

# Exploring Nutrition Information When Eating Out in Toronto

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*In-Depth Interviews, Toronto Chain and Franchise Restaurants*

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**Report Prepared by the Food Policy Research Initiative**

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## KEY FINDINGS

- **Large chain and franchise restaurant attitudes towards nutrition information disclosure are consistent with those of prominent industry associations.**
- **Restaurants are responsive to consumer demand.** Health concerns, broadly defined, are a hot topic; restaurants see themselves as responding to consumer preferences and concerns.
- **Many large chain and franchise restaurants, and some smaller chains, are already providing nutrition or health information to their customers.** The largest chains see themselves as industry leaders in this regard, but a few of the smaller chains we interviewed are also taking active steps to provide this service to their customers.
- **Several interviewees called into question the evidence on effectiveness of nutrition information disclosure interventions.**
- **Several interviewees identified implementation barriers to adopting an intervention such as menu labelling.**
- **Some interviewees suggested that public health's role in nutrition information disclosure is to offer public education, but other interviewees identified specific ways in which public health can work directly with restaurant operators.**

## REPORT

### **Purpose**

In this report, we present findings from a series of in-depth interviews with key decision makers from Toronto restaurant chains and franchises. Toronto Public Health (TPH) contracted the Food Policy Research Initiative through a competitive bid process to carry out this research. The findings in this report are intended to accompany other research being carried out by TPH on the policy environment for nutrition information disclosure in the city. The purpose of the research is to document Toronto chain and franchise restaurants' interest in and readiness to participate in nutrition information disclosure interventions, including a potential pilot program.

### **Background: Nutrition Information in Restaurant Environments**

People in Toronto are interested in knowing more about where their food comes from and about how they can make healthier everyday food choices (Toronto Public Health 2010).

People are also eating out more than ever. Canadians spend at least 30 cents of every food dollar on food away from home, and higher income groups eat out more often and spend more (Statistics Canada 2001; 2006).

Yet while federal food labelling legislation and other supports exist to help people make informed choices when purchasing groceries (i.e., labelling for prepackaged foods), consumers have far less information about the food they eat away from home.

Toronto has already demonstrated leadership in improving food information transparency for city residents when they eat away from home. The TPH food inspection program and DineSafe website are part of a food safety information disclosure system that makes free and unbiased information about the safety of eating establishments readily available to the public, in person (at food premises) and on the web. The DineSafe program has also benefited local businesses, by providing their customers with a clear guarantee of the rigorous safety standards to which they adhere.

This type of approach is not new. Consumers want clear information about the products and services they purchase. Many public policies have been developed over the last century to protect consumers and promote informed personal decision making. Some of the most important of these have been about the disclosure of unbiased facts about consumer products. In the environmental policy arena, this has also been known as the *community right-to-know*.

Moreover, food businesses want a fair and consistent approach that will help them to respond to customer concerns and desires, and enable a successful and viable enterprise.

No mandatory nutrition information disclosure for food establishments (i.e., mandatory “menu labelling”) currently exists in Canada. The prototype for mandatory menu labelling usually cited is the US federal legislation for large chain restaurants, which

followed other prominent examples of local (e.g., New York City in 2007) and state (e.g., California) legislation. Examples of voluntary programs outside Canada include the *Healthy Catering Commitment* in the City of London (UK) leading up to the London 2012 Olympic Games.

In Canada, to date a number of voluntary programs currently exist for restaurants to disclose nutrition information. The Canadian Restaurant and Foodservices Association (CRFA), a prominent food industry advocacy group and professional association, offers voluntary national guidelines for participating chains and franchises, in place since 2005. The Heart and Stroke Foundation has recently expanded its *Health Check* restaurant program to include menu labelling components in several provinces. The Province of British Columbia launched an *Informed Dining* program in 2011 that offers both guidelines and service supports (e.g., nutritional analysis) for participating restaurants.

### **Research Question: Restaurant Interest and Readiness**

This research addresses the question: Are Toronto food establishments interested in providing nutrition information to their customers, and how ready are they to do so? In this research, we focus on the needs, attitudes, and concerns of chain and franchise restaurants in the city. This study is intended to accompany other work by TPH on nutrition information disclosure, including a focus on foodservices industry stakeholders, particularly a consultation with key restaurant associations (the Ontario Restaurant, Hotel, and Motel Association (ORHMA) and the Ontario Chinese Restaurant and Food Service Association (OCRFA), see Appendix A) and an Ipsos-Reid online survey of Toronto independent restaurant establishments.

## **Interview Findings**

### **1. Descriptive Summary of Participants**

We carried out semi-structured in-depth telephone interviews with a total of nine respondents. A detailed description of study methodology can be found in Appendix B; interview scripts and consent forms are included in Appendix C. As described further in Appendix B, for the purposes of this report, we use the term “restaurant” to refer colloquially to all participating food premise types, although this is not the formal Toronto Healthy Environments Information System (THEIS) database or industry usage of the term. We also use the term “chain” to generally refer to all participants, although not all would be classified in industry terms as a “chain” or even “franchise” operation.

While the number of respondents interviewed was less than projected, the range of restaurants represented included different sizes of chains, from large multinational firms to very small, local multi-site restaurant groups. The respondents also represented different cuisine/restaurant types, including quick service restaurants (QSR), colloquially referred to as fast food, as well as sit-down restaurants and one coffee shop/café chain. Respondents participating in the interview included high-level decision makers, including individuals such as the Chief Operating Officer or Director of Marketing. Figure 1 offers a summary of participants and descriptive characteristics gathered during the interview.

Name of Firm		# of Locations	Cuisine/Restaurant type	Average amount spent on a meal (\$)	Average # of seats per restaurant	Average # of customer visits	Restaurant association membership	Top 3 menu items
Liberty Entertainment Group		4 (Toronto)	Separate restaurants, different cuisine types: Asian Fusion; Italian; bar; fine dining	\$30-70	250	250 (daily, per location)	ORHMA	N/A
Z-Teca Gourmet Burritos		5 (Toronto)	QSR - Mexican burritos	\$10	30	200 (daily, per location)	N/A	Chicken burrito; beef burrito; chicken burrito bowl
Ezra's Pound		2 (Toronto)	Café	N/A	30-60	100-200 (daily, per location)	N/A	Baked goods; coffee
Baton Rouge		30 (nationally); 9 (Toronto)	Casual-upscale; ribs & steak	\$30	230	2,000-3,000 (daily, per location)	CRFA	Steak; ribs; seafood
A&W		750 (nationally)	Quick Service Restaurant (QSR) - Burgers	\$8.48*	60	N/A	CFA; CRFA; ORHMA	Root beer fountain beverage; hamburger; french fries
Large X		21 (Ontario); 5 (Toronto)	Chinese-Canadian	\$22	350	150,000 (weekly)	N/A	Spring rolls; chicken fried rice; sweet and sour chicken balls
Large Y		125 (Ontario); 70 (GTA)	Pizza	\$28	N/A	N/A	CFRA; CFA	Pepperoni; Bacon; Vegetable
The Keg		5 (Metro Toronto)	Casual-upscale; Steakhouse	\$44	100*	N/A	CRFA;	N/A
McDonald's		1,435 (nationally); 80 (Toronto)	QSR - Burgers	\$6.99*	100	2.5 million (all time)	CRFA; ORHMA; BCRA	N/A

**Figure 1. Descriptive Summary of Interview Participants and Restaurant Chain/Franchise Characteristics**

\* Data obtained from: Monday Report on Retailers (2011). *Directory of Restaurant and Fast Food Chains in Canada*. Rogers Media Inc. Toronto

**Acronyms:** Canadian Franchise Association (CFA); Canadian Restaurant and Foodservices Association (CRFA); Ontario Restaurant Hotel Motel Association (ORHMA); British Columbia Restaurant Association (BCRA)

## 2. Attitudes Toward Nutrition Information Disclosure

Our interviews revealed that while some of the smaller, local chains have not considered menu labelling as an intervention in depth, all have thought a great deal about the ways in which their customers use different types of information, including nutrition or health-related information, to make food choices. We will discuss some of the ways in which restaurants respond to their customers in section 4 below. In this section, we will describe general attitudes towards nutrition information disclosure and interviewees' perceptions about the roles of different policy actors in shaping food choices.

A number of interviewees, all from large chains, emphasized that they felt it was important for consumers to have good, comprehensive information at the point of purchase in order to make effective food choices. Indeed, the term “informed” or phrase “informed choice” was central to this idea.

Yet some of the same chains also expressed doubts that nutrition information presented in menu labelling interventions would actually change purchase behaviours. This was not necessarily based on systematic evaluations of the effectiveness of their own initiatives, but rather, basic examinations of consumer receipts, anecdotal evidence, and their interpretations of the state of the research literature. These interviewees, as well as others, called into question the existing evidence on success of nutrition information disclosure interventions in the United States.

One interviewee from a large chain called attention to the state of current research on effectiveness of nutrition information disclosure interventions, suggesting that their firm feels that they have an obligation to present nutritional information but holds doubts about whether it is used:

*... with the implementation of menu board labelling in the US there's been no change in our product mix<sup>1</sup> which tells us it has not had any material impact on consumer choices in the restaurant. ... This all goes to a bigger issue around what drives peoples' choices when they go to eat out.*

*I think Kraft Foods did [a study] in conjunction with one of the large polling firms and I think it was conducted through the Canadian Restaurant and Food Services Association but it shows that very clearly the vast majority of folks who eat out are choosing to do it because it's a reward, it's an indulgence. And when they eat out they don't necessarily take into consideration all the things they would if they were making a meal at home and that would include nutrient value. So when folks are eating out, even if the information is there, they may not avail themselves of it.*

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<sup>1</sup> To the best of our knowledge, the term “product mix” in industry parlance refers to the lineup of product offerings (in this case, menu items); a good “product mix” would entail ensuring the right variety of items to meet different consumer interests and needs..

*We know that our customers expect us to have the information there and we feel that that is an obligation of ours. We feel we have that responsibility but whether they use it or not when they actually come to the restaurant really remains to be seen. [ID23]*

That said, one interviewee identified an alternative example of a way in which government could play a role in food choice, beyond shaping individual consumption patterns. This interviewee discussed the example of new Ontario school-based nutrition guidelines (i.e., PPM 150) as having clearly changed school purchasing behaviours when orders were placed for school settings: i.e., routine requests for whole wheat because schools were mandated to do so.

Interviewees emphasized their feeling that programs for informing consumers would be most effective when developed through intersectoral partnerships. They clearly saw a central role for industry in development of nutrition information disclosure policies and guidance, particularly partnerships between industry and government. Specific examples cited included restaurants working with the Heart and Stroke Foundation's *Health Check* program; and restaurants or their associations, such as the Canadian Restaurant and Foodservices Association, working in partnership with governmental agencies such as Health Canada.

In terms of their perceptions about the role of public health in a nutrition information disclosure program or the specific supports that TPH could provide, some interviewees noted a public education role (i.e. healthy eating advice to the public), but others suggested a range of operator support activities such as:

- Creating guidance for industry;
- Using the TPH website to identify and list those operators who offer nutrition information;
- Working specifically with independent restaurants;
- Serving as a “coach” [ID3] to keep operators informed on important upcoming health issues (e.g., sodium reduction) and what they might need to do about it; and
- Offering dietetic services for nutritional analysis and menu advice.

### ***3. Perceived Challenges to Implementation of Nutrition Information Disclosure***

Beyond general attitudes to nutrition information disclosure and policy processes, interviewees also identified a number of perceived challenges to implementation of disclosure programs. These ranged from operational issues, to technical capacity, to proprietary considerations about ownership over how nutrition information is presented.

Interviewees noted that a lack of consistency of cooking practices within and across restaurant locations would prevent accurate information disclosure, particularly when considered in the context of menus that featured many different menu items, high menu item turnover, and menu item customization by chefs and consumers.

One interviewee suggested that nutrition information reflecting an entire meal would be more meaningful to consumers than in à la carte format.

Implementing nutrition information disclosure was also seen by several respondents to be a costly undertaking. The redesign of menus or menu boards, for example, was cited as a potential added cost. Moreover, the menu was identified as a limited space available for the display of descriptive information about food. One chain provided detailed information about the range of proprietary non-menu formats in which they offered nutrition information (discussed further in section 4 below) and one chain explicitly noted that they were “strongly opposed” [ID37] to providing nutrition information anywhere but upon request.

Yet one small chain noted that they had recently taken steps to carry out nutritional analysis and were preparing to provide this information in detail via their website and via in-store print outs for their customers. While the chain had incurred associated costs for such analysis and information disclosure, the interviewee noted that “it wasn’t prohibitive ... We felt that the benefit outstripped the cost.” [ID50] The same chain suggested (described in section 4 below) that having nutritional analysis of their menu items had prompted them to reformulate their menus in a number of ways to be able to provide healthier options.

Many interviewees had suggestions for ways in which nutrition or health information could be presented to customers beyond menus or menu boards, including websites, web calculators, smartphone applications, new technologies at the point of sale such as electronic kiosks, printed brochures and pamphlets, tray liners, and symbols/icons/logos for packaging.

Finally, a few interviewees who noted business benefits related to nutrition information disclosure suggested that training of staff, particularly waitstaff, was an important step in effective implementation.

#### ***4. Factors Enabling Adoption of Nutrition Information Disclosure***

As introduced in section 2 above, one of the most prominent themes that emerged in our series of interviews was that restaurants are highly responsive to consumer demand. We have included a discussion on this theme, as well as related themes (such as responding to health trends and health concerns), in this section because they appear to be among the most important factors influencing restaurant operators to change their existing practices.

The larger chains reported having done formal market studies or other research to learn about consumer preferences and concerns, but all respondents had anecdotal reports about the extent to which consumers had expressed interest in health issues and information.

Interviewees stated plainly that their industry was driven by consumer demand; that industry will provide what consumers want, and that consumers can set health agendas.

At the same time, however, several interviewees, including both large and small chains, noted that they wanted to be seen as industry leaders and were thus taking proactive measures to deal with health concerns in a way that went beyond a response to demand. Large and small chains alike noted that provision of information about their food offerings was, in some way, reflective of their corporate social responsibility, although restaurants differed in terms of what types of information should be provided.

Likewise, there appeared to be some tensions in interviewees' perceptions of the relative importance of health issues to the food industry. While some interviewees alluded to evolving social norms – i.e., increased general public awareness about the content of their food – others noted that health was a “trend.” Other interviewees attempted to characterize consumers' interest in health as a niche concern.

The range of health concerns discussed by interviewees went well beyond calorie or even nutrient-specific information. With little prompting, interviewees discussed topics including:

- **General health and health conditions**
  - Health and wellness
  - Obesity
  - Blood pressure
  - Diabetes
- **Health concerns among particular population groups**
  - Aging population
  - Women
  - Children
- **Particular foods or food preparations seen to be “healthy”**
  - Fish
  - Vegetables
  - Whole wheat
  - Brown rice
  - Grilled
  - Sauce or dressing on the side
  - From scratch cooking
- **Allergies**
  - Examples cited included: peanuts, soy, fish oils, dairy, gluten
- **Dietary patterns**
  - Vegetarian diets
  - Gluten free or wheat free
- **Traditional nutrient information categories**
  - Portion sizes
  - Calories
  - Fibre
  - Fats and oils

- Cholesterol
- Trans fat
- Sodium
- Sugars
- Carbohydrates
- Recommended daily intakes
- **Quality and standards of food products and production methods**
  - Degree of processing
  - Good quality raw ingredients
  - Agricultural origin, product certification, and production methods e.g., pesticides and organics
  - Complete ingredient listings
- **Broader environmental issues**
  - Biodegradable packaging and waste

Nearly all interviewees noted that they had taken some of the above health concerns into account to reformulate their restaurant offerings in some way. Sodium reduction was frequently mentioned, and a few mentioned trans fats. For example, one of the large chains reported working up the supply chain to reduce sodium content at the point of product manufacture. Another large chain suggested that allergies – the example of gluten free was cited as an allergy here – had prompted internal changes in their food handling practices.

One large chain and one small chain reported making modifications as a direct response to nutritional analyses that had been conducted for their companies. For example, the large chain suggested that in developing a new menu item, one of their chefs had wanted to offer a sauce for it, but the chain decided that the sauce would be offered on the side. The small chain explained that nutritional analyses had prompted them to reduce sodium, lower fat, and even switch to brown, rather than white, rice:

*As a result of having our nutritionals analyzed we lowered the sodium in some, certain menu items and we also lowered the amount of fat in certain other menu items. ... In terms of sodium just directly through the amount of salt we add into the menu, into the recipe, just even cutting back by you know a tablespoon or a teaspoon ... lowered it significantly. In terms of fat we actually switched to a low-fat sour cream and then a low-fat cheese item.*

*... when we introduced brown rice and I said it contains this much fibre per, you know, portion, it's better than the white by this percentage so if somebody asks that's why we did it. ... We initially offered it as an alternative and then when we realized that the demand was more for the brown rice we eliminated the white altogether. [ID50]*

The same small chain suggested that smaller companies could more readily provide nutrition information than large companies, an argument that is directly counter to the

prevailing one often presented by large industry associations: that independent restaurants face more operational difficulties in implementing nutrition information disclosure.

*Well the negative [for a smaller brand] would be the cost because we have less resources to produce these things and it takes I guess a bigger amount of our budget to produce it, but the positive is that I can adapt my menu on the fly if I need to. Again if I need to substitute an ingredient that's either too high in sodium or too high in fat or too high in calories, I can do that, whereas I think it'd be a much more challenge for a larger company that has to source something and be able to buy significant quantities of it to roll out to all their stores. [ID50]*

While “health” was seen to be a food industry trend, however, a few interviewees still alluded to pleasure or indulgence as a core reason for eating out, i.e., the concept of “treating” oneself in the restaurant setting as opposed to when individuals eat within the home.

### **Conclusion**

In summary, although the total number of interviewees was smaller than intended, those we spoke to were for the most part engaged and interested in dealing with health and nutrition information issues for the customers, including both large and small chains.

Among the large chains, we believe that we were able to reach conceptual saturation. Attitudes towards nutrition information disclosure were very consistent with those of prominent industry associations. All but one of the large chains confirmed that they were members of the CRFA, however, so this attitudinal consistency may have been a function of this circumstance.

As may have been predicted, we saw more diverse concerns among smaller chains, although we feel that further qualitative research with this group would be necessary to elicit a full range of responses.

All interviewees were engaged in health issues and many chains are already providing different types of nutrition and health information to their customers, in different formats.

Even smaller chains are taking active steps to offer health information to their customers, including doing formal laboratory nutritional analysis on their menu items or offering information on the agricultural origins of their products.

Generally, interviewees cited both benefits and challenges to nutrition information disclosure. The notion of “informed choice” was often discussed. Yet some interviewees expressed doubts about whether information can produce consumption behaviour change. Moreover, interviewees shared experiences about reformulation of menu items that appeared to be more closely linked to perceptions about industry leadership, prevailing norms, and corporate social responsibility. Hence, while interviewees noted that restaurants are responsive to consumer demand, the relative role of consumer preferences in shaping industry practices, as compared to other factors, was unclear.

In conclusion, based on our analysis, we recommend that Toronto Public Health has an important role to play in directly dealing with operators to promote positive changes for a healthy, supportive eating away from the home environment. Such policies and programs would be complementary to, but also clearly go beyond, direct public education to shape food choices.

**References**

Statistics Canada. 2001. Food Expenditure Trends in Canada. Ottawa: Statistics Canada.

Statistics Canada. 2006. Overview of Canadians' Eating Habits. Ottawa: Statistics Canada.

Toronto Public Health. 2010. *Cultivating Food Connections: Toward a Healthy and Sustainable Food System for Toronto*. Toronto: Toronto Public Health.

## Appendix A: Association Consultations

Author CM attended the ORHMA-TPH meeting on August 31, 2011 and CM and HT attended the OCRFA-TPH meeting on September 9, 2011. The following is a summary of key themes identified at those meetings.

### Key Themes:

- Industry responds to **consumer demand and preferences**; desire to be perceived as an industry leader – opportunities for partnerships (ORHMA)
- Consumer perspectives on eating out and health reflect a **variety of concerns about food** and not only nutrient content (e.g., vegetarian, gluten-free, allergies) (ORHMA)
- Menu labelling represents an **implementation challenge** for industry
  - Particularly in “mom and pop” (OCRFA) or busy “from scratch” kitchens (ORHMA) and for those with long menus (OCRFA); **would be more feasible with large chains** (both)
  - Difficulty in ensuring consistency between different chefs / food handlers (OCRFA); variations in accuracy of nutrient information
  - Preference for disclosing information in **non-menu formats**; aesthetic issues cited for menus (ORHMA); take-out items could be targeted (OCRFA)
- Representatives from ORHMA raised questions about the **effectiveness of nutrition information disclosure**
- In the case of food safety regulation, operators want to know why compliance is **good for business** (OCRFA)

## **Appendix B: Methods: In-Depth Interviews with Key Decision Makers**

An interview recruitment letter, semi-structured interview guide (interviewer and interviewee versions), and consent form were developed in consultation with Toronto Public Health project leads (see Appendix C). An institutional research ethics application was submitted for review to the Centre for Addiction and Mental Health Research Ethics Board and a simultaneous application was submitted to Toronto Public Health's institutional research ethics review process.

### Database used to identify potential subjects for recruitment into the study

Toronto Public Health staff originally issued to the project team a dataset extracted from the Toronto Healthy Environments Information System (THEIS), an administrative database for public health inspections, including food establishments falling under the categories of "restaurant" and "food take out" (see section on Limitations below). The dataset we received contained approximately 5000 restaurant locations in the City of Toronto.

We cleaned the THEIS dataset for all typographical inconsistencies and errors. Restaurant locations without titles were given titles and spelling and formatting errors were corrected. For example, Mr. Sub and Mr Sub were corrected to the exact same spelling and punctuation. Next, each restaurant chain/franchise location was ordered by name. For the purposes of this study, restaurants in the City of Toronto that had two or more locations of the same name were identified as restaurant chains or franchises. In the City of Toronto there were 274 restaurant chains or franchises.

### *Identification of large and small chains and franchises*

Using the Top 50 Chains Report (*Top 50*) (Restaurant News 2011), an industry publication that documents market share of major restaurant chains and franchises in Ontario, restaurant chains/franchises from the THEIS database were assigned their respective *Top 50* score and then ranked by it. From the *Top 50* database, only 46 chains/franchises belonged to the identified list of 274; four did not. There are two reasons why these four *Top 50* chain/franchises did not belong to the list of 274: 1) two *Top 50* chains/franchises were not located in Toronto (Crabby Joe's Tap & Grill and William's Fresh Cafe); 2) in two cases, the *Top 50* database listed the names of the umbrella/parent organization and not the name of the individual restaurant chain/franchise (Firken Group of Pubs and Richtree Market Restaurants INC). The 46 chains/franchises on the *Top 50* list were identified as large for the purposes of our study.

We aimed to produce a purposive sample with two-thirds of the respondents representing large, or *Top 50* restaurants. This weighting of the sample towards larger chain restaurants was intended to elicit a response from those restaurant businesses with a larger market share, and thus provide complementary information to TPH's other study of restaurant attitudes and preferences among local independents.

The remaining restaurants (228 of the original 274) were identified as small chain/franchises.

All of the restaurant chains/franchises were then given a random ID number. The random number was generated using the RANDBETWEEN function in Excel. The 46 *Top 50* chains/franchises and the remaining *Small* chains/franchises were then ranked in ascending order by the random ID number.

### Contact Information

Contact information was obtained through three sources:

- Directory of Restaurant and Fast Food Chains in Canada (Monday Report on Retailers 2011);
- Requests to the Ontario Restaurant Hotel and Motel Association (ORHMA); and
- Internet search of restaurant WebPages, Toronto restaurant blogs, and LinkedIn.

### Recruitment Process

We had hypothesized that the response rate could be up to 2/3 (66%). The actual response rate was lower than the hypothesized response rate. We believe there may have been a number of factors that contributed to this. We encountered some procedural difficulties, such as difficulty in obtaining accurate contact information for some of the restaurant chains/franchises, as the THEIS database provides only food premise location and not head office contact information. We also became aware of contextual circumstances that may have impeded fuller participation; many of the larger chains and franchises are represented by the CRFA, who was, at the time of our study, engaged in discussions at a Federal Provincial Territorial Task Group on the Provision of Nutrition Information in Restaurants and Foodservice Outlets, and this may have limited the extent to which large operations would be willing to speak “on the record” about their attitudes.

Ultimately, we employed a multistep strategy to obtain the realized sample size.

1. In their ranked order by random ID number, restaurants 1-20 of the *Top 50* list and restaurants 1- 10 from the *Small* restaurant list were selected. One of the interviewed restaurants, Liberty Entertainment Group, was selected as a result of an error in the contact database. Liberty Entertainment Group operates three restaurants, but each restaurant has a different name. As such, they would not have originally been identified under the sampling strategy (restaurant chain/franchise = two or more locations in the City of Toronto with the same name).
2. In the second round, restaurants 21 –30 of the *Top 50* list were selected and restaurants 11- 15 from the *Small* restaurant list were selected.
3. In the third round, restaurants 31 – 40 of the *Top 50* list were selected and restaurants 16 – 20 from the *Small* restaurant list were selected.
4. In the final round, the last qualifying *Top 50* restaurants (41 – 46) were selected and from the *Small* restaurant list, restaurants 21 – 28 were selected as well.

Our recruitment process included multiple contacts with requests to participate. A typical request to participate included the initial invitation by email, a follow-up phone call, and then finally a “last chance” email around the conclusion of the interview period. All

restaurants were contacted a minimum of 3 times and up to 6 times via email and telephone.

### Respondents

The Chief Operating Officer (COO) was the individual targeted to participate in the interview except where there was no COO position at the selected restaurant chain/franchise, or there was no contact information available in the three contact resources listed above for the individual in the COO position. Nevertheless, we also asked each restaurant to self-select a representative to participate who was best suited to answer the interview questions. The process of self selection tended to increase the amount of time between initial contact to interview and it also required a higher number of contact attempts.

### Non Respondents

Non respondents fell into four categories: unable to contact; formal declines; no timely response; and no response.

#### *Unable to Contact*

From the 75 restaurants selected, only 60 were contacted. There were three reasons why a restaurant was not contacted.

1. THEIS Misclassification (One location only): As previously mentioned, a chain/franchise was defined as having two or more locations in the City of Toronto. Prior to initiating contact, it was determined that three restaurants only operated one location in the City of Toronto. This appears to have been a misclassification or processing error.
2. No contact info: When no reliable contact information could be determined through any of the three sources identified above, restaurants were not contacted. Of the 75 restaurants sampled, 6 restaurants did not operate their own website. For restaurants with websites, it was sometimes impossible to extract direct contact information from the website (e.g., online electronic contact form instead of an email address). Finally, the Directory of Restaurant and Fast Food Chains in Canada did not contain contact information for all of the 75 selected restaurants.
3. Incorrect contact info: In several cases, contact information gathered from ORHMA or collected from the three sources listed above did not reach the target recipient; i.e., a no delivery/bounce back report from the recipient's or sender's e-mail server.

#### *Formal Decline*

When asked to participate in the study, nine individuals representing 14 restaurants declined through email or over the phone. Seven (five + two) of these restaurants were part of two large restaurant chain conglomerates. Not all restaurants who declined revealed the reason they declined, but for those who did, lack of time to participate was cited.

### *No Timely Response*

Seven restaurants offered an initial response but did not agree to participate by the conclusion of the interview period, and did not formally decline to participate.

### *No Response*

This category includes restaurants that did not respond to any forms of contact including emails, phone calls, or both through till the conclusion of the interview period.

### Interviews

All interviews were conducted in English by one team member (AT) on a one-on-one basis between February 8, 2012 and February 28, 2012. All interviews were carried out by telephone and digitally recorded. All participants gave verbal consent prior to the interview and also returned a signed copy of the consent form to the researchers.

Interviewees were asked open-ended questions, with selected probing questions, about their current provision of nutrition information at their restaurants. Interviewees were also asked to describe the challenges and benefits of providing nutrition information on menus, menu boards, and in other formats.

Interviews were transcribed by To the Letter Transcription Services, Scarborough, Ontario.

Copies of the interview scripts are provided in Appendix C.

### Coding Strategy

All interview transcripts were reviewed by all three team members. One team member (HT) did the initial coding for identification of themes, based on a basic framework derived from the interview guide with emergent themes added throughout. This is generally referred to as a “mid-level” approach to qualitative coding and analysis (i.e., a mixed method between purely inductive and purely *a priori* structured coding). A second team member (CM) reviewed the initial coding structure and carried out revisions based on review of interview transcripts. The team then had a number of discussions to refine and further revise codes and themes.

### Limitations

First, we note that our definition of chains and franchises as used in this study refers to any restaurant of the same name with two or more locations in the City of Toronto. This is not a technical or industry standard definition but rather, permits us to distinguish from single-location, “independent” restaurants within the structure of the THEIS database. As such, our definition did not exclude those food establishments with two or more locations that may not actually operate on a chain or franchise business model. That said, we weighted our sample towards larger (*Top 50*) restaurants, in order to elicit a greater representation from major chains and franchises with a larger market share.

The THEIS database extraction provided to us included two categories of food premises: “Food Take Out” and “Restaurant.” The Food Take Out and Restaurant sheets were not mutually exclusive. For example Tim Hortons was present on both sheets. Of the 2517

locations on the Food Take Out sheet approximately 143 were also listed on the Restaurant sheet of the same document. The number is “approximately” 143 because of data entry errors that allow one premise to appear multiple times within a sheet.

THEIS location information may not be completely accurate for all restaurants. We discovered clear discrepancies between the number of locations listed in the THEIS database and the number of locations that a chain/franchise reports on its website. 26 chain/franchises were randomly sampled to determine whether the number of locations determined by the THEIS database and the number of locations gathered from the chain/franchise’s website were equivalent. For 13 of the chains/franchises, the total number of locations was not listed on their respective websites. In only one case did the number of locations listed on the website match the number of locations calculated from THEIS. In the remaining twelve chains/franchises, the number of locations did not match.

There are several reasons for the above discrepancy. First of all there are duplicate locations for a chain/franchise within the THEIS database that are not easy to identify. The other issues are related to punctuation and formatting (for example York U Jimmy the Greek vs. Jimmy the Greek). Chains/franchises at sporting arenas are reported in THEIS and also present a problem (e.g., Air Canada Centre, Canadian National Exhibition (CNE), and Rogers Centre locations). Other limitations include the difficulty in differentiating related chains/franchises with slightly different names (for example Country Style and Country Style Bistro Deli).

Nevertheless, given these conditions in this administrative database, the number of locations as determined from the THEIS database was a reasonable proxy for the actual chain/franchise’s number of locations. We found that in general, the THEIS data set tends to underestimate the number of locations that a chain/franchise has in Toronto.

#### References Cited

Monday Report on Retailers, Rogers Media Inc. 2011. Directory of Restaurant and Fast Food Chains in Canada. Toronto: Monday Report on Retailers.

Restaurant News. 2011. Top 50 Chains Report 2011: Top Ontario Restaurant Chains With Gross Sales in Millions (August 2011). Mississauga, ON: Restaurant News.

## **Appendix C: Interview Scripts**

NOTE: All scripts were placed on letterhead with City of Toronto and Centre for Addiction and Mental Health logos appended.

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### **GUIDE – INTERVIEWEE**

#### **Name of Study:**

*Assessment of Toronto Restaurants' Interest in and Readiness to Provide Nutrition Information*

#### **Principal Investigators:**

Catherine L. Mah, MD FRCPC PhD (Centre for Addiction and Mental Health)  
Loren Vanderlinden, PhD (Toronto Public Health)  
Jennifer Levy, PhD (Toronto Public Health)

#### **Guidelines for interviews with Toronto chain/ franchise restaurants**

Thank you for taking the time to discuss your chain or franchise's menu labelling initiatives with me. I would like to briefly provide some details regarding the purpose of the study and what you will be asked to do in this study, and then offer you a chance to pose any questions you might have before we proceed to the interview.

#### **Purpose of the study:**

Toronto Public Health (TPH) in collaboration with our research team at the Centre for Addiction and Mental Health (CAMH) will interview chain/franchise restaurants operating in the City of Toronto to learn more about restaurants' current provision of nutrition information and views on menu labelling.

During the interview, participants will be asked to provide brief descriptive information about their chain/franchise; information on current provision of nutrition information at their restaurants; and views on nutrition information disclosure on menus or in other formats.

#### **About the interview:**

The interview will last approximately 35 - 45 minutes

#### **Would it be alright with you if we tape record the interview?**

The audio recording of the interview will only identify you by the name of your business. We will provide opportunities to review our draft reports and direct quotations that we use prior to publication.

#### **Opportunity to ask questions and obtaining consent:**

Prior to proceeding to the interview, I would like to ask you if you have had the chance to review the consent form that was sent. Do you have any questions regarding the study as a whole? Please sign the consent form and return it to us by scan/email, or fax.

---

## **GUIDE – INTERVIEWER**

### **Name of Study:**

*Assessment of Toronto Restaurants' Interest in and Readiness to Provide Nutrition Information*

### **Principal Investigators:**

Catherine L. Mah, MD FRCPC PhD (Centre for Addiction and Mental Health)  
Loren Vanderlinden, PhD (Toronto Public Health)  
Jennifer Levy, PhD (Toronto Public Health)

### **Guidelines for interviews with Toronto chain/ franchise restaurants**

Thank you for taking the time to discuss your chain or franchise's menu labelling initiatives with me. I would like to briefly provide some details regarding the purpose of the study and what you will be asked to do in this study, and then offer you a chance to pose any questions you might have before we proceed to the interview.

### **Purpose of the study:**

Toronto Public Health (TPH) in collaboration with our research team at the Centre for Addiction and Mental Health (CAMH) will interview chain/franchise restaurants operating in the City of Toronto to learn more about restaurants' current provision of nutrition information and views on menu labelling.

During the interview, participants will be asked to provide brief descriptive information about their chain/franchise; information on current provision of nutrition information at their restaurants; and views on nutrition information disclosure on menus or in other formats.

### **About the interview:**

The interview will last approximately 35 - 45 minutes

### **Would it be alright with you if we tape record the interview?**

The audio recording of the interview will only identify you by the name of your business. We will provide opportunities to review our draft reports and direct quotations that we use prior to publication.

### **Opportunity to ask questions and obtaining consent:**

Prior to proceeding to the interview, I would like to ask you if you have had the chance to review the consent form that was sent. Do you have any questions regarding the study as a whole? Please sign the consent form and return it to us by scan/email, or fax.

**Semi-structured interview questions:**

*Background*

- 1. Could you confirm your position/role in your restaurant chain or franchise?**
- 2. Could you please describe your restaurant chain or franchise?**
  - a. What types of food premises do you operate?
  - b. What type of food is offered? Can you tell us about your top three menu items?
  - c. Is your restaurant a chain or franchise?
- 3. What is the size of your chain or franchise?**
  - a. How many locations does your restaurant have within the City of Toronto?
  - b. How many seats are there at an average restaurant establishment?
  - c. Would you mind sharing information about your approximate annual revenue?
  - d. On average, how much would you say a typical customer spends per visit?
  - e. On an average day, how many customers visit one of your average sized restaurant establishments?
- 4. Do you belong to any restaurant or foodservices associations?**

*Main Questionnaire*

- 5. Do you currently provide nutrition information for your customers?**
  - a. Why did or didn't your chain/franchise decide to provide nutrition information? **(If they do not provide nutrition information, skip to Question 7).**
  - b. Which nutrients have your restaurant disclosed information for (e.g. calories; fat; sodium; sugar; carbohydrates; other)? Why was nutrition disclosure supported for those nutrients?
  - c. How is the information provided to customers (in what format i.e. on the menu/ menu board, in a brochure, or on the website)?
  - d. How was your plan to implement the provision of nutrition information developed?
- 6. Have you evaluated the impact of the provision of nutrition information on customer purchasing and your business? If so, what are the results?**
  - a. Change in the usage/uptake of nutrition information?
  - b. Change in consumer attitude towards certain menu items
  - c. Addition or removal of menu items

- d. Change in the way items are prepared or their ingredients
  - e. Internal change in attitude towards menu labelling
- 7. Have you recently had any discussions within your head office about nutrition labelling on menus/ menu boards?**
- a. How about displaying nutrition information in other formats i.e. in a brochure or online?
  - b. What has been discussed?
  - c. Does your chain or franchise have a position on this issue?
- 8. How interested do you think your customers are in receiving nutrition information?**
- a. Do you think your average customer is health conscious?
  - b. To the best of your knowledge, does your chain/franchise receive requests for nutritional information?
  - c. Have you done any customer surveys or market tracking to find out whether your customers are interested in getting nutrition information from your business? What did you find out?
  - d. Do you think your ability to provide your customers with nutritional information affects their decision to eat at your establishment?
- 9. What do you perceive as the benefits of nutrition labelling on menus/menu boards in restaurants?**
- a. Do you think it helps to attract or retain customers?
  - b. Does it help restaurants to adopt healthier cooking practices?
- 10. What do you think would be your restaurant chain/franchise's top three challenges for implementing nutrition labelling on menus/ menu boards?** (E.g. Knowledge, cost, and/or time required to determine nutritional values of menu items/ Time and cost required for implementation (staff training and/or menu re-design)/ Which menu items to examine(taking into consideration changing menus)/ Variability in preparation/ Coordination between head offices and outlets).
- 11. What supports could Toronto Public Health provide your chain or franchise to help your business provide nutrition information to Toronto residents?**
- a. What resources do you think would be most useful? E.g. information on ways to incorporate "positive" nutrients in foods or reduce "negative" nutrient/grants to fund the cost of transition/ TPH staff to aid in the determination of nutrient values/ healthy eating resources
- 12. Do you have any thoughts you would like to add or questions you would like to ask us?**
-

## RECRUITMENT LETTER

### **Name of Study:**

*Assessment of Toronto Restaurants' Interest in and Readiness to Provide Nutrition Information*

### **Principal Investigators:**

Catherine L. Mah, MD FRCPC PhD (Centre for Addiction and Mental Health)  
Loren Vanderlinden, PhD (Toronto Public Health)  
Jennifer Levy, PhD (Toronto Public Health)

Dear -----,

Toronto Public Health (TPH) in collaboration with our research team at the Centre for Addiction and Mental Health (CAMH) will interview chain/franchise restaurants operating in the City of Toronto to learn more about restaurants' current provision of nutrition information and views on menu labelling.

Involvement in the study consists of participating in one 35 – 45 minute telephone interview. We invite a key representative or decision-makers from your restaurant chain/franchise to participate. The participating individual should be the person with the most input into creation of menus and who can speak for the chain or franchise's position on menu labelling.

During the interview, participants will be asked to provide brief descriptive information about their chain/franchise; information on current provision of nutrition information at their restaurants; and views on nutrition information disclosure on menus or in other formats.

Participation in the study is entirely voluntary and you may choose to withdraw at anytime. If you consent, the interview will also be audio recorded and transcribed.

Confidentiality will be provided to the fullest extent possible by law. Please find attached a copy of the Interview Consent Form and Interview Guide for your review. Consent Forms must be signed and returned either before or on the date of the interview.

If you wish to participate, please direct all correspondence to:

Andrew Thomas, Research Assistant  
Centre for Addiction and Mental Health  
Food Policy Research Initiative  
Andrew\_Thomas@camh.net

Should you have any questions about the research in general or about your role in the study, please do not hesitate to contact me either by phone or email.

Sincerely,

Catherine Mah MD FRCPC PhD  
Scientist, Centre for Addiction and Mental Health  
Head, Food Policy Research Initiative, Ontario Tobacco Research Unit  
33 Russell Street, Tower Building, T516  
Toronto, Ontario, Canada M5S 2S1  
T: +1-416-535-8501 x4665  
F: +1-416-595-6068  
E: [catherine.mah@utoronto.ca](mailto:catherine.mah@utoronto.ca)

### **Semi-structured interview questions:**

#### *Background*

1. Could you confirm your position/role in your restaurant chain or franchise?
2. Could you please describe your restaurant chain or franchise?
3. What is the size of your chain or franchise?
4. Do you belong to any restaurant or foodservices associations?

#### *Main Questionnaire*

5. Do you currently provide nutrition information for your customers? Why or why not?
6. Have you evaluated the impact of the provision of nutrition information on customer purchasing and your business? If so, what are the results?
7. Have you recently had any discussions within your head office about nutrition labelling on menus/ menu boards? What has been discussed?
8. How interested do you think your customers are in receiving nutrition information?
9. What do you perceive as the benefits of nutrition labelling on menus/ menu boards in restaurants?
10. What do you think would be your restaurant chain/franchise's top three challenges for implementing nutrition labelling on menus/ menu boards?

11. What supports could Toronto Public Health provide your chain or franchise to help your business provide nutrition information to Toronto residents?
12. Do you have any thoughts you would like to add or questions you would like to ask us?

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## CONSENT FORM

**Name of Study:** *Assessment of Toronto Restaurants' Interest in and Readiness to Provide Nutrition Information*

**Principal Investigators:**

Catherine L. Mah, MD FRCPC PhD  
Scientist, Centre for Addiction and Mental Health  
Head, Food Policy Research Initiative, Ontario Tobacco Research Unit  
33 Russell Street, Tower Building, T516  
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F: +1-416-595-6068  
E: [catherine.mah@utoronto.ca](mailto:catherine.mah@utoronto.ca)

Loren Vanderlinden, PhD  
Supervisor, Environmental Health Assessment and Policy, Healthy Public Policy,  
Toronto Public Health  
277 Victoria Street Toronto, Ontario, Canada M5B 1W2  
T: +1-416-338-8094  
E: [lvander@toronto.ca](mailto:lvander@toronto.ca)

Jennifer Levy, PhD  
Research Consultant, Healthy Public Policy, Toronto Public Health  
277 Victoria Street Toronto, Ontario, Canada M5B 1W2  
T: +1-416-338-4787  
E: [jlevy@toronto.ca](mailto:jlevy@toronto.ca)

**Purpose of the Research:** Toronto Public Health (TPH) is conducting a study on disclosure of nutrition information in Toronto restaurants. The Food Policy Research Initiative (FPRI) of the Ontario Tobacco Research Unit (OTRU) at the University of Toronto and the Centre for Addiction and Mental Health (CAMH) is a research partner to TPH in this project and will be administering the interviews. The research team seeks to interview key representatives/decision-makers of chain or franchise restaurants operating

in the City of Toronto. The purpose of the interview is to explore restaurants' current provision of nutrition information and their opinions about menu labeling.

**What You Will Be Asked to Do in the Research:** Your involvement in the study consists of participating in one interview to be scheduled at your convenience. Where possible, interviews will be conducted in-person, but participants have the option of completing the interview over the telephone. In the interview, you will be asked to provide brief demographic information about your restaurant; information on current provision of nutrition information at your restaurants; and your opinions about disclosing nutrition information on menus or in other formats. The interview should take approximately 35 - 45 minutes to complete, and if you consent, will also be audio recorded.

**Confidentiality:** All information you supply during the research will be held in confidence. None of your answers will be associated with you personally and will not impact the services you or your business receives from the City of Toronto, Toronto Public Health, or the Centre for Addiction and Mental Health. The audio recording of the interview will only identify you by the name of your business. Direct quotes may be used in the report but will not be attributed to you or your business unless you specifically indicate your consent. Your responses to the questions will be digitally stored on a password protected computer until transcription. Likewise, the transcripts will be stored on a password protected computer and only research staff will have access to this information. The data will be stored for seven years, after which time it will be destroyed. Confidentiality will be provided to the fullest extent possible by law. As part of the Research Services Quality Assurance role, this study may be audited by the Manager of Quality Assurance. Your research records and CAMH records may be reviewed, during which confidentiality will be maintained as per CAMH policies and to the extent permitted by law.

**Risks and Discomforts:** We do not foresee any risks or discomfort from your participation in the research.

**Benefits of the Research and Benefits to You:** No direct benefits are expected for participants in this study. Participating in this interview may prompt you to think about policies on the provision of nutrition information by your business.

**Voluntary Participation:** Your participation in the study is completely voluntary and you may choose to end your participation at any time. Your decision not to volunteer will not influence the nature of your relationship with the City of Toronto, Toronto Public Health, or the Centre for Addiction and Mental Health either now, or in the future.

**Withdrawal from the Study:** You can stop participating in the study at any time, for any reason, if you so decide. Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, the City of Toronto, Toronto Public Health, the Centre for Addiction and Mental Health, or any other

group associated with this project. In the event that you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

**Questions about the Research?** If you have questions about the research in general or about your role in the study, please contact Dr. Catherine Mah either by telephone at 416-535-8501 ext. 4665 or by email at [catherine.mah@utoronto.ca](mailto:catherine.mah@utoronto.ca). This research has been reviewed and approved by The Research Ethics Board (REB) at the Centre for Addiction and Mental Health (CAMH) and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact Dr. Pdraig Darby, Chair of the Research Ethics Board at the Centre for Addiction and Mental Health at 416-535-8501 ext. 6876.

**Legal Rights and Signatures:**

Would you like your restaurant to be named in future presentations or publications?

Yes \_\_\_ No \_\_\_

I \_\_\_\_\_, consent to participate in the study, *Assessment of Toronto Restaurants' Interest in and Readiness to Provide Nutrition Information: Interview component* supervised by Dr. Catherine L. Mah, Dr. Loren Vanderlinden, and Dr. Jennifer Levy. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Participant**