



Healthy Food and Beverage Sales  
In Recreation Facilities and Local Government Buildings



# Initiative Summary & Evaluation Synopsis

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By the University of Victoria

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# Overview

There are hundreds of recreation facilities in British Columbia including pools, fitness centres, ice arenas and outdoor fields. These facilities are diverse, ranging from large multiplexes in urban centres to the ice arena in a small town, and serve a wide range of populations and user groups.

Despite being a hub for physical activity, sport, and wellness, a majority of food and beverages for sale in these facilities are ironically junk foods.

The Healthy Food and Beverage Sales initiative aimed to make this reality, history.

The *Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings* initiative (HFBS), an initiative of the British Columbia Healthy Living Alliance (BCHLA), aimed to encourage the provision and promotion of healthy food and beverage choices in community recreation facilities and local government buildings by increasing community capacity for action and the voluntarily adoption of the provincial *Nutritional Guidelines for Vending in Public Buildings*. The initiative was flexible, based on local context and needs and encouraged action across a broad variety of facility environments and operations including: on-site vending and concessions, programs, special events and external fund-raising, staff functions and meetings, public education and promotions, policy and food security initiatives.

The British Columbia Recreation & Parks Association and the Union of British Columbia Municipalities led HFBS. The evaluation was implemented by the University of Victoria in partnership with the Social Research and Demonstration Corporation in Phase II.

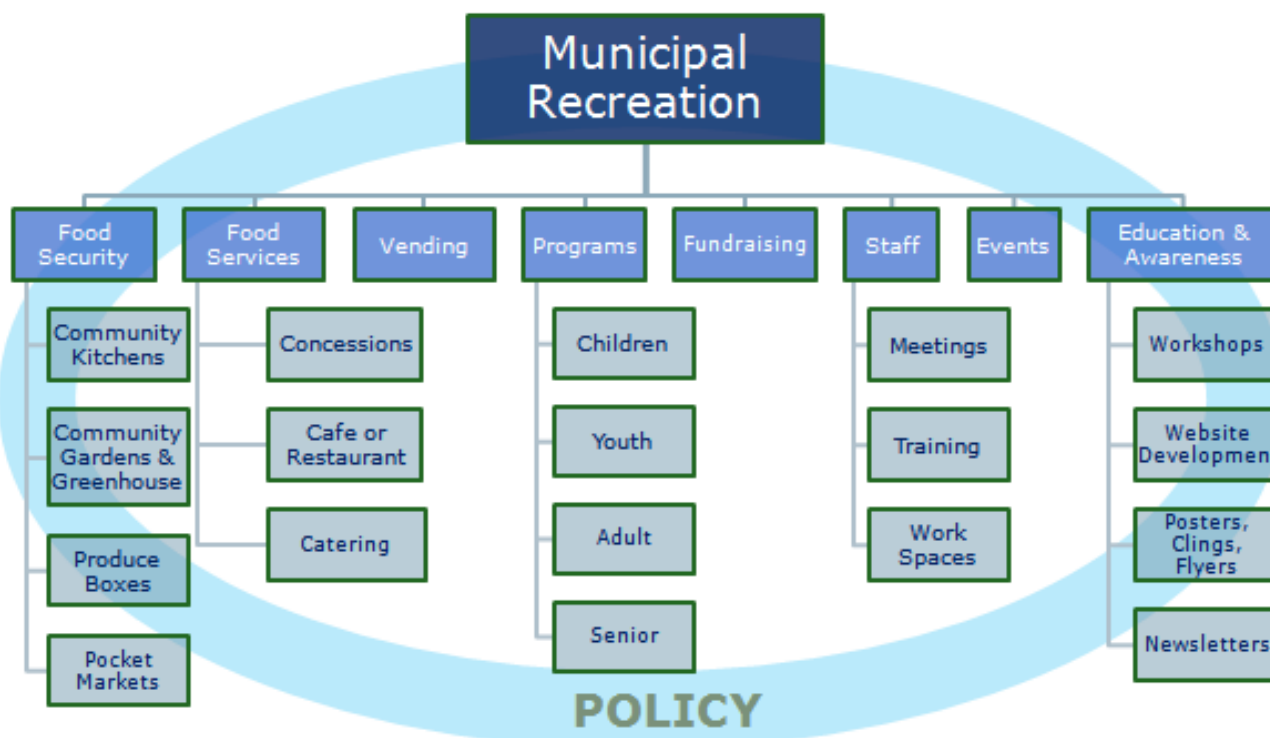
Between 2008 and 2010, 48 local governments, including 12 First Nations, participated in the HFBS initiative. These communities addressed food environments in 142 community-funded facilities, including pools, ice arena, multiplexes, fitness facilities, outdoor sporting facilities, community centres, band halls and other comparable facilities. Each community was provided with a resource toolkit, grant money (between \$12, 500 and \$7,500 CDN depending on grant phase), an orientation to the project resources, technical supports and evaluation processes and ongoing telephone and website support. The comprehensive evaluation was implemented with local support from recreation staff who gathered information on the facility food environment, vending and patrons, submitted project reports and participated in phone interviews about the implementation process.

Communities worked in many avenues to improve healthy food and beverage offerings in local recreation settings. Figure 1 on the following page provides a framework that outlines the main avenues through which food and beverages can be addressed in municipal recreation. The primary focus of the outcome evaluation was vending, food services and community capacity for change, but we tracked implementation in the other areas presented in the framework.

The HFBS initiative was successful at facilitating changes in policy, practices, food provision and patron awareness. Across the 48 communities there were many exciting changes made in food environments and much was accomplished in prioritizing healthy eating in locally funded buildings, staff and programs. Critical facilitators in implementing the HFBS initiative were technical and resource supports (e.g. grant money), and information sharing (e.g. face-to-face meetings, teleconferences, the *Brand Name Food List*, and the *Stay Active Eat Healthy* initiative webpage). Critical implementation challenges were lack of buy-in from stakeholders (vendors & concessionaires, staff, decision-makers and patrons), fear of revenue loss, being locked into vending/concession contracts, limited human resources (“working off the side of the desk”), short project timeframes and difficulties finding suitable healthy products. Participants described the process of changing the food environments in municipal facilities as complex and indicated that it was best achieved in small steps (e.g. policy implemented in phases), with tangible goals and it required: determination, continual buy-in and monitoring, dedicated money and staff time. The amount of time and resources necessary to promote healthy choices in recreation facilities appeared to vary depending on the size and nature of the facility; current state of food provision; and organizational level of readiness and capacity to change.

The purpose of this report is to provide an overview of the reach of the initiative and highlight the key findings that were seen across all four phases of the Healthy Food and Beverage Sales in Recreation Facilities and Local Government Buildings initiative in British Columbia, including First Nations communities. These findings include the key impacts, common implementation issues and community ideas to inform practice. For more details on the evaluation process, methods and findings from each phase and for First Nations initiatives, and other supplementary reports please refer to the reports and publications produced (See Appendix A).

**Figure 1: Healthy Food & Beverage in Recreation Facilities Framework**



# Evaluation Methods

HFBS was a real-world intervention and thus a 'natural experiment' in social change for health. We wanted the evaluation to be realistic and flexible to meet the needs of those working to make change.

**The purpose of evaluating the Healthy Food and Beverage Sales initiative in Phases I-IV was:**


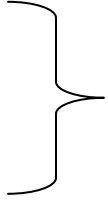
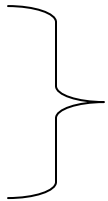
- 1) To describe what activities were undertaken.  *What Went On?*
  
- 2) To determine the impact of HFBS project work on:
  - ✓ The overall facility food environment.
  - ✓ Policy development and strategic planning efforts.
  - ✓ Vending and concession services.
  - ✓ Customer choices and perceptions. *What was the Impact?*
  
- 3) To identify key issues related to implementation:
  - ✓ The process of changing food & beverage sales.
  - ✓ Facilitators and barriers to implementation.
  - ✓ The use of project resources and supports.
  - ✓ Plans for future action and sustainability. *How Did it Go?*  
*Where to Next?*
  
- 4) To act as a catalyst to encourage and support communities in the planning and process of making sustainable changes.

Table 1 summarizes the evaluation tools and activities that were completed across the four grant phases. At the outset we developed a set of a-priori evaluation tools [CORE] based on the goals of the initiative and stakeholder feedback. Between the pilot phase and phase II-IV, substantial changes were made to ensure the evaluation instruments reflected and were coherent with community actions. Additional tools were optional [OPTIONAL] based on community goals and activities.

**Table 1: Evaluation Tools Used Across HFBS Phases**

EVALUATION ACTIVITY & PURPOSE	Evaluation Tools Used in Grant Phase			
	I	II	III	IV
<p><b>Facilities Assessment* [CORE]</b></p> <p>Community self-assessment tool that rates the extent to which organizational capacity and facility environment support healthy eating. This assessment is based on a 4-point rating scale and divided into three main categories:</p> <p>1) Strategic Planning, 2) Supportive Environments and 3) Communication &amp; Education.</p> <p><i>Note: This tool was modified for First Nation’s communities.</i></p>	✓	✓	✓	✓
<p><b>Policy Assessment [OPTIONAL]</b></p> <p>Assesses if healthy eating policy is developed in the areas of food provision, events and programs and staff. Staff may rate if specific policy area is in place according to “yes”, “no” or “in progress.”</p>		✓	✓	✓
<p><b>Food Services Audit [OPTIONAL]</b></p> <p>Assesses the operations, preparation facilities and foods served through food service outlets including concessions and cafes. This looks at the operations, food storage and preparation tools, and what types of foods are served on a regular basis and how many of these would be classified as not recommended products.</p>		✓	✓	✓
<p><b>Vending Audit [CORE]</b></p> <p>Assesses the products in standard snack and beverage vending machines according to the Provincial Guideline “Choose Categories” using the Brand Name Food List.</p>	✓	✓	✓	✓
<p><b>Patron Survey [CORE]</b></p> <p>Collects data on facility users in regards to vending and concession use; attitudes toward healthy food and beverages; and awareness of healthy choice messaging/promotion and changes.</p>	✓	✓	✓	✓
<p><b>Interview* [CORE]</b></p> <p>Semi-structured phone interviews where recreation staff and project leads are asked questions regarding the implementation process (challenges, facilitators) and resources used. Interviews were recorded, transcribed and coded for common themes.</p>	✓	✓	✓	✓

\*This evaluation component was completed by First Nations communities.

**Table 2: Summary of HFBS Grant Phase Participants and Timeline**

Grant Phase	# of Communities	Application & Grant Approval	Orientation & Training	Baseline Evaluation	Follow-up Evaluation
<b>Phase I</b> "Mentor Communities"	9 (1 FN)	April 2008	May 2008	May-September 2008	November-December 2008
<b>Phase II</b>	21 (5 FN)	October 2008	February 2009	February-May 2009	July-October 2009
<b>Phase III</b>	7 (3 FN)	May 2009	July 2009	June-September 2009	December 2009-April 2010
<b>Phase IV</b>	10 (3 FN)	November 2009	March 2010	January-April 2010	August-September 2010
<b>Non-HFBS Comparison Communities</b>	23	N/A	N/A	August-October 2009	January-February 2010

## Participating Communities:

### PHASE I

1. Colwood
2. Creston
3. Esquimalt
4. Kamloops
5. Kelowna
6. Prince George
7. Richmond
8. Saanich
9. Surrey
10. *Simpcw First Nation*

### PHASE II

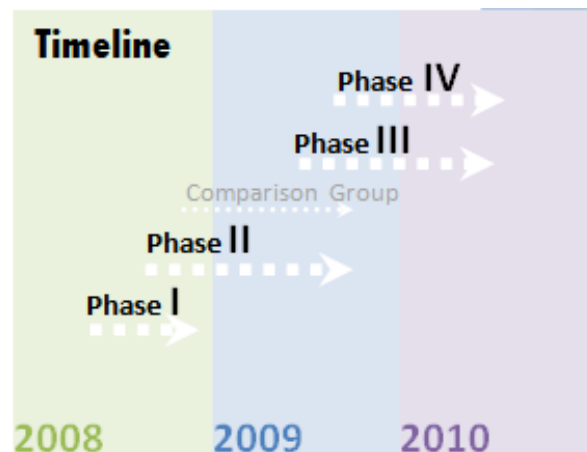
11. Comox Valley
12. CRD Panorama
13. CRD SEAPARC
14. Delta
15. Fraser Valley-Hope
16. Ft. St. James
17. Lillooet
18. Nanaimo
19. New Westminster
20. North Okanagan
21. Port Coquitlam
22. Quesnel
23. Taylor
24. Vancouver
25. Victoria
26. Williams Lake
27. *Chehalis First Nation*
28. *Daylu Dena First Nation*
29. *Heiltsuk First Nation*
30. *Seabird Island First Nation*
31. *Sechelt First Nation*

### PHASE III

32. Municipality of N. Cowichan
33. North Vancouver
34. RD Nanaimo
35. Terrace
36. *New Aiyansh Village Government*
37. *Stellat'en First Nation*
38. *West Moberly First Nation*

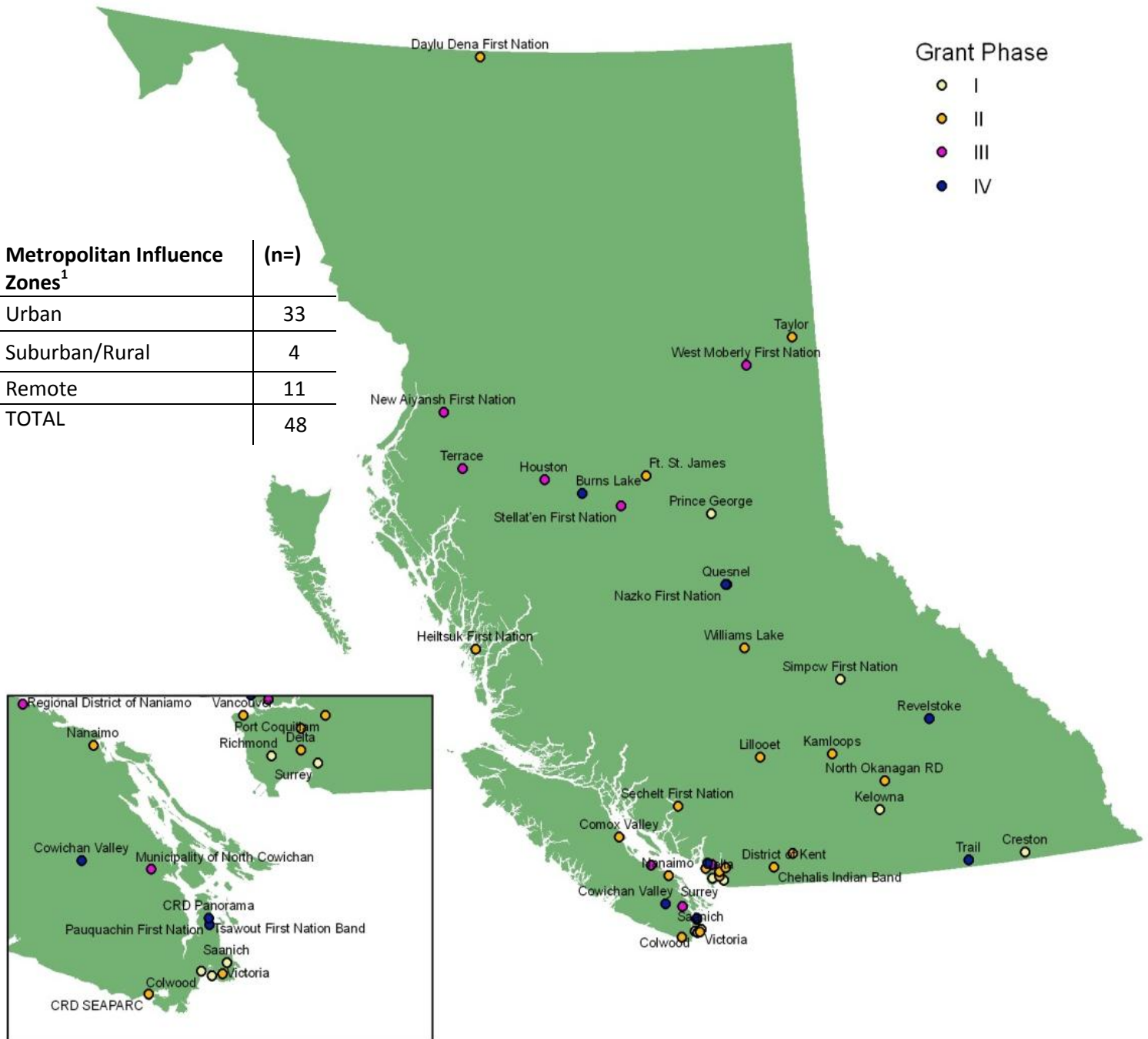
### PHASE IV

39. Burns Lake
40. Cowichan Valley RD
41. Dist. Of Houston
42. Dist. Of Kent
43. Dist. Of West Vancouver
44. Revelstoke
45. Trail
46. *Nazko First Nation*
47. *Pauquachin First Nation*
48. *Tsawout First Nation*



# Provincial Scope

**Figure 2: Geographical Location of All HFBS Participating Local Governments (Including First Nations), Phase I-IV**



<sup>1</sup> Metropolitan Influence Zones recognize inherent differences in the social and economic characteristics of different communities and differences in their geographic locations, which may have important influences on quality of life, and in this case specifically speak to food access. **Source:** Natural Resources of Canada, "Metropolitan Influence Zones", <http://atlas.nrcan.gc.ca/auth/english/maps/peopleandsociety/QOL/miz>

**Figure 3: Geographical Location of Facilities Impacted by HFBS, Phase I-IV**

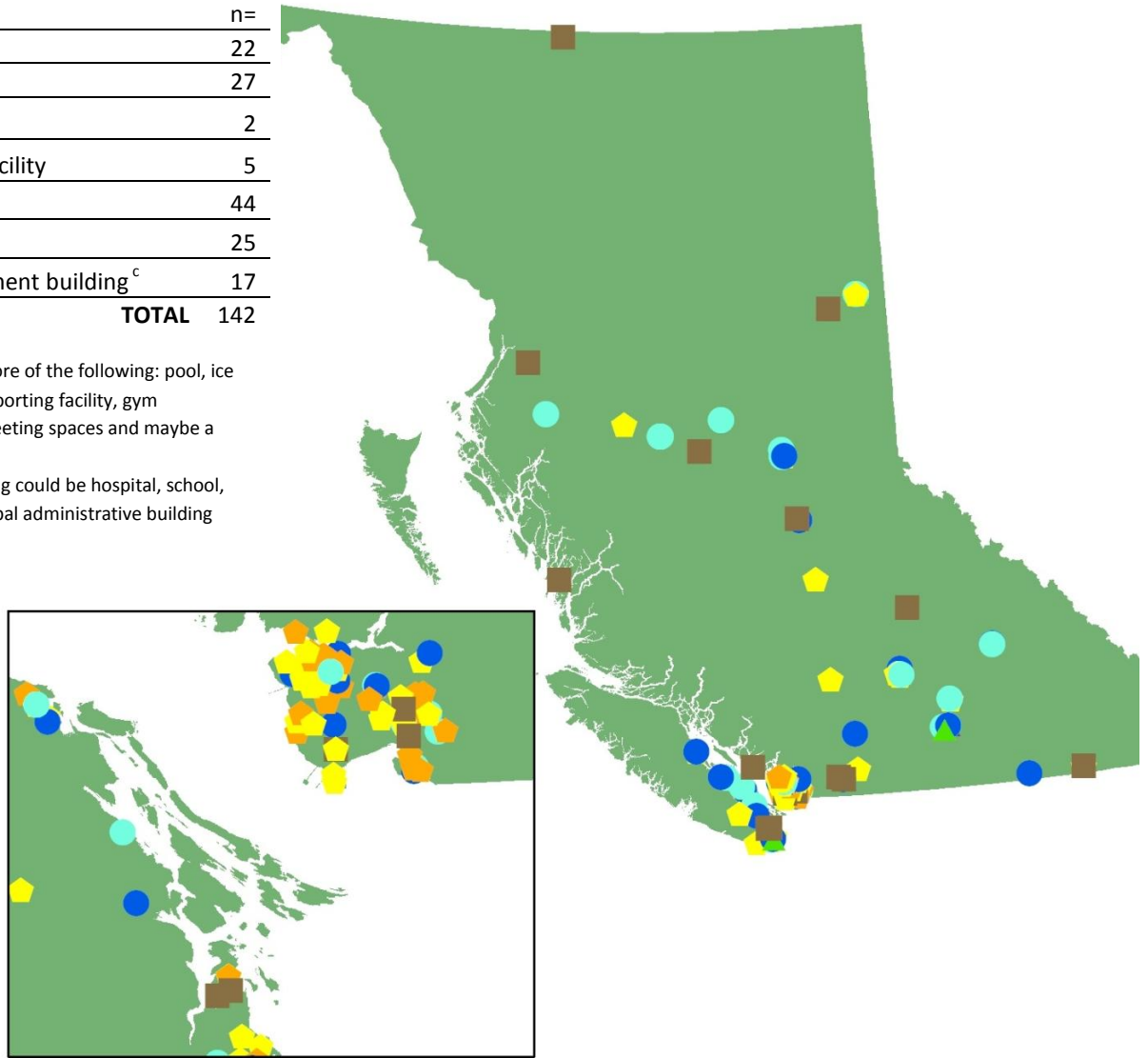
**LEGEND**

Facility Type	n=
<span style="color: blue;">●</span> Aquatic centre/pool	22
<span style="color: cyan;">●</span> Ice arena	27
<span style="color: purple;">▲</span> Fitness centre	2
<span style="color: green;">▲</span> Outdoor sporting facility	5
<span style="color: yellow;">⬠</span> Multiplex <sup>a</sup>	44
<span style="color: orange;">⬠</span> Community centre <sup>b</sup>	25
<span style="color: brown;">■</span> Other local government building <sup>c</sup>	17
<b>TOTAL</b>	<b>142</b>

<sup>a</sup> Multiplex defined as two or more of the following: pool, ice arena, fitness centre, outdoor sporting facility, gym

<sup>b</sup> Community centre includes meeting spaces and maybe a gymnasium or fitness facility

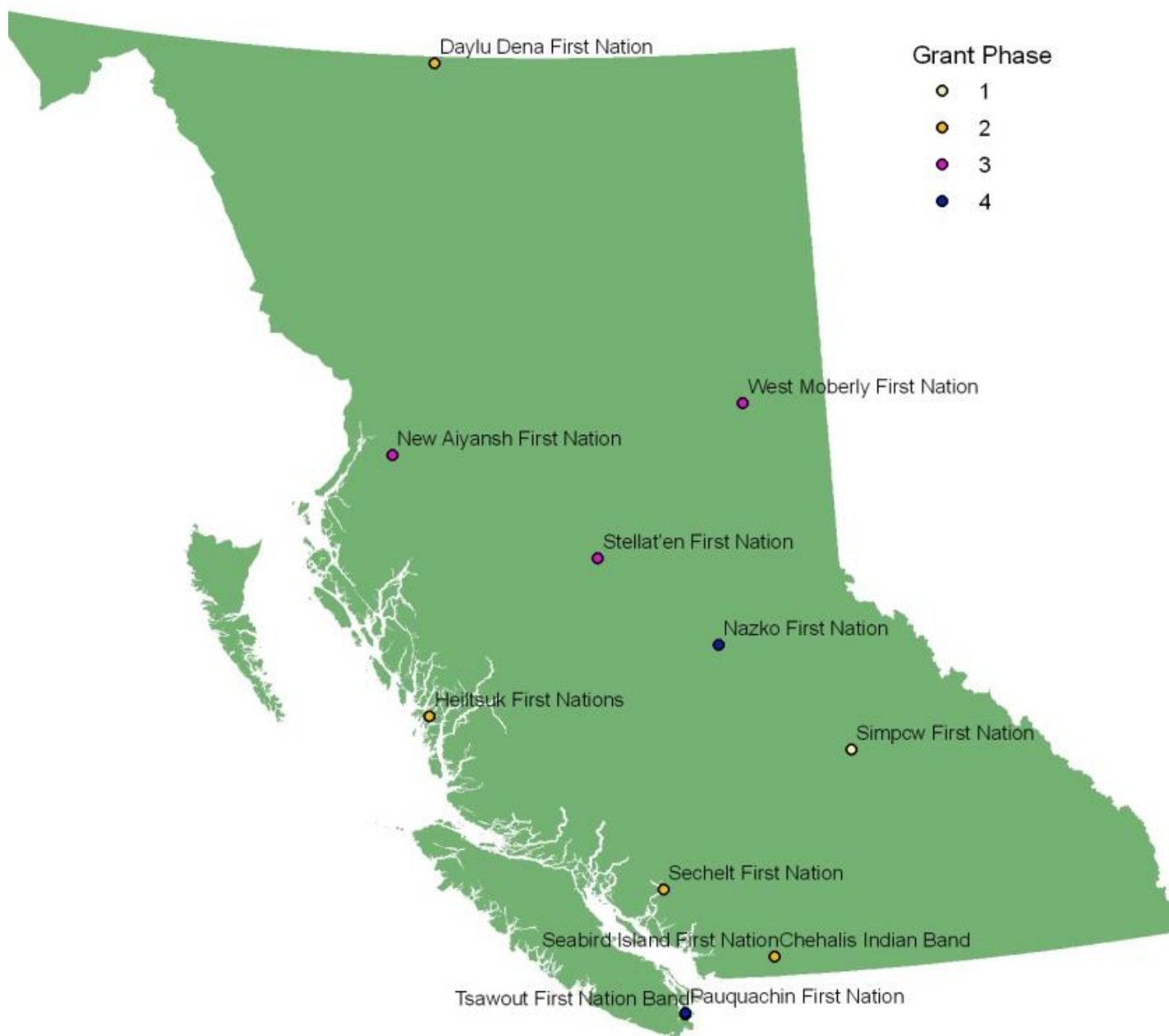
<sup>c</sup> Other local government building could be hospital, school, First Nation band office, municipal administrative building



**Examples of BC Recreation Facilities that Participated in the HFBS initiative**



**Figure 4: Geographical Location of First Nation Community Participants, Phase I-IV**



Metropolitan Influence Zones <sup>2</sup>	(n=)
Urban	6
Suburban/Rural	2
Remote	4
TOTAL	12

<sup>2</sup> Metropolitan Influence Zones recognize inherent differences in the social and economic characteristics of different communities and differences in their geographic locations, which may have important influences on quality of life, and in this case specifically speak to food access. **Source:** Natural Resources of Canada, "Metropolitan Influence Zones", <http://atlas.nrcan.gc.ca/auth/english/maps/peopleandsociety/QOL/miz>

# Key Impacts

Across all four phases of the Healthy Food & Beverage Sales Initiative we consistently found changes in:

## 1. Organizational Capacity

- Significant increases in organizational capacity to address the food environment across the categories of strategic planning, supportive environments and education and communication.

## 2. Vending

- Significant changes in vending machine product mix, including significant *increases in healthy* (Choose Most and Choose Sometimes) and significant *decreases in unhealthy* (Choose Least and Not Recommended) snack and beverage products.

## 3. Over-the-Counter Food Sales

- Additions of healthy menu selections in concessions and other over the counter food sales as well as removal of conventional junk foods such as chocolate bars, candy, pop and other sugar sweetened beverages.

## 4. Public Education & Awareness

- Significant increases in patron awareness of healthy choices in the facilities between the start of the initiative and follow-up.

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For each of the four main categories of change we have outlined the following:

### Key Impact

Summarizes key impacts of the HFBS initiative found across all phases and provides a snapshot of findings from the evaluation.

### Implementation Challenges

Describes common challenges and roadblocks experienced across all phases in the area of change.

### Community Ideas for Practice

Provides a sampling of good ideas, successful practices, innovations and solutions from the community experiences in implementing change.

# 1. Organizational Capacity

## Key Impact

→ Significant increases in organizational capacity to address the food environment across the categories of strategic planning, supportive environments and education and communication.

→ Significantly greater increases in organizational capacity when compared to 21 Non-HFBS communities over a similar time frame.

*We also found:*

- Increased policy development in healthy food & beverage policy development; 17 communities, phase II-IV reported formal policy development between baseline and follow-up evaluation (See Figure 6).
- Development of healthy eating planning groups and multi-sectoral partnerships to set and achieve healthy eating goals.
- Dedicated human resources put in place to further healthy eating initiatives.
- Dedicated funds, in addition to the seed funding, to support the initiative.

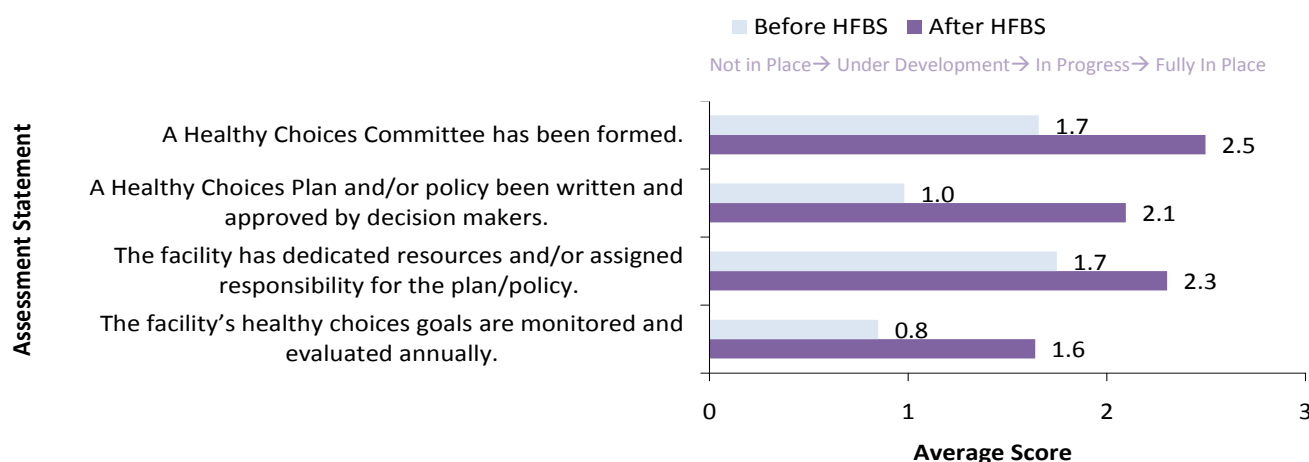
“We started with very high aspirations. We were going to change the world...in reality we have changed our four concession stands ... and we are still in the process of getting through the vending change.”

*~Recreation Manager*

## Evaluation Snapshot

Figure 5 shows the results of an organizational assessment completed by 17 communities Phase II.

**Figure 5: Mean Strategic Planning Scores for Phase II HFBS Grant Communities between baseline & follow-up**



## Building Organizational Capacity:

### Implementation Challenges

Across Phase I-IV of the HFBS initiative one or more communities experienced the following challenges in building organizational capacity:

- Gaining buy-in from local decision makers, facility management and leadership; convincing leaders to prioritize healthy eating in facility operations even if this requires major organizational shifts, and long-term dedication of time and resources.
- Identifying an appropriate champion to spearhead the initiative. Considerations included appropriate knowledge, skill, interest and availability and long-term commitment to change.
- Finding committed members of staff and community to be a part of planning groups.
- Staff-turn over resulting in knowledge loss, delays in implementation, changes in vision and leadership.
- Limitations in dedicated staff time. Many staff who were identified as the project lead found it a challenge to work on this project ‘off the side of their desk’
- Challenges breaking habits in staff culture. E.g. ensuring that food served as meetings is not just donuts, baked goods, and candy.
- Gaining long-term commitment to the initiative beyond the grant phase, e.g. Lack of ongoing revenue commitment to supporting healthy food and beverage sales.
- Waiting for policy; lag time while obtaining board approval of policy and change for practice.
- Over-saturation of grant initiatives and projects to devote proper municipal focus and attention.

### Evaluation Snapshot

Figure 6 shows the results of a policy assessment completed by 18 communities in Phases II-IV. The policy assessment tool was developed after Phase I had shown that policy development was an important project activity. The assessment was an optional component and therefore primarily completed by communities that planned to address policy during the grant timeline.

**Figure 6: Food and Beverage Policy Development Status by Community for Grant Phase II-IV**

Grant Phase	BEFORE HFBS			AFTER HFBS		
	No	In Progress	Yes	No	In Progress	Yes
II		✓			✓	
II		✓				✓
II			✓			✓
II	✓					✓
II	✓				✓	
II	✓				✓	
II		✓				✓
II	✓				✓	
II	✓					✓
II	✓					✓
III	✓					✓
III	✓				✓	
III	✓				✓	
IV	✓				✓	
IV		✓				✓
IV		✓				✓
IV	✓				✓	
IV	✓			✓		

## Building Organizational Capacity: Community Ideas for Practice

### Across Phase I-IV of the HFBS initiative one or more communities:

- Developed multi-sectoral partnerships and working groups with diverse stakeholders including recreation staff, local decision makers, parents, interested public members, facility user groups, concessionaires, vendors, school teachers and administrators (especially helpful if familiar with working with school guidelines).
- Hired a dietitian or consultant to inform practice and provide expert advice and recommendations for change.
- Established champions and point personnel to plan and lead action.
- Established specific goals, and plans for ongoing monitoring and evaluation.
- Dedicated funds in addition to the seed funding to support the initiative.
- Made presentations to local decision makers, management and recreation staff to increase buy-in regarding the importance of healthy eating in the organization/municipality.
- Provided staff training to educate and provide skills and knowledge to equip staff to support and implement healthy eating in day-to-day operations and programming.
- Adopted a 2-5 year phase-in policy that mandated a slow transition to Choose Most and Choose Sometimes according to the guidelines.
- Adopted a philosophy that outlined aims and priorities for healthy eating in programming, sales, meetings and all other municipally sponsored events.

### Example of a “70/30” Policy

*“Food and beverage choices available anywhere in [the City] including concessions, special events, internal staff meetings, staff social gatherings, staff training events and vending machines will include a variety of choices where the majority are Choose Most Foods. At any one location/event, at least 50% of the choices are Choose Most. A maximum of 30% of the choices will be Choose Least or Not Recommended. When Choose Least or Not Recommended Choices are offered, portion sizes will be controlled to the smallest serving size available...”*

“Everyone want to eat healthy right, and parks and recreation people keep coming back to that ... we work so hard at keeping people well ... if you think of the wellness pie, nutrition is a big part of it, and we haven’t even thought about it yet and that doesn’t make sense.”

*~Recreation Staff*

# 2. Vending

## Key Impact

→ Significant changes in vending machine product mix, including significant *increases in healthy* (Choose Most and Choose Sometimes) and significant *decreases in unhealthy* (Choose Least and Not Recommended) snack and beverage products.

→ Significantly improved vending machine product mix when compared to 23 Non-HFBS communities across similar time frames.

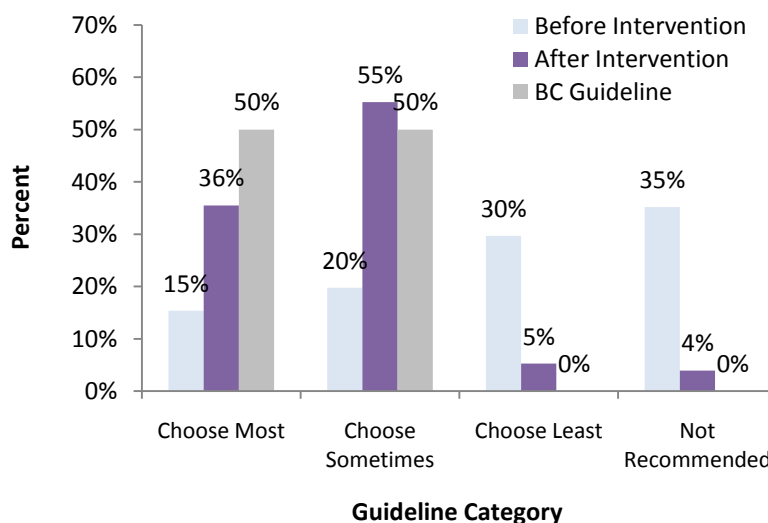
### We also found:

- Higher levels of choose most and choose sometimes products in beverage machines opposed to snack machines at baseline evaluation.
- Greater changes in snack machines compared to beverage machines.
- Very few machines and no facilities met the *BC Nutrition Guidelines for Vending Machines in Public Buildings*.

## Evaluation Snapshot

The results below are from a vending audit that took place in a Phase III community. The audit looked at 2 snack machines (n=70 baseline products; n=58 follow-up products) and 2 beverage machines (n=21 baseline products; n=20 follow-up products).

Figure 7: Vending audit results by choose category for a successful vending change



## Implementation Challenges

- Lack of buy-in from decision makers and vendors to change vending products because of fear of revenue loss.
- Finding a variety of affordable, palatable products that meet the guideline criteria.
- Limitations with long-term contracts with large commercial vendors.
- Frustrations in negotiating changes in services and products with vendors (e.g. poor communication, lack of compliance with new agreements for healthier choices).
- Competition in food environments; even when vending machines are in compliance with healthy choice guidelines, nearby food sales within and outside of the facility may still promote junk food consumption and compete for consumers' attention and dollar.
- Low turn-over and expiration of healthy choice products. This was particularly an issue in low traffic facilities, most notably in smaller and more remote communities.
- Limited service and product availability in smaller or remote communities.
- Unfamiliarity and unpopularity of healthy choice products, ultimately resulting in lower sales.
- Concerns and misconceptions about vitamin water and other fortified beverages.
- Banning of disposable water bottles limits healthy choice options to stock beverage machines.

## Changing Vending: Community Ideas for Practice

Across Phase I-IV of the HFBS initiative one or more communities:

- Placed signage in and around machines to provide point of purchase consumer information and education regarding healthy choices.
- Used Brand Name Food List to compile list of 'Choose Most' and 'Choose Sometimes' products.
- Developed 'plannograms' that outlined what specific products should be stocked. Planograms were posted on machines to ensure vending drivers, recreation staff and patrons were aware of what the machine should be selling, and keep product mix from reverting back to unhealthy options.
- Replaced food treats in machines with other treats like stickers or toys.
- Sold healthy choice products at lower prices than less healthy choices to encourage patrons to make healthy choice purchases.
- Used profits from less healthy choices to subsidize healthy choices.
- Removed vending machines all together.
- Purchased refrigerated machine and stock it independently to ensure product control.
- Featured one new healthy choice vending product each month. This product was sold at below cost and special signage or information about the product was featured prominently for patrons to learn more. The goal was to get patrons to try the new products when they otherwise might not and hopefully like the product enough to buy it at regular price.
- Replaced a pop machine with a filtered water station where patrons can fill up their water bottles and even purchase a reusable bottle if they don't have one.
- Limit the competition between healthier choices and less healthy choice products by filling a whole machine with healthy choices.
- Offered product taste-testing. If possible, work with vendor to offer some free samples to patrons to increase awareness and familiarity around new products.
  - *Examples of vending machine products that were tried and liked in communities included nuts, fruit bars, apple Chips, baked pita chips and dried seaweed snacks.*



### Healthy Vending in a Band Hall

One of the First Nation's communities to participate purchased a refrigerated vending machine for the local band hall, and trained staff how to regularly purchase and stock the machine with healthy choices such as 100% juices, milk, yogurts, fruit cups, apple sauce, and fresh home-made healthy muffins. Since this community was in a remote location, the fresh options were especially appreciated, and the machine regularly sells out.

# 3. Over-the-Counter Food Sales

## Key Impact

→ Additions of healthy menu selections in concessions and other over the counter food sales as well as removal of conventional junk foods such as chocolate bars, candy, pop and other sugar sweetened beverages.

## Implementation Challenges

- Potential revenue loss and perceived costs of change. Often the profits from concessions were a primary fundraiser for existing user groups and sports teams or were major sources of revenue for the facility's operational budget. These groups struggled with how they could make money without selling fries, cans of pop.
- Difficulties negotiating changes within existing and new contracts.
- Communicating with, and gaining buy-in from, concession staff.
- Differing opinions and interpretations about what constituted healthier options.
- Finding suitable products that met the healthy guidelines and that met the needs of those running the concession, e.g. long enough shelf life, sell quickly and be sold at prices that cover operation costs.
- Issues around food preparation including inadequate storage and preparation equipment, lack of food preparation skills and training and concerns regarding food-safe requirements.
- Concerns with sales competition with vending machines when junk food was removed from concession, but remained in machines.
- Complaints and push-back from patrons regarding change; fear of the unknown and nostalgia connected to foods and activities (e.g. tradition of greasy foods when at hockey games).



Example of a Healthy Choices Concession

"My child is often hungry before/after doing activities, but I will not encourage poor eating habits. I find it disappointing and frustrating that there are really only junk food items available ... I would be refreshing to see a good selection of healthy options that would appeal to children."

*~Patron Survey Comment*










## Community Ideas for Practice

### Across Phase I-IV of the HFBS initiative one or more communities:

- Included all stakeholders in the process of change such as concessionaires, volunteers and any concession staff.
- Used new labels and lingo to highlight food sales outlet as a place that serves healthy and fresh options. E.g. “Cafe” instead of “Concession” to “Cafe”.
- Placed healthy choices prominently out front and at eye-level.
- Provided menus with healthy choices highlighted or indicated with a symbol (see sample below).
- Provided ready-to-go chopped veggie bags on a regular basis and at sports tournaments.
- Baked instead of deep fried foods. E.g. replace deep fryers with ovens to make healthier choice “French fries”.
- Provided whole wheat and whole grain breads in place of white.
- Created smaller portion sizes, especially of baked goods.
- Defaulted side dishes to fresh salads, fruit or veggies instead of fries.
- Removed chocolate bars, candies, chips and pop.
- Provided healthy alternatives for popular menu choices: Eg. 100% beef hot dog on a whole wheat bun in place of hot dogs with more preservatives, fat, sodium etc on a white bun.
- Provided taste testing of potential new menu items and had patrons vote on which products they would like to see offered.
- Offered pre-order meal forms for sports tournaments or staff meetings and events to increase efficiency of service and allows for more accurate purchasing to avoid waste or under purchasing of fresh food supplies.
- Limited operational hours of food outlet to peak hours to reduce operational costs.
- Provided equipment to support healthy food preparation and storage such as stainless steel sandwich making stations, refrigeration, blenders and fresh squeezed juice machines.



Sample Menu Highlighting Healthy Choices

 <b>Grille</b> 6th avenue sports 1005 - 6th Avenue, Hope BC 604.860.4268	
<b>Breakfast (all day)</b>	
Sausage & Egg Bunwich .....	\$3.75
Bacon & Egg Bunwich .....	\$3.75
Egg only .....	\$2.80
Toast .....	\$2.50
Wraps .....	\$3.75
Bagel .....	\$2.50
add cream cheese .....	\$1.00
Muffins .....	\$2.50
Cinnamon Buns .....	\$2.80
<b>Salads</b>	
 Tossed Green .....	\$5.75
Caesar Salad w/garlic toast .....	\$6.75
Chicken Caesar Salad w/garlic toast .....	\$10.00
 Chef Salad w/toast .....	\$10.00
<b>Wraps</b>	
 Veggie .....	\$4.50
 Tuna .....	\$4.50
Crispy Chicken .....	\$5.75
 Grilled Chicken .....	\$5.75
Chicken Caesar Wrap .....	\$5.75
<b>Classics</b>	
Hamburgers:	
Plain .....	\$3.75
Deluxe .....	\$4.95
Chicken .....	\$5.50
Garden Vegetarian Burger .....	\$4.95
Hot Dog .....	\$2.90
Corn Dog .....	\$2.50
Smokie .....	\$3.75
Chicken Fingers & Fries .....	\$7.95
Chicken Fingers & Onion Rings .....	\$8.45
Fries .....	\$3.00
Onion Rings .....	\$3.50
Poutine .....	\$5.00
Nachos .....	\$4.00
Homemade Chili Bowl .....	\$4.00
 Soup .....	\$3.50
<b>Sandwiches</b>	
Classic BLT .....	\$4.50
Fried Egg & Bacon .....	\$3.75
Ham & Cheese .....	\$4.50
 Turkey .....	\$4.50
Turkey, Bacon, Swiss Grille .....	\$4.50
Egg Salad .....	\$3.95
Tuna Salad .....	\$4.50
Grilled Cheese .....	\$3.75
Grilled Ham & Cheese .....	\$4.50
 Veggie .....	\$4.50
All prices include GST. Prices subject to change without notice.	

# 4. Public Education & Awareness

## Key Impact

→ Significant increases in patron awareness of healthy choice provision and promotion in the facilities between the start of the initiative and follow-up.

### We also found that ...

A majority of patrons across communities and facilities

- Valued healthy eating highly,
- Perceived a lack of healthy choice selections before the initiative began, and
- Supported the sale of more healthy options in concessions and vending machines.

A significant activity across four phases was nutrition education and changes in programs (e.g. creating healthier snacks, introducing nutrition education, creating new 'nutrition' workshops)

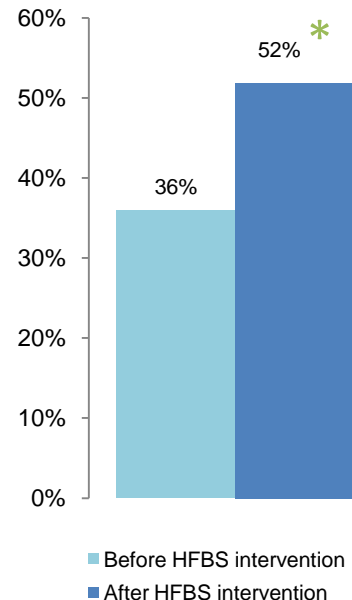
## Implementation Challenges

- Lack of buy-in from staff delivering programs.
- Lack of interest or enrollment in nutrition workshops.
- Inability to post marketing materials or posters in facility because of organizational rules and regulations.
- Lack of resources or infrastructure needed for educational opportunities (e.g. lack of proper kitchen space to teach, lack of funds to run workshops).
- Poor or misleading media coverage.

## Evaluation Snapshot

Figure 6 shows the results from one question on the patron survey that was completed by 884 patrons in 15 facilities in Phase III & IV participating communities.

**Figure 8: Awareness of healthy eating promotions at the facility according to patron survey**



\* Significant at  $p < .05$

"If people want unhealthy food they can bring it from home! The food offered should match the mission of the recreation centre. Thanks for getting us all to think about healthy eating."

~Patron Survey Comment

## Community Ideas for Public Education & Awareness

### Across Phase I-IV of the HFBS initiative one or more communities:

- Designed a presentation board as a resource tool to present information collected by Dietitians. Twelve months of content was created on a variety of topics that will educate patrons and staff on the benefits of healthy eating and staying active including:
  - July - *This Pool is now a Healthy Choices Facility!*
  - August - *Water Works!...Good Hydration Leads to Good Performance*
  - September - *Back to School!...Getting Back to Healthy Meal Habits*
  - October - *Successful Snacking...Eating Regular Meals and Snacks are Important*
  - November- *Be an LSI...Label Scene Investigator!*
  - December - *Your Holiday Survival Guide...Holiday Healthy Eating Strategies*
  - January - *Up The Antioxidants! Choose Fresh Fruits and vegetables More Often*
  - February - *Fuel your Inner Athlete...Winning at Sports Nutrition*
  - March - *Highlight on Fruit and Vegetables...Healthy and Delicious*
  - April - *Eat Well with...Canada Food Guide*
  - May - *No More Diets! Focus on Healthy Living Strategies!*
- Offered nutritional workshops and cooking classes hosted by local chefs or dietitians.
- Increased nutrition education for children in programming (e.g. summer camps, sports teams, out-of-school care).
- Established healthy-eating awareness days and special events to celebrate and promote healthy eating.
- Provided healthy foods at annual events and tournaments.
- Designed and/or provided promotional materials and information in relation to healthy eating. E.g. in recreation newsletters and program guides, on municipal and recreation websites, and as posters, signage, and handouts.
- Placed stickers on floor leading patrons to healthy choice vending machines or concessions.
- Developed healthy eating section on municipal webpage to inform public of changes and opportunities related to healthy eating initiatives in the community.

### ***In specific to media promotion...***

- Held press-conferences to communicate new healthy approach to the public.
- Featured changes in concessions, programming and/or vending in local newspaper (See William's Lake Example).

Example of a Healthy Food and Beverage Project featured in a local newspaper



Oct 13 2009

### **Power Play Concession offers healthy food choices**

*The Cariboo Memorial Recreation Complex is now leading by example to make a healthy choice an easy choice for everyone who visits the facility or participates in its programs or special events. The Williams Lake Joint Committee recently adopted a Healthy Food and Beverage Policy for the facility to meet or exceed the 2007 Guidelines for Food and Beverage sales in BC Schools and the 2007 Nutritional Guidelines for Vending Machines in BC Public Buildings. During the past year a Healthy Food and Beverage committee met regularly to determine how to increase the availability of higher nutrient food choices in the concession and vending machines ...*



Ken MacInnis photo

**Power Play concession owner Darcy Hendricks, mayor Kerry Cook, City manager of active living Deb Radolla, community nutritionist Tatjana Bates, and City recreation programmer Suzanne Cochrane cut the first whole wheat bun Oct. 10 as part of the City's Great Adventure.**

# Other Community Impacts

In addition to the four main areas where we measured impact in the evaluation, other community actions occurred in the areas of food security, programming, events, fundraising, and staff.

**Across Phase I-IV of the HFBS initiative one or more communities:**

## Food Security

- Built community gardens.
- Hosted pocket and farmers markets in or around local recreation facilities and community buildings.
- Planted fruit trees.

## Programming & Events

- Offered healthier meal and beverage options and limiting junk food in programming for birthday parties, youth dances, after school programs.
- Planned special events to celebrate and promote a new healthy food culture in the facility. E.g. Decorated lobby, offered free food samples, distributed information, hired a dietitian to answer questions.
- Improved food practice at annual and ongoing events. E.g. replaced pop with 100% fruit juices at sporting events and tournaments.

## Fundraising

- Used non-food options to raise funds for sports teams, special-interest groups and general operations budget.

## Staff

- Served healthier snack and beverages at staff training events and celebrations.
- Used the “Eat Well Meet Well” resource to improve practice in staff meetings and conferences.
- Offered Food Safe training for concession staff.
- Revamped staff lunch rooms to support staff in packing a healthy lunch and eating well.

# First Nation Community Action

In comparison to the other 36 local governments that received grant funding, the 12 First Nations communities had much smaller populations, were more remotely located, and had unique approaches to change. Many of these communities did not have a recreation facility with food services and vending machines where they could focus their efforts. Instead these communities addressed healthy eating through areas like community catering and public awareness and in settings like schools and band halls. A significant focus of the First Nations initiative was community mobilization; supporting discussion around healthy eating and the food environment in their communities. The evaluation of the First Nations initiatives was, at the community request, largely qualitative. From the data, it appeared that HFBS served as a catalyst to action or enhanced already existing healthy living initiatives. We highlight key themes and samples activities below.

## **Across Phase I-IV of the HFBS initiative one or more First Nation communities:**

### **Changing the Environment**

- Kept salt off the table at community feasts.
- Replaced pop with water at all community events and meetings.
- Purchased refrigerated vending machine and stocked with healthy choices.
- Eliminated the sale and prevalence of pop and chips in the community health buildings, band halls and at workshops, meetings, sports tournaments, cultural events and youth dances.
- Established healthy lunch program and changed to healthy food choices in the school canteen.
- Built a community garden.

### **Community Education & Awareness**

- Offered Diabetes workshops hosted by First Nations Dietitians and Community Health Workers.
- Provided opportunities for Food Safe Training.
- Distributed First Nations Canada Food Guide and 'Health and Wellness Diaries' for community members.
- Provided open learning kitchens, and canning workshops.
- Planned nutrition tours in local grocery stores.
- Ran a "Drop the Pop" community challenge; limiting sugar-sweetened beverage intake.
- Used the Brand Name Food List to promote Choose Most items and trained Band Hall staff to use the list.

### **Increasing Community Capacity for Change**

- Implemented a food and beverage policy and establish a standard of nutrition for Band programs, activities and events.
- Hired a community member to coordinate the project and generate community dialogue.
- Brought caterers together to brainstorm how to make their cooking healthier for community members.
- Established healthy living events, once a month on an ongoing basis. For example, a healthy cooking demonstration was held at the time of produce box pick-up, showing an easy recipe that can be made with the contents of the box.
- Incorporated healthier food and beverage options into pre-existing programs with youth and children through the community buildings and partnered with local high school to teach youth about healthy eating habits.

# Summary

The Healthy Food and Beverage Sales in Municipal Recreation Initiative is a novel International example of a capacity-building approach to enhance food environments in publicly funded recreation and community facilities. The scope of its reach was substantial. Between 2008 and 2010 and across 4 grant-funding phases, 48 local governments, including 12 First Nations, participated. These communities addressed food environments in 142 community-funded facilities, including pools, ice arena, multiplexes, fitness facilities, outdoor sporting facilities, community centres, band halls and other comparable facilities.

The HFBS had an impact on the food environments of publicly funded recreation centers and First Nations Communities across BC. Implementation of HFBS activities across four phases of the initiative consistently resulted in a) increased organizational capacity to 'take on' the unhealthy food environment; b) healthier product mixes in vending machines; c) positive changes in concession menus, d) policy and program development and e) enhanced patron awareness of healthy eating initiatives.

HFBS was a catalyst for change. For instance, a key area of success within organizational capacity was in the area of policy development which was a prominent activity across all four phases. Community stakeholders indicated that policy would be an important foundation for sustainable change in their facilities. The breadth of policy activity was substantive ranging from policy guiding product mix, promotion and pricing to guidelines for food provision in programs and events.

Surprisingly many changes occurred without policy in place as well. The breadth of the framework for action allowed communities the flexibility to be successful. When participating communities addressed their food environment they considered their local context and made changes where there was need, opportunity and readiness. For example, when a community couldn't address vending because of contract timelines they could address policy, programs, events, fund-raising, communication and education or food security. Implementation was not without its challenges. Across four phases the timing of vending contracts, the need for buy-in from multiple layers of staff, decision-makers and the public, the fear of revenue loss, the lack of skills and capacity and product availability (in a changing food landscape) were all challenges that recreation or First Nations staff had to deal with.

Implementation was facilitated by the grant process, which allowed communities to dedicate staff and resources; resources in the form of funding, toolkits, training and consultation; buy-in from local decision-makers, staff and the public; partnerships with industry; Information sharing between communities and the evaluation process.

"I think it is really good. I mean we are aligning ourselves with what the Provincial buildings are doing ...what the schools are doing. It only makes sense that recreation centres are following suit and being a leader. I am hoping there will be some more spin off throughout our local community and our downtown core. Maybe other businesses that are providing vending or providing food services will start looking into what we are doing and say "Oh Look! If [the recreation centre] is doing it...so can we."

~Recreation Staff, Phase II

"When you are switching culture, you can't do it fast and you can't lay it down. It has to come from within. [It has to come from the people]. And that is where I keep going back to those surveys and the baseline information. We were providing junk and it was really sobering. It was like "Wow, we are really bad here." So it just gave us that focus to change the tide."

~Recreation Staff

A primary strength of the HFBS initiative was the integration of the evaluation across all project phases. The evaluation of HFBS could be described as 'real world'; capturing a 'natural experiment' underway in BC. It was designed to be: a) feasible/sustainable for recreation staff to implement in the future, b) flexible, because the context in which communities operate varies substantially and c) useful at the community level. Our data showed that the evaluation was useful for 'setting the stage' and influencing stakeholders. Our experiences across four phases of the initiative did highlight the critical tension that exists in the evaluation of community-based interventions. Typically, it is necessary to be very clear about desired outcomes at the outset of an initiative to be able to capture change in these outcomes between baseline and follow-up. However, in community-based work, and demonstrated across all phases, community action was more opportunistic and dependent on local context (e.g.

vending contracts, stakeholder buy-in and need). It was challenging to capture the impact of the project quantitatively. In fact, in First Nations communities a qualitative approach was most feasible. Because the HFBS initiative maintained the evaluation across all four phases it was possible to adjust the evaluation and respond to individual community needs. A number of new instruments were developed to capture key activities that communities were engaging in. We allowed communities to opt in or out of using these additional components depending on their targets. Successful community-based evaluation requires pragmatism (what can a community truly handle), upfront communication and the ability to adjust to shifting needs.

There were many lessons learned during implementation of HFBS. Across all four phases communities highlighted the following:

1. Change is a process that takes time; the process could take anywhere from 2-5 years.
2. A phased approach to change is more feasible; taking small steps is best.
3. Pairing education with policy is effective in making the healthy choice the easy choice.
4. Every community can act, but change starts at different points.
5. Evaluation & monitoring support change but evaluation is hard and requires resources.

There were several methodological issues inherent to the evaluation design that should be considered when interpreting the evaluation findings. First, because it was a community-based approach there was large variability in the actions and evaluation timelines across communities. Second, communities were not randomized into conditions. HFBS grant applicants were automatically the 'intervention condition' while those that hadn't yet applied but were willing to be measured became non-equivalent comparator communities. Third, staff collected vending and survey data and submitted it to the evaluation team and the Facility assessment and interviews were self-reported. These limitations may have introduced a systematic bias into the results.

There were also key methodological strengths that lend credibility to the findings. Foremost was replication; the consistency of the findings over four different phases in 48 different communities and when HFBS communities were compared to non-HFBS communities. Secondly, we used a mixed methods triangulation design and found not only corroboration across data sources but corroboration across communities and phases.

Most importantly, across four phases we showed that recreation facility patrons and First Nations community members wanted healthier food environments. Staff and stakeholders felt that change was aligned with the health promotion agenda and the needs of their recreation or First Nations communities. A community oriented approach with centralized supports and real resources in place to facilitate change appears to be a viable way forward in the battle to change unhealthy food environments in community settings. HFBS demonstrated that it is possible to align values and action. HFBS is a 'made in BC' success story.

"I think it's been a fabulous initiative. I think it's something that's been long overdue in communities ... it has been exciting to be a part of it ...to be able to share in this kind of grass roots movement toward healthy eating ... it's something I feel really strongly about in my own personal life, so it's easy for me to be passionate about it because I really care about it."

*~Recreation Staff*

# Appendix A

## List of reports and publications for the HFBS Initiative, 2008-2010

### Grant Phase Evaluation Reports

1. Summary Evaluation Report Phase 1, Mentor Communities (December 2008)
2. Process and Impact Evaluation Final Report Phase 1, Mentor Communities (January 2009)
3. Phase II Facilities Evaluation Technical Report (December 2009, Revised April 2010)
4. Phase II Facilities, Evaluation Summary Report (January 2010, Revised April 2010)
5. BC First Nations Healthy Food & Beverage Community Initiatives, Phase II Evaluation Report (December 2009, Revised March 2010)
6. Phase III & IV Evaluation Report (October 2010)
7. BC First Nations Healthy Food & Beverage Community Initiatives, Phase III & IV Evaluation Report (October 2010)
8. This report: Initiative Summary & Evaluation Synopsis (November 2010)

### Supplementary Reports

1. Process Evaluation, Baseline Practices & Feedback, Phase 1: Mentor Communities (September 2008)
2. Impact on Industry Stakeholders Report (December 2009)
3. Comparison Communities Report (June 2010)
4. “Show me the Money!” Examining the economic impact of increasing healthy selections in municipal recreation vending and concessions (July 2010)
5. “Sticking With It”, A summary of follow-up interviews with Phase I and II communities (July 2010)

### Relevant Publications

1. Naylor, P.J., Bridgewater, L., Purcell, M., Ostry, A., VanderWekken, S. (2010). Publicly funded recreation facilities: obesogenic environments for children and families? *Int. J. Environ. Res. Public Health* 2010, 7, 2208-2221; doi:10.3390/ijerph7052208
2. Naylor, P.J. VanderWekken, S., Trill, D., Kirbyson, A. (2010). Facilitating Healthier Food Environments in Public Recreation Facilities: Results of a Pilot Project in British Columbia. *Journal of Park and Recreation Administration*. 28(4), 37-58.