

Practising what we preach: A look at healthy active living policy and practice in Canadian paediatric hospitals

*Ziad Solh MD¹, *Kristi B Adamo PhD^{2,3}, Jennica L Platt BSc², Kathryn Ambler MSc⁴, Erin Boyd BA², Elaine Orrbine⁵, Elizabeth Cummings MD FRCPC^{6,7}, Claire MA LeBlanc MD FRCPC⁴

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BACKGROUND: In the past 30 years, the rate of obesity has risen considerably among Canadian children. Paediatric hospitals are in a unique position to model healthy environments to Canadian children.

OBJECTIVE: To obtain an overview of healthy active living (HAL) policy and practice in Canadian paediatric hospitals.

METHODS: Working in partnership with the local Canadian Paediatric Society HAL champions and the Canadian Association of Paediatric Health Centres liaisons, a nationwide survey was conducted in 2006/2007 to identify healthy eating, physical activity and smoking cessation practices in all 16 Canadian paediatric academic hospitals.

RESULTS: Policies addressing healthy eating and/or physical activity promotion were present in 50% of hospitals with a greater focus on nutrition. Wellness committees were created in 50% of the hospitals, most of which were recently established. Healthy food options were available in cafeterias, although they were often more expensive. Fast food outlets were present in 75% of hospitals. Although inpatient meals were designed by dietitians, 50% offered less nutritious replacement kids meals (ie, meal substitutions) on request. Options for play available to inpatients and outpatients were primarily sedentary, with screen-based activities and crafts predominating over active play. Physical activity promotion for staff focused on reduced membership fees to fitness centres and classes.

CONCLUSION: Canadian paediatric hospitals do not adequately promote HAL for patients and staff. The present study findings suggest further effort is required to create necessary healthy lifestyle modifications in these institutions through Canadian Paediatric Society/Canadian Association of Paediatric Health Centres-led policy development and implementation initiatives. A national-level policy framework is required to regulate interhospital variability in policies and practices.

Key Words: *Fast food; Health promotion; Hospital; Obesity; Physical activity*

Faire ce que nous prêchons : Regard sur les politiques et les pratiques de vie active saine dans les hôpitaux pédiatriques canadiens

HISTORIQUE : Depuis 30 ans, le taux d'obésité a considérablement augmenté chez les enfants canadiens. Les hôpitaux pédiatriques occupent une position unique pour donner l'exemple d'un environnement sain aux enfants canadiens.

OBJECTIF : Obtenir un aperçu des politiques et des pratiques de vie active saine (VAS) dans les hôpitaux pédiatriques canadiens.

MÉTHODOLOGIE : En partenariat avec les porte-parole d'une vie active saine de la Société canadienne de pédiatrie et les représentants de l'Association canadienne des centres de santé pédiatriques, on a mené un sondage national en 2006-2007 pour déterminer la saine alimentation, l'activité physique et les pratiques de renoncement au tabac dans les 16 hôpitaux pédiatriques universitaires du Canada.

RÉSULTATS : Il existait des politiques au sujet de la promotion d'une saine alimentation ou de l'activité physique dans 50 % des hôpitaux, où l'accent était surtout mis sur l'alimentation. Des comités de bien-être étaient formés dans 50 % des hôpitaux, la plupart depuis peu. Des possibilités de saine alimentation étaient offertes dans les cafétérias, mais étaient souvent plus coûteuses. Des casse-croûte étaient proposés dans 75 % des hôpitaux. Même si les repas aux patients hospitalisés étaient conçus par des diététistes, 50 % offraient des repas moins nutritifs aux enfants (c'est-à-dire un substitut du repas) sur demande. Les possibilités de jeux offertes aux patients hospitalisés et en consultations externes étaient surtout de nature sédentaire, les activités d'écran et d'artisanat étant prédominantes par rapport au jeu actif. La promotion de l'activité physique auprès du personnel était axée sur des réductions de cotisation dans des centres sportifs ou sur des cours d'entraînement physique.

CONCLUSION : Les hôpitaux pédiatriques canadiens ne font pas la promotion pertinente d'une VAS auprès des patients et du personnel. Les résultats de la présente étude indiquent que d'autres efforts s'imposent pour favoriser les modifications nécessaires à un mode de vie sain dans ces établissements au moyen des projets d'élaboration de politiques et de mise en œuvre de la Société canadienne de pédiatrie et de l'Association canadienne des centres de santé pédiatriques. Il faut adopter un cadre de politique national pour réglementer la variabilité interhospitalière en matière de politiques et de pratiques.

*The authors contributed equally

¹Department of Pediatrics, Queen's University, Kingston; ²Department of Pediatrics, University of Ottawa; ³Healthy Active Living and Obesity Research Group, Children's Hospital of Eastern Ontario Research Institute, Children's Hospital of Eastern Ontario, Ottawa, Ontario;

⁴Department of Pediatrics, University of Alberta, Edmonton, Alberta; ⁵Canadian Association of Pediatric Health Centres, Ottawa, Ontario;

⁶Department of Pediatrics, IWK Health Centre; ⁷Department of Pediatrics, Dalhousie University, Halifax, Nova Scotia

Correspondence: Dr Claire MA LeBlanc, Aberhart Centre #1, Room 8225, 11402 University Avenue, Edmonton, Alberta T6G 2J3.

Telephone 780-407-7433, fax 780-407-7136, e-mail claire.leblanc@albertainhealthservices.ca

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Over the past 30 years, the proportion of children who are overweight or obese has risen dramatically, with most recent data (1) indicating that 26% (approximately 1.6 million) of Canadian children and youth are categorized as overweight or obese. Excess body fat in youth is associated with a range of health consequences, both physiological and psychological (2). Unfortunately, adolescent obesity is strongly associated with adult obesity (3), and more than two-thirds of obese children are likely to become obese adults (4,5) who carry a greater risk of coronary artery disease (6) and increased mortality (7).

While its etiology is not completely understood, obesity is the result of complex interactions among genetic, biological, environmental and psychosocial factors. However, contributing factors can be considered to be those that influence one or both sides of the energy balance equation (calorie intake balanced with calorie expenditure). The contributory factors are prevalent in our current obesogenic environment, which is characterized by an overabundance of palatable food rich in fat and sugar coupled with a lack of sufficient physical activity. Fruit and vegetable intake is inversely associated with obesity (8); a Canadian Community Health Survey (9) indicated that 70% of Canadian children are not meeting the recommended intake for fruit and vegetables. Furthermore, 23% of their caloric intake is from choices outside of the four accepted food groups, and more than 90% have excessive sodium intake (9). Likewise, more than 50% of Canadian children are not active enough for optimal growth, and 90% of Canadian children are not meeting federal physical activity guidelines of 90 min (16,500 steps) of moderate-to-vigorous physical activity per day (10).

Paediatric hospitals play a leadership role in communities and are uniquely positioned to influence the behaviour of children and their families toward the adoption of healthy active living (HAL). The survey results presented address this issue and represent the first Canada-wide data on the status of paediatric hospitals' HAL policies and practices. The objective of the present study was to conduct a national assessment of nutrition, physical activity and smoking cessation practices in need of improvement in Canadian paediatric academic hospitals.

METHODS

In 2006/2007, a survey was conducted in collaboration with the Canadian Paediatric Society (CPS), the Canadian Association of Paediatric Health Centres (CAPHC) and the 16 academic children's hospitals in Canada to identify healthy eating and physical activity policies and practices, as well as smoking cessation policies. The word 'policy' in the present study refers to a written guideline or document developed and endorsed by the hospital. The CPS HAL champions and the CAPHC liaisons from each participating hospital collected data from hospital administrators, nutritional services personnel, and child life specialists regarding specific foods, nutrition practices and physical activity opportunities at their respective institution (Appendix 1). Completed surveys were sent to the Children's Hospital of Eastern Ontario Research Institute

(Ottawa, Ontario) for analysis. Data verification was performed, when possible, to detect and correct missing, invalid or inconsistent entries. Descriptive statistics were calculated.

RESULTS

A 100% response rate was obtained by working with the CPS and the CAPHC. Occasionally, individual responses were not obtained for certain items.

Health promotion, nutrition and physical activity practices

At the time of the survey, 50% of hospitals reported having policies regarding one or more elements of healthy eating (inpatient meals, cafeteria food and fast food sales) or physical activity promotion (staff and/or patients) (Table 1). Of the hospitals reporting HAL policies, those related to healthy eating (44%) were more frequently reported than those encouraging physical activity (13%). Hospitals with physical activity promotion policies also had healthy inpatient meals and cafeteria food policies. The highest number of policies at any institution was four, with only two hospitals reporting this maximum. Nonsmoking policies were reported in 88% of hospitals surveyed; one-half of these also had at least one policy promoting healthy eating or physical activity. None of the hospitals had indoor smoking areas; only one-half had designated outdoor smoking areas.

The majority of hospitals used their cafeteria as a venue for nutrition education and/or HAL promotion, with approximately one-third providing education daily. Most of the educational material provided addressed healthy eating; physical activity content was much less common. Wellness committees (defined as committees devoted to improving the well-being of children, families, hospital staff and physicians) were found in 50% of hospitals. One-half of these were established fewer than three years before survey completion: 2006 (four of eight), 2003 (one of eight) and 1996 (one of eight). Two hospitals did not specify when their committee was formed.

Cafeterias, fast food outlets and vending machines were accessible to members of the hospital community and families to procure food, with designated meal plans available to patients. Although all hospitals offered food high in fat, sugar and calories, one could select an alternative item in most facilities (eg, replacing fries with salad). However, the healthy substitution was often more expensive. Fewer than one-half of the paediatric centres offered child-size meal portions; however, in all hospitals with this option, the child-size item was less expensive. Inpatient meals were designed by dietitians in all surveyed institutions, with virtually all following Canada's Food Guide for Healthy Eating. Seventy five per cent of hospitals offered low-fat options but, unfortunately, more than one-half served replacement kids meals on request (hot dogs, hamburgers and fries).

The majority of hospitals (75%) had at least one type of fast food outlet on site. Coffee franchises predominated; however, pizza and submarine franchises were also common. Almost one-half of hospitals (44%) had binding contracts (five to 10 years duration) with specific fast food restaurants. Vending machines were present in all Canadian paediatric

TABLE 1
Hospitals reporting policies (guidelines) regarding elements of healthy active living

Hospital	Healthy eating policy for inpatient meals	Healthy eating policy for cafeteria food	Policy for sales from fast food restaurants	Policy on physical activity promotion for staff	Policy on physical activity promotion for patients	Nonsmoking policy
A	✓*	✓		✓		✓*
B	✓					✓*
C	✓	✓			✓	✓
D	✓		✓			✓
E						✓
F						✓
G		✓				✓
H		✓*				✓
I						
J	✓					✓
K			✓			✓*
L						✓
M						✓*
N						✓*
O						✓
P						
Total	5 (31%)	4 (25%)	2 (13%)	1 (6%)	1 (7%) [†]	14 (88%)

*Policy documentation provided by the hospital; †n=15 respondents

TABLE 2
Promotion of physical activity for hospital staff

Physical activity	Availability, %
Fitness centres	63
Fitness classes	75
Walking trails	50
Tennis courts	6
Bicycle racks	88
Showering facilities	100

hospitals and generally sold a variety of foods high in sugar and fat. The majority of hospitals have five-year contracts with specific vendors.

Table 2 outlines the promotion of physical activity aimed at hospital staff. Corporate discounted memberships to health clubs were offered in more than one-half of surveyed institutions, while only one-third offered reading material promoting physical activity to staff, patients and their families. Programs promoting the use of stairs were present in approximately one-third of hospitals. Barriers to stair use included lack of signs directing patients to stairwell locations and locked access. More than one-half of paediatric hospitals had stairwells that did not lead to all floors; however, for the most part, stairwells were reported to be clean and well lit. Walking trails were available in 50% of surveyed institutions. Trail maps were only available in 50% of these hospitals, and distances are marked in only 25% of the cases.

Options for play (Table 3) available to inpatients and outpatients were primarily sedentary, with screen-based activities and crafts predominating over active play. With the exception of 'jungle gyms', all activities were less available to the outpatient population.

DISCUSSION

Public perception is that hospitals have a responsibility to promote health, wellness and disease prevention. Accordingly,

TABLE 3
Patient activities at Canadian paediatric hospitals

Activity	Inpatients, %	Outpatients*, %
Active play area	94	75
Video games/TV/DVD	100	94
Crafts	94	73
Air hockey/foosball	69	13
Athletic equipment	69	33
Jungle gym – indoor/outdoor	44	75
Playground	63	40

*Activities available inside clinic waiting rooms or outdoors on hospital property. TV Television

institutional policy, long-range planning and resource budgeting should be in place to address these issues (11). In our study, nonsmoking guidelines are by far the most common healthy living practice implemented within Canadian paediatric hospitals. Despite this, one-half have designated outdoor smoking areas close to hospital entrances that allow significant second-hand smoke exposure to patients, families and staff. Policy reform was at the heart of Canada's success in banning tobacco consumption in public settings and in work places including hospitals (12). A strong body of evidence (13) supports the notion that restrictions on smoking in work places and comprehensive bans on advertising and promotion have been effective in reducing tobacco smoking and its downstream consequences. A focus on the reduction of cigarette smoke in the immediate vicinity of hospital property is urgently needed. The implementation and strict enforcement of such policy requires further study.

While hospitals may prioritize disease prevention in their mission statements, implementation is lacking (14). Current trends reveal hospitals are gravitating toward optimizing practices that generate profit such as on-site catering, debit machines, and self-operated food and coffee kiosks (15). A telephone survey (14) of 101 Canadian and American paediatric hospital food service administrative personnel revealed

hospital revenue was enhanced by sales of less nutritious food and drinks. While our study shows that the majority of Canadian paediatric hospitals have fast food outlets, offer food high in fat, sugar and calories and have limited healthy nutrition guidelines, this is not unique to Canada. The British National Health Service acute care hospital review (16) similarly reported low prevalence of healthy eating policies and availability of healthy meal options.

On a positive note, many Canadian hospitals are starting to develop wellness committees and establish cafeteria nutrition education programs and other promising programs to promote some aspects of HAL. For example, a similar Canadian survey from 2004 (17) revealed that only 27% of institutions reported having dietitian time dedicated to overseeing and promoting healthy eating in the retail cafeteria and 17% had a written nutrition policy or philosophy, suggesting that some limited progress has been made in recent years. Unfortunately, few guidelines have been created and implemented to date, and there is an absence of a policy framework required to adequately address the major obesity-promoting factors – namely, fast food kiosks and vending machines, inadequate opportunity for physical activity and the overavailability of sedentary activities for patients. Only 30% of hospitals surveyed in the present study use dietitians to monitor compliance with national guidelines; most inpatient and cafeteria meals allow easy access to replacement ‘kids meals’, negating healthy options.

The availability of fast food and vending machine snacks high in fat, sugar and calories in hospitals is disconcerting because it sends an unhealthy message to the community and may prompt those who require hospital-based care and their families to eat these foods (12,18). Indeed, children who eat snacks from vending machines or at fast food restaurants are more likely to consume foods higher in fat and drink sugar-sweetened beverages resulting in greater weight gain (19,20). Additionally, levels of obesity correlate with the density of fast food restaurants in communities (21). Shamefully, a recent American study (22) revealed that having a fast food restaurant on site at a hospital actually helped promote the belief that this food is healthy. In January 2009, the Canadian Broadcasting Corporation aired a weeklong segment to gather public opinion on inpatient foods served in Canadian hospitals. The survey revealed a clear displeasure with taste and nutritional quality (23). A listener-generated “Canadian Hospital Food Bill of Rights” was subsequently developed, which included statements such as “when a family is going through a crisis, good nutrition should be a part of the healing process” and “the right to tasty and nutritious food – plain and simple”. Yet, according to dialogue with hospital administrators, arguments against hospital cafeteria reform include reluctance to play a ‘food police’ role, preference that consumers make their own decisions and a need to make the institution more profitable (24). Thus, hospitals as role models for health and wellness need to institute policies correcting current deficiencies.

Evidence is mounting supporting the notion that changing the environment in such a way to encourage healthy eating

and physical activity can result in substantial positive behaviour change (25,26). For example, increasing the availability of healthier snacks and beverages in vending machines at four American public high schools was easily implemented and well accepted by students. This resulted in statewide interest in offering healthier food and beverage choices in schools (27). The project’s success was made possible by the support of school officials, identification of a school liaison and the establishment of a committee at each school to promote healthy changes. Complete replacement of the contents of hospital vending machines with food and drinks of high nutritional quality and appropriate portion size is feasible and encourages purchase of healthy choices. This is especially true when product type and location within the vending machine are specified to the vendor (S Buhler and Kim Raine, personal communication). Offering hospital employees an exercise program can increase productivity and morale and decrease health care costs and number of sick days (28). Communications-based programs (flyers, signs and information booths) at the workplace have also improved awareness of local opportunities for physical activity (29). Our survey indicates that the paediatric hospital environment does not adequately promote physical activity as evidenced by the general lack of related guidelines and inconsistent availability of supportive resources such as walking trails or bike racks.

Study limitations

Our survey inquired about health promotion, nutrition and physical activity policies and asked for copies of these policies. In retrospect, we recognize that our failure to strictly define ‘policy’ as a written guideline or document developed and endorsed by the hospital allowed for considerable liberty in interpretation. Despite every effort to ensure complete data collection, there were still a small number of data points missing (especially cost of cafeteria foods), although, these would not have influenced the descriptive statistical analysis. A single data collector for all hospitals might have helped to minimize variability in interpretation of the survey questions, but this was not feasible. Some overlap among the questionnaires addressed to hospital administrators, nutrition services and Child Life specialists helped improve reliability. The structure of the survey did not allow us to look at portion size or to determine what inpatient meals were being ordered; we simply surveyed what was on the menu. Similarly, we also did not determine what food was being purchased in the cafeteria or how often foods high in fat, sugar and calories were selected from vending machines by staff, patients and/or families. Because it was our intent to ensure all paediatric hospitals could complete the survey easily, we did not request information about the percentage of healthy options sold at food retailers or how often these were purchased. This information would be valuable, along with data regarding food labelling at the point of sale. It would have been beneficial to gather data on how often staff attended exercise classes or the level of use of active play spaces. We also did not address barriers to

inpatient physical activity participation such as disease acuity, infection control or issues related to mobility. Much of these data would be difficult to obtain in a survey such as this.

CONCLUSIONS AND FUTURE DIRECTIONS

Canadian paediatric hospitals are working toward promising policies and programs to promote some aspects of HAL for patients and staff, but considerable variation exists between institutions. Thus, a more comprehensive and systematic policy framework is needed to create and implement guidelines regarding healthy nutrition, physical activity and smoking cessation for patients, their families and staff. Specific areas that require urgent attention are the common practice of fast food vending in hospitals and the pervasiveness of sedentary activities for patients.

The results of the present survey will be used to develop a nationwide task force consisting of hospital decision makers, interprofessional practitioners, as well as healthy active living advocates from the CPS, the CAPHC and other organizations. This task force will work to create a

compendium of policy and practice ideas that hospitals may use to address current deficiencies in hospital healthy lifestyle promotion practice. It has been recognized that involving stakeholders in program design, implementation and evaluation is vital to the success of interventions (30).

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NOTE: The present work originated through the Children's Hospital of Eastern Ontario (Ottawa, Ontario), at which point, authors Adamo, Boyd, LeBlanc, Platt and Solh were affiliated.

Appendix 1
Survey on Healthy Active Living Policies
Part 1: To be completed by Hospital Administrator

Paediatric Hospital Centre: _____

I. Healthy Eating Policies		
Does your hospital have a healthy eating policy regarding inpatient meals?	Y	N
If so, please attach a copy of your healthy eating policy statement for inpatient meals.		
Does your hospital have a healthy eating policy regarding cafeteria food?	Y	N
If so, please attach your healthy eating policy statement for cafeteria food.		
Is the cafeteria used as a venue for education and/or promoting healthy eating and active lifestyles?	Y	N
If yes, how often?	Occasionally	Daily
Who is in charge of monitoring the foods that are listed as healthy or unhealthy?	Vendor Hospital Dietitian	Food Services Other
Who is in charge of monitoring compliance with healthy food guidelines?	Vendor Hospital Dietitian	Food Services Other No one/Don't Know
Is any literature given to staff or patients/families with healthy eating education content? (eg. pamphlets)	Y	N

II. Fast Food Outlets		
Please indicate which of the following fast food outlets are available at your institution.		
Tim Horton's, Starbucks, or other coffee franchise	Y	N
McDonald's, Burger King, A & W, or KFC	Y	N
Pizza Pizza, or other pizza franchise	Y	N
Mr. Sub or Subway	Y	N
Other - Please specify:		
Does your institution have a policy regarding sales from fast food restaurants?	Y	N
If so, please attach your policy statement on fast food sales.		
Does your institution have a contract with a specific fast food restaurant?	Y	N
If so, please specify restaurant(s):		
If so, how long is the contract?		

III. Vending Machines		
Is the institution responsible for setting up vending machine contracts?	Y	N
If not, please indicate who is responsible for vending machine contracts:		
Please indicate which foods are offered by vending machines at your hospital:		
Regular soda pop - Specify serving size(s):	Y	N
Diet soda pop - Specify serving size(s):	Y	N
100% Fruit juice	Y	N
Fruit beverage/cocktail	Y	N
Plain water	Y	N
Flavoured water	Y	N
Skim milk - specify serving size(s):	Y	N
2% milk - specify serving size(s):	Y	N
Homogenized milk - specify serving size(s):	Y	N
Granola bars	Y	N

Chips	Y	N
Chocolate	Y	N
Coffee	Y	N
Fruit	Y	N
Other - Please specify:		
Does your institution have a contract with a specific vendor for vending machine items?	Y	N
If so, please specify vendor:		
If so, how long is the contract?		

IV. Physical Activity Promotion Policies		
Please indicate which of the following are offered to staff at your institution.		
Fitness Centre	Y	N
Fitness Classes (aerobics/yoga/running groups)	Y	N
Walking Trails	Y	N
Tennis Courts	Y	N
Bike Racks (on hospital property)	Y	N
Showering Facilities	Y	N
Does the hospital have any maps of marked out walking routes around the hospital for the purpose of promoting activity?	Y	N
If yes, are distances specified on the map?	Y	N
If yes, does map highlight nearby active play areas?	Y	N
Other - Please specify:		
Does your institution offer a discount or a corporate membership to a health club?	Y	N
If so, what is % of employees who take up the membership each year?	<10%	<30%
	<50%	>50%
Does your institution have a policy on physical activity promotion for staff?	Y	N
If so, please attach your policy statement on staff physical activity.		
Does your institution have a policy on physical activity promotion for patients?	Y	N
If so, please attach your policy statement on patient physical activity.		
Does the hospital have a committee dedicated to the promotion of physical wellness?	Y	N
If yes, when was the committee formed?		
Is any literature given to staff or patients with physical activity education content? (eg. pamphlets)	Y	N
Is the hospital currently involved in any program promoting the use of stairs for physical activity?	Y	N
If yes, how long has this program been in effect?		
Are there signs (besides Exit signs) showing location of stairs?	Y	N
Are the stairs difficult to find?	Y	N
Are the stairs clean?	Y	N
Are the stairs well lit?	Y	N
Is there locked access to the stairs?	Y	N
Does each set of stairs lead to all hospital floors?	Y	N

V. Smoking Policies		
% of staff smokers:	<10%	<30%
	<50%	>50%
Are there designated outdoor smoking areas?	Y	N
Are there designated indoor smoking areas?	Y	N
Do you have a non-smoking policy?	Y	N
If so, please attach your non-smoking policy statement.		

Comments: _____

Survey on Healthy Active Living Policies
Part 3: To be Completed by Child Life Expert

Paediatric Hospital Centre: _____

V. Smoking Policies		
% of staff smokers:	<10%	<30%
	<50%	>50%
Are there designated outdoor smoking areas?	Y	N
Are there designated indoor smoking areas?	Y	N
Do you have a non-smoking policy?	Y	N
If so, please attach your non-smoking policy statement.		

Comments: _____

Survey on Healthy Active Living Policies
Part 2: To be Completed by Nutrition Expert

Paediatric Hospital Centre: _____

I. Inpatient Meals		
Do inpatient meal menus follow Canada's Food Guide To Healthy Eating (servings, content)?	Y	N
Are inpatient meal menus designed by a dietician?	Y	N
Who is responsible for monitoring compliance with Canada's Food guide?		
How often is the menu reviewed for compliance with Canada's Food guide?		
Are "kid's meals" available to substitute for the main menu? (Hotdog, hamburger, fries, other fast foods)?	Yes, Daily	No
	Some days, specify #:	
Are whole wheat bread products routinely sent up?	Y	N
Is there a low fat option for each meal?	Y	N
Please indicate if the following items appear on the regular child inpatient menu and the # of days/meals per week. If possible, please attach your school age child inpatient menu.		
Sugared cereals _____ days a week	Y	N
Side of cooked vegetables _____ meals a week	Y	N
Side of french fries _____ meals a week	Y	N
Side of fresh vegetables (or salad) _____ meals a week	Y	N
Fresh fruit _____ meals a week	Y	N
Hot dogs _____ meals a week	Y	N
Hamburgers _____ meals a week	Y	N
Subs or sandwiches _____ meals a week	Y	N

II. Visitor/Staff Cafeteria Food		
Please indicate if the following items are made available on the cafeteria menu, and # of days per week. If possible, please attach your cafeteria menu (Monday to Sunday).		
Cream based soup _____ days a week	Y	N
Broth based soup _____ days a week	Y	N
Side of cooked vegetables _____ days a week	Y	N
Side of french fries _____ days a week	Y	N
Gravy _____ days a week	Y	N
Side of fresh vegetables (or salad) _____ days a week	Y	N
Fresh fruit _____ days a week	Y	N
Please indicate which cafeteria snacks are available at your institution:		
Cookies	Donuts	Pastry/Cake
Candy	Yogurt	Raisins
Regular muffins	Low fat muffins	Ice Cream
		Chips
		Salted nuts
		Pudding
		Unsalted nuts
		Frozen Yogurt
Other - Please specify: _____		
Regarding cafeteria food, please indicate selling cost (and serving size where applicable) for each of the following items:		
<i>Food Item</i>	<i>Serving (in #, grams or ml)</i>	<i>Cost per serving</i>
Cake slice		
Cookies		
Yogurt		
Ice cream		
Chips		
Fries		
Hot Dog		
Tuna Sandwich		
Fresh Fruit		
Juice		
Milk		
Pop		
When ordering a meal, is there an option for customers to substitute an unhealthy item for a more healthy one (eg. replacing fries with salad)?	Y	N
If yes, does the healthy option cost more?	Y	N
Can customers order child-size portions of food and beverages?	Y	N
If yes, is the child-size item less expensive?	Y	N

III. Vending Machines		
Is your service responsible for setting up vending machine contracts?	Y	N
If so, please indicate which foods are offered by vending machines at your institution.		
Regular soda pop - Specify serving size(s):	Y	N
Diet soda pop - Specify serving size(s):	Y	N
100% Fruit juice	Y	N
Fruit beverage/cocktail	Y	N
Plain water	Y	N
Flavoured water	Y	N
Skim milk - specify serving size(s):	Y	N
2% milk - specify serving size(s):	Y	N
Homogenized milk - specify serving size(s):	Y	N
Granola bars	Y	N
Chips	Y	N
Chocolate	Y	N
Sandwiches	Y	N
Candy	Y	N
Coffee	Y	N
Fruit	Y	N
Other - Please specify: _____		
Does your institution have a contract with a specific vendor for vending machine items?	Y	N
If so, please specify vendor: _____		
If so, how long is the contract? _____		

Comments: _____

I. Physical Activities for Inpatients				
Please indicate which of the following are offered to inpatients at your institution.				
Area for active play		Y	N	
If yes, age group(s) for which it is designed:		< 5 y	5-12 y	> 12y
If yes, hours of operation - Weekdays:		Weekends:		
Video Games		Y	N	
Television, Videos/DVDs		Y	N	
Air Hockey Table		Y	N	
Foosball Table		Y	N	
Crafts		Y	N	
Jungle Gym	Indoor	Outdoor	Both	None
Playground	Indoor	Outdoor	Both	None
Walking Trails			Y	N
Athletic Equipment (e.g. Balls)			Y	N
Other - Please specify: _____				
Does the hospital have any maps of marked out walking routes around the hospital for the purpose of promoting activity?				
		Y	N	
If yes, are distances specified on the map?				
		Y	N	
If yes, does map highlight nearby active play areas?				
		Y	N	

II. Physical Activities for Outpatients				
Please indicate which of the following are offered to outpatients at your institution.				
Area for active play		Y	N	
If yes, age group(s) for which it is designed:		< 5 y	5-12 y	> 12y
If yes, hours of operation - Weekdays:		Weekends:		
Video Games		Y	N	
Television, Videos/DVDs		Y	N	
Air Hockey Table		Y	N	
Foosball Table		Y	N	
Crafts		Y	N	
Jungle Gym	Indoor	Outdoor	Both	None
Playground	Indoor	Outdoor	Both	None
Walking Trails			Y	N
Athletic Equipment (e.g. Balls)			Y	N
Other - Please specify: _____				

Comments: _____

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