

## **A contradicting reality – unhealthy food environments in publicly funded facilities that support wellness**

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**Introduction:** The impact of food environments (FEs) on eating behaviours is gaining recognition as population health outcomes continue to deteriorate. As a preferred gathering place, FEs in public recreation facilities (PRFs) have been of particular interest as they have a priority to support wellness. Some jurisdictions have described the food and beverage options available as unhealthy and unsupportive of health, which contradicts this priority. One study found that children and youth involved in sports consumed more calories, fast food and sugary beverages than those who do not.

**Objective:** To characterize the current state of food environments in Saskatchewan (SK) public recreation facilities (PRFs).

**Methods:** We used a convergent/parallel mixed methods study design. The quantitative component included Nutrition Environment Measures Survey–Restaurant reduced item (rNEMS-R) and Nutrition Environment Measures Survey-Vending (NEMS-V) observational audits to determine the healthfulness of food and beverage options in concessions and vending (Study I), and the qualitative component included semi structured telephone interviews to examine barriers, facilitators and future opportunities in SK (Study II).

**Results:** Quantitative results confirmed that only 5% of concession main dishes were defined as healthy. As well, 80% of packaged food and beverage products in concessions, and 84% in vending, were defined as *Offer Least Often* (Saskatchewan Nutrition Standards, 2018). Qualitatively, barriers far exceeded facilitators for healthy eating. Some key barriers included a lack of policy, guidelines, resources, capacity, funding, infrastructure, incentives, direction, availability and promotion of healthier options as well as economic risk. In turn, several future opportunities emerged, which relate to the aforementioned barriers, such as the need for policy, guidelines, incentives and direction. In addition, there is a need for healthy food access and promotion, stakeholder engagement and knowledge exchange platforms.

**Conclusion:** Food and beverages are frequently available through concessions and vending in SK PRFs, and the options available are less healthy and unsupportive of health. Even though there appears to be organization readiness to change, several barriers exist that are prohibiting change.

**Significance:** Population health outcomes continue to deteriorate. There is a need to focus efforts upstream to address influential factors, such as policy and environmental factors, where people work, learn and play, so healthy choices are easier choices.

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