

Healthy Food & Beverage Sales

In Recreation Facilities and Local Government Buildings

Summary Evaluation Report

**Phase 1, Mentor Communities
May-December 2008**

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Background

- Ten (10) communities were awarded grants to participate in Phase I of the Healthy Food and Beverage Sale in Recreation Facilities and Local Government Buildings Initiative (HFBS).
- Eight (8) completed the project and evaluation requirements by the December deadline.
- The project phase ran from May to December 2009. Baseline evaluation was complete from June-August and follow-up from November-January.

What went on?

EVALUATION ACTIVITY	COMPLETED
<p>Facility Audit</p> <ul style="list-style-type: none"> • Assesses the overall organizational and facility environments. • Specifically addresses the areas of a) Strategic Planning, b) Supportive Environments and c) Education and Awareness 	<p>8 Communities baseline to follow-up comparison</p>
<p>Vending Audit</p> <ul style="list-style-type: none"> • Assesses products in standard snack food and beverages in vending machines found in recreation facilities • Uses Dietician's of Canada's Brand Name Food List Tool to rate products according to BC Provincial Guidelines (See Appendix for Healthier Choices in Vending Machines in B.C. Public Buildings Policy Paper) 	<ul style="list-style-type: none"> • 8 Communities • 186 Vending Machines Counted • 32 Vending Machines Audited • 1410 Products Audited <p>Baseline: Jun-Sept 2008 Follow-up: Nov 2008- Jan 2009</p>
<p>Patron Survey: Collects data on facility users in the following areas:</p> <ul style="list-style-type: none"> • behaviors regarding vending and concession use • attitudes toward healthy food and beverages • awareness of healthy choice messaging/promotion and changes 	<p>8 Communities, N=561</p> <p>Baseline: Jul 2008, n =316 Follow-up: Dec 2008- Jan 2009, n=245</p>
<p>Staff Telephone Interview</p> <p>Project leads participated in a phone interview and were asked to give an account of their project activities and specific challenges they encountered. Staff were also asked what factors and resources were most helpful in facilitating their progress and what they might need in the future to sustain their changes and support their next steps.</p>	<p>10 participants from 9 communities</p> <p>Dec 1-19, 2008</p>
<p>UBCM Reports</p> <p>Themes and activities stated on the Phase I communities' grant applications were compared with their final reports to observe trends established goals, activities and achievements</p>	<p>9 sets of grant applications and final reports reviewed</p>

What went on?

During the final interviews in December, project leads were asked what went on during the project. Project activities were also reported in the final UBCM reports. Combining the responses from the interviews and reports, the following charts reflect the themes of their responses ('x' meaning this activity was mentioned). Factors are listed top to bottom, from most frequently to least frequently indicated.

Table 1: Common Activities Participated in During the Initiative (reported through follow-up interviews)

ACTIVITIES	Community								
	1	2	3	4	5	6	7	8	9
Evaluation Activities	x	x	x	x	x	x	x	x	x
Distributed promotional/educational materials	x	x	x	x	x	x	x	x	x
Shared information/ resources with other organizations and communities	x	x	x	x	x	x	x	x	x
Developed policy and/or guideline	x	x	x	x	x	x	x	x	x
Work towards changing vending	x	x		x	x	x	x	x	x
Used 'Stay Active Eat Healthy' marketing materials	x	x		x		x	x	x	x
Hosted community awareness events (e.g. Healthy Food Fair)	x	x		x		x	x	x	x
Hired a consultant /project coordinator		x		x	x		x	x	x
Invested in promotion and marketing (e.g. interaction with the media, website, displays, posters)	x	x		x			x	x	
Provided staff training on promoting healthy eating in programs and services	x			x		x	x		x
Provided public education and awareness opportunities (e.g. workshops and programs)	x			x		x	x	x	
Hosted local pocket/farmers markets	x	x	x				x		
Provided healthy food and beverage sampling			x	x		x	x		
Worked to provided healthy options at staff meetings				x	x	x		x	
Facilitated key stakeholders meeting (e.g. Committee, industry, user groups, decision makers)		x		x	x	x			
Changed concession/café service (e.g. menu, facility revamp)	x		x	x			x		

(continued ...)

ACTIVITIES <i>(continued)</i>	Community								
	1	2	3	4	5	6	7	8	9
Partnered with regional health district					x			x	x
Partnered with sports associations in charge of concessions (e.g. hockey league)		x		x					x
Completed project toolkit process ('MRFEAT')	x						x		
Promoted healthy choices within children's summer camps							x	x	
Hired a new chef for food services	x		x						
Moved towards using local foods in concession	x						x		
Developed a/ Choose Most/Choose Sometimes list for Concessionaires and Suppliers				x					

Key Quotes

"We did hire someone, but ultimately we were kind of using a team approach rather than just one person"

"Well, officially the City created a guideline for policy, I guess and our guidelines were 70% Choose Most & Choose Sometimes and 30% Not Recommended and Choose Least"

"So initially what I did was met with the operators, the concessions and determined their needs, so I did a needs assessment and as I mentioned to...I found out their needs and really tried to communicate that we were there to support them and help them and work through this"

"I think we already had a partnership and good relationship with some of the community dietitians and the community development people from Fraser health...So its has been a really partnership building thing...[to] show the city supports food security and nutrition."

"We have quite a few programs that provide snacks or foods or birthday parties where traditionally pizza and pop were provided and maybe a cake or something so now we are trying out a healthy eating birthday party, if they chose the healthy option they get a veggie plate with meats or vegetarian or cheese pizza...and 100% fruit juice or water."

"We did have a food fair in partnership with the school district and what we did...we actually brought in completed concession areas, or completed vending machines, ideal displays so they can see it and go 'oh wow! The whole machine is Choose Most or Choose Sometimes'."

"We did some food sampling...had all different types of snacks from the choose most and the choose most choose sometimes categories. And so we gave those out to people and asked for their feedback regarding what they would like to be offered"

What went on?

The following outlines the major themes of those activity goals that Phase I Communities proposed participating in their UBCM grant application forms, and the activities that were in fact achieved by the end of the grant phase according to the communities' final reports. It is notable to consider the following items in regards to the chart:

- Overall, a majority of project goals were achieved.
- There are more cases where an activity was achieved even though it would not indicated in the original goals, than cases where goals were not achieved.
- This chart is limited by those goals and activities reported by communities. From the evaluation team perspective, many communities achieved more than they reported

Table 2: Comparison of Phase 1 communities' goals and achievements

Community	1		2		3		4		5		6		7		8		9		
	Goal	Achieved	G	A	G	A	G	A	G	A	G	A	G	A	G	A	G	A	
Hosting Farmer's Markets	x	x	x	x	x	x							x	x					
Vending Changes	x	x	x	x			x	x	x			x	x	x	x			x	x
Public Awareness		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Healthy Eating Information	x	x			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Taste Testing Days												x							
Staff Training	x	x				x						x	x	x	x			x	
Concession, Café or Snack Bar Changes	x	x		x	x	x	x	x					x	x	x			x	
Partnership Building		x	x	x	x	x		x	x	x					x	x		x	
Policies				x				already in place	x	x					x	x	x	x	
Creation of Food Committees or Organizations	x food strategy									x					x				
Nutrition Seminars or Workshops	x	x											x	x		x			
Healthy Food at Meetings and Events		x										x	x	x	x - events			x	

How did it go?

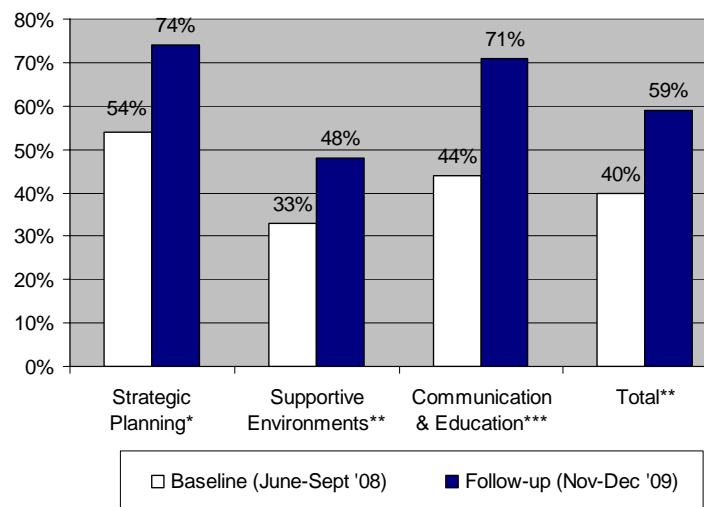
Facility Environment

- Sixty-eight (68) facilities in ten (10) BC communities were influenced by this project.
- Project coordinators with the help of the local Healthy Choice Committee's (where they had been formed) rated the facilities being impacted by the project in their community according to healthy eating criteria in the categories of strategic planning, supportive environments, and communication and education.
- The initial assessment provides a starting marker of where communities began at the onset of the project. The follow-up assessment completed, 6 months later, reflects the progress made throughout the project.
- There was a significant positive change in the overall facility food environment from baseline to follow-up as measured by the facility assessment ($t(7) = -4.61, p = .002$) and in the subscale categories (See Chart 3 and Figure 1).
- On average, the eight communities who completed the assessment, rated themselves 10 points higher in their follow-up evaluation than at baseline
- This shows that even within a short period of time of the project initiative, successful changes occurred within a recreation food environment.

Table 3: Average facility assessment scores for Phase I communities

	Baseline	Follow-up
Strategic Planning	6.5/12	8.9/12
Supportive Environments	8.9/27	12.9/27
Communication and Education	5.3/12	8.5/12
Totals	20.6/51	30.3/51

Figure 1: Average facility assessment percentage scores for Phase I communities



* Difference was statistically significant at $p < .05$

** Difference was statistically significant at $p < .01$

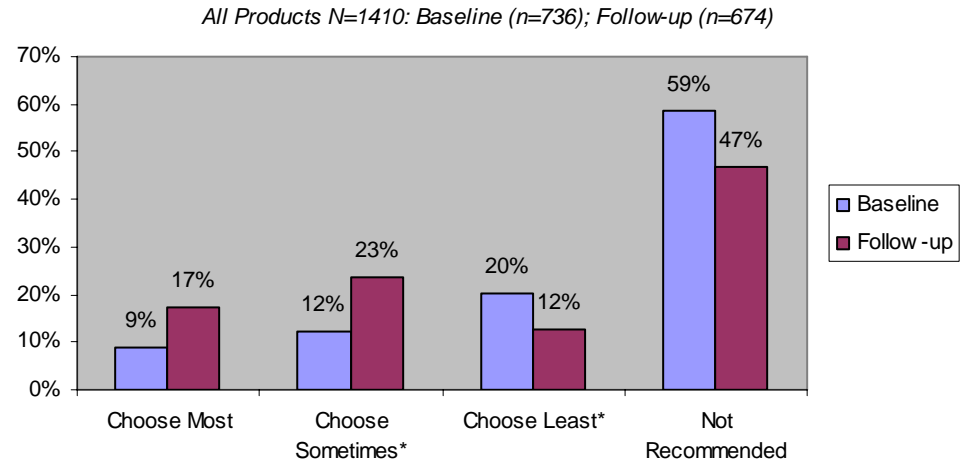
*** Difference was statistically significant at $p < .001$

How did it go?

Vending Machine Audits

- 8 Communities
 - 186 Vending Machines Counted
 - 32 Vending Machines Audited
 - 1410 Products Audited in total
 - 605 Beverage Products
 - 805 Snack Food Products
- The vending machine audit revealed that there was an average 20% increase in healthy choice products (“Choose Most” vending machines of participating communities throughout the province between June 2008 and January 2009.
- The increase in the items from CS ($t(7) = -2.87, p = .024$) and decrease in items from CL ($t(7) = 2.73, p = .029$) were statistically significant ($p < .05$), while the changes in the items from CM ($p = .08$) and NR ($p = .06$) approached significance (See Figure 2.2).
- 5 of 10 communities were able to make significant changes to their vending machines and had a 36% increase in healthy choice products (CM/CS) between baseline and follow-up in contract to the 20% change across all communities.
- The greatest increase of CM/CS vending products was seen in snack machines compared to beverage machines, although beverage machines at baseline began with a greater proportion of healthy choices.

Figure 2.2: Baseline to follow-up vending machine audits of Phase I communities according to choose category



* Difference was statistically significant at $p < .05$

How did it go?

Survey Response Findings:

- A majority of patrons said that healthy eating is either important or very important to them.
- The biggest barrier in choosing healthy options was lack of selection. Popular choices for patrons include yogurt, nut & trail mixes as well as fruit and veggies & dip.
- Patron awareness of healthy eating promotions, products available and information and signage at the facility were not significantly different at follow-up (although appeared slightly different). Caution should be used when interpreting this result as many changes in communications and policies happened after follow-up and the sampling was limited by pragmatic constraints and was not random nor large enough to be representative.
- The basic patron information was similar from baseline to follow-up increasing confidence in the purchasing profiles of patrons.
- It should be noted that implementation of the 'Stay Active Eat Healthy' social marketing campaign was delayed and the process of change took longer than the project reporting deadlines. Anecdotally, more change has occurred since the follow-up data collection.

Key Quotes from Staff Interviews:

“Everyone wants to eat healthy right, and in parks and rec. 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.”

“Healthy eating is one of the things we are focusing on along with physical activity ... a lot of facilities push about being physically active. We are just trying to educate our staff and get it linked a little bit more, so it’s not just stuff about being active but eating good too.”

“It has been a real favorable response. People are enjoying the change and knowing that they can actually go there and it doesn’t matter what they choose, it actually does have better nutritional value than what had been in there before. So that’s good.”

“[We are making] it easier for everybody to do this and easier for everyone to make healthier choices that we want them to make.”

“What I have noticed is that there are subtle changes in things that are happening which is really exciting. Like, for example, we had a general staff meeting this morning where generally there would have been doughnuts or something on the table. Today there were some homemade oatmeal cookies and juice. “

“I just wanted to say that this particular project has been really well supported by the funders. And the follow-through and the encouragement and all of the things that have been provided through this whole process have really been wonderful.”

What were the barriers and facilitators to implementation of healthy choices?

Table 5: Barriers and Facilitators According to Theme

Theme	Barriers	Facilitators
Money	<ul style="list-style-type: none"> • Revenue concerns • Capital output • Lack of funding for paying staffing 	<ul style="list-style-type: none"> • Grant funding • Money to pay staff, redesign menu and retrofit concessions
Staff	<ul style="list-style-type: none"> • Project staff turn-over • Challenges finding a project coordinator • Project coordinator not being a recreation staff member • Not having hired someone to have time exclusively committed to the project 	<ul style="list-style-type: none"> • Committed staff • Hiring a project coordinator • Having a project coordinator well known in their community • Hiring a new chef or concessionaire • Consultation from someone with a nutritional background • Support from project and evaluation staff
Buy-in	<ul style="list-style-type: none"> • From decision makers and managers • From community members • From front-line staff • From media 	<ul style="list-style-type: none"> • Politically favorable time to make changes towards supporting healthy lifestyles
Time	<ul style="list-style-type: none"> • Project timeframe too short • Bad timing for project (summer months when staff away and programming different) • Having idealistic goals • Locked into contracts 	<ul style="list-style-type: none"> • Project timeline is motivating
Industry	<ul style="list-style-type: none"> • Working with vendors • Working with Concessionaires (e.g. lack of cooperation) • Hard to find local suppliers with choose most-choose sometimes products 	<ul style="list-style-type: none"> • Meeting with concessionaires and vendors to do a needs assessment
Communication	<ul style="list-style-type: none"> • ESL population made evaluation and communication difficult • Overcoming negative media coverage • Maintaining consistent messaging between multiple facilities • Communicating to front-line staff 	<ul style="list-style-type: none"> • Meeting with other participating communities • Website

(Continued ...)

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Theme	Barriers	Facilitators
Operations	<ul style="list-style-type: none"> • Lack of infrastructure needed to serve healthy foods • Uncooperative concessionaires • Process of having changes approved • Lack of policy 	<ul style="list-style-type: none"> • Policy to refer to for standard
Attitude to change	<ul style="list-style-type: none"> • Resistance to change from concessionaires and staff • Unfavorable attitude to change from patrons who were comfortable with the old way of operations • Patrons disliking new healthy options • Community perception of outside agencies coming and telling them what is good for them 	<ul style="list-style-type: none"> • Acknowledgement from parks and recreations staff that supporting nutrition is important
Project Specific	<ul style="list-style-type: none"> • Evaluation process too much work/not suitable 	<ul style="list-style-type: none"> • Evaluation process provided better understanding of where the organization currently is • Project toolkit was useful evaluation, planning, and resources • The clout of being part of a province-wide initiative

Conclusion

Significant changes can occur within municipal recreation food environments even within a short period of time, through the Healthy Food and Beverage Sales initiative. With continued support and more time, greater impacts can be expected in all areas of food environments within municipal recreation facilities and public buildings.