

Improving Access to Healthy Foods and Beverages in Recreational Facilities

July 2015

Issue:

While biology and genetics can increase an individual's risk of obesity, it is widely recognized that unhealthy environments that promote the intake of energy-rich, nutrient-poor foods, and discourage physical activity contribute to childhood obesity (1). Healthy food environments, by contrast, encourage good dietary behaviours (2-5) and may promote healthy body weights among children (3, 4). Overweight and obesity are a concern because body weight and lifestyle behaviours track from childhood to adulthood, increasing the risk for obesity and other chronic diseases later in life (6-8).

A highly cited policy recommendation in Canada to prevent obesity, cancer, and chronic disease is to have strong nutrition standards in schools and recreational facilities (9). In 2008, the Alberta government released the Alberta Nutrition Guidelines for Children and Youth (ANGCY) to improve children's access to healthy food and beverage choices within schools, childcare, and facilities (10). While there is significant momentum to use the ANGCY to improve school food environments, increasing access to healthy options within recreational facilities has received less attention. Community settings, such as recreational facilities, may have important impacts on youth dietary habits as 15% of teen eating occasions occur outside of the home and school (11). The strategies used to achieve successful nutrition policies and environments in schools can serve as promising examples of how to progress in improving food environments in recreational facilities (11).

Although the mandate of public recreational facilities is to enhance health and well-being, many offer foods inconsistent with recommendations for healthy eating (11-16). The presence of unhealthy foods within recreational facilities, and seeing adults consume them, may undermine the health messages children receive in this setting. Furthermore, when unhealthy foods are presented in presumably healthy environments, consumers misperceive the healthfulness of such products, leading to greater purchase and consumption of less healthy foods and beverages (17). Moreover, with children regularly participating in organized sport and activity, families often manage their busy schedules by purchasing regularly available food, such as fast foods, or convenience items, and forgoing meal preparation at home (18).

Publicly owned facilities "have [obligations] to support public health goals by promoting healthy food and beverages over less healthy options" (19). Therefore, recreational facilities are important settings in which to enact policies and practices in support of healthy dietary behaviours (20-22). According to a 2014 Alberta survey, 64% of policy influencers in government, schools, workplaces, and the media support restricting unhealthy food sales in all public building (23). Canadian provinces, including Alberta, have initiated action to encourage and support recreational facilities to voluntarily adopt the sale of healthier foods through developing nutrition guidelines (10, 24), incentive-based programs (25), toolkits (25-28), and other printed and online resources. However, despite these actions, the evidence suggests that voluntary standards have failed to support meaningful change in recreational facility food environments (14-16).

In Alberta, one year following the release of the ANGCY, just half of recreational facility managers were aware of the ANGCY and even fewer (6%) had implemented them (15). Even after steps were taken to align recreational facility concession and vending offerings to the ANGCY, unhealthy foods remained easily available (29). Financial constraints appear to be the most important barrier to offering healthier items in Alberta's recreational facilities, as facility (16) and food service managers (30) perceive that selling healthier foods is unprofitable and might jeopardize sponsorship agreements. Facilities may be more willing to temporarily compromise profits to improve food environments if there is

consumer demand for healthy foods that will contribute to a payoff in the future, and support an image of a healthy facility (11).

Benefits to Taking Action:

- Increased access to healthy options will improve children’s diets and contribute to obesity reduction and prevention (31). As Alberta recreational facilities serve 15,000 to 150,000 users per year, depending on their size, and 41-53% of those users are youth (32), implementing the ANGCY can have a significant health impact at a population level. Furthermore, over three quarters of Alberta recreational facilities (77%) have formal agreements for use by schools (32). Therefore, improving food environments in facilities will support healthy eating behaviours in school-aged children, as they will be less likely to receive mixed messages between the school and in the community.
- In general, voluntary guidelines have proven relatively ineffective in encouraging provision of healthier items by the food industry (33). Mandated policy, by contrast, is more likely to increase the availability of healthier foods, if appropriate policies are enforced. Requiring all recreational facilities to provide healthy foods minimizes competition (19) between facilities that may be created when only a few facilities provide healthy foods while the rest continue to offer mainly unhealthy foods (19). Strong government action will support wide implementation and monitoring of nutrition guidelines (11). Policy is the most effective and equitable strategy for addressing the unhealthy nature of recreational facility food environments because they apply equitably to all children, are relatively low cost, sustainable, and effectively reshape the environment with little effort on the part of the individual (34-37).

Considerations:

Findings from a recent multiple case study suggest that managers are gatekeepers of the food environment in recreational facilities, and thus efforts to implement nutrition guidelines must target managers’ knowledge, beliefs, and perceptions of nutrition guidelines (16). Managers, however, cannot implement nutrition guidelines alone, as the study showed that intersectoral linkages with schools and formal health promoting partnerships with industry were essential to support the implementation of nutrition guidelines (16). Efforts to improve the food environment in recreational facilities will therefore require collaborative action across multiple sectors.

Industry is important to engage with because healthy food and beverage products must be available in order to change the food environment (19). This engagement must go beyond disseminating nutrition guidelines, as guidelines are only one of many factors that influence product innovation. Increased consumer demand for healthy foods and greater public understanding of the importance of healthy diets must also be communicated to industry (19).

Although managers perceive that healthy foods do not sell in recreational settings (30, 38), evidence suggests this perception is not accurate. A recent study showed that the sale of healthy items in recreational facilities closely mirrors their availability (39). Furthermore, revenues and profits did not decrease when the availability of healthy items was increased (39). It will be important to share these positive findings with managers, to ensure they are aware of which healthy items patrons prefer, and to provide training regarding strategies they can use to support the sale of healthier options.

Finally, recreational facilities are also often saturated with unhealthy food and beverage marketing that targets children and youth: advertisements placed on scoreboards, arena boards, team jerseys, in community recreation guides, and at athletic events. Not only do these marketing techniques further undermine the health and wellness mandate of recreational facilities (40), they may also impede the adoption and implementation of the ANGCY.

APCCP Priorities for Action:

- Advocate for mandated, resourced, and monitored implementation of the ANGCY in recreational facilities.

What's Next:

- Researchers at the University of Alberta continue to investigate strategies to increase sales of healthier items in recreational facilities. Study findings will contribute practical information regarding strategies to implement the ANGCY in a financially sustainable manner.
- The APCCP will work with relevant stakeholders to build capacity for public policy change in this area at multiple levels (provincial, municipal).
- The APCCP will develop an advocacy plan targeting Alberta public health officials, the Government Caucus, the Provincial Cabinet, and Opposition Parties to require an expanded implementation of the ANGCY in Alberta's recreational facilities.

References:

1. World Health Organization. Obesity: Preventing and managing the global epidemic. Geneva: World Health Organization; 2000.
2. Jaime PC, Lock K. Do school based food and nutrition policies improve diet and reduce obesity? *Prev Med.* 2009 Jan;48(1):45-53.
3. Veugelers PJ, Fitzgerald AL. Effectiveness of school programs in preventing childhood obesity: a multilevel comparison. *Am J Public Health.* 2005 Mar;95(3):432-5.
4. Foster GD, Sherman S, Borradaile KE, Grundy KM, Vander Veur SS, Nachmani J, et al. A policy-based school intervention to prevent overweight and obesity. *Pediatrics.* 2008 Apr;121(4):e794-802.
5. Matson-Koffman DM, Brownstein JN, Neiner JA, Greaney ML. A site-specific literature review of policy and environmental interventions that promote physical activity and nutrition for cardiovascular health: what works? *Am J Health Promot.* 2005 Jan-Feb;19(3):167-93.
6. Skinner JD, Carruth BR, Wendy B, Ziegler PJ. Children's food preferences: a longitudinal analysis. *J Am Diet Assoc.* 2002 Nov;102(11):1638-47.
7. National Association for Sport and Physical Education. Active Start. A statement of physical activity guidelines for children birth to five years. Reston, VA: NASPE Publications2002.
8. Guo SS, Huang C, Maynard LM, Demerath E, Towne B, Chumlea WC, et al. Body mass index during childhood, adolescence and young adulthood in relation to adult overweight and adiposity: the Fels Longitudinal Study. *Int J Obes Relat Metab Disord.* 2000 Dec;24(12):1628-35.
9. The Canadian Partnership Against Cancer. Canadian priorities for addressing obesity as a cancer and chronic disease risk factor. Toronto2010.
10. Alberta Health and Wellness. The Alberta Nutrition Guidelines for Children and Youth. [<http://www.healthyalberta.com/HealthyEating/ANGCY.htm>].
11. Penney TL, Almiron-Roig E, Shearer C, McIsaac JL, Kirk SF. Modifying the food environment for childhood obesity prevention: challenges and opportunities. *Proc Nutr Soc.* [Research Support, Non-U.S. Gov't Review]. 2014 May;73(2):226-36.
12. 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 Jul-Aug;100(4):310-4.
13. Naylor PJ, Bridgewater L, Purcell M, Ostry A, Wekken SV. Publically funded recreation facilities: obesogenic environments for children and families? *Int J Environ Res Public Health.* 2010 May;7(5):2208-21.
14. Naylor PJ, Wekken SV, Trill D, Kirbyson A. Facilitating healthier food environments in public recreation facilities: Results of a pilot project in British Columbia, Canada. *Journal of Park & Recreation Administration.* 2010;28(4):37-58.

15. 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;11:423-35.
16. Olstad DL, Raine KD, McCargar LJ. Adopting and implementing nutrition guidelines in recreational facilities: Public and private sector roles. A multiple case study. *BMC Public Health*. 2012 May 25;12(1):376.
17. Sahud HB, Binns HJ, Meadow WL, Tanz RR. Marketing fast food: impact of fast food restaurants in children's hospitals. *Pediatrics*. [Research Support, Non-U.S. Gov't]. 2006 Dec;118(6):2290-7.
18. Chircop A, Shearer C, Pitter R, Sim M, Rehman L, Flannery M, et al. Privileging physical activity over healthy eating: 'Time' to Choose? *Health Promot Int*. 2013 Aug 26.
19. Vander Wekken S, Sorensen S, Meldrum J, Naylor PJ. Exploring industry perspectives on implementation of a provincial policy for food and beverage sales in publicly funded recreation facilities. *Health Policy*. 2012 Mar;104(3):279-87.
20. Garcia J, Beyers J, Uetrecht C, Kennedy E, Mangles J, Rodrigues L, et al. *Healthy Eating, Physical Activity, and Healthy Weights Guideline for Public Health in Ontario*. Toronto: Cancer Care Ontario; 2010.
21. White House Task Force on Childhood Obesity. Solving the problem of childhood obesity within a generation. Washington, D.C.: Executive Office of the President of the United States; 2010.
22. Khan LK, Sobush K, Keener D, Goodman K, Lowry A, Kakietek J, et al. Recommended community strategies and measurements to prevent obesity in the United States. *MMWR Recomm Rep*. 2009 Jul 24;58(RR-7):1-26.
23. Policy Opportunity Windows Enhancing Research Uptake in Practice (POWER UP!), Coalition Linking Action and Science for Prevention (CLASP). Knowledge, attitudes and beliefs survey (KAB). Edmonton, AB: School of Public Health, University of Alberta 2015.
24. BC Recreation and Parks Association. Stay Active, Eat Healthy program. Available at: <http://stayactiveeathealthy.ca/>.
25. Nutrition Resource Centre, Ontario Public Health Association. Eat Smart! Recreation Centre Program Toolkit. Available at: <http://www.eatsmartontario.ca/toolkits/rec/index.html>. 2011.
26. Healthy Eating Physical Activity Coalition of New Brunswick. Healthy Foods in Recreation Facilities. It just makes sense. Available at: http://www.gnb.ca/0131/wellness_sense-e.asp. 2009.
27. Healthy Food Choices for Community Recreation Facilities Committee. Making the move to healthy choices. A toolkit to support healthy food choice in recreation facilities. Available at: <http://www.reconnections.com/docs/MakingtheMovetoHealthyChoicesToolkit-Apr19-10.pdf>. 2008.
28. Public Health Nutritionists of Saskatchewan. Support healthy eating at work and play. A resource guide for creating food policies at your worksite or recreation facility. 2010.
29. Olstad DL, Raine KD, McCargar LJ. Adopting and implementing nutrition guidelines in recreational facilities: Public and private sector roles. A multiple case study. *BMC Public Health*. 2012 May 25;12.
30. Olstad DL, Raine KD, McCargar LJ. Adopting and implementing nutrition guidelines in recreational facilities: tensions between public health and corporate profitability. *Public Health Nutr*. 2013 May;16(5):815-23.
31. Watts AW, Masse LC, Naylor PJ. Changes to the school food and physical activity environment after guideline implementation in British Columbia, Canada. *Int J Behav Nutr Phys Act*. [Research Support, Non-U.S. Gov't]. 2014;11:50.
32. Roma M. ARPA's Infrastructure Committee: Operations Survey Summary Report. Edmonton 2006.
33. Sharma LL, Teret SP, Brownell KD. The food industry and self-regulation: standards to promote success and to avoid public health failures. *Am J Public Health*. [Research Support, Non-U.S. Gov't]. 2010 Feb;100(2):240-6.
34. Schwartz MB, Brownell KD. Actions necessary to prevent childhood obesity: creating the climate for change. *J Law Med Ethics*. 2007 Spring;35(1):78-89.
35. Canadian Public Health Association. Action statement for health promotion in Canada. 1996 [October 10, 2009]; Available from: <http://www.cpha.ca/en/programs/policy/action.aspx>.
36. Swinburn B. Obesity prevention in children and adolescents. *Child Adolesc Psychiatr Clin N Am*. 2009 Jan;18(1):209-23.

37. Jilcott S, Ammerman A, Sommers J, Glasgow RE. Applying the RE-AIM framework to assess the public health impact of policy change. *Ann Behav Med.* 2007 Oct;34(2):105-14.
38. Olstad DL, Raine KD, McCargar LJ. Adopting and implementing nutrition guidelines in recreational facilities: public and private sector roles. A multiple case study. *BMC Public Health.* [Research Support, Non-U.S. Gov't]. 2012;12:376.
39. Olstad DL, Goonewardene LA, McCargar LJ, Raine KD. If we offer it, will children buy it? Sales of healthy foods mirrored their availability in a community sport, commercial setting in Alberta, Canada. *Child Obes.* [Research Support, Non-U.S. Gov't]. 2015 Apr;11(2):156-64.
40. Kelly B, Chapman K, King L, Hardy L, Farrell L. Double standards for community sports: promoting active lifestyles but unhealthy diets. *Health Promotion Journal of Australia.* 2008;19(3):226-8.