

Improving Access to Healthy Food in BC Recreational Facilities

Research Summary

This is a summary of the 2015 research article “An intervention to enhance the food environment in public recreation and sport settings: a natural experiment in British Columbia, Canada” by Patti-Jean Naylor, Dana Lee Olstad, and Suzanne Therrien

BACKGROUND

- Public recreational facilities promote health. They provide affordable places to participate in physical activity. However, many of these facilities also offer unhealthy foods, which makes healthy eating difficult.
- In 2006, the Government of British Columbia (BC) developed voluntary nutrition guidelines. These guidelines were designed to help recreational facilities and other public buildings offer healthy food and drink options in vending machines.
- In 2007, the BC Healthy Living Alliance developed the **Healthy Food and Beverage Sales (HFBS) initiative** to support use of the nutrition guidelines in BC recreational facilities.



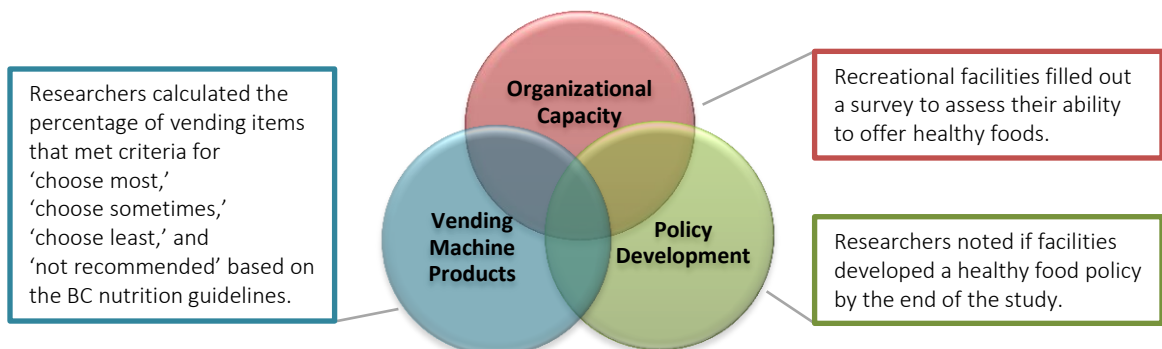
STUDY PURPOSE



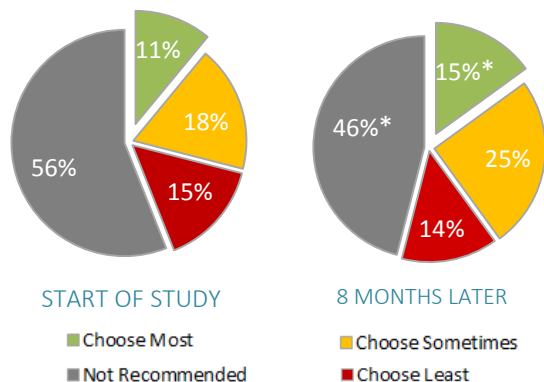
This study explored whether the HFBS initiative improved access to healthy food in BC recreational facilities.

STUDY METHODS

- This study took place in BC over 8 months in 2009 - 2010.
- 21 HFBS communities received grant funding, training, resources, and support to use the nutrition guidelines in their recreational facilities. 23 comparison communities did not receive any form of support.
- At the start and end of the study, recreational facilities completed a survey. They answered questions about their ability to offer healthy food options and if they had a healthy food policy. Researchers also scored vending machine items using the BC nutrition guidelines.



Food Items in HFBS Community Vending Machines



*Significant positive changes were seen in HFBS Community Vending Machines.

DID YOU KNOW?

The BC nutrition guidelines group food in 4 categories. At the time of this study, they recommended at least 50% of vending machine items be from the healthiest “choose most” group, up to 50% from the “choose sometimes” and zero from the “choose least” and “not recommended” groups.

Did access to healthy food improve? YES!

Organizational capacity improved

- Survey results showed that HFBS and comparison communities improved their ability to offer healthy foods and beverages. However, greater improvements were seen in HFBS communities in all areas: strategic planning, supportive environments, and communication and education.

Healthy vending machine items improved

- “Choose most” items grew by 4% and “not recommended” items fell by 10% in HFBS community vending machines over an 8 month period. Comparison communities did not make improvements to healthy options.

Healthy food policies were formed

- 48% of HFBS communities had a healthy food and beverage policy at the end of the study, compared to 10% of HFBS communities at the start of the study. In contrast, no comparison communities formed policies.

BARRIERS TO CHANGE

HFBS communities improved their ability to offer healthy foods in spite of challenges reported by staff. Some of these challenges included:

- Lack of buy-in from key players.
- Fear of profit loss due to limited demand for healthy options.
- Lack of time and staff resources needed to offer healthier items.
- Difficulty finding healthy vending items that patrons and staff would purchase.
- Locked-in vending contracts that did not require suppliers to offer healthy items.



KEY TAKEAWAYS

- Buy-in from key stakeholders, such as facility staff and recreation managers, is essential for change to take place.
- Recreational facilities need appropriate resources and supports to increase their ability to offer healthy food choices.
- Positive changes are possible in the short-term. However, some changes take more time. Negotiating vending contracts and enacting policies does not happen overnight.

REFERENCE

Naylor, P.J., Olstad, D.L., Therrien, S. (2015). An intervention to enhance the food environment in public recreation and sport settings: a natural experiment in British Columbia, Canada. *Childhood Obesity*, 11(4), 364-374.

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