MS, Firrell LS, Giles CM, Goldberg L, et al. Rationale, design and methods of the HEALTHY study behavior intervention component. Int.J.Obes. 2009 08/02;33:S44-S51 | The HEALTHY intervention integrated multiple components in nutrition, physical education, behavior change and communications and promotion. Seven centers each recruited six middle schools that were randomized to either intervention or control. | Not reviewed – school intervention |  |  |  |  |
| Olstad DL, Goonewardene LA, McCargar LJ, Raine KD International Journal of Behavioral Nutrition and Physical Activity 2014, 11:6 (22 January 2014) | Mixed methods (quantitative and qualitative observation).  After an initial pre-intervention control period, three additive environmental intervention were implemented: 1) signage with descriptive menu labels 2) addition of a taste testing intervention and 3) addition of a price reduction intervention, followed be a post-intervention control period. Sales, revenues and gross profits and caloric content were measured, as well as quantitative observations of a subsample of concession patrons. | Youth and adults patrons at an outdoor community pool | Concessions – privately operated offering a menu consisting of main dishes (sandwiches and wraps), beverages, snacks and desserts prepared primarily on site.  Modifications include:  -signage with descriptive names for healthy items that would appeal to children, increased in size and positioned as close as possible to the cash register  -taste testing: small samples of healthy items were distributed  -price reductions: 30% off price of healthy items was added to the display. Post-discount prices were below those of comparable unhealthy items | -Total sales volumes, number of calories purchased and revenues and gross profits did not differ by target period.  -More revenue from unhealthy items (higher food costs from healthy items as a proportion of gross revenue).  -In an observed subsample, sales of healthy items were approx. 30% higher than pre-intervention.  -observed overweight/obese individuals were more sensitive to signage + taste + pricing, males were less responsive without pricing incentive. | -mixed evidence for ‘nudging’: descriptive labeling, taste-testing and pricing  -a higher SES population may not be as impacted by pricing incentives  -limited impact of the intervention may not be surprising in light of the social ecologic framework, which suggests that health behaviours are shaped by reciprocal interactions among individual, social, and environmental factors – nudging may be too subtle considering other factors.  -children purchase more unhealthy items when not with their parents  -healthy items were popular and represented 40.8 % of items sold, although their share of gross profits was only 34.1%. |  |
| Bashir Z**. Healthy Vending, Healthy People**. Parks & Recreation 2011 06;46(6):41-42 | Conducted needs assessment of all vending machines to identify need for change.  Developed a healthy vending policy to implement in 5 community centers to align with similar policy in local schools  Also, author referred to example of work done in City of North Miami Parks and Recreation Dept, which had done similar work in rec facilities to provide 100% healthy food. | Public/recreation facility users | Environmental support eg, improving access to healthier choices and policy  All vending machines managed by the Arlington Dept. of Parks, Recreation and Cultural Resources to comply with “healthy vending policy” requiring products to meet specific nutrition standards. | Move to implementing healthy vending policies comes with challenges:   * In North Miami project hard to get support from key stakeholders * In Arlington support for policy but finding a vendor to meet nutrition standards was challenging * Vendor concern that shift to healthier options not as profitable * Vendors have to ‘buy in to the concept of healthy eating’ * Consumers reluctant to purchase healthier snacks that they were unfamiliar with or cost more * Favourable response from public – parents appreciated healthier snacks, parks and rec staff got letters of support * Talk about creating a ‘culture of healthy eating and healthier people’ - Envision expansion of their work to other cities/counties | * From article, need to find vendors that are committed to healthy vending from both a health and business perspective * From article, worked with vendor to have a price structure that does not exceed what would be customary * Need vendor to provide ongoing public awareness of their product lines so that customers are familiar with what they are purchasing. | This was a 2-page ‘newsletter article’ or update – not scientific report -- sharing how parks can encourage healthy habits with healthier vending options. |
| Bell C, Pond N, Davies L, Francis JL, Campbell E, Wiggers J. **Healthier choices in an Australian health service: a pre-post audit of an intervention to improve the nutritional value of foods and drinks in vending machines and food outlets**. BMC Health Serv.Res. 2013 11/25;13(1):492-492 | Pre-post, non-controlled study design  Parents (n = 168) and food outlet managers (n = 17) were surveyed (telephone interviews, pen and paper surveys).  Food and drinks for sale in health-service operated food outlets (n = 5) and vending machines (n = 90) in health care facilities in the Hunter New England region of NSW were audited pre (2007) and post (2010/11) the introduction of policy and associated support to increase the availability of healthier choices.  A traffic light system was used to classify foods from least (red) to most healthy choices (green). | Parents of children aged 2 – 15 years  Managers from all outlets selling food and drinks on HNELHD sites | This paper describes perceptions of parents and managers of health-service located food outlets towards the availability and labelling of healthier food options and the food and drinks offered for sale in health care facilities in Australia.  It also describes the impact of an intervention to improve availability and labelling of healthier foods and drinks for sale.  Intervention was to support implementation of a previously released Policy Directive, which addressed the provision of drinks/commercial ready-to-eat or pre-packaged foods for vending machines and outlets selling food and drink.  Use of traffic light system was used to classify foods from least (red) to most healthy choices (green).  Standards were based on a school canteen ‘traffic light’ nutrition classification – aim to offer at least 80% healthier drinks/ready to eat foods.  Strategies used:   * Building leadership and consensus by and advisory committee, mgt involvement * Resources, tools, information and requirements built into the existing systems and procedures eg, logos, signage, posters, classification of products, tast etesting kit, factsheets, revised menu boards, logo, etc * Training * Follow-up support by dietitian – upon request as well as regular site visits, telephone support calls, * Monitoring and feedback = tailored written reports4 | * (95%) parents and most (65%) food outlet managers thought food outlets on health service sites should have signs clearly showing healthy choices. * 90% parents also thought all food outlets on health service sites should provide mostly healthy items compared to 47% of managers. * The proportion of healthier beverage slots in vending machines increased from 29% to 51% at follow-up * The proportion of machines that labelled healthier drinks increased from 0 to 26%. * No outlets labelled healthier items at baseline compared to 4 out of 5 after the intervention. * No changes were observed in the availability or labelling of healthier food in vending machines or the availability of healthier food or drinks in food outlets.;   **Bottom line:** Baseline availability and labelling of healthier food and beverage choices for sale in health care facilities was poor in spite of the support of parents and outlet managers for such initiatives. The intervention encouraged improvements in the availability and labelling of healthier drinks but not foods in vending machines.  S | * Managers less enthusiastic in thinking that outlets should provide mostly healthy items, especially if their out outlet * Few favoured restriction on the sale of unhealthy food/drink or a 2year phase out of red foods * Majority supported promotion healthy items through signage   We need to address/consider factors:   1. Delays in finalizing the vending contract 2. On site delays related to vending machine installation 3. Confusion over which machines had to comply with the policy 4. Exemptions for fundraising and existing contracts limited the reach of the intervention 5. Distance and non-use of email made contact, training and follow-up hard, especially when managers of outlets often volunteers or part-time 6. Use parent perceptions more strategically to encourage managers to supply food and beverages in line with demand 7. Provide ideas for healthier fundraising alternatives similar to schools 8. Be purposeful about promoting fruit and vegetables in health services 9. Address concerns about loss of profit – reliance on or drive for revenue may promote the sale of less nutritious food eg, provide examples of how vending machines and food outlets can sell healthy food and still turn a profit 10. Use shelf labels to clearly show healthy choices | Study noted strength of using actual audits vs self-report to collect data.  Also benefit of working with RD to determine food and drink classifications against criteria  Lack of comparison group restricted ability to attribute changes to the intervention. Small sample sizes. One-off audit may not be representative of itesm typically offered for sale |
| DAVIS SM, SANDERS SG, FITZGERALD CA, KEANE PC, CANACA GF, VOLKER-RECTOR R. **CHILE: An Evidence-Based Preschool Intervention for Obesity Prevention in Head Start**. J.Sch.Health 2013 03;83(3):223-229 | The Child Health Initiative for Lifelong Eating and Exercise (CHILE) is an evidence-based intervention to prevent obesity in children enrolled in 16 Head Start (HS) Centers in rural communities. The design and implementation of CHILE are described. | Head Start (ie, a comprehensive program that provides educational. social, health, nutritional and other services to preschool children from low-income families)  CHILE – 5-year efficacy trial – incorporates national HS performance standards and existing evidence for effective obesity prevention  Conducted in 6 rural American Indian pueblos and 10 Hispanic communities in New Mexico.  Randomized controlled trial | CHILE uses a socio-ecological approach to improve dietary intake and increase physical activity. The intervention includes: a classroom curriculum; teacher and food service training; family engagement; grocery store participation; and health care provider support.  Carried out over 2 school years the trans-community intervention for HS children and their families promotes increased physical activity, increased consumption of fruits, vegetables, whole grains; decreased consumption of SSBs and high fat foods, and decreased television viewing. | Lessons learned from CHILE include the need to consider availability of recommended foods; the necessity of multiple training sessions for teachers and food service; the need to tailor the family events to local needs; consideration of the profit needs of grocery stores; and sensitivity to the time constraints of health care providers.  CONCLUSIONS HS can play an important role in preventing obesity in children. CHILE is an example of a feasible intervention that addresses nutrition and physical activity for preschool children that can be incorporated into HS curricula and aligns with HS national performance standards. | Very focused on Head Start Programs and a specific CHILE intervention. Very intensive and sustained!  Thoughts…   * Nutrition and physical activity curriculum – can we incorporate component into school to promote healthy rec settings/physical activity. Address healthy behaviour at level of the child * Professional development important but problem with staff turnover * Foodservice changes – depends on kitchen staff, commitment * Family engagement - realistic? Was monthly meetings and evolved to booth- style health fairs, take home materials (eg, recipes, and shopping lists that coordinate to curriculum lesson. * Grocery store component – okay to participate if doesn’t detract from business * Sustained involvement of health care providers needed to support the CHILE goals….connect people with community resources, |  |
| Callaghan C, Mandich G, He M. **Healthier snacks in school vending machines: a pilot project in four Ontario high schools.** Can J Diet Pract Res 2010 10;71(4):186-191 | The Healthy Vending Machine Pilot Project (HVMPP) was a public health initiative intended to create a healthier school nutrition environment by making healthier snacks available in vending machines, while maintaining a profit margin.  Vending Machines were stocked with healthier choices and conventional vending products at a 50:50 ratio.  Product sales tracked, taste test panels, focused groups conducted to obtain students’ opinions about healthy eating and vending choices.  Promo materials and info shared with students at program launch, healthier snacks  The paper examines lessons learned from the HVMPP | High school students/staff  The HVMPP was implemented from February to May 2007 in four Ontario secondary schools in Middlesex-London, Elgin, and Oxford counties.  Poster used to recruit specific students for focus groups within each school for project evaluation. | Goal to promote a healthier nutrition environment through healthier options in vending machines.  Product selection based on pre-established criteria set by the vending supply company. | **Quantitative Data:**   * Sales healthier choices ranged from 14 to 17% total sales – not depending upon school location or proximity to outside food outlet * Vending revenues declined at all schools – average 33% (range from 0.75 to 66%)   **Qualitative Data:**   1. Participants aware of relationship between unhealthy eating and health consequences, understood effects of well-being, and knew about how to make healthy food choices 2. Majority of students wanted healthy choices in vending but rarely purchased them. Price, value and taste major barriers. Also noted, limited variety, availability of healthy choices at home, preference for ‘good-tasting’ snacks. They wanted “real’ healthy choices eg, fresh fruit and vegetables, milk, yogurt rather than the ‘healthy choices’ 3. Participants used cafeteria more than vending machines. – suggested a venue for healthy choices, but not usually noticed 4. Students suggested ways to assist students in making healthy choices: posters to highlight healthy choices in cafeteria, taste testing food before buying it, making healthy choices less expensive, advertising on school TV, including nutrition facts in morning announcements, presentations about healthy eating in grade 9 home rooms | * Consider types of ‘healthy choices’ – are they all packaged processed, or is refrigerated vending a better option to allow milk and allow for greater variety of choices * Need to have value for the sale price of the product, perceived as offering food value in comparison to less healthy choices * Maintaining profit margins an important consideration. * Lowering price of healthy snacks increases their sales * Would it be easier in school setting to promote the guiding principle that food and beverages are available for nourishment rather than generating revenue? Tougher sell in recreation setting than schools? | Noted: the vendor defined the criteria (eg, with low in sodium being < 2 grams per serving!!)  Bottom line |
| Development and implementation of Baltimore Healthy Eating Zones: a youth-targeted intervention to improve the urban food environment. J Gittelsohn et al. Health Education Research Vol 28 no 4. 2013. | -based on social cognitive theory (environmental level changes by working with storeowners in corner stores and carry-outs to increase the stocking of healthier food; individual level changes to influence youth knowledge, self-efficacy and behavioural intentions with taste tests, cooking demos and communications in corner stores and rec centres, using peer educators)  -intervention was conducted in 6 recreation centre zones, 15 corner stores, 3 with carry-out options and 3 carry-out locations. | Process evaluation of Baltimore Healthy Eating Zones (BHEZ) – aim to influence youth food-purchasing patterns through POP interventions strengthen with behavioural messages in additional community settings. Hypothesis: interventions in recreation centres would enhance exposure and detail to youth targeted health communication, reinforce key health messages and increase youth consumption of health foods  Pop’n: African-American youth aged 10-14 years in low-income Baltimore city and one caregiver | -youth educators delivered intervention in recreation centres – taste tests, cooking demonstrations, and communications 9verbal and visual) to promote observational learning and self-efficacy for healthy behaviours.  Paired with corner store intervention (increased healthy foods available in corner stores at same time).  Two to three youth peer educators were chosen per recreation centre – applied and recreation directors chose candidates.  -peer educators were more involved in recreation centers than corner stores, but there was a high drop-out rate | -intervention was delivered with high dose – 328 intervention visits were made (avg. 13 per centre and 12 per store)  -fidelity of healthy food availability ranged from 0 to 100% (mean 74%) – lowest for sugar free drink mix, low fat milk, cooking spray, ww bread, fruit, baked chips. Highest for diet soda, water, 100% juice, low sugar high fibre cereals, low sugar fruit cups, fresh vegetables, pretzels, granola bars, nuts/seeds, low sugar low fat snacks, peanut butter.  -shelf label placement and poster use had low to moderate fidelity  -moderate to high dose and reach of interactive sessions in corner stores and recreation centres  -safety, transportation, and scheduling led to less peer educator contact in corner stores than recreation centres.  -retention of peer educators was a problem  -emphasizing small group intervention activities reduced attention to environmental changes in stores- recreation centres had a smaller reach overall than corner stores.  -for this process evaluation, a set of implantation standards was developed based on previous programs and success was rated against these standards.  -participating in the program was related to reductions in BMI percentile among girls who were overweight/obese at baseline and some limited improvements in psychosocial factors | -enable youth educators to assist with interventions (retention needs to be addressed) |  |
| Hanson M. **Wising Up to Better Health**. Parks & Recreation 2008 02;43(2):68-73 | Non-academic article – commentary/description of program available for purchase “Wise Kids: | Nutrition and activity program for recreation centres – focused on children ages 6-11 in metropolitan areas with established out of school recreation programs | Purpose is to bridge the gap between school and home and enable children to live healthier lives – expand the involvement of park and recreation agencies in addressing the problem of childhood obesity.  -program is focused on teaching children the concept of energy balance (calories in, calories out)  -the program materials included a toolkit, games, marketing materials, a training guide and CD, workbooks. One day training as offered and the program was easy to implement. | -the program was implemented in 4 cities and a research study was conducted.  -BMI improved for participating children compared to the control group  -attitudes, norms, behaviours toward healthy eating and activity increased  -recreation leaders found the program intuitive and easy to administer | -the program was well received by recreation coordinators, but the content is not appropriate (e.g. understood if they choose to eat a particular food or snack they should also expend that many calories in physical activity to balance it out)  -ensure programs for recreation centres are comprehensive and do not promote weight bias! | -article was written with the foundation that sells the toolkit for profit – biased. They do indicate success with their type of program. |

**Appendix F**

**Environmental Scan**

**2b. ENVIRONMENTAL SCAN: Recreation Organizations –**

**Provincial/National/International Activities**

**(Completed by Peel Public Health)**

**1. What is the issue that you want to conduct an environmental scan about?**

* What initiatives are occurring or have occurred within recreation organizations that target the food environment?
* Is there provincial support for initiatives occurring in recreation settings that target the food environment in recreation organizations?

**2. Brief Stakeholder Analysis**

* Local:
  + Peel Public Health
  + Recreation facility managers, staff, volunteers
  + Facility patrons
* Provincial:
  + OSNPPH – Healthy Eating in Recreation Settings Workgroup
  + Dietitians of Canada
  + Provinces (BC, Manitoba)
  + MOHLTC, Healthy Kids Panel
  + Ontario Parks and Recreation
* Federal:
  + None

Opposition:

* Food service providers
* Recreation facility managers, staff, volunteers and patrons may oppose initially.

**3. Key findings from environmental scan?**

* Internally, Peel Public Health is working towards creating supportive environments for living. Peel Public Health has been working on changing the food environment, and interacting with stakeholders in the community such as recreation facility managers.
* Multiple Public Health Units (11 of 36 Public Health Units who have provided information through OSNPPH) are working on this initiative within their own communities. These health units have been collecting information from their community to determine whether or not recreation facility patrons are interested in healthy food options at their facilities. Pilots have also been conducted in a select few of these health units to determine success with implementing healthier foods.
* First steps in an initiative such as this one is to gather community data. This would require gaining information from stakeholders: arena patrons, staff, volunteers, managers, food service providers (if possible).
* Community collaborations/groups/associations are important in order to include perspectives of different stakeholders. Many of the community groups involved in initiatives included people from: Public Health, community groups, parks and recreation associations (local and provincial) etc.
* Some challenges have been:
  + Definition of ‘healthy food options’
  + Difficulty in preserving some foods such as perishable foods
  + Concerns in lost revenue if the food options change
* Some Public Health Unit initiatives are in the middle of an evaluation step or still require evaluation. Follow-up with these results is warranted to learn from their success.
* Creating healthy eating environments in recreation facilities is supported by multiple provincial and professional organizations. This requires action from multiple sectors working together.
* Provinces vary across Canada. There is no national recreation setting policy/guideline, although BC has a grant to share their evaluated program/process across Canada (fee = 2,000.00 to pay trainer travel).
* Tools that have been developed have not been evaluated (exception is BC) there is limited evidence of effectiveness of initiatives.
* Political push drives the agenda forward much quicker (example of energy drink ban in Ottawa recreation facilities).
* Policies have been sparsely created.

**Brief Analysis of policies/guidelines created**

* None of the provinces have implemented a healthy eating policy within recreation facilities.
* Provinces have developed voluntary guidelines, toolkits and initiatives; however none of these, at the time of writing, have been adopted by the provincial government.
* In Nova Scotia the government has adopted a policy approach to healthy eating and physical activity and grants are offered for healthy eating initiatives such as those in recreation facilities. Despite this it is unclear whether a policy has been adopted or mandated by the Nova Scotia Government and if these initiatives will continue once funding is done:
  + The Thrive! initiative in Nova Scotia is a policy and environmental approach to healthy eating and physical activity
  + There is commitment from the Government of Nova Scotia as expressed from the Premier. Grants for working on healthy eating policies have been given out to sport and recreation facilities along with other settings such as post-secondary schools etc.
* In BC, the Stay Active Eat Healthy - Healthy Food and Beverage Sales initiative has been developed and evaluated. This program encourages recreation facilities and local government buildings to make the healthy choice the easy choice for the community; however it has not been adopted or mandated from the provincial government.
* Locally within the provinces there is evidence of some policies being created:
  + In BC there are 3 cities that have implemented policies, however there is no adoption from the provincial government:
    - City of Prince George
    - City of Kelowna
    - Corporation of Delta
  + In Manitoba
    - The Baldur Recreation Centre has made a nutrition policy for their canteen (see environmental scan for more information)
    - Policies have not been adopted by the province and it appears that local centres are encouraged to adopt healthier options
* In Ontario, at the Public Health Unit level, none of the 11 health units have implemented a policy in recreation facilities at the time this information was collected.
* Internationally, in the United States there have been some states with varying levels of standards, regulations and legislature created.

**INTERNAL – PEEL PUBLIC HEALTH** *– Recreation setting healthy eating environment and/or policy activities*

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| **What is the mandate of Peel Public Health related to this issue?**  Creating supportive environments (and policy) for healthy living |
| **Is the issue influenced by policies, laws or other regulations?**  School Food and Beverage policy (PPM 150), food service provider contracts |
| **Describe the data collection methods you used to conduct your scan.**  Data collection methods may include: interviews with colleagues |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| Recreation Organization Working Group  (ROWG) | Support community and PPM 150 by expanding HE environment and policy beyond schools settings  -healthy weights | Using EIDM PPE process to determine best methods. | Primary – school aged children across the region of Peel  Parents – role models who also benefit from change | Completed community wide situational assessment with outcome to Focus on Recreation Settings (RS) for the initial program work  Recreation organization evaluation/impact to be determined | Working group with  2 RD’s (1 lead)  1 PHN  1 HPO  1 School HN liaison  Consult with librarians, community development worker | Long term project (5+ years) that would likely benefit from using a not for profit (NFP) community association to include Recreation Departments in Brampton, Mississauga, Caledon as well as NFP community agencies  Working closely and benefiting from OSNPPH SNWG HERS (below)  Possible interest in f/u with BC’s resource sharing opportunity if it complies with Peels philosophies and HERS nutrition guideline recommendations |
| HE & PA levels of engagement between Recreation centers and Schools | Survey school health nurses knowledge | Paper survey | Schools and recreation centres across Peel | 20% schools engaged in PA  -23% elementary and 21% secondary  -2% schools engaged in HE  -33 of 39 Recreation centers engaged | Above  All school health nurses | -Data is based on SHN observation  -Suggesting the survey is repeated with recreation centers and/or Schools directly to get more valid data  -Given most recreation centers are already engaged potential for further activity positive |
| Marketing 2 Kids – Sugar Sweetened Beverage WG | As ROWG above | Using EIDM PPE process to determine best methods. | Primary – school aged children across the region of Peel  Parents – role models who also benefit from change | To be determined (tbd) | 1 HPO (lead)  1 RD’s  1 School HN liaison  Consult with librarians, community development worker  (others tbd) | -potential to use WG knowledge and materials as resources |
| OSNPPH Healthy Eating Recreation Settings (HERS) Working Group | Supportive environment and policy in Recreation settings | Using EIDM PPE process to determine best methods.  -Benefiting from synergies of HU RD’s working together across the province  -Potential for provincial support/advocacy  -Potential for consistent program planning with implementation variations across HU as appropriate | Recreation Settings supporting:  Primary – school aged children across the region of Peel  Parents – role models who also benefit from change  Schools PPM150 community strategy | Completed PIDO  Working on S/A | 17 RD’s from 16 HU plus supports from their HU’s | - Goal to use standards consistent with NTS (adapted for RS)  - Excellent resources provided by other provinces  - 3 HU completed validated Arena Survey showing majority of RS purchases are for C&Y (60ish%) validating our project (see external environmental scan)  - ROWG collating all HU results for comparison  - ROWG is looking into having this done by Peel as well |
| Tobacco Team- Tobacco-Free Sports and Rec (Parks and Rec/Policy)  *- Project currently on hold* | Policy development to restrict the use of tobacco in sports leagues/settings | - Conducted community assessment (interviews) questions with Recreation Managers (Miss, Brampton, Caledon)  - Assessed what their level of involvement would be for policy development  -Survey was developed for Association Executives in charge of Parks and Recreation teams and went out to 87 individual associations  -Letter will be administered to allow associations to sign up to develop tobacco-free policies for their sports associations with PPH | Youth sports associations (Association Executives) | - Based on provincial strategy (Smoke Free ON)  - Program evaluated externally by OTRU  - PPH utilized their results  - Process evaluation has been done | - Provincial evaluation  - PPH PPE resources | - All Executive Associations are affiliated with a Municipality  - Recreational managers provided a list of all sports associations  - Of the 87, 31 responded and 27 of the 31 were in favour of PPH administering a policy that restricts tobacco use in their sports league/setting.  - Currently program put on hold |
| Peel Eat Smart for Recreation Settings | Facilitates healthy environments in recreation settings based on 3 standards: nutrition, food safety and smoke free | - Consultations with recreation settings  - Ongoing support and guidance to recreation settings  - Communication plans to increase awareness of program | Recreation settings  - All people who frequent recreation settings | - Process evaluation was completed in 2009  - Evaluation plan prepared for 2011-2012, however no results/report completed | - Nutrition standards  - Presentations  - Templates  - Contacts from 2011 (some may be old) | - Eat Smart! is no longer being provided by ROP  - Summary of Eat Smart! Programming in ROP can be found on EIM: <http://eim.peelregion.ca/llprd/llisapi.dll?func=ll&objId=49063999&objAction=viewheader>  Results:  **Brampton:**  - Jim Howell had interest in expanding program in 2012 and wanted a RD to contact in 2012  - Century Gardens (first w. ES) needed re-assessment  **Mississauga:**  - In 2011, not ready to move forward  **Caledon:**  - Awaiting contact from PPH as of 2011  - Additional information on Eat Smart! available on EIM: <http://eim.peelregion.ca/llprd/llisapi.dll?func=ll&objaction=browse&objid=44368433> |
| Municipal Cafeteria pilot | Expand healthy eating environments and policy into municipal cafeterias | Regional Council is supporting this concept and a pilot project is underway in Peel Health Cafeterias at 10 PCD and 7120 Hurontario  -revised RFP’s with sent to vendors | Staff in Municipal Buildings | In process |  | Determining best nutrition guidelines and process to use that will achieve the healthy eating given vendors business models require certain profitability  Cafeteria and some patrons issues related to removing foods (e.g. French fries) |
| *“A Picture of Food in Peel”* Report  Healthy Eating Adult Team (HEAT) | To better understand the opportunities to obtain food and the healthy eating resources that are available within Peel. | Public Health Dietitians from the Healthy Eating Adult Team collected information on the number of food access points in various categories (e.g. stores, restaurants, workplaces) as well as the availability of healthy eating resources in Peel.  Report outlines findings from data collection and identifies potential next steps. | Region of Peel | Data collected between March and December of 2012.  - There are at least 166 sport and leisure opportunities in Peel where residents can obtain food.  - Within most of these venues, food is sold and served by quick service restaurants, concession stands, vending machines, food trucks and mobile canteens  - 54% of these sports and leisure venues are municipal recreation facilities | Public Health Dietitians | - This data can be used to start our search on which recreation facilities and how many provide food  - As names of facilities were not collected, it is required to determine where these facilities are and exactly how they offer food  <http://eim.peelregion.ca/llprd/llisapi.dll?func=ll&objId=47965471&objAction=viewheader>  \*see step 2c community assessment |

**EXTERNAL**

Recreation Organization healthy eating environment and/or policy activities within **Ontario Public Health Units - OSNPPH**

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| **AGENCY NAME:**  OSNPPH – Healthy Eating Recreation Settings Practice Group (within Student Nutrition Working Groups) |
| **What is the mandate of the agency?**  Support Synergies of Public Health Healthy Eating Projects across the Province by sharing information and resources  Public Health in General – primary focus of activity is maintain healthy weights across Peel via HE environments and policy |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through the provincial network (OSNPPH) workgroup (as above) contacts. |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| **Peel Public Health** | Implementing program planning and evaluation (PPE) for Recreation Settings | To be determined  Working with OSNPPH HERS  -essential goal is environmental/policy activities | Children and youth, parents, Recreation Settings\  -Presently Peel does not have any specific HE RC activities | | Further stages | Working group of 4 staff, librarians, policy consultation, OSNPPH HERS | Challenge:  - Time due to large project and small workgroup |
| **Middlesex-London Health Unit**  Heather Thomas research  (2010) | Need an understanding of patrons’ and operators’ perspectives prior to making changes to recreation facility food environment | - Conducted a survey as part of a research project to determine patron and operator readiness to change  - Based on survey results, team plans to develop, implement, and evaluate a pilot recreation facility healthy-food intervention  - Pilot will utilize findings from surveys and start with an education/awareness campaign | - Surveys conducted with arena patrons (19+) and operators  - The recreation facility environment  - Ultimately to change the recreation facility environments to affect behaviour change in visitors of recreation facilities | | All recreation facility operators and patrons were receptive to healthier food options |  | -Operators expressed concern re: lost revenue but eager to offer healthy choices.  Challenge:  - The ability of recreation facility operators to provide healthier foods that meet patrons’ demand, while generating sufficient revenue  Next Steps:  - Developing, implementing and evaluating pilot recreation facility healthy-food interventions  - Consistent definition of healthy food |
| **Niagara Region**  **Fuelling Healthy Bodies Pilot Project, June 2013**  Rachel Morgan | Survey: To identify arena demographics and collect consumer data on opinions on healthy food choices in arenas  Pilot Project: Determine success in offering healthy choices in select arenas | Healthy Living Niagara (HLN) Healthy Eating Workgroup is a community collaboration. Public Health acts as a support  -hired Brock Consulting to do initial work  -Municipally owned arenas throughout Niagara were surveyed with focus on 4 pilot locations that were surveyed. However, only 3 are currently part of the pilot project.  - Survey included asking about patrons’ purchases and choices. This survey identified the healthier options patrons would like to see in the arenas.  - Second survey conducted that investigated what items patrons would choose. This second survey identified which products (based on the list from the first survey) they would actually purchase.  - All of the food items meet PPM-150 standards. These standards chosen in an attempt to meet the concessions “where they are at” in terms of offering healthier options.  - Once the survey findings were collated, a consultant was hired to develop an implementation and business plan focusing on the 4 P’s (product, price, promotion and place).  - Work is currently being conducted with the consultant to train the concession operators, with the hopes of starting the pilot project mid November 2013.  - The pilot project will allow the 3 arenas to offer these healthier options, which will be tracked. The pilot project also includes relevant promotional material to encourage healthier choices.  - Once the pilot is completed (will end early 2014), an evaluation will be conducted and a report will be available by the spring of 2014. | - Surveys conducted at 4 arenas (no age limit) and pilot project at 3 of these locations.  - Ultimately to change the recreation facility environments to affect behaviour change in visitors of recreation facilities. | | - Currently only the patron food choices have been evaluated  - Majority of arena patrons would like healthier choices, more selection and affordable prices at arenas as well as their preferred food choices  - Once the pilot project is completed an evaluation report will be released in spring 2014 to identify if the project was successful and if there is community support to continue. | 3 public health staff members working on project:  -1 RD  -1 Health Promoter  -1 Policy Analyst  - A business consultant to work on the business plans and vendor training  - An external graphics company for the promotional material  -Project funded through Healthy Living Niagara | - Consumer support for healthier food choices at arenas  - Patrons looking for healthier options, not a ban on unhealthy options  - Barriers: ‘arena or hockey culture’, and lack of recognition to the effects of obesity at the local level  -Issue of revenues, concessions are concerned about decreasing revenues with offering more healthy options  -Arena concession operators can be a challenging group to communicate and meet with; due to the fact that this is a part-time job. |
| **Renfrew County and District Health**  Carolyn Froats-Emond  **Healthy Foods in and Out of School – Rec Setting Consumer Survey** | Project: to provide consistent messaging to children and families on healthy eating  Survey: Collect data on food and drink consumption behaviour of consumers as well as demographic information | Surveys conducted at 1 arena  Prepared by:  -Renfrew County DHU  Prepared for:  -Heart and Stroke  - [Community Resource Centre (Killaloe) Inc.](http://www.crc-renfrewcounty.com/) | Children and families in Renfrew County  Partners:  - Renfrew County DHU  - Heart and Stroke  - Community Resource Centre | | - 57% of respondents said that changes should be made to vending machine and/or snack bars | Assistance of Spark Advocacy Grant  Partnership with the Community Resource Centre (Killaloe) Inc.  - Public Health staff | - Consumer support for healthy food options in arenas |
| **Durham Region Health Department**  **Creating Healthy Environments for Youth**  **- Arena Survey (2005)** | To determine what healthier food options there are for arena concession stands that are feasible, cost-effective and appealing to the community | - Community coalition “*Creating Healthy Environments for Youth*” (CHEY) involves Durham Region Health Department, Heart and Stroke, Canadian Cancer Society, Canadian Diabetes Association, Ontario Recreation Facilities Association and local arenas  - *CHEY* developed to assist with the creation of supportive environments for healthy eating in arenas.  - Survey developed by *CHEY* Coalition in consultation with Public Health Epidemiologists  - Analysis completed by Durham Region Health Department and were noted to be used to assist vendor when including healthy choices at concession stands  - Survey implemented by the *CHEY* coalition at arenas throughout Durham Region through bulletin boards on healthy eating | - Children and youth  - Arena environments  Partners:  - Heart and Stroke  - Canadian Cancer Society  - Canadian Diabetes Association  - Ontario Recreation Facilities Association  - Local arenas | | - Users are interested in having healthier food choices in arenas  - The results of this survey should be utilized by the *CHEY* coalition to help with creating environments that promote healthy eating in arenas | - Partnership with Durham Region Health Department, Heart and Stroke, Canadian Cancer Society, Canadian Diabetes Association, Ontario Recreation Facilities Association and local arenas through the *CHEY* coalition | - Support for healthy foods in arenas |
| **Durham Region Health Department**  **Creating Healthy Environments for Youth**  **- Healthy Eating In Arenas Pilot Project (2006-2007)** | Next phase of above survey  - Purpose of pilot project was:  1. Determine if healthy food choices sell in arena concessions  2. Determine if arenas can incorporate healthy food choices in concessions without a decrease in their revenue  3. Determine the average amount spent on healthy food items  4. Determine factors that positively and negatively influence the sale of healthy foods | - Literature review completed on community based interventions focusing on recreational facilities and food use in arenas to support healthy eating. Literature review found no examples of evaluative studies on policy interventions to create healthy food choices in recreation centres and arena concessions  - Arenas already participating in *CHEY* were invited to participate in a study to look at the implementation of healthy choices menu in their arenas  - Ethics review completed  - 2 arenas participated in pilot study  - Subcommittee developed at each arena that consisted of staff, arena users and/or community members of different demographics  - Subcommittees responsibilities were to plan and implement activities and introduce the new healthy menu at a launch event  - Menu was developed and implementation strategies were utilized, which included a launch event, the MOH, presentations to coaches and the school community etc.  - Sales were analyzed  (more information provided in report) | | - Children and youth  - Arena environments | - Results show increase in healthy food sales in arena concessions  - It was noted that sales were highest right after a launch or new strategy implementation – a variety of strategies likely needed  - % of healthy food sales were significantly higher throughout intervention period  - Increase in healthy drink sales was smaller but found to be significant | - Subcommittees  - Public health staff  - Arena staff | Challenges:  - Food suppliers initially had limited healthy food options  - Existing contracts with soft drink suppliers  - Accurate data entry of food items  - Arena traffic impacts concession sales  - Communicating with coaches  - Recruitment of subcommittee members  - Difficulty in evaluating individual strategies used to promote healthy foods  Limiting factors:  - Lack of a control site  - Changes to healthy food items mid season due to poor sales  Future recommendations are identified in report. Includes:  - Monitor food sales  - Expand to recreation complexes  - Support coaches and athletic associations  - Target parents  - Continuous marketing |
| **Chatham-Kent Public Health Unit**  **Tilbury Arena Consumer Survey 2010** | Arena asked the Public Health Unit to assist in determining support for healthier food choices in snack bar/vending machine | - Survey developed using sources: Middlesex-London Health Unit, Durham Region Health Department and County of Lambton Community Health Services  - Results evaluated by health unit epidemiologist  - Advertising display was used on 3 different days (1 weekday evening, 2 weekend days) and health unit employees approached arena patrons with the survey | - Arena patrons of Tilbury Arena  - Patrons of Tilbury Arena | | - 72% indicated they would like to see more healthy food choices  - 37% were not satisfied with food choices available  - Eat Smart was implemented in the arena | Public Health Unit staff | - Support for healthy choices in arenas |
| **Tilbury Arena Consumer Survey 2012** | Consumer Survey to determine perception of Eat Smart at local arena | Survey to patrons of the one arena with the Eat Smart Program  -To determine effectiveness and satisfaction with the Eat Smart Program | - Arena patrons of Tilbury Arena  - Patrons of Tilbury Arena | | - 62% of respondents would like to see more healthy food choices offered at the arena | Public Health staff | -62% would like to see more healthy foods in the arena |
| **Toronto Public Health   Anna Porretta contact (as per Lisa Swimmer)** |  | Support Parks and Rec division to incorporate requirements for healthier food and beverage choices into the Request for and beverage vending contracts that are tendered through the City. |  | |  |  |  |
| **Haldimand-Norfolk Health Unit** |  | EatSmart Recreation pilot |  | | did not continue once the pilot was over because there was no municipal support or policy to continue |  | Interested in working on the policy piece in the future and include a nutrition component in the next arena RFP.    Kathy Page RD HBSc |
| **Heather Nadon, RD**  **Windsor-Essex** |  | Initial pilot for the Eat Smart! Recreation program back in 2007.  -continued to offer the program since then |  | | Will consider work done by HERS |  | As far as I know, there has been no further research, environmental scans, etc., done since this time. |
| **Ottawa** | Ban energy drinks from recreation facilities | Councillor requested |  | | - Coca-Cola voluntary agreed to remove energy drinks from recreation facilities |  |  |

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| **AGENCY NAME:**  Healthy Communities Partnership, Lanark, Leeds & Grenville |
| **What is the mandate of the agency?**  The vision of the Healthy Communities Partnership is “Healthy people in Lanark, Leeds & Grenville, who live, learn, work and play in healthy communities.” (from website) |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through internet searches. |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** | |
| **Understanding Healthy Food Choices In Recreation Facilities in the Counties of Lanark, Leeds & Grenville, 2012** | Purpose of report:  (1) gain a better understanding of policies related to healthy food choice in municipal, and privately owned recreation facilities  (2) to identify barriers to and interest in developing healthy food policies. | Online survey and key informant interviews (random selection) conducted with recreation providers between Feb and Mar 2012.  - Recreation providers in municipal facilities (22), bowling alleys (6) and curling clubs (12) were invited to participate | Recreation providers  - 9 completed survey online (6 municipal rec, 2 bowling alleys, 1 curling club)  - 8 completed interview (6 municipal, 2 curling)  Partners:  - Healthy Communities Partnership | - Many factors highlighted as limitations to purchasing healthy foods for facilities: preservability, budget, storage, lack of prep area  - Would make changes if they understood what patrons wanted  - All support healthy food, and that it should be positioned in a way that it is visible to patrons  - Open to learning more and success stories  - No policies in any area  - Providing food was also mentioned as a way to facilitate economic development and community engagement  - Healthy beverage environments discussed  - Many challenges in providing healthy choices  - Types of support to implement healthy food choices also discussed  - Availability of healthy food across counties is mixed (some offer others don’t) | - Healthy Communities partnership  - Bergeron Consulting completed the report | | - Participants were open to creating healthier food environments and were willing to try and implement healthier food choices with support from partnerships.  - Perception that it is difficult to create healthier food environments  - Lack of policies to create healthy food choices |

Recreation Organization healthy eating environment and/or policy activities within **Provincial/National Organizations**

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| **AGENCY NAME:**  The Ministry of Health and Long-Term Care |
| **What is the mandate of the agency?**  The Ministry works toward a patient-focused, results-driven, integrated and sustainable publicly funded health system. The Ministry provides direction and leadership for the health system (<http://www.health.gov.on.ca/en/common/ministry/default.aspx>). |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through internet searches, consultations with colleagues and emails from professional networks such as Dietitians of Canada. |

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| **Ontario’s Action Plan for Health Care** | To make Ontario the healthiest place in North America to grow up and grow old – plan for this | - ON Government set a target to reduce childhood obesity by 20 % in 5 years | Ontario residents | - ON Government set a target to reduce childhood obesity by 20 % in 5 years |  | - Patient-centred with the exception of childhood obesity strategy and other health promotion strategies such as Smoke Free Ontario and cancer screening |
| **Healthy Kids Panel Report** | Ontario created a panel of experts to recommend how to keep children at a healthy weight.  - Submitted this report March 2013 | - Panel consulted with parents, caregivers, youth and experts in the field and reviewed literature and strategies in Ontario and other jurisdictions.  - Recommended a 3 part strategy:  (1) Start all kids on the path to health  (2) Change the food environment  (3) Create healthy communities | Children | - Recommendation 2.10: Develop a single standard guideline for food and beverages served or sold where children play and learn (includes recreation facilities). |  | - Requires action from all sectors: parents, caregivers, child care settings, schools, health care providers, non-governmental organizations, researchers, food industry, media, government. |

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| **AGENCY NAME:**  Public Health Ontario |
| **What is the mandate of the agency?**  To provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors (<http://www.publichealthontario.ca/en/About/Pages/Mission-Vision-and-Values.aspx>). |
| **Describe the data collection methods you used to conduct your scan.**    Data was collected through internet searches, consultations with colleagues and emails from professional networks such as Dietitians of Canada. |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| **Addressing Obesity in Children and Youth: Evidence to Guide Action for Ontario** | MOHLTC requested PHO to gather and create an evidence primer to inform the work of the Healthy Kids Panel | Report has 3 parts:  (1) trends in the range of risk factors associated with overweight and obesity in children and youth, as well as strategies for measuring and monitoring  (2) the effectiveness of interventions to prevent and treat overweight and obesity in children and youth, as well as the cost-effectiveness of these programs  (3) programs or initiatives implemented by other jurisdictions and Ontario public health units.  - A scan was completed of Ontario Public health Units on obesity-related initiatives | Children and youth | - There are many modifiable risk factors associated with overweight and obesity  - There are protective factors against child and youth overweight and obesity  - Range of interventions, delivered in a variety of environments and settings across the life course of a child will be needed to reduce prevalence and incidence of obesity.  - 90% of the policy and environmental interventions submitted by PHUs were around the creation of supportive food environments (one being healthy eating choices at recreation centres). |  | - Not all PHU initiatives have been evaluated.  - Limited evidence of effectiveness  <http://www.publichealthontario.ca/en/eRepository/Addressing_Obesity_Children_Youth_Sept2013.pdf> |

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| **AGENCY NAME:**  Ontario Chronic Disease Prevention Alliance |
| **What is the mandate of the agency?**  Mission: to provide collaborative leadership to support a comprehensive chronic disease prevention system for Ontario. Vision: Improving the health of all Ontarians. |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through internet searches and through cross referencing documents (Lanark, Leeds & Grenville Report). |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| **Evidence Informed Messages: Healthy Eating** | Messages for use by individuals, groups and organizations to promote a collective voice in chronic disease prevention and to improve health of Ontarians | - These messages are being encouraged for use in promotion to ensure consistent communication to address healthy eating.  - Recommendations are categorized in: (1) For actions at the individual level  (2) To influence system level change | Ontarians | System Level Recommendation:  - “Increase the availability of healthy foods and food choices (i.e. food from the four food groups in Canada’s Food guide) in schools, workplaces and public facilitaies and limit food and beverages high in calories, fat, sugar or salt” – page 4 |  | - Food needs to be available and affordable |
| **Toolkit to Healthier Communities – Influencing Healthy Public Policies** | To help influence policies that support healthier communities | - Based on THCU’s 8 step process to policy development and builds on the Physical Activity Resource Centre (PARC)’s Workbook for Influencing Physical Activity Policy  - Policy ideas for healthy communities include making healthy foods accessible in recreation facilities | Anyone who is looking to create or encourage policy change at the local level | - Not sure if tool kit has been evaluated | Funding was provided from Ministry of Health Promotion and Sport – Healthy Communities Fund  - In-kind support from staff, volunteers, and partner organizations | - Unclear whether toolkit has been evaluated |

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| **AGENCY NAME:**  Dietitians of Canada |
| **What is the mandate of the agency?** Mission: The voice of the profession.  Vision: To advance health through food and nutrition (<http://www.dietitians.ca/About-Us/MissionVisionValues.aspx>). |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through internet searches, consultations with colleagues and emails from professional networks such as Dietitians of Canada. |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| **Dietitians of Canada**  Childhood Healthy Weights: Recommendations to the Healthy Kids Panel | Provide recommendations to the Healthy Kids Panel | - Recommendations based on current peer-reviewed evidence, based on review and synthesis of the literature by nutrition experts through Practice-Based Nutrition (PEN)  - Recommendation #10: “Develop strategies to support public buildings such as community centres and recreation facilities to provide healthier food options” supports this initiative | Children and youth | - Recommendation has been recommended by other organizations: Ontario Chronic Disease Prevention Alliance, Cancer Care Ontario, Public Health Ontario, and U.S. Centers for Disease Control and Prevention  - Provincial support (i.e. EatSmart!) is important to assist in implementation  - Consistent policies and implementation guidance based on evaluation of existing programs  - Utilize experience from other jurisdictions (i.e. Alberta)  - RD’s working in public health units can assist local facilities |  | - Recommendations align with the Federal, Provincial and Territorial Framework for Action to Promote Healthy weights, and recommendations of other groups such as the OSNPPH and the Ontario Collaborative Group on Healthy Eating and Physical Activity  <http://www.dietitians.ca/Downloadable-Content/Public/DC-Ontario-Healthy-Kids-Panel-Submission-2012.aspx> |

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| **AGENCY NAME:**  Canadian Parks and Recreation Association/Parks and Recreation Ontario |
| **What is the mandate of the agency?**  Mission: To build healthy communities and enhance the quality of life and environments for all Canadians through collaboration with members and partners.  Vision: National voice for a vibrant grassroots network with partnerships that connect people who build healthy, active communities, and impact the everyday lives of Canadians (<http://www.cpra.ca/EN/main.php?action=cms.missionVision>). |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through internet searches, consultations with colleagues and emails from professional networks such as Dietitians of Canada. |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | | ***Gaps Identified***  ***/Notes*** |
| **Healthy Eating in the Recreation Setting** | - Designed for staff and volunteers who provide recreation services and are interested in integrating healthy eating into recreation settings  - Second tool following the *Everybody gets to play* Community Mobilization Tool Kit | - Review of successful healthy eating strategies and current best practices  - Advisory panel helped to develop and deliver a one day consultation on supplement content  - Written for people working with low-income families | - Low-income families | - Not evaluated | |  | - The CPRA recognizes the importance of healthy eating in recreation facilities  - Parks and Recreation ON can be a possible partner for future activities |
| [Parks and Rec ON](http://www.prontario.org/) |  |  | access to municipalities across Ontario and could support in surveying the municipal recreation staff around what barriers remain after the Eat Smart program | -need to coordinate and purchase on a bigger scale to enhance food supply  -eatsmart raised awareness but didn’t support policy change  -more success with vending machines  -great variability in all aspects of kitchen type service | | Approach at a municipal-wide level – council vs the centre-specific level, or at a corporate level for non-profit (YMCA, Boys & Girls clubs) | Senior mgmt recognizes HE is the way to go |

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| **AGENCY NAME:**  Partnership for Kids (<http://p4hk.ca/>) |
| **What is the mandate of the agency?**  To support existing or planned local level community action for healthy active living for children and youth through partnerships (<http://p4hk.ca/>). |
| **Describe the data collection methods you used to conduct your scan.**  Data was collected through internet searches, consultations with colleagues and emails from professional networks such as Dietitians of Canada. |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| **Partnership for Healthy Kids** | To support existing or planned local level community action for healthy active living for children and youth through partnerships | Work together with 4 other provincial organizations to support community action:  (1) Health Nexus  (2) Parks and Recreation Ontario  (3) People for Education  (4) Ophea | Children and youth | Currently there are 7 participating communities who are creating healthy communities through this partnership– Halton, Hamilton, Hastings & Prince Edward Counties, North Bay, Ottawa, Thunder Bay, Windsor-Essex |  | This organization may be a future partner for our initiative in recreation facilities |

Recreation Organization healthy eating environment and/or policy activities within **Canada**

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| **AGENCY NAME:**  Various provinces |
| **What is the mandate of the agency?**  Some provinces have formal policy/guidelines while others are voluntary thus dependent upon community engagement. |
| **Describe the data collection methods you used to conduct your scan.**  Data collection methods may include: key informant interviews, phone calls, internet searches etc.[Note research project](http://eim.peelregion.ca/llprd/llisapi.dll/HealthyEatingInRecSportScanSummaryFINALMay20111.pdf?func=doc.Fetch&nodeid=47926695&docTitle=HealthyEatingInRecSportScanSummaryFINALMay20111%2Epdf) May 2011 for national survey |

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| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | | | | ***Evaluation/***  ***Impact*** | ***Resources*** | | ***Gaps Identified***  ***/Notes*** | |
| **British Columbia**  *voluntary*  *Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings Initiative*  Branded: *Stay Active Eat Healthy*  *British Columbia Recreation and Parks Association (not for profit) (BCRPA)*  *Sustainability and Research via a Multiple Province Project* | Goal is to encourage the provision and promotion of healthy food and beverage choices in community recreation facilities and local government buildings by increasing capacity for action and voluntary adoption of the [provincial Nutrition Guidelines for Vending in Public Buildings](http://www.lcs.gov.bc.ca/HealthierChoices/pdf/CompletePolicy.pdf) | Designed to be flexible, based on local context and needs, and encouraged action across a broad variety of facility environments and operations from vending to external fundraising, staff meetings, public education and promotions, policy and food security initiatives.  Provided grants to support communities planning for change  Distributed a [toolkit](http://www.stayactiveeathealthy.ca/managers/modular_toolkit.html) which was developed and piloted prior to the launch of the initiative  Start guides, fact cards, and resources from other HE programs were also distributed  Capacity building- technical support through live interactive web-based training and cross community sharing via teleconferences  Community evaluation was conducted including facilities assessment, vending audits, patron surveys, policy assessment (results were compared to baseline evaluation). Data was returned to community to act on. | | | Partners:  British Columbia Recreation and Parks Association and the Union of British Columbia Municipalities led the initiative  Extended funding past the 2008-2010 funding stage is done with a financial contribution from Health Canada, through the Canadian Partnership Against Cancer. This project is part of a larger initiative being run by the Collaborative Action on Childhood Obesity (CACO) coalition.  Funding provided by Michael Smith Foundation for Health Research  Implemented by University of Victoria in partnership with Social Research and Demonstration Corporation | | Recreation food environments were not offering or promoting healthy choices and in many cases promoted food and beverages that are considered major culprits in the increasing obesity epidemic (Naylor PJ, Bridgewater L, Purcell M, Ostry A, Vander Wekken S*: Publically funded recreation facilities: obesogenic environments for children and families?* Int J Environ Res Public Health 2010, 7, 2208-2221.)  49 BC municipalities/districts applied across four phases of funding which included upwards of about 150 facilities  Evaluation and monitoring support change, but are difficult to do and require resources  Technical and resources supports and information sharing were critical factors in implementation  Phased in approach is more feasible  Pair education with policy | <http://www.stayactiveeathealthy.ca/files/HC_Toolkit_Web.pdf>  -grant to share their evaluated program/process across Canada (fee = 2,000.00 to pay trainer travel).  The brand name food list has been important <http://www.brandnamefoodlist.ca/> | | Their guidelines will likely differ from PPM150  They have an online brand name food list which would help RC staff significantly  *Healthy Food &Beverage Sales in Recreation Facilities & Local Government Buildings Initiative*  <http://www.bcrpa.bc.ca/HealthyFoodandBeverageSales.htm>  *Stay Active Eat Healthy (Brand of Healthy Food and Beverage Sales program):*  <http://www.stayactiveeathealthy.ca/>  Summary of stakeholder interview:  <http://eim.peelregion.ca/llprd/llisapi.dll?func=ll&objId=48083836&objAction=viewheader> | |
| **City of Prince George** | Developed under the Healthy Food & Beverage Sales in Recreation Facilities & Local Government Buildings Initiative  City Council received and endorsed the Prince George Active Communities Strategic Plan (2007)  One of the recommendations set out in the plan was to develop a city-wide nutritional health policy to assist and encourage active living and healthy eating in the City  Goal is to increase healthy eating activity by 20% by 2010 \* | Nutrition consultant conducted stakeholder meetings to gather info to inform policy dev.  Mandate of policy focuses on municipal recreation facility environments ensuring that healthier choices are made available and individuals are encouraged to make the healthier choice  The term ‘[policy guidelines’](http://princegeorge.ca/cityliving/activecommunities/Documents/Healthy_Food_Bev_Policy.pdf) is used to set out a number of ‘recommendations’ for healthy food offerings  - Nutrition standards are based on guidelines set by the *Nutritional Guidelines for Vending machines in BC Public Buildings, 2007*  This terminology suggests that meeting the provisions set out in the policy are not in all cases mandatory  No consequences for non-compliance or mechanisms for enforcement were identified  Education strategies were developed  Each facility set out timelines and a tailored implementation plan | ***Partners:***  BC Recreation and Parks Association and the Union of BC Municipalities are co-leading this initiative to encourage sales | | | | It is not known whether the policy has been evaluated, therefore there is no indication as to whether the City’s goal has been met\*  Details about when and through which method the policy was adopted are not known, however reference was found to the policy in a current RFP (specifies that the vendor will meet the requirements set out in the Healthy Food and Beverage Policy) |  | |  |
| **City of Kelowna** | In 2006, Council approved an agreement between the City and the Interior Healthy Authority  Community Action for Health was created and grant funds were distributed to approved projects before completed in 2007  One key project was the preliminary review of food and beverages in municipal concessions, and a policy and implementation plan approved by Council in 2008  Five-year plan approved by Council to bring healthier foods to City recreational and sports facilities | Considerable public and concession-operator input was received on the implementation of the plan which included, concession renovations and new equipment to improve healthy food and beverage choices and reduce trans fats and introduce the Checkmark System to identify healthier foods  Implemented in 10 recreation facility locations between 2008-2012  Implementation included a **comprehensive public awareness campaign**  **Ongoing consultation** to measure program progression  **Concession operator interviews**  Following the initiation of the plan, staff would draft a comprehensive Council Policy for Healthy Food and Beverage Services | ***Partners:***  Interior Health Authority  ActNow BC  BC Healthy Living Alliance  BCRPA – Active Communities  UBCM | | | | HFBS Initiative and other grants were utilized  Council authorized the use of additional funds as funding source for the implementation plan between its establishment in 2008-2012  In 2008, implementation of the plan had a supporting budget of $59,835  **Confirm City Council support though policy**  Provide adequate equipment and spaces for concessions operators to implement and comply with guidelines  Provide appropriate signage  **Design and implement a community awareness program**  The Council approved policy was not found, therefore mechanisms for enforcement or consequences for noncompliance are not known |  | |  |
| **Corporation of Delta** | Under ActNowBC, Delta registered as an Active Community establishing the Active Delta Plan  Promoting healthy food choices was an action item listed under this plan  Healthy Choices in Recreation Facilities Council Policy (Parks, Recreation and Culture Department Action) | **Guiding Principles:**  Healthy food choices will be available where food is sold and/or provided in Delta Parks, Recreation and Culture facilities and programs to ensure consistency of healthy lifestyle messaging to patrons. This will apply to all public use  **To promote healthy eating facilities will (not a comprehensive list):**  Post signage that promoted healthy choices  Add trial runs of healthier foods  Not house deep fryers  Offer smaller serving sizes  Provide a minimum of 60% healthy choices  **Encourage** all user groups with which we have contracts adhere to this policy when conducting public concession sales and providing food to the public  **Encourage** current on-site contracted food and vending services to increase the healthier fare choices and **include stipulations in future contracts** |  | | | | Used the Tap Water Campaign to leverage the food policy by including a component that would encourage the public to use tap water  **Coordinated approach that includes all vendors**  **Accentuate healthy choices and make them attractive to patrons through marketing and not total elimination**  **Simultaneously reduce unhealthy choices**  It is not known whether the policy has been evaluated or how it has been implemented across the City  Further analysis is required in order to identify how it is enforced |  | |  |
| ***Alberta***  *Voluntary*  *Nutrition Guidelines for children and youth* | Existing recreation and community centres are **encouraged** to provide healthy choices; however, new facilities are **encouraged** to offer **only** healthy choices | - Guidelines apply to food and beverages sold at canteens, vending, fundraisers, banquets at all Recreation and community centers in Alberta.  - Workshops were held by Ministry of Health to assist recreation facilities in developing policy for healthy food and beverages.  - Policy development template was piloted at workshop | | Partners:  - U of Alberta  - Alberta Agriculture  - Alberta’s Ministry of Health  - Cdn Automatic Merchandising Association  - Alberta Parks and Rec Association | | | - At time of writing, the guidelines were being evaluated in child care, schools, recreation centres  - Since the guidelines have been in effect, vending machine companies have become stressed and profits are down  HE -low priority for 32% of RF, medium =50%, high=13% (5% unsure). 51% of RF made changes to improve the nutr quality of fds -in the past year (11% motivated by the ANGCY). 14% of facilities had adopted the ANGCY and 6% had implemented them. 19% of managers indicated that they had nutrition policies within their recreational facilities. **(Olstad D, Downs S, Raine K, Berry T, McCargar L: Improving children’s nutrition environments: A survey of adoption and implementation of nutrition guidelines in recreational facilities. BMC Public Health 2011, 11:243.)** | <http://www.healthyalberta.com/NutritionGuidelines-Sept2012.pdf> | | - Some Recreation facilities are removing deep fryers, which decreases insurance costs;  - Jurisdictions are requesting healthier options faster than food companies are able to provide healthier food alternatives  - Recommendation for National Guidelines. | |
| ***Saskatchewan***  ***Voluntary***  *Support HE at Work and Play – a resource guide for creating food policies at your worksite or recreation facility* | Changing the conditions and environments in which people work and play. | - Encouraged to seek support from PH Nutritionists  - Incorporates school food guidelines  - No formal nutrition training provided  - Resource presented to Saskatchewan Parks and Recreation Association  Policy resource guide (incl some school info). | | | |  | Success varies by facility/organization as does support needed.  There have been organizations that have been able to use the manual successfully without support. | <http://www.saskatoonhealthregion.ca/your_health/documents/SHEManualfinalJune2009.pdf>  Public Health Nutritionist Working Group of Saskatchewan | | No formal training but support from PH Nutritionist | |
| ***Manitoba***  ***Voluntary***  *Making the Move to Healthy Choices* | To provide awareness and education, to make resources available that encourage healthy food choices in recreation facilities where families live and play. | Via *Move to Healthy Choices Committee* (Westman Recreation Practitioners Association, Assiniboine Regional Health Authority, Brandon Regional Health Authority, and Manitoba Healthy Living, Youth and Seniors)  - Committee has developed toolkit and newsletters  - Newsletters highlight recreation facilities that have made menu changes as well as other information.  - Toolkit developed for arenas, curling rinks, pools, sports fields, youth centers, community centers, bowling alleys and community special events.  - Toolkit based on school nutrition handbook | | | | Partners:  - Westman Recreation Practitioners Association  - Assiniboine Regional Health Authority  - Brandon Regional Health Authority  - Manitoba Healthy Living, Youth and Seniors | Survey 2010, 2013 ( in progress)  Survey monkey indicated useful as:  - People can implement at own speed  - People can understand them  - RD available for consultations  - Important to allow RC to go at own speed and be positive about small changes.  - Team of recreation and nutrition experts working together strengthens the process  - Small settings allows for quality time to be spent with facilities | <http://www.brandonrha.mb.ca/export/sites/brandonrha/galleries/pdf/Healthy_Living_Info/Making_the_Move_To_Healthy_Choices.pdf>  <http://healthylife.cimnet.ca/cim/97C344_531T22135.dhtm> | | Lessons learned:  - Policy development is important for sustainability.  - Include canteen operators and partners from the beginning. They should be part of the decision making.  - Small steps bring success – change takes time  Challenges:  - Reliance on volunteers for canteen operation  - Perception that consumers do want healthy food choices.  - Preparation time to prepare healthy choices  - Funding  - RD time is ad hoc  - Constant change at facilities (staff)  Summary of Stakeholder interview:  <http://eim.peelregion.ca/llprd/llisapi.dll?func=ll&objId=47926773&objAction=viewheader> | |
| **Manitoba**  *Nutrition Policy in Canteen* | To have healthy food choices in canteens for facility patrons | - Nov-Dec 2013 *Move to Healthy Choices Newsletter:*  - Baldur Recreation Center Committee  - Implementation of the policy passed down from Board level  - Made a policy that will work well for the community  - Final policy will be posted on canteen for everyone to see | | | | Baldur Recreation Center |  | - Baldur Recreation Center Committee | | - Long process to put policy in place  - Committee has heard positive feedback from patrons at the rink and feel the healthy options are well liked | |
| ***Ontario***  ***None – eat smart cancelled*** | OSNPPH considering advocacy to support expansion of NTS to Rec set | - Sports and Rec indicated RS not a priority at this time | | | | Children, youth, adults attending RS | Will use Peel EIDM tools | OSNPPH network and PH agencies providing staff | | Goal is to adapt NTS guidelines to setting (much like workplace WG) | |
| ***Quebec***  ***Considering B C*** |  |  | | | |  | Lac-Etchemin first in Canada to ban Junk Food choices but now adding limited # back in due to $$  Little availability of healthy food choices in the vending machines and snack bars found in the sports and recreational facilities (Chaumette P, Morency S, Royer A, Lemieux S, Tremblay A: [*Food environment in the sports, recreational and cultural facilities of Quebec City: a look at the situation*]. Can J Public Health 2009, 100(4):310-314.) | |  |  | |
| ***New Brunswick***  ***Voluntary***  *Healthy Eating in Recreation Facilities: It Just Makes Sense (toolkit)* | Provide awareness, education and resources to encourage a greater availability of healthy food choices in New Brunswick’s recreational facilities. | - Toolkit developed as an information and motivational tool  - Toolkit applies to arenas, pools, youth centres, community centers, curling rinks, bowling alleys, skate parts etc.  - No policies in place at this time, but facilities are encouraged to make change  Encompasses marketing strategies, revenue potential of healthy foods, meeting consumer demands, fundraising, canteen options, and sports nutrition (directed for vendors). | | | | Partners:  - Healthy Eating Physical Activity Coalition of New Brunswick  - The Department of Wellness Culture and Sport  Working group includes members from:  Public Health, Recreation NB, City of Fredericton, N B Advisory Council on Youth, Mango Program, and Centre for Coaching Education NB | **Toolkit evaluation:**  Foods and beverages available were primarily non nutritious, high calorie, high fat and high sugar- very few changes were made since implementation (2005).  Several facilities had made efforts to provide healthier choices by adding some healthy options or removing vending machines  YMCA removed vending machines, stopped selling pop, chips and chocolate and has **continued to make a profit**  - Most helpful supports: lists of healthy foods, posters to promote availability of healthy food and small grants.  **Current Status**  Have established a grant program to support recreation facilities ($500). Fact sheets and posters are now posted online.  *\*These Action items came from a list of helpful supports identified through the toolkit evaluation* | Healthy Foods in Recreation Facilities: It Just Makes Sense:  <http://www2.gnb.ca/content/gnb/en/departments/dhic/wellness/content/healthy_foods.html>  Toolkit:  <http://www.gnb.ca/0131/PDF/W/HealthyFoods.pdf> | | - Not much change seen in recreation facilities since toolkit was developed  - Supports have been noted.  - Grants are offered, but currently unaware of how this is impacting the program moving forward. | |
| ***Nova Scotia Considering B C***  *Thrive! A Plan for Healthier Nova Scotia*  *Thrive Grants*  *Healthy Eating in Recreation & Sport Settings Provincial & Territorial Scan Summary, 2011* | (1) improving health of Nova Scotians  (2) making life more affordable for families are the governments top priorities – government developed Thrive  This plan addresses preventable chronic disease through action focused on healthy eating and physical activity by ensuring policies are in place that support our health where we live, learn, work, commute and play  Conducted a scan in Oct 2010 in order to gather information on initiatives focusing on healthy eating in recreation and sport settings. | Got some money from govt in 2013  (400,000 in capital building info from per PJ Naylor)  - Surveyed the public for input into the development of a childhood obesity prevention strategy: <https://thrive.novascotia.ca/files/WhatWeHeardFullENG.pdf>  - Recommendation from this survey:  “Use policy/regulation to increase the availability of healthy food and decrease the availability of unhealthy food (e.g. ensuring public facilities, such as schools and hospitals, offer healthy options, etc.)  - Thrive Grants are available.  - On March 15, 2013 Premier Darrell Dexter announced grants to support healthy eating in health-care settings, sport and recreation facilities, post secondary schools and provincial and municipal government offices: <http://novascotia.ca/news/release/?id=20130315003>    - Questionnaire emailed from the Healthy Eating Coordinator, Healthy Communities , and the Manager of Recreation, Physical Activity, Sport and recreation, with the Nova Scotia Department of Health and Wellness to provinces and Territories  - Responses received from 8 provinces and 1 territory  - After the scan was completed, 2 workshops were conducted in NS about the development of healthy eating policies in recreation and sport settings where the scan results were shared | | | | Nova Scotia residents  Provinces and Territories were surveyed | - Working on multiple initiatives and have planned for initiatives for the 2013-2014 year.  - Work is underway on “food policy in sport and recreation settings, district health authorities, universities, colleges and provincial government  - 6 sport and recreation facilities are currently working on healthy eating policy activities  Scan was completed and results utilized in this scan as well as to inform Nova Scotia |  | | Thrive: <https://thrive.novascotia.ca/about-thrive>  .  Provincial and Territorial Scan:  <http://www.recreationns.ns.ca/wp-content/uploadhere/2012/05/HealthyEatingInRecSportScanSummaryFINALMay20111.pdf> | |
| ***PEI***  *GO! PEI Project*  *Healthy Rink Initiative*  *Healthy Canteens*  *Maritime Recreation Facilities conference* | Go! PEI Project:  - Community based healthy living program  - Province wide initiative that encourages residents to be more physically active and make healthier food choices  Healthy Canteens Initiative is one of nine healthy eating initiatives under go!PEI  Goal of this initiative is to improve healthy eating environment in recreation facilities | Healthy Eating Alliance (HEA) (non profit works to improve eating habits) has reached out to the recreation sector with these endeavours.  Maritime Recreation Facilities Conference:  - Bi-annual spring conference hosted by Recreation PEI, Recreation NB and Recreation Facilities Nova Scotia.  Go! PEI Project:  - Free programs and educational sessions related to healthy living.  - Communities provided with grants  - Community Healthy Eating Resource Guide was developed for the Go!PEI facilitators providing information pertaining to each of the nine HE initiatives  - Go! PEI focuses on arenas, ball fields and soccer fields  - Through the Go!PEI Healthy Canteens Initiative, canteens are required to add two new healthy food or beverage options to their menu and monitor changes  - No nutrition policies or guidelines were the basis for this resource  - Dietitians on staff for one on one support to improve canteen selection, and hold educational sessions  - Small grants were provided for implementation | | | | Partners:  Go! PEI made up of provincial partners: (Cycling PEI, Island Trails, PEI Flavours & PEI Healthy Eating Alliance), Regional Sport & Recreation Councils and Municipalities  - Recreation PEI manages Go! PEI  Go! PEI Project jointly funded by:  - PEI department of health and wellness  - Public Health Agency of Canada  Go! PEI Healthy Eating Advisory Committee (Dietitians, home economists, agricultural specialists etc). | - Recreation setting not required to serve healthy food but Go! PEI requires 2 healthy food options on menu and monitoring (15 of 16 communities are participating)  - PEI HEA will likely pursue some type of healthy eating guidelines for all recreation facilities  PEI HEA recommends:  - Finding a champion  - Highlighting success stories (especially profit margins)  - Leverage demand from user groups  - Promoting and labelling the healthy options  - Providing food samples  - Providing small grants and one on one support | ***PEI***  *GO! PEI Project*  *Healthy Rink Initiative*  *Healthy Canteens*  *Maritime Recreation Facilities conference* | | Go! PEI Project:  - Community based healthy living program  - Province wide initiative that encourages residents to be more physically active and make healthier food choices  Healthy Canteens Initiative is one of nine healthy eating initiatives under go!PEI  Goal of this initiative is to improve healthy eating environment in recreation facilities | |
| ***NFLD & Labrador***    *Eat Great and Participate* | Eat Great and Participate – awareness goal and recommendations to increase availability of healthy food (based on School Guidelines) | - Resources were based on Provincial School Food Guidelines and some resources were modeled after New Brunswick’s initiative and through consultation with regional nutritionists.  - Healthy eating public and private sport, and recreation and community facilities  - Recreation facilities are **encouraged** to offer healthy food and beverage choices  - Support and nutrition training provided for those in sport and recreation sector:  - Capacity building workshops with project stakeholders and community groups offered by province and region  - Presentations offered at annual general meetings for Recreation NL, Sport NL, School Sport NL and community forums  - Resources provided along with contact information for the project coordinator and regional Nutritionist: [Resources include a kit, brochures and posters](http://www.livinghealthyschools.com/eatgreat.html) | | | | Partners:  - Departments of Tourism Culture and Rec  - Health and Community services | Adapted from NB.  Staff agree important but say little willingness to take steps. Directors more optimistic than facility operators/managers  **Positive results were realized through:**  - Involving community stakeholders and members of the target audience in the planning process  - Developing incentives  - Providing regular follow-up  - Including regional health professionals  - Evaluation of year 2 is underway. | - Funded in part by Public Health Agency of Canada, and Dietitians of Canada | |  | |
| ***NWT***  ***Considering B C***  ***Healthy Choices Framework*** | Various government departments work together to promote physical activity, nutrition and tobacco cessation | - Links developed with sport and recreation sector and nutrition sector  - Various govt depts. (include tobacco) | | | |  | Uptake varies across communities  -does not mandate healthy choices but provide funds to support |  | | - No formal efforts undertaken however the efforts of the Departments of Health and Social Services, and Education, Culture and Employment are seen as examples of how future work can happen in Recreation sector.  - Remoteness of communities is an issue (ie. Fresh fruit)  - Nutrition training sporadic for sport and recreation sector  - Consideration to develop NWT version of *Eat Smart Meet Smart* and other nutrition resources  - Continued interest. | |

Recreation Organization healthy eating environment and/or policy activities **internationally**

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| **AGENCY NAME:**  New York City Department of Health and Mental Hygiene |
| **What is the mandate of the agency?** |
| **Describe the data collection methods you used to conduct your scan.**  Data collection methods included an internet search, information from colleagues |

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| --- | --- | --- | --- | --- | --- | --- |
| ***Name of Program*** | ***Purpose of Program/Policy*** | ***Method of Delivery/Key Components*** | ***Population of Interest/Reach*** | ***Evaluation/***  ***Impact*** | ***Resources*** | ***Gaps Identified***  ***/Notes*** |
| **New York City Agency Food Standards** | To improve the health of New York residents that frequent City agencies  Added by Rachel: Morgan:  Executive Order 122 which established the Office of the Food Policy Coordinator as per the City’s commitment to reduce the prevalence of obesity and diabetes  Similar Executive Orders have also been issued in Massachusetts and Tennessee  Improving/promoting access to healthy, nutritious food | *Standards for Meals/Snacks Purchased and Served*  - These nutrition standards are for all foods purchased and served by City agencies  *Healthy Eating Posters and Fact Sheets*  - These tools are designed to educate people about healthy eating and to bring awareness to the changes in foods served by City agencies  *Standards for Beverage Vending Machines*  *Standards for Food Vending Machines*  - Standards for all vending machines contracted by City agencies and on City property.  *Standards for Meetings and Events*  - Standards for foods served at meetings and events that are sponsored by City agencies.  Added by Rachel Morgan:  Food Policy Coordinator is responsible for convening the Food Policy Taskforce and coordinating the efforts of City agencies to improve access to healthy food  Commissioner of Health Department and Coordinator develop City Agency **Food Standards for all meals or food supplies that are purchased, prepared or served in agency programs or other relevant settings**  The standards include guidelines for trans fats, sodium, and calories/ portions, as well as food preparation methods (no frying) and standards for specific food categories (i.e. no fruit canned in syrup)  As per the Executive Order, all City agencies are required to cooperate with the Food Policy Coordinator and with the Health Department in ensuring compliance with the Food Standards | New York City residents | Food Policy Coordinator has brought together and maintained **partnerships**, and has **raised the profile of food and nutrition** efforts in the Office of Mayor and City government **elevating food policy on the political agenda**  **This initiative has had several measurable successes:**  The Food Policy Coordinator is instrumental in the operation of bodies that coordinate governmental efforts around food issues, such as the Food Policy Task Force  The Food Policy Coordinator appears to have been able to promote coordination between different agency initiatives, reduce programmatic overlap, improve inter-agency communications, and ultimately help bring the initiatives to execution  There is a need for additional staff which would allow for greater capacity to deal with food related issues  **Investment of public funds to implement the recommendations** of the various food-related planning bodies is required to ensure that the credibility of the office is maintained. | <http://www.nyc.gov/html/doh/html/living/agency-food-standards.shtml>  Website includes Standards and Implementation Guides |  |
| **California, Delaware, Florida, Texas** | State-wide regulations (California)  Multiple County level policies  Healthy Eating Initiative at state park level (Delaware)  Healthy food and beverages in vending machines. | Requirements for healthy food options ranges from 50-100% of all offerings served  Varying descriptions of which foods meet healthy criteria.  California Senate has a Bill that sets out requirements for the types of food available in vending machines on state property  LA County requires 100% of food sold in vending machines to meet State of California’s nutrition guidelines.  Implementation activities vary  No further explanation provided due to unique government structure in United States |  |  | Click for further information |  |
| **Iowa, Massachusetts, Oregon, Virginia, and Washington** | Virginia State legislature (Bill)  Hospital policy- Recommendations are under dietary allowances of the Food and Nutrition Board of the National Research Council (Oregon)  Regulating food and beverages served within or by state agencies or institutions | State secretary would convene a Food Standards Task Force which would develop the Foods Standards for Agency Meals (Virginia)  Inclusion of organic or locally grown foods is a component of some of the state initiatives/policies  Aim of policy varies between food purchased and/or served on government property  Implementation activities vary |  |  | Click for further information |  |

**Appendix G**

**PEEST & SWOT Analysis**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **HERS PEEST Analysis**  **SUBJECT/ISSUE**: *Recreational Organizations in Peel – Enhancing Food Environments and Implementing Policy for Healthy Eating* **Date**: Summer 2014  **Project Team**: *OSNPPH HERS Leads: Heather McMillan and Uma Sebastiampillai* | | | | | | | |
| **FACTORS** | **IMPLICATIONS AND IMPORTANCE** | | | | | | |
| **Analysis of** **Factors**  Include a list of things affecting the subject or issue in each of the factors | | | **Potential Impact**  H – High  M – Medium  L – Low  U – Undetermined | **SWOT**  S – Strength  W – Weakness  O – Opportunity  T – Threat | **Relative Importance**  Critical  Important  Unimportant  Unknown | |
| **POLITICAL**  **international** | [USA \_Institute of Medicine](http://eim.peelregion.ca/llprd/llisapi.dll/fetch/-12201624/15670053/15670383/46949028/49656276/IOM_Indicators_for_Measuring_Progress_in_Obesity_Prevention.pdf?nodeid=49757079&vernum=-2) (NGO)- developed indicators for measuring progress in obesity prevention  Pan Am Games (PAG) | | | M | O=[IOM Obesity indicators](http://eim.peelregion.ca/llprd/llisapi.dll/fetch/-12201624/15670053/15670383/46949028/49656276/IOM_Indicators_for_Measuring_Progress_in_Obesity_Prevention.pdf?nodeid=49757079&vernum=-2) for PPE which have been accepted internationally and could inform ROWG and HERS work  O=PAG recognized Ontario Collaborative Healthy Eating group who ask OSNPPH asked for healthy eating support for Ontario games | Important - potentially |
| **P-Federal govt** | -no federal jurisdiction | | | Low | O= completed after school literature review | unimportant |
| **P- MoH LTC** | -no direct jurisdiction as downloaded funding to municipalities (years ago) | | | H | O=[ON grants available](http://www.grants.gov.on.ca/GrantsPortal/en/OntarioGrants/GrantOpportunities/PRDR006918)  O= Recommendation #2.10 of Healthy Kids Panel report: Develop a single standard for food and beverages served or sold to children.  O=potential support for project given other provinces are working on this  O=potential support via Eatright (brand name food list for ON) | important |
| **P-OSNPPH** | * Project lead * Develop RO Nutrition Guidelines | | | H | S=synergies gained by RD’s across province working together  S=individual regional projects supported by HERS | Critical |
| **P-AMO** | * Association of Municipalities of ON | | | M-H | S=partnership would enable significant partner in terms of advocacy, program development, in kind etc.  W=only alternative as $ sent to individual municipalities vs 1 ON ministry responsible  W-Health may not be a priority  O-important to work done in BC so model available  W=new to OSNPPH |  |
| **P-Local Municipalities** | -responsible for most RO and would actually implement and maintain project  -recognizing the different business models of food service establishments (i.e. privately-owned, municipally owned and non-profit ex. Minor hockey association).  xxx | | | H | S=partnership would enable significant partner in terms of advocacy, program development, in kind etc.  W=only alternative as $ sent to individual municipalities vs 1 ON ministry responsible  W-Health may not be a priority  O-important to work done in BC so model available  W=new to OSNPPH  O -municipal procurement policies, contract agreements with food service establishments | Critical? |
| **P- Parks and Rec ON** | * Volunteer organization of members (similar to OSNPPH it seems) | | | H | S=if on board would be significant partner in terms of advocacy, program development, in kind etc.  S= Organization developed the High five program.  S=have had previous support with Nutrition Month initiatives in the past | Critical |
| **P-PHO** | * **General support for PH projects and activities in ON** * [**LDCP** Locally Driven Collaborative Projects](http://www.publichealthontario.ca/en/ServicesAndTools/ResearchAndEducationSupport/Pages/Past-LDCP-Cycles.aspx). May provide an opportunity for funding with other Health Depts (HERS??) and would include training/research element | | | M | O=could help to formalize research thus advancing PH knowledge base  O=recommend HE in RO  S=Mary O’Brien OSNPPH PHO connection  O=use their service to support learning and capacity building (tech support such as online training session, webinars  O=provide professional expertise (former health communication unit for program planning, evaluation and capacity building)  O=opportunities for grants  W=staff at provincial level not able to engage with NFP groups such as OSNPPH | Important |
| **P-MEd** | SFBP and PPM150 | | | M | S=implemented Nutr Guidelines in Schools which likely similar to coming RO NG.  S=schools may be connected to RO and there is already recognition that RO sometimes sabotage SFBP  S=promote comprehensive model which is likely going to be recommended for RO | important |
| **P-MCYS** | After school programs – often held in RO. Differs in each region. | | | M-L | T=have their own nutr guidelines which are different from what we will use. These could be used in different ways. Each organization (MCYS, Med, Day cares) all have different nutrition standards. | unknown |
| **P-ON Sports and Rec** | Community grants now available | | | M | 0=funding  0=partnership | unknown |
| **P - ON Ministry of Natural Resources** | General population may equate provincial parks with municipal parks thus conflicting messaging | | | Low | T-recent Pepsi contact/marketing across parks  O-parks have concessions, vending and food trucks | To be discussed |
| **P-Local Champions (councillors or influencers)** | -influence decisions made by RO and municipalities | | | H | S=some known already  O=OSNPPH or local areas could advocate for support | Important |
| **P-NGO’s** | - Canadian Diabetes Association – Regional Ontario branch locations  Heart and Stroke Foundation of Ontario  Canadian Cancer Society – Ontario Division  [Canadian Paediatric Society](http://www.cps.ca/en)  Dietitians of Canada\*  Healthy Kids Panel – HK community Challenge\*  Ontario Chronic Disease Prevention Alliance (OCDPA)  Cancer Care Ontario  Sustain Ontario | | | H | Canadian Diabetes Association – Regional Ontario branch locations  Heart and Stroke Foundation of Ontario  Canadian Cancer Society – Ontario Division  [Canadian Paediatric Society](http://www.cps.ca/en)  Dietitians of Canada\*  Healthy Kids Panel – HK community Challenge\*  Ontario Chronic Disease Prevention Alliance (OCDPA)  Cancer Care Ontario  Sustain Ontario | Important |
| **POLITICAL**  **Local Foods** | * Local Foods are being promoted by both provincial and municipal org’s | | | M | O=increased sources of fresh food  W=lack of availability in some areas  T=potential increased food costs  S=supporting the local economy and farmers  S=increased grants and/or support from organizations supporting local food  O- Ontario Food and Nutrition Strategy |  |
|  |  | | |  |  |  |
| **P-Region of Peel** | In Kinds support  Leadership role in PPE  Sharing resources and learning | | | M | O=moving towards pilot projects and likely piloting BC website  W or O? =using workplace Nutr G. but bundling 80/20 into one category | Important | |
| **P-Other Regions in General** | RD’s to add rows as appropriate/desired   * Refer to situational assessment for other specific notes * Niagara Region: Fuelling Healthy Bodies (FHB) pilot project. Worked with 3 arenas to introduce healthier food products based on PPM-150 guidelines. Pilot project sales showed potential of moderate success. | | | M | O = FHB project based on evidence and shows potential for financial success  O = findings can be used to build a case for policy (RFP wording for preference of healthy items) |  |
| **P-Other Provinces** | -other provinces have been working with RO to promote policies and environments  -detailed in situational assessment  (BC, NWT, Yukon, Quebec, Alberta and NS) | | | M | O – BC is offering a complete package that has been evaluated to provinces and willing to give to Peel and/or OSNPPH  O – reports and research to learn from and use for advocacy  O – support and mentorship  O- national recognition that RO are important HE enviornments | Important |
| **P-ALPHA** | OSNPPH is an affiliate member of alPHa | | | M | 1. alPHa can send news releases   0-communicate HERS group accomplishment to MOH’s  O-communicate with director – Linda Stewart – relationship through OSNPPH  O-are they or particular MOH’s interested in issue  O-are they interested in doing HE RO advocacy |  |
| **P – OPHA and NRC** | -moving to knowledge exchange and advocacy | | | M | O-have resources  O-able to get messages out to professionals |  |
|  |  | | |  |  |  |
| **MEDIA - LOCAL** | -could have similar reaction as with SNWG (both + and -) | | | H | O=could influence councillors, RO Mgmt, public | Important |
| Media - Provincial | -could have similar reaction as with SNWG (both + and -) but influence would be less as not stakeholders | | | M | O=could influence councillors, RO Mgmt, public | Could be important |
| Media - National | -not likely as very local to Peel and not likely to be picked up unless it is part of a larger OSNPPH type project. | | | L | O=could influence councillors, RO Mgmt, public | Could be important |
| Media – HC Link | -could support media | | | M | O=good media networks, could support messaging |  |
| MEDIA - general | -shift in support towards healthy eating | | | H | O=supports goal of SEHL in RO | important |
|  |  | | |  |  |  |
|  |  | | |  |  |  |
| **Economic** | |  | |  |  |  |
| **E–RO owned by Municipalities** | | -changes or budget or priorities  -cost of changes to equipment, food, staff training etc  -loss of income if patrons purchase less | | H | S=grants may be available from other agencies  W=may not have budget available for 2014 | **Critical** |
| **E-RO –private** | | -variety of organizations such as clubs, private gyms, municipalities outsourcing RO  -could be NFP or for profit and need to consider | | H (if we include all ROs) | O=important to overall project  T=complicate project |  |
| **E-price increase potential** | | -healthier foods may cost more due to primary costs and lack of economy of scale for production | | H | T=patrons may not have sufficient budget/interest to purchase high priced foods from RO  T=patrons may bring food from home | important |
| **E – Financial support to assist changes?** | | Grants | | H | O=Spark funding form Heart and Stroke  O=LDCP  O=Healthy Communities Partnerships – MoHLTC  O=Healthy Kids Community Challenge grants MoHLTC  T=competing priorities and HERS may not be priority |  |
| **Economic –RO rely on $ from food sold** | | Funds to support RO are generated by food sales and fund raising | | H | W=conflicts with HE Environments as they want profits  O=shift food attitude and could still obtain increase profits  O=provide local grants to offset initial losses  O=seed money to offset cost of equipment changes  O=seed money for staff training and increased staff time if increased food prep  W=higher food safety risk  O=insurance decrease if remove deep fryer  T=food industry contract and poring rights  T=money or in kind food in exchange for advertising rights  O= food is expected in most RO (culture), i.e. why are we even selling food in RO. This could be looked at location by location. |  |
| **Economic –** | | Some RO shifting outsourcing food sales | | H | W=new vendors will require profits  W=have to deal with outsourced food vendors in addition to RO |  |
| **Economic –** | | Lack of available HE food products in market place | | H | W=cannot follow nutrition guidelines  W=higher price potential due to lack of competition  W=storage for fresher products |  |
| **Environmental**  **-obesogenic environment** | | | -food meeting HE criteria recommendations are not readily available in RO | H | T=decreased supply options  T=decreases sales  0=more products being developed with increase in HE environments  O- working with suppliers to make healthier foods readily available (focusing on rural areas)  O- larger environmental piece of our food environment. RO are part of the food environment | critical |
| **E-physical** | | | -minimal food production capacity rec  (Equipment, space etc.)  -long term contracts with vendors | H | T=difficult to prepare healthy foods thus dependent of packaged food  T=lack healthy product and need to comply to sales goals for RO profits | **critical** |
| **E-staff** | | | -shift in attitudes towards healthy eating is required to maintain SEHL | H | T=staff may not agree with SEHL thus deter shift in to + patron attitudes  T=staff may not comply in absence of policy/oversight  T=staff may be concerned that decreased income will effect the RO budget thus employee security, new programs etc.  O=motivated staff could help resolve all of the above issues  W = level of food safety classification may dictate what kinds of foods can be sold (i.e. many prepackaged, processed foods carry minimal food safety risk). Many vendors are not willing to increase their food safety risk. | **critical** |
|  | | |  |  |  |  |
| **Social**-obesogenic environment | | | Attitudes that less healthy foods are a reward for participating and/or winning | M | O=work with RO to shift attitudes  O=work with coaches to shift attitutdes |  |
| **S-PA and HE health continuity** | | | Discussion of athletes and fitness contradicts less healthy eating environments | H | O=Pan Am games recognized this  O=recreation organizations recognized this |  |
| **S-rising interest in HE** | | | Increased public interest in HE | H | O= increased public interest in HE – potential advocacy from parents |  |
| **S**-PPM150/SFBP | | | PPM150 is working towards SEHL in schools | M | O=leverage work done by school boards to others | important |
| **S-concern re obesity increase in children and youth** | | | People (are becoming) are more aware (and willing to change) of importance of HE and PA and effect of environment on same | H | O=understand RO are part of the problem  O=promote RO as organizations that can help resolve problem | important |
| **Social Media** | | | -could use facebook and other mechanisms for implementation (see SNWG) | M | S=could influence patrons  S=could support SNWG and visa versa | Could be important |
| **S-Food Based Society** | | | -cultural norm that food is expected to be sold | M | O=venue for farmers markets/pockets  O=by having healthy eating environments we have an opportunity to promote healthy eating  T=unhealthy food is provided in RO and do they really need to provide food at all  O= RO are part of the community. This is different from region to region (i.e. north vs. south). |  |
|  | | |  |  |  |  |
| **Technical** | | |  |  |  |  | |
| **Technological**  -information | | | -will require capacity for information sharing, training etc. with both providers and patrons | M | O=would be ideal to have a website, social media etc.  O= BC is updating their website, will have different provincial portals | Critical or important?? | |
| **Technological**  -increased number of sedentary jobs etc | | | -may increase number of people going to RO | M | O=more patrons can lead to increased use of RO thus flow through funds  O=more patrons may be positively affected by Supportive environments for healthy living (SEHL) in RO | Could be important | |
| **Technological**  -vendor capacity | | | -healthier foods often have shorter shelf lives given food packaging technology and smaller vendors may not have the capacity to use more expensive technologies | H | T=decreased capacity to supply food with longer shelf life  O=increased demand for healthier packaged food may increase supply  Q. is there such a thing as healthier packaged food . should it be increased demand for healthier food, or both???? |  | |
|  | | |  |  |  |  | |

**PEEST NOTES, TIPS**

* **P**olitical/Legal: Stability and capabilities of local government, laws and regulations, public utilities, fire resources and response time, medical resources, disaster assistance, and law enforcement capabilities
* **E**nvironmental: Climate, weather, geological activity, site location, and building design
* **E**conomic: Financial stability and available resources
* **S**ocial: Historical crime statistics, demographics, population analysis, and other trends
* **T**echnological: Transportation systems, power systems, or industrial plants

|  |
| --- |
| Social factors Pest Analysis  The Social factors focus its attention on forces within society such as family, friends, colleagues, neighbors and media. Our attitudes, interests, and the opinions these forces shape who we are as people and ultimately the buying behavior towards the product.  Changes in social trends can impact on the demand & the availability of a firm’s product. Population changes also have a direct impact on the demand & supply of an organization. Increasing global population & the world food shortage predictions are currently leading to calls for greater investment in food production. Eg. Uganda are now reconsidering their rejection of genetically modified foods.  Population ageing has also increased the cost for firms who are committed to pension payments for their employees. Eg. demand for sheltered accommodation & medicines has increased whereas demand for products are falling.  In summary, organization must be able to offer the products and services that aim to complement and benefits people’s lifestyle and behavior. If organizations do not respond to changes in society they will lose the market share & demand for their product or services. |

**Appendix H**

**Case Study Pilot Project Summaries**

**Niagara Region**



**Fuelling Healthy Bodies – project summary**

**Current context:**

* In Niagara, nearly sixty percent of people over the age of 12 are not consuming vegetables and fruits five or more times per day (2009-2010)
* 37% of Niagara students drank pop or sports drinks two to four times in the past seven days. There is a need to increase the healthy choices available to youth in Niagara.
* Children who participate in sports in arenas are already active; however food intake needs to be considered as well. Arenas already promote physical activity, and there are opportunities to create a healthy food environment within the arena setting.

**Phase 1: Needs assessment**

Background:

* Healthy Living Niagara (HLN) is a group of community partners that work towards making Niagara a healthy place to live
* The healthy eating work group of HLN decided to focus on arenas as a food environment to support healthy eating
* The Fuelling Healthy Bodies project aims to create supportive environments to make the healthy choice the easy choice
* In 2012, Brock Business Consulting was hired to examine the food environment in municipally-owned arenas
* Based on the report from Brock Business Consulting, HLN approached municipally-owned arenas to be involved in a follow up project. These arenas became pilot sites for the Fuelling Healthy Bodies project. They were selected based on their location, public health inspection results, business model and willingness to participate.

Surveys:

* During Phase 1, HLN collected patron data around healthy food choices in the arenas. The surveys were collected from December 2012-February 2013.
* Findings included:
  + Most consumers made purchases at snack bars (54%) where they bought items at a cost of $2-$4.99 per person
  + Of the 89% of respondents who bought food or drinks at arenas, purchases were most frequently made for 7-14 year olds, followed by 40-49 year olds and 15-19 year olds
  + Arena patrons chose NOT to buy arena food because it is unhealthy (49%), costly (31%), and there is limited selection (22%)
  + Niagara arena patrons often spend three or more days a week in the arena and want to see healthier choices available for themselves and their children
  + The survey also included questions on which healthier food choices patrons would purchase from an arena concession. These responses along with vendor feedback were used to choose food items for the sampling.

Sampling:

* In March 2013, HLN travelled back to the arena sites to offer arena patrons food samplings and to request their feedback regarding taste and price
* Food offerings included a mixture of granola bars, soup, and vegetables with dip

**Phase 2: Pilot project**

* Based on input from concession operators, HLN worked with a business consultant (Ecoethonomics) to develop an arena concession Fuelling Healthy Bodies implementation plan In November 2013, the Fuelling Healthy Bodies pilot project was launched in three arena concessions using the new toolkit:
  + Grimsby Peach King Arena
  + Wainfleet Arena
  + Niagara-on-the-Lake Meridian Centennial Arena
* These arenas had additional healthy options offered, along with competitive pricing, equipment and marketing (provided by HLN) to increase awareness about the options
* The pilot design consisted of the following main elements summarized below, more detail regarding each of these elements can be found in the *Fuelling Healthy Bodies Pilot Project Implementation Plan*:
* **Products were** preselected based on previous research. Sourcing of these products was designed to ensure minimal disruption to the concession operators existing sourcing processes. In some cases, prepared foods were made by local restaurants/caterers and delivered directly to the arena.
* **Product Pricing** aimed to ensure products were sold at a margin that would turn over profit
* **Product Delivery** was recommended to be completed by concession operators as part of their regular shops to supply the inventory of the concession
* **Equipment** required for preparation or storage of pilot products was supplied from HLN to concessions at no cost (blender, soup kettle)
* **Promotional Strategy** to establish key messaging throughout the project. Promotional material was provided to arenas at no cost
* **Project Evaluation and Monitoring** tools were established from the pilot projects initiation. This enabled calculation of profitability and performance measurement at the pilot’s closure.
* The healthy options below were offered from November 2013-March 2014. Sales were tracked and HLN hired a business consultant (Ecoethonomics) to evaluate the pilot results.

Fuelling Healthy Bodies pilot products:

1. Low-fat yogurt (100 g containers)
2. Babybell Light mini cheese
3. Go Go Squeeze Applesauce
4. Nature Valley Trail Mix Bar
5. Quaker Instant Oatmeal (variety pack)
6. Yoplait Yop
7. SunRype fruit source (dried fruit leather)
8. Vegetables and dip
9. Smoothie
10. Vegetable soup
11. 2% white milk
12. UHT 1% chocolate milk
13. Kellogg’s Nutrigrain bars (variety pack)
14. Oasis juice boxes (200 ml - variety pack)

**NOTE:** Fuelling Healthy Bodies products were reviewed by a Registered Dietitian and meet PPM-150 School Food and Beverage Policy nutritional standards

Marketing materials:

* Posters
* Concession banners
* Temporary tattoos
* Stickers (were placed on cups and containers)
* Staff t-shirts
* Floor and wall decals

**Phase 3: Evaluation and next steps**

* **1880 units of healthy products were sold** over the duration of the pilot with Grimsby making up 39% of total sales with 733 units sold at that site alone. Niagara-on-the-Lake sold 37% with 703 units and Wainfleet 24% with 444 units.
* The combined sales for healthy products at participating pilot sites equaled a total of **$2,844.25** and a total profit of **$1,507.74**
* The pilot sites experienced a threefold average daily profit on weekends compared to week days

Overall, the most popular healthy choices were:

* Chocolate milk - selling 447 units. This accounted for 24% of total sales.
* Soup - selling 216 units
* Oasis Juice Varieties - selling 178 units
* Kellogg's Nutrigrain Bars Varieties - selling 149 units
* 2% White Milk – selling 129 units
* Smoothies – selling 126 units
* Veggies and dip – selling 124 units

**Top sellers** by volume (listed in order from most to least sold, including products which make up 80% of sales)

1. Chocolate Milk
2. Soup
3. Oasis Juice Varieties
4. Kellogg’s Nutrigrain Bars
5. 2% White Milk
6. Smoothies
7. Veggies and dip
8. Sun Rype Fruit Source

**Top profit** makersin dollars (listed in order from most to least in profit dollars, including products making up 80% of profit)

1. Soup
2. Chocolate Milk
3. Smoothies
4. Oasis Juice Variety
5. Kellogg's Nutrigrain Bar Varieties
6. Yoplait Yop
7. 2% White Milk

* Those products with a longer shelf life may be particularly valuable offerings to customers seeking a variety of product availability in the concession
* Those products that are perishable may not be worth having on hand as their loss may outweigh the benefit of their contribution to the concession’s variety of offerings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Top profit\* | Top seller\* (volume) | Top seller\* (dollars) | Top profitability performers\* |
| Soup | ✓ | ✓ | ✓ | ✓ |
| Smoothies | ✓ | ✓ | ✓ | ✓ |
| Chocolate Milk | ✓ | ✓ | ✓ | ✓ |
| Oasis Juice Variety Pack | ✓ | ✓ | ✓ | ✓ |
| 2% White Milk | ✓ | ✓ | ✓ | ✓ |
| Yoplait YOP | ✓ | ✓ |  | ✓ |
| Kellogg's Nutrigrain  Bar Varieties | ✓ | ✓ | ✓ |  |
| Veggies and dip |  | ✓ | ✓ |  |
| SunRype Fruit Source |  | ✓ |  |  |

**\***Top sellersinclude products which make up 80% of sales volume

**\***Top sellers include products making up 80% of sales

**\***Top profit include products making up 80% of profit

**\***Top profitability performersare those making good profit despite lower sales volume

Feedback from interviews (Concession staff, concession operators, HLN staff):

* The majority of concession staff did not feel that the pilot project presented operational challenges
* when compared with the regular menu items, the pilot products were reported to be just as easy to prepare, display and store
* All sites gave free samples of FHB products to patrons. Some arenas provided FHB products as daily specials or added the items to combos for tournaments.
* One concession operator used incentives to motivate concession staff to sell FHB products
* Sales were strongly influenced by the support and personal biases of concession staff
* Addition of the FHB healthy food products allowed patrons to swap out regular menu items
* Some arena staff made their own FHB posters, featuring photos of the FHB products
* There were no complaints from patrons about having healthy options instead of junk foods
* All interviewees believed that other arenas should implement the FHB project

**Limitations:**

* Calculation of product cost assumed that every unit purchased by the concession was sold by the concession. These calculations did not account for costs associated with units that did not sell due to loss from spoilage, damage or expiry.
* No data informing on the sales and profits of the concession prior to the pilot were collected, nor was data on non-pilot product sales during the pilot
* There was no baseline data collected before the pilot to assess arena patrons’ purchasing behaviours
* Consultations were not conducted with arena patrons during or after the FHB pilot

**Recommendations from report:**

1. Fuelling Healthy Bodies Toolkit Adaptation

* Adapt the existing Fuelling Healthy Bodies Pilot toolkit for use as an ongoing toolkit for implementing the model at other Niagara arenas

1. Product Selection

* Continue to monitor sales of key successful pilot products to measure impacts of variables that were not measured within the scope of this pilot (product cost due to loss)
* Continue to test new products for their suitability as viable FHB options. Utilize the sales tracking tools to determine new product measures (sales volumes, sales dollars and profit dollars) compared to existing Fuelling Health Bodies options.

1. Boost Support Through Staff Incentive Programs

* Incentivize concession staff to increase their desire to promote and sell healthy menu items

1. Encourage Staff Promotion of Healthy Items
   * Train staff on how to promote the healthy products and upsell with healthy menu items
2. Utilize Marketing Tools
   * Use FHB Marketing materials, and consider optimal product placement and signage to increase patron awareness of healthy menu products
   * Display posters with pictures of the healthy products to boost awareness and sales. Some pilot sites made product-specific posters with pictures.
   * Highlight healthy items through daily specials

1. Employ Targeted Sales Strategies
   * Target sales to coordinate with arena events. For instance, concessions should capitalize on higher volume of arena patrons during tournaments by offering meal combos.
2. Target Youth Through Social Media Campaigns

* Another way to engage youth is through a social media campaign to create energy and excitement around the FHB project

1. Increase Community Engagement

* None of the three sites reported ongoing communication with the broader community, sports teams, or the municipalities throughout the duration of the project. Engaging community centres, sports clubs, as well as local political representatives, is a strong recommendation from Concession Operators and HLN staff to boost awareness of the FHB project.

1. Offer Giveaways

* Free products are a motivator – giving away samples is an identified best practice for raising patron awareness of the FHB pilot
* Another recommendation is to offer a reward system, along the lines of ‘Buy 5 get 1 free’– to promote the continued sale of healthy items

1. Further Analysis and Research

* As the Fuelling Healthy Bodies model is expanded beyond the initial pilot sites, monitoring and sales tracking can be enhanced by the addition of comparison of the profitability of products existing in arena concessions versus healthy options incorporated in the model

**Next Steps:**

* Ensure healthier products are included in future Request for Proposals for concession vendor services. Niagara Region Public Health can provide sample procurement policy language.
* Currently the project is active in six recreation facilities across Niagara. These include arenas and local YMCAs.
* Continued support for FHB products from Niagara Region Public Health Staff. This can include:
  + Registered Dietitian (RD) support: additional product selection based on feedback from concession operators, or concession changes. The RD can also review other concession items to determine how they can be made healthier. This might also include reviewing and providing recipes to meet FHB criteria.
  + Marketing support: for FHB posters, banners or other promotional material. This might also include promotion of FHB outside of the arena (i.e. local newspaper, leisure guides, etc.)
  + A second evaluation of the project is currently being completed by a business consultant. This will include qualitative interviews with arena staff as well as a qualitative analysis of sales data. This evaluation will be completed in spring 2015.

1. Ministry of Health and Long-Term Care. Ontario Public Health Standards. 2008. [↑](#footnote-ref-1)
2. Healthy Kids Panel. No Time to Wait: The Healthy Kids Strategy. 2013. [↑](#footnote-ref-2)