

The Health Index



Eat Smart! Restaurant Program: Initial Impact

Issue 3, September 2002

- Eat Smart! has the potential to influence 86% of residents of the City of London and Middlesex County
- ¾ of residents thought Eat Smart! would likely influence their restaurant selection
- 43% of residents have heard of the Eat Smart! Program
- 13% have eaten at an Eat Smart designated restaurant
- Each of the components: smoke-free environment, healthy food choices and exceptional food safety and food handling practices are of importance to at least 80% of the Eat Smart! designated restaurant patrons.

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Background

Eat Smart! Ontario's Healthy Restaurant Program, is a provincial health promotion program. The objective of Eat Smart! is to encourage people to make healthier choices related to dining out. It is interdisciplinary in nature and looks at several factors that effect a person's health both in the short term (acute illness) and the long term (chronic illness). Built on a variety of existing food service programs, the Program offers and markets an "Award of Excellence" to restaurants that meet exceptional standards in food safety

(through employee training in safe food handling and food inspection records), nutritious food choices and non-smoking seating. In turn, through social marketing and education the public is encouraged to choose these restaurants that have received the Eat Smart! Award of Excellence. The combined components of the Award help to reduce chronic disease and food-borne illness in the community.

In January 2000, Eat Smart! was launched in the City of London and Middlesex County. The first phase focused on encouraging restaurants to join the program and ensuring that they meet the criteria. Sixteen restaurants had joined the Program by the fall of 2001, and this grew to 25 by the spring of 2002. This represented approximately 2.5% of the restaurants in the City of London and Middlesex County. The Program was developed in partnership with the Ministry of Health, Heart and Stroke Foundation of Ontario, Canadian Cancer Society, Public Health Units, Heart Health Programs and the Food Service Industry.

Overview of Results

The Eat Smart! Program is designed to create restaurant environments that support people in making healthier choices when dining out. It has the potential to influence the 86.2% (C.I. \pm 2.4) of residents in the City of London and Middlesex County that dine out. Three-quarters of all residents felt that an Eat Smart Award! would likely influence their decision about where to eat. Overall, 42.9% (C.I. \pm 3.4) of residents reported that they had heard or read something about Eat Smart!. However, only 13.2% (C.I. \pm 2.5) of respondents were aware that they had eaten or ordered take-out food from an Eat Smart! designated restaurant in the year prior to the survey. Although it appears that the percentage of residents using an Eat Smart! restaurant is low, this may in fact be higher than expected given only 2.5% of restaurants currently participate in Eat Smart!. Each of the three major components of Eat Smart! namely: smoke-free environment, healthy food choices and exceptional standards of food safety and food handling practices were identified as important features of the Program by at least 80% of the Eat Smart! restaurant patrons. Further monitoring of Eat Smart! is necessary to determine if awareness and use increases over time.

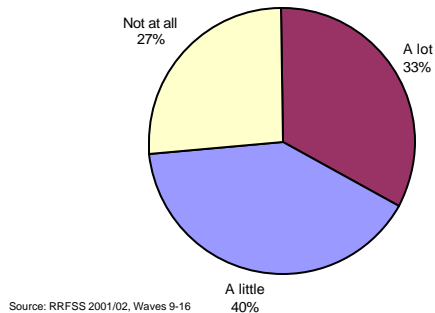
Restaurant Use

The Eat Smart! Program has the potential to influence healthy eating choices for a great deal of people. Most residents (86%, C.I. \pm 2.4) of London and Middlesex County reported eating at a restaurant or ordering take-out food from a restaurant in the last year. This proportion was significantly higher in the younger age group, those aged 18-29 years old (94.3%, C.I. \pm 3.1) and lower in the older age group, those aged 50 and older (74.7%, C.I. \pm 5.3).

Potential to Influence Restaurant Selection

Nearly $\frac{3}{4}$ of all residents felt that an Eat Smart! Award would likely influence their decision about where to eat (Figure 1).

Figure 1: Potential of Eat Smart! Award to Influence Restaurant Selection, Middlesex-London Health Unit, 2001/02



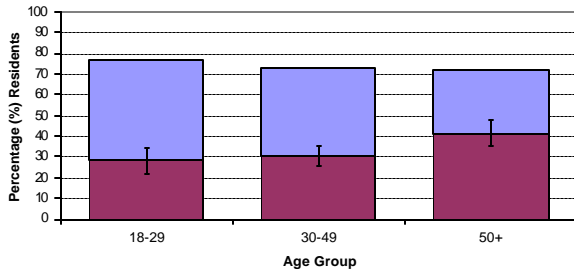
A third of all residents (33%, C.I. \pm 3.3) reported that an award would influence their decision “a lot” and an additional 40.3% (\pm 3.5) indicated that they would likely be influenced “a little”. The overall potential of the Eat Smart! award to influence restaurant selection remained similar for all age groups. However, those over 50 years of age were more likely to indicate that it would influence them “a lot”. (Figure 2)

Awareness of Eat Smart!

Overall, 43.1% (C.I. \pm 3.4) of residents reported that they had heard or read something about Eat Smart!, Ontario's Healthy Restaurant Program. More females (53.7%, C.I. \pm 4.9) than males (31.9%, C.I. \pm 4.6) reported hearing about Eat Smart!. A smaller percentage (15.5%, C.I. \pm 2.0) of residents reported being aware of at least one restaurant in London or Middlesex County that had been given the Eat Smart! Award of Excellence.

When asked how they had first heard about the Eat Smart! Program, television was identified by the greatest percentage of

Figure 2: Potential of Eat Smart! Award to Influence Restaurant Selection,
Middlesex-London Health Unit, 2001/02



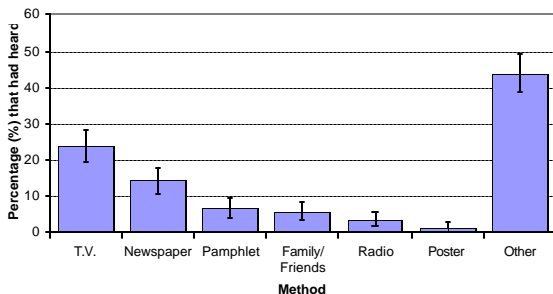
Source: RRFSS 2001/02, Waves 9-16

residents (23.8%, C.I. \pm 4.5). Figure 3 outlines the various mass communication methods that were identified.

The large percentage of residents that indicated they had first heard about Eat Smart in some “Other” way is worth noting. When asked to specify in what way they had first heard about Eat Smart! the most common answer was through the restaurant menu or the Eat Smart! restaurant itself. If this had been an identified category it would likely have been the second largest communication method after television. Also included in the “Other” were a substantial number of people that noted that they had heard about it through a magazine article or through a health professional such as a doctor, nutritionist or physiotherapist.

Use of Eat Smart! Restaurant

Figure 3 : Method of Hearing about Eat Smart!, Middlesex-London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 9-16

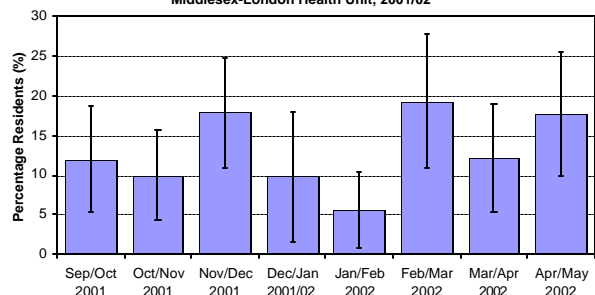
Over the eight months that information about Eat Smart! was collected on the RRFSS, an average of 13.2% (C.I. \pm 2.5) of respondents were aware that they had eaten or ordered take-out food from an Eat Smart! Designated Restaurant in the year previous to the survey. Figure 4 illustrates the percentage of residents that reported using an Eat Smart! restaurant over time.

Although there appears to be some fluctuation over time, these differences are not significant. Further monitoring is needed to determine if the increase in use in the last three survey waves is an actual increase or an artifact of the survey method.

Importance of Components of Eat Smart!

The thirteen percent of residents that had eaten at a designated restaurant were polled to find out how important the various components of the designation were in choosing to dine at an Eat Smart! Restaurant. Figure 5 indicates the percentage of Eat Smart! Restaurant patrons that felt each component was of importance. All three of the major components: Smoke- Free Environment,

Figure 4: Used Designated Restaurant in the Previous Year,
Middlesex-London Health Unit, 2001/02



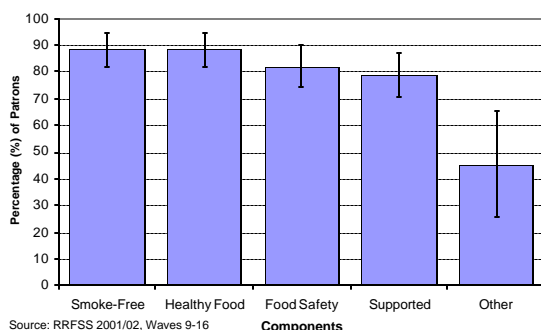
Source: RRFSS 2001/02, Waves 9-16

Healthy Food Choices and exceptional food safety and food handling practices were of importance to at least 80% of the Eat Smart! Restaurant patrons. The smoke-free environment as well as the nutritious and healthy food choices components were of importance to the greatest proportion (88.4%, C.I. \pm 6.4) of restaurant patrons in

their choice to eat at a designated restaurant. In addition to the three major components, 78.9% (C.I. \pm 8.2) of restaurant patrons also indicated that the support by the Heart & Stroke Foundation, Canadian Cancer Society, Ministry of Health, Public Health Unit, Heart Health Program and the Food Service Industry was important to them. The “Other” category included any other component that patrons felt worth mentioning. These qualities were largely related to the food aspects of the restaurant including selection and quality.

randomly from all households with telephones in the City of London and County of Middlesex. Respondents aged 18 and older were systematically selected from within each household for the adult that had the next birthday. Once an individual was identified as the person with the next birthday in the household, every effort was made to complete the interview with the appropriate respondent. On average, 5 calls were made to a single household to complete the interview, however up-to 33 calls were made to reach the selected individual. The sample was weighted to account for each respondent’s probability of being selected within households of different sizes.

Figure 5: Importance of Components to Restaurant Patrons, Middlesex- London Health Unit, 2001/02



Source: RRFSS 2001/02, Waves 9-16

Methods

All data are from the Rapid Risk Factor Surveillance System (RRFSS), conducted for the Middlesex-London Health Unit (MLHU) by the Institute for Social Research, York University. Data were collected in a series of eight waves of monthly telephone surveys. Households were selected

The sample for this analysis consists of 802 individuals from the City of London and Middlesex County survey between September 9, 2001 and April 5, 2002 (Waves 9-16). Approximately 100 respondents were interviewed for each wave. All respondents asked the Eat Smart! Module were included in the analysis. Those that did not respond were excluded prior to calculating percentages. Differences in percentages were considered statistically significant at $p < 0.05$. All percentages were provided with 95% confidence intervals. Bar charts include error bars illustrating 95% confidence intervals.

Contacts

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