RESTAURANT HEALTH PROMOTION FEASIBILITY STUDY

A Thesis

Presented to

The Faculty of Graduate Studies

of

The University of Guelph

by

KATHERINE LEPP

In partial fulfilment of requirements

for the degree of

Master of Science

December, 1999

ABSTRACT

RESTAURANT HEALTH PROMOTION FEASIBILITY STUDY

Kathy Lepp
University of Guelph, 1999

Advisor:
Dr. Donna Woolcott

The feasibility of developing a restaurant health promotion program in the Hamilton-Wentworth region was examined using two approaches: literature review of previous programs with assessment of best practices, and a mail survey of 186 Hamilton-Wentworth restaurateurs to determine their interests and opinions. Survey respondents (31% response rate) were most willing to use menu labels (70%) and to try new heart healthy recipes (66%) to promote healthy eating, and least willing to give cooking demonstrations (65%) and to use wait staff buttons (54%). Significant program challenges included difficulty maintaining program enthusiasm over time (52%), and added costs associated with program participation (48%). However, promoting the program through the local media (62%) and providing clear information about program standards (58%) were incentives that may overcome barriers to program participation. Respondents (80%) were willing to participate in the proposed restaurant health promotion program; thus, there is support for developing this program in Hamilton-Wentworth.

Acknowledgments

I would like to thank my advisor, Dr. Donna Woolcott, for guiding and supporting me through this research, and for sharing her experience and wisdom with me. I would also like to thank committee member Dr. Susan Evers for her ideas and advice, and the invaluable perspective she brought to our project.

As well, I am very grateful to our partners at Hamilton-Wentworth Social and Public Health Services for providing the funding and resources that made this research possible. Specifically, I would like to acknowledge Glenn Brunetti for his help and support through all stages of this project, and Helen Hale Tomasik for her insight and guidance.

I am also grateful to all the restaurateurs who participated in our study, who shared their opinions and provided advice concerning the proposed restaurant health promotion program.

Finally, I would like to thank my husband, Cliff, for his constant support and encouragement.

Thank you.

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CHAPTER ONE

INTRODUCTION

Environmental Health Promotion

Restaurant nutrition programs represent an organized effort to facilitate the selection of healthy foods within a restaurant setting. These programs are part of a broader environmental approach to health promotion. Environmental interventions are strategies designed to improve health at the population level, by removing barriers to good health and creating opportunities for healthy behaviour (Glanz & Mullis, 1988). In terms of encouraging positive dietary changes, environmental strategies increase the availability of healthy food, provide access to information for making healthful food choices (Glanz & Mullis), and stimulate beneficial changes in eating behaviour (Albright, Flora & Fortman, 1990).

Traditionally, health promotion efforts have emphasized changing the behaviour of individuals at risk for developing disease (Albright et al, 1990), often using behaviour modification techniques (Glanz & Mullis, 1988). This approach, however, is not effective in reaching large populations (Glanz & Mullis); rather, methods of attaining large-scale dietary changes are necessary (Albright et al). Environmental interventions remove the emphasis on personal health behaviour and place it on larger societal factors that set the stage for unhealthy practices (Blackburn, 1985). Consequently, environmental interventions are receiving more and more attention because they have the potential to reach wider audiences and achieve a greater health promotion impact (Jeffery, 1987).

Point of Purchase Strategies

Healthy eating behaviour is mainly determined by food purchasing or selection practices (Colby, Elder, Peterson, Knisley & Carleton, 1987), and the food environment itself can influence what consumers choose to eat (Palmer & Leontos, 1995). Consumers make most of their decisions about food at the point of purchase (Health and Welfare Canada, 1990); thus, programs designed to encourage consumers to select healthful foods are best conducted in places where food choices are actually made (Anderson & Haas, 1990). Restaurant nutrition programs use point of purchase strategies to increase the selection of healthy menu items in restaurants. Point of purchase strategies represent an environmental approach to influencing food selections, which can be applied in restaurant settings (Albright et al, 1990; Glanz & Mullis, 1988). These strategies provide consumers with information and cues at the time when decisions are being made about food choices (Fitzpatrick, Chapman & Barr, 1997). The premise behind point of purchase strategies is that providing information about healthy foods at the time of decision making will help promote the selection of these foods (Glanz & Mullis).

Since most decisions surrounding food are made in grocery stores and restaurants, these settings are the main targets for environmental interventions using point of purchase methods (Colby et al, 1987). Thus, settings where food is sold present special opportunities for changing the environment in order to influence eating behaviour (Glanz & Mullis, 1988). The availability of healthful foods is especially important when eating out, because choices are usually much more limited than when food is purchased in a

grocery store and prepared at home (Green, Steer, Maluk, Mahaffey & Muhajarine, 1993).

Restaurant Settings

While consumers have become more aware of and interested in nutrition, many people are unsure of how to apply nutrition guidelines to their food choices (Glanz & Mullis, 1988). Restaurant settings can be modified to provide cues and reinforcements for healthy eating behaviour, and to increase the availability of more healthful foods (Glanz & Mullis). Consequently, eating establishments such as restaurants are a practical setting for environmental health promotion activities, allowing access to a large number of people and satisfying the consumer's need for information about healthy eating (Glanz, Hewitt & Rudd, 1992).

This report includes a review of previously developed restaurant nutrition programs, research related to restaurant nutrition programs, and surveys of restaurateurs with respect to these programs. Although similar nutrition programs have also been implemented in other settings involving food services, the scope of this report will be limited to nutrition programs operating in restaurants. Cafeterias, coffee shops, schools and workplace-based programs will not be included. In addition, although a discussion of the impact of consumer trends on restaurant nutrition programs is included, a review of consumer needs with respect to these programs is beyond the scope of this project.

Consumer Trends

Food Away From Home

Two consumer trends have evolved over the past several decades that have a significant impact on the field of nutrition (American Dietetic Association, 1991). Consumers are consuming more food prepared away from home and have an increased awareness of and interest in nutrition (American Dietetic Association). Canadians eat out frequently and spend a relatively large proportion of their food expenditure on meals ordered from restaurants. One survey found that 73% of Canadians had eaten out during the previous week, and 33% within the previous two days of being surveyed (Garrett, 1993). Another recent survey reported that 70% of Canadians had eaten a dinner and 62% had eaten a lunch prepared away from home during the previous two weeks (Grocery Products Manufacturers of Canada, 1995). Among Canadians who work full-time, 26% of all lunches and 18% of all dinners are prepared away from home (Grocery Products Manufacturers of Canada).

Canadians spend more than one third of their food expenditure on restaurant meals (Canadian Foundation for Dietetic Research, Dietitians of Canada & Kraft Canada, 1997). In 1995, 36% of Canadian food expenditure was spent in restaurants (Canadian Restaurant and Food Services Association). This expenditure has decreased from 41% in 1986 (Canadian Restaurant and Food Services Association), but has increased from 32% in 1992 (Robbins, 1994). Restaurant food expenditure depends upon restaurant type, with the greatest amount spent in quick service restaurants (58%) and the least amount

spent in fine dining restaurants (2%) (Canadian Restaurant and Food Services Association). In addition, restaurant expenditure decreases as household size increases, and is greater among Canadians with higher incomes (Food Development Division of Agriculture Canada).

Interest in Nutrition and Health

Today's consumers are more aware of and interested in nutrition and health (Parks, Halling & Lechowich, 1994; Bradley, 1991). Increasingly, these attitudes are being reflected when dining out, although to a lesser degree than when eating at home (Regan, 1987; Clay, Emenheiser & Bruce, 1995). The higher degree of nutrition awareness has lead to an increased demand for nutrition information (Regan) and healthy menu options in restaurants (Sneed & Burkhalter, 1991). Consumer preference for these options has been well documented (Clay et al). Restaurant patrons are reducing their intake of fat, sugar, cholesterol and caffeine, and are more likely to order menu items such as lower calorie entrees and smaller sized portions (Regan). Studies conducted by the National Restaurant Association show that restaurant patrons are more concerned about nutrition when eating out on a routine visit (1984) or while dining in a family-style restaurant, and less concerned when dining in quick service restaurants (1982).

Consumer trends towards eating out more frequently and showing a greater interest in nutrition support the development of restaurant-based nutrition programs. Consumers who frequently consume food away from home have less control over the types of foods eaten and how these foods are prepared. The larger proportion of food expenditure spent

on food away from home has given the food service industry more influence over consumers' diets (American Dietetic Association, 1991). Health professionals have expressed concern over the impact of commercial eating on nutritional intake and health status (Parks et al, 1994). The shift in nutrients associated with frequent eating out is not consistent with Nutrition Recommendations for Canadians for decreasing the risk of chronic diseases (Benson, 1995). Thus, there is a need for healthy menu choices in restaurants, especially for those who dine out frequently. Restaurant nutrition programs are designed to provide these healthy choices. In addition, consumer interest in good nutrition when eating out is already in place, and many consumers do not need to be convinced of the importance of healthy eating in restaurants. Restaurant nutrition programs offering healthy menu items are likely to be well received by health conscious consumers interested in these items.

Food Service Trends

Offering Healthier Menu Choices

The food service industry has recognized the trend toward consumer interest in nutrition, and is responding to it (American Dietetic Association, 1991; Sneed & Burkhalter, 1991). Restaurants have made changes to their menus in an effort to address the needs of health-conscious patrons (Clay et al, 1995). Today's restaurant patrons are more likely to find healthy choices on the menu, and to have their health-related special requests met and greeted with more respect than in the past (Warshaw, 1993). Some restaurants are also providing information about the nutritional content of their menu items (American

Dietetic Association). The quick service industry initially led the way in providing healthier menu options (Warshaw); however, it is now possible to find menu items reduced in fat, cholesterol, sodium, and/or calories in all types of dining establishments, from quick service to table-top restaurants (American Dietetic Association; Sneed & Burkhalter). Although there is competition for the business of health-conscious customers (Sneed & Burkhalter), these menu changes are based mainly on consumer trends, rather than on a need to mimic the competition (Clay et al).

Marketing Nutrition

Restaurants are also increasingly marketing their nutritional menu offerings, especially with respect to lower-fat and lower-cholesterol items and vegetarian entrees (Parks et al. 1994). One study of major U.S. restaurant chains found that 63% of surveyed restaurants reported promoting nutrition in their marketing programs (Sneed & Burkhalter, 1991). The most common methods used by these restaurants to market nutrition included the use of written materials describing menu items, special symbols designating healthy items on the menu, separate menu sections outlining healthy menu items, and statements on the menu encouraging patrons to make special (healthy) menu requests (Sneed & Burkhalter). Lunch and dinner meals are most frequently targeted for nutritional marketing (Sneed & Burkhalter). Restaurants report that they plan to continue promoting the nutritional aspects of their menu offerings (Clay et al, 1995).

Recent trends within the food service industry to offer healthier menu items and to use these items as marketing tools support the development of restaurant-based nutrition programs. These programs provide an organized effort aimed at providing more nutritious menu items to restaurant patrons. Thus, they could assist restaurateurs in their efforts to respond to consumer demands for such items. Restaurant programs also strive to encourage patrons to order healthy menu items using various methods of promoting these items. In this way, these programs help to market nutritious menu choices within restaurants. Restaurant programs developed and operated through reputable health organizations lend credibility to restaurants' attempts to provide healthy menu items and to market nutrition, and can ensure that nutrition messages comply with accepted nutrition recommendations. Finally, given recent consumer trends, the profitability of some restaurants may depend in part upon how well they are able to meet the needs of consumers concerned about consuming nutritious foods (Granzin & Bahn, 1988). By helping restaurants to meet these consumer needs, restaurant nutrition programs also have the potential to enhance restaurants' profit margin.

CHAPTER TWO

LITERATURE REVIEW

Previously Developed Restaurant Nutrition Programs

As previously stated, restaurant nutrition programs can be defined as any organized effort to facilitate healthy food choices within a restaurant setting. The structure of restaurant nutrition programs varies from one program to the next, but can be generally outlined in terms of the following major program characteristics:

- goals
- design
- method of recognizing participating restaurants
- components
- delivery
- evaluation
- outcomes
- observations/recommendations.

This review will outline these general characteristics, and then provide a more detailed description of each previously developed restaurant nutrition program.

Goals

Although there are no standard goals for restaurant nutrition programs and goals vary widely for different programs, most of these can be organized into broad categories based on their focus on restaurants, patrons, or the program itself. Program oriented goals

include the aim of promoting the program to the public, and increasing program participation among restaurants. One of the more common goals that focuses on restaurants is to encourage them to provide healthy menu items or, stated somewhat differently, to increase the availability of these items in restaurants. Other restaurant-focused goals aim to assist restaurateurs in creating or developing healthy menu items, or to award or recognize outstanding restaurants that provide a healthy environment. In terms of focusing on restaurant patrons, a common goal of many programs is to encourage patrons to choose healthy menu items. This approach includes the goal of increasing awareness of healthy menu items in restaurants, and promoting the selection or increasing the sales of these items.

Criteria/Standards

As with goals, there is also a great deal of variation in the nutrition criteria on which restaurant nutrition programs are based. These criteria outline the list of nutrition standards that restaurants must meet in order to participate in the program. For example, one common item is that participating restaurants must offer whole wheat bread to their customers. Nutrition criteria are comprised of a list of such items, all or a specified number of which must be met by participating restaurants. The combination of items listed within nutrition criteria varies from one restaurant nutrition program to the next, resulting in the various different types of nutrition criteria associated with these programs.

Areas of Health Promotion

Apart from Healthy Eating, restaurant nutrition programs may also contain other components designed to promote a variety of different areas of health. Safe Food Handling and Non-Smoking Seating are two such components that are frequently included in restaurant programs. In addition, programs may also promote health in terms of Alcohol Awareness, Injury Prevention and First Aid, Breast Feeding/Baby Friendly support, Environmental Health/Waste Reduction, and Barrier Free/Wheelchair Access. Restaurant programs usually require that participating restaurants follow the guidelines set for all of the program's components; however, several programs include some components that are mandatory and some that are optional.

Program Designs

In their review of restaurant-based nutrition programs, members of the (Ontario) Provincial Steering Committee (1998) for the Provincial Food Services Health Promotion program (PFSHPP) concluded that these programs promote healthy eating according to two major designs, which they termed "Menu Approval" and "Customer Request" approaches. The Menu Approval design has been referred to as a menu-labeling approach, while the Customer Request design may be considered more of a consumer-driven approach (Green et al, 1993).

Menu Approval Design

The Menu Approval approach requires healthy food choices to be incorporated into the restaurant's menu (Provincial Steering Committee, 1998). Participating restaurants offer menu items that meet the program's criteria as a "healthy choice", and these items must then appear on the menu. Healthy choices are usually identified or distinguished from regular menu items using menu labels (a symbol of some type, often a sticker or program logo, placed next to healthy choices) or menu inserts (a separate section of the menu outlining healthy choices). Most programs also use other types of promotional materials to encourage consumers to order these healthy choices (these are outlined in the section on Promotion Strategies). Examples of the Menu Approval design include the "To Your Heart's Delight" program in Halifax (Forster-Coull & Gillis, 1988), the "Heart Smart Restaurant Program" in Quebec (Departement de Sante Communautaire Lakeshore, 1994), the "LEAN" project in Las Vegas (Palmer & Leontos, 1995), the "Dine to Your Heart's Content" program in Colorado (Anderson & Haas, 1990), and the "4-Heart Restaurant Program" in Pawtucket (Lefebvre, 1987).

The Menu Approval design is beneficial because it ensures that healthy choices are clearly visible and easy to order (Provincial Steering Committee, 1998). Healthy eating is also normalized, because healthy choices are part of the regular menu and are ordered in the same manner as regular menu items. In addition, restaurants have the opportunity to attractively describe these healthy choices on their menus. However, the Menu Approval design may be problematic for restaurants that frequently change their menus, and may necessitate less stringent nutrition criteria, since healthy choices are an everyday

part of the regular menu. This design also places responsibility for providing healthy choices on restaurants, which may make it a less desirable approach for restaurant owners and operators.

Customer Request Design

The Customer Request approach requires healthy choices to be available upon request (Provincial Steering Committee, 1998). Participating restaurants must be willing to serve menu items that meet the program's criteria as "healthy choices". These items do not have to appear on the menu, but must be provided when customers request them. Thus, to distinguish it from the Menu Approval design, the Customer Request design does not require healthy choices to appear on the menu, only the willingness of restaurants to serve them on request. Promotional materials are used to inform consumers of the availability of healthy choices, and to encourage them to order these menu items. Examples of the Customer Request design include the "Bon Appetit Restaurant Program" in Ottawa-Carleton (Ottawa-Carleton Health Department, 1997), the "Heart Smart Restaurant Program" in Saskatoon and Regina (Green et al, 1993), and the "Heart Smart Choices Restaurant Program" in Nova Scotia (Selig, 1995).

Since no menu changes are necessary, it may be easier for restaurants to participate in programs using the Customer Request approach (Provincial Steering Committee, 1998). Customers who request a healthy choice may feel they are receiving made-to-order service. Also, nutrition criteria may be more stringent because healthy choices are served less frequently (only to those who specially request them). However, this approach

requires that consumers take responsibility for requesting healthy choices, and is likely to appeal mainly to individuals with special dietary needs who are highly motivated. Thus, it does not have the potential to reach as many consumers. In addition, since healthy choices do not appear on the regular menu, they are less visible, and healthy eating is not normalized.

The Heart Smart programs in Regina and Saskatoon switched to the Customer Request approach when they experienced very low program participation using the Menu Approval approach (Green et al, 1993). Most restaurants were not interested in the original Menu Approval design, which required that recipes be analyzed in order to be included in the program, apparently due to the cost and inconvenience involved. Researchers report that the consumer-driven, Customer Request design is more appealing to restaurateurs and, over time, may teach consumers to request healthy menu items in all restaurants (not just those participating in the restaurant program).

Hybrid Design

Some restaurant program designs are a combination of the Menu Approval and Customer Request approaches. With this hybrid design, some healthy choices are available on the menu, while others are served only when requested. Examples of the hybrid design include the "Restaurant Recognition Award Program" in Sudbury, the "Lifestyle Approved Award Program" in the Greater Toronto Area, the "Heart Smart Nutrition Education" program in Washington, and the "Heart Health Hospitality Award" program in Shepparton, Australia.

Program Recognition

The Provincial Steering Committee (1998) also outlined two ways in which restaurants are recognized for their participation in a restaurant health promotion program. With the "Award" approach, restaurants receive an award for meeting the program's criteria. This approach is generally associated with high program standards; thus, the award acknowledges outstanding dining establishments, and commends them for their extra effort in providing a healthy restaurant environment. Awards are given out on an annual basis, usually during a publicized award ceremony, and restaurants must re-apply and be reassessed each year to ensure they receive continued recognition.

With the "Participation" approach (Provincial Steering Committee, 1998), restaurants that participate in the program are promoted and/or included in program advertising. For example, programs may publish dining guides or print newspaper advertisements that list participating restaurants, or provide promotional materials to these restaurants such as signs, decals, or pamphlets that inform customers of their participation in the program. The Participation approach may be better suited for programs that aim to include as many restaurants as possible, while Award approach programs aim for a standard of excellence.

Promotion Strategies

There have been a wide variety of promotion strategies developed and implemented for use within the broader context of the overall design of restaurant programs. Although different programs often share some of the same strategies, they have been combined in

many different ways to produce the unique characteristics of each program. Promotion strategies can be classified according to five general functions they serve within the program. These functions include advertising the program to the public, promoting participating restaurants to the public, providing services to participating restaurants, providing information to restaurant personnel, and promoting the program to restaurant patrons.

Advertising the program to the public

Promotion strategies that advertise the restaurant program to the public are intended to increase awareness of the program within the community. These strategies include local advertisements through newspapers, radio, television, and billboards, along with dining guides circulated throughout the community describing the program and listing participating restaurants. Different types of media kick-off events may be staged, including promotional luncheons held for members of the local media and/or community leaders, featuring healthy foods prepared by participating restaurants.

Promoting participating restaurants to the public

Strategies that promote participating restaurants to the public provide an incentive for restaurants to take part by providing free publicity. These strategies may also appeal to the profit margin of restaurant managers because they help participating restaurants to market nutrition to their patrons, in an effort to attract more business. In addition, consumers interested in using the program are informed about those restaurants that offer it. Restaurants may be given advertising space on a newspaper page featuring the

program, or be included in the program's dining guide. They may receive a certificate of participation or an award certificate suitable for framing and display. Other strategies include an annual award ceremony honouring outstanding restaurants, or the chance to have a photo taken with a prominent community figure such as the Mayor. Still others involve the opportunity for restaurants to exhibit healthy menu items prepared by their chefs during media events such as cooking demonstrations or kick-off luncheons.

Providing services to participating restaurants

Promotion strategies that provide various services to participating restaurants are designed to make it easier for them to take part in the program. Programs may perform nutritional analyses of selected menu items or recipes to determine whether these items may be designated as healthy choices, or provide checklists or forms for this purpose. Restaurant personnel may be trained about the program, and chefs or cooks may also receive training designed to teach them how to prepare healthy foods and/or develop healthy recipes. Follow-up visits by volunteers have been designed to motivate participating restaurants and address their needs with respect to the program.

Providing information to restaurant staff

Promotion strategies that provide information to restaurant personnel are intended to educate them about the program and healthy eating in general. These personnel are then better informed to answer questions from restaurant patrons. Some programs provide tip sheets or pamphlets that explain the program to wait staff, while others conduct nutrition-related seminars for food industry personnel. Dining guides have been developed for

restaurant owners and operators with information on training wait staff to meet program guidelines, and tips for preparing food or modifying recipes to meet program criteria. Recipes that meet these criteria may also be provided to participating restaurants.

Promoting the program to patrons

Strategies that promote the program to the patrons of participating restaurants are designed to encourage these consumers to order healthy choices. Some programs supply on-site promotional materials including program flyers or brochures, wait staff buttons, posters or signs, table tents (small upright signs placed on tables) or logos (often on decals) for use on menus, doors, walls, or price boards. Healthy choices may be designated using menu labels (a symbol of some type, often a sticker or program logo, placed next to healthy choices) or menu inserts (a separate section of the menu outlining healthy choices). Patron dining guides have also been developed which provide suggestions for ordering or choosing healthy menu items.

Program Descriptions

Program descriptions are based on information current at the time of publication: programs may have been changed or discontinued altogether since this information was published.

Canada

Restaurant Recognition Award Program (R.R.A.P) -Sudbury

The Restaurant Recognition Award Program was recently developed by the Sudbury and District Health Unit, and is awaiting implementation. The program's design is a hybrid of the Menu Approval and Customer Request approaches, and participating restaurants will be recognized with an annual award. The goal of the Restaurant Recognition Award Program is to award outstanding restaurants. Promotion strategies include an annual award, along with the promotion of winning restaurants in the local media (Sudbury & District Health Unit, 1997). In addition to meeting Nutrition criteria, restaurants must also meet program criteria in the areas of Environmental Health, Non-Smoking seating, "Kidsmart" Menu, and Wheelchair Accessibility.

Take Heart Eating Out Award Program -Thunder Bay

The Take Heart Eating Out Award program reported plans for implementation in the fall of 1998, and will be run through the Thunder Bay District health unit, the Heart and Stroke Foundation of Ontario, and the Take Heart Coalition (Thunder Bay District Health Unit, 1998). This program is designed for both restaurants and cafeterias in the Thunder Bay area, and is a hybrid design with an Award approach to restaurant recognition. In addition to Healthy Eating, other components included in the Take Heart Eating Out Award program include Food Safety, Non-Smoking Area, Environmentally Friendly Waste Reduction, Safe Alcohol Serving Practices, and Breastfeeding Friendly. Promotion strategies include an annual award ceremony, award certificates, promotional materials for restaurants, and a brochure listing winning restaurants for the public. An

evaluation of the program was planned for the spring of 1998.

Lifestyle Approved Award (LAA) Program -Greater Toronto Area (GTA)

The Lifestyle Approved Award Program was originally developed and implemented by the North York Public Health Department in 1991, and was expanded in 1994 to include restaurants under the jurisdiction of all public health units within the Greater Toronto Area (Ying, 1997). The design of this program is very similar to Sudbury's program, in that it is a hybrid design, and participating restaurants are recognized through an annual award. The goals of the Lifestyle Approved Award program are to encourage the restaurant industry to adopt and maintain safe and healthy food practices, and to encourage patrons to make use of the healthy choices offered by participating restaurants. Promotion strategies include an annual award ceremony, during which winning restaurants receive their award along with a photo taken with the Mayor. Winning restaurants also receive a logo decal to place on doors or windows, and pamphlets for their customers that explain the program and list winning restaurants. Besides Nutrition, winning restaurants are also required to meet other program criteria in the areas of Food Safety and Non-Smoking Area.

Evaluated Outcomes

The Lifestyle Approved Award was evaluated using a standardized questionnaire telephone interview with a random sample of 30 Award recipients (Ying, 1997). This process evaluation, conducted in 1996, measured recipients' attitudes and beliefs surrounding the Lifestyle Approved Award program. According to the results of this

evaluation, public awareness of the program was low, and it did not contribute to any tangible increase in business. Nevertheless, there was high attendance at the award ceremony by winning restaurants (73%), and strong support and enthusiasm for the program among recipients. Most recipients valued and appreciated the award, and 97% of respondents indicated they would apply for the award again. Utilization of promotion strategies was highest for the award certificate (83%), and lowest for the patron pamphlets (27%).

Subjective Observations

A large number of respondents suggested that the program could be improved by increasing its mass media promotion, such as television or newspaper advertisements (Ying, 1997). Respondents believed that most of their patrons learned about the award through television coverage or by seeing the certificate. Interestingly, the public health department found this program to be the most effective tool for motivating area restaurants to attend the voluntary food safety training course it offered for restaurant personnel, since this training was part of the program's criteria. The program also offered an opportunity to build partnerships between the health department and the restaurant industry. However, most recipients already met all of the program's criteria before applying for the award; thus, the program's ability to elicit an improvement in restaurant environments was uncertain.

Heart Beat Restaurant Program -Ottawa-Carleton

The Heart Beat Restaurant program has been replaced by the Bon Appetit Restaurant program described next. The Heart Beat program was run by the Ottawa-Carleton Health Department, in conjunction with the Ottawa-Carleton chapters of the Ontario Restaurant Association and the Heart and Stroke Foundation, along with the Ottawa Citizen newspaper (Heart Health Resource Centre (HHRC), 1997). The goal of this program was to provide restaurant environments that support the selection of lower-fat, higher fibre foods. The Heart Beat Restaurant program operated according to the Customer Request design and the Participation approach to recognition.

Promotion strategies were implemented in stages, and included a Heart Beat dining guide and dining guide supplement distributed by the local newspaper, customer information cards listing healthy choices, staff posters, Heart Beat logo decals, certificate of participation (Harvey, 1991), a volunteer support program ("Adopt-a Restaurant") and volunteer manuals, food industry seminars, program training for restaurant personnel, restaurateur guides for program participation, table tents, and menu inserts (HHRC, 1997). The program also contained a Safe Food Handling component, for which 2/3 of staff at participating restaurants were required to attend a course in food handling (Harvey).

Two evaluations of the Heart Beat restaurant program dining guide have been conducted (Bradley, 1991; Dwivedi & Dobson, 1993). When the first evaluation was done by Bradley in 1991, the overall program was referred to as the Heart Beat Dining Guide

program; thus, this evaluation encompasses the entire program as it operated at that time. Restaurateurs registered for the Heart Beat Dining Guide program were surveyed using face-to-face interviews to determine the level of awareness, compliance, and promotion of the program (Bradley). All restaurateurs included in this survey had registered for the program and subsequently had been sent an information letter about the program, along with program promotional materials (staff posters, table tents, and a certificate) (Bradley). All corresponding restaurants were also listed in the dining guide as participating in the Heart Beat program (Bradley).

The survey found that 40% of restaurateurs were not promoting the program, and half of these reported that the interview was the first time they had even heard of the program (Bradley, 1991). Fifty-five percent were aware of the program and promoting it to their customers using at least one of the promotional materials provided. Five percent of participants were not evaluated by the survey for various reasons. Of the three types of promotional materials provided by the program, staff posters were used most frequently (by 42% of restaurants), followed by table tents (38%) and certificates (34%). Eighty-five percent of restaurateurs were interested in attending seminars to present new food service products or practices related to the program.

Results from the survey led to several program recommendations. Menu stickers or labels should be produced as supplements to the program's table tents (Bradley, 1991). Face to face contact with restaurateurs is essential, along with follow-up visits to participating restaurants to maintain their active participation. Before printing the dining

guide, restaurants must be contacted to verify their participation, and a method should be developed to ensure that participating restaurants promote the program to their customers. Without this active promotion, efforts to advertise the program as a whole are not as effective.

The second evaluation was reported in 1993 by Dwivedi & Dobson, who conducted focus groups with Heart Beat volunteers and staff members from the Ottawa-Carleton health department to evaluate the dining guide strategy of the Heart Beat restaurant program. Focus group members reported that the dining guide was not a tool used by individuals when choosing a restaurant, and recommended changes to its format. They recommended a smaller, pocket size dining guide with a soft cover containing the Heart Beat symbol. The dining guide should be more simple -information about disabled access, parking, smoking sections, and white linen should be eliminated, along with the system of rating restaurants according to number of healthy alternatives. Focus group members indicated that they would prefer that nutrition information appear on the menu, rather than in a dining guide, and stated that menus marked in some way to identify lower fat foods (for example, using menu labels) would benefit all restaurant patrons, not just those who consulted a dining guide.

Using focus group results, Dwivedi & Dobson (1993) recommended that the Heart Beat program not produce another dining guide, because it was an expensive undertaking with questionable usefulness. Also, restaurant compliance with the dining guide was difficult to monitor. Dwivedi & Dobson recommended that a program based on a point of

purchase approach be used to convey heart healthy messages to consumers, and suggested that program organizers seriously consider placing something directly on restaurant menus to indicate healthy choices. They also recommended that Heart Beat maintain enthusiasm for the program through various community promotions such as newspaper ads, volunteer involvement, special events and supplying promotional materials. One idea was to identify Heart Beat restaurants in entertainment books containing coupons for these restaurants.

Subjective Observations

Observations from the Heart Beat Restaurant program found that it responded to the needs of the local food service industry, and achieved high reach at a relatively low cost (Heart Health Resource Centre, 1997). The program's multiple strategies proved to be a strength, and building on these strategies over time helped enhance the program's impact (HHRC). Follow-up visits by volunteers provided quality control and maintained interest in the program among participating restaurants (HHRC). Collaboration with the Ontario Restaurant Association, the local branch of the Heart and Stroke Foundation, and the local newspaper (the Ottawa Citizen) proved very helpful in soliciting advice, conducting research, and promoting the program (HHRC). The program enhanced the relationship between local restaurants and Public Health Inspection, and led to more restaurant personnel attending food handling training courses (Harvey, 1991).

Recommendations from the Heart Beat Program are to ensure that program goals and messages are relevant to the target group (concrete and practical), and to foster partnerships with other community organizations (HHRC, 1997). In addition, it is important to ensure that restaurant staff are knowledgeable about the restaurant program (Harvey, 1991).

Bon Appetit Restaurant Program -Ottawa-Carleton

The Bon Appetit Restaurant Program (formerly the Heart Beat Restaurant Program) is offered by the Ottawa-Carleton Health Department in conjunction with the Heart Beat in Healthy Living organization (Ottawa-Carleton Health Department, 1997). This program follows a Customer Request design, and restaurants are recognized through the Participation approach. Promotion strategies include a newspaper supplement listing participating restaurants, certificate of participation, and program logos (Ottawa-Carleton Health Department). To participate, restaurants must meet the criteria for "Healthy Food Choices", along with those of at least one other component (Healthy Kids Menu; Food Safety; Alcohol Awareness; Smoke Free seating; Choking Prevention; Prevention of Slips, Trips & Falls) (HHRC, 1997).

Heart Smart Restaurant Program -Quebec

The Heart Smart Restaurant Program in Quebec is part of the larger Better Life Menus Network (Les Menus Mieux Vivre) project in operation throughout the province (Departement de Sante Communautaire Lakeshore, 1994). This program operates in conjunction with the Heart and Stroke Foundation. The design uses the Menu Approval

approach, and restaurants are recognized through the Participation method. Promotion strategies include certificates issued to restaurants offering approved heart healthy menu items, recipes available from the program manual or Heart and Stroke Foundation cookbooks, recipe analysis service, information pamphlets for restaurant personnel, door decals, menu labels, posters, table tents, and various types of signs.

Heart Smart Restaurant Program -Saskatoon and Regina

The Heart Smart Restaurant Program in Saskatoon and Regina was developed by the Saskatoon Community Health Unit and the local Heart and Stroke Foundation (Green et al. 1993). This program is designed according to the Customer Request approach, and recognizes restaurants through the Participation approach. Program goals are to make more healthful choices more readily available in table-service restaurants, and to encourage restaurant patrons to make such choices. Restaurants participating in the Heart Smart Restaurant Program agree to provide specific healthful menu substitutes upon request, are included in the program's dining guide, and receive logos to promote the program in their establishments. In addition, these restaurants must also meet the program's criteria for Smoke-Free Seating.

Evaluated Outcomes

The Heart Smart Restaurant Program was evaluated using a telephone survey of 999 randomly selected individuals living in Regina and Saskatoon who reported eating out more than once per month (Green et al, 1993). This survey was designed to assess consumer awareness, understanding, and utilization of the program, along with restaurant

compliance. In addition, restaurant participation was also measured in terms of the percentage of eligible restaurants participating in the Heart Smart Restaurant program. Program awareness was satisfactory in both cities (41% in Saskatoon and 22% in Regina), as was restaurant participation (68% in Saskatoon and 56% in Regina). However, there was a poor understanding of the program's function in both cities. More than half of the survey respondents mistakenly believed the program followed a Menu Approval format, with healthy choices marked in some way on the menu. Only one third of respondents correctly identified the program as following the Customer Request design and, of these respondents, less than half actually made a request for a healthy menu choice. Therefore, this program demonstrated a very low rate of utilization. Restaurant compliance in fulfilling these requests was reported to be good, with room for improvement (73% of requests were met every time in Saskatoon, and 62% in Regina).

Subjective Observations

Researchers concluded that most consumers do not choose a restaurant because it is part of the Heart Smart program; thus, caution must be used in promoting the program on the basis of its ability to attract customers (Green et al, 1993). Also, restaurateurs were not receptive to the use of program table tents, placemats or posters, which hindered the promotion of the program. The use of the Customer Request approach, however, did appeal to restaurateurs, who were more responsive to this design that the Menu Approval design initially planned for this program.

Heart Smart Choices Restaurant Program -Nova Scotia

The Heart Smart Choices Restaurant Program was developed by the Heart and Stroke Foundation of Nova Scotia, and officially launched by this organization in 1994 (Selig, 1995). This program follows the Customer Request design and the Participation approach to restaurant recognition. The goals of the Heart Smart Choices Restaurant program are as follows:

- to increase awareness and selection of heart healthy foods
- to encourage restaurants to provide more heart healthy choices
- to increase the number of participating restaurants, and to promote the program
- to evaluate the program in terms of menu choices and program materials.

Promotion strategies include menu inserts and labels, table tents, door decals, posters, wait staff buttons, certificate of participation, and inclusion of participating restaurants in the program's dining guide and newspaper notice. The program also offers its patrons the option of requesting to sit in a non-smoking area of the restaurant.

Evaluated Outcomes

The Heart Smart Choices Restaurant Program was evaluated using a self-administered questionnaire made available to patrons dining in 9 participating restaurants (N=304) (Selig, 1995). This questionnaire was designed to assess program awareness, requests for heart healthy choices, visibility of promotional materials, and patrons' intent to choose restaurants based upon their participation in the program. According to the results of the evaluation, 44% of respondents were aware of the program before entering the restaurant, and 13% chose the restaurant because it offered healthy choices. There was little

difference in program awareness between women and men, but consumers over the age of 35 were more aware of the program , and frequent diners of participating restaurants were more than twice as likely to be aware of the program.

Fifty-nine percent of respondents noticed the program's promotional material in a participating restaurant, which the author reported as a low level of visibility for these materials (Selig, 1995). Promotional materials that were noticed most often included labeled menu items (48%), menu inserts (39%), and door decals (24%), while the least noticed item was the program's table tents (6%). Fifty-five percent of respondents reported making a heart healthy menu choice. Choices requested most frequently included milk with tea or coffee (31% rate of response), whole grain products (27%), salad dressing on the side (23%), broiled, roasted, steamed, or poached foods (23%), and lower fat milk (21%). The least frequent choice was smaller portions of meat, fish, or poultry (6%). Customers who reported choosing the restaurant because it offered the Heart Smart Choices program requested three times as many healthy choices as those who did not choose the restaurant for this reason. The rate of restaurant compliance in providing healthy choices was 92%.

The author concluded that some customers choose restaurants due to their participation in the Heart Smart Choices program, and will do so more often when aware of their participation in this program (Selig, 1995). Fifty-eight percent of respondents indicated they would choose the restaurant more often now that they were aware of its participation in the Heart Smart Choices program. Customers more likely to choose the restaurant

again due to its healthy choices were women (2.5 times more likely than men), and patrons over the age of 35. The author also concluded that the visibility of the program and its promotional material was generally low, which may indicate that the program is not receiving enough promotion, and that restaurant managers may not be taking full advantage of promotional materials.

To Your Heart's Delight program -Halifax

The "To Your Heart's Delight" program in Halifax was a six week demonstration program developed by the Nova Scotia Heart Foundation, with the goal of promoting heart healthy eating among lunchtime restaurant patrons through the use of point-of-purchase information (Forster-Coull & Gillis, 1988). This demonstration program was followed by the Heart Smart Choices Restaurant Pilot Program, which in turned evolved into the Heart Smart Choices Restaurant Program as outlined previously (Selig, 1995). The design of the To Your Heart's Delight program followed the Menu Approval approach, and restaurants were recognized through the Participation method. Heart healthy choices were defined as menu items that were low in total fat, salt, and sugar, as recommended by the Nutrition Recommendations for Canadians (Forster-Coull & Gillis). Program strategies included a certificate of participation, publicity flyers, menu inserts, menu labels, table tents, tip sheets for wait staff, and a promotional kick-off luncheon for local media and community leaders (Forster-Coull & Gillis).

Evaluated Outcomes

An evaluation of the "To Your Heart's Delight" program was conducted using a customer survey of lunchtime patrons in 18 participating Halifax restaurants, along with a survey of managers and staff of these restaurants (Forster-Coull & Gillis, 1988). Customers were surveyed before and after the program was implemented to determine their selection of healthy menu items, along with orders for sauces or dressings on the side. Customers were also assessed at the end of the program for their knowledge of heart healthy foods. There was a significant increase in the percentage of patrons ordering healthy choices (from 7% to 22%) and sauces served on the side (from 18% to 32%). Increases associated with the use of menu labels was greater than for menu inserts. Patrons' knowledge of heart healthy eating was high, and program acceptance among managers and staff was good.

The restaurant personnel survey assessed the response of managers and staff to the program and its materials (Forster-Coull & Gillis, 1988). Respondents reacted positively to program materials in general; however, there were some problems with menu inserts falling off the menu cards. Most restaurant personnel were interested in continuing the program, which they felt had resulted in positive responses from their patrons, customers returning for healthy menu items, and greater sales of these items.

Researchers concluded that the kick-off luncheon was highly successful and attracted much media attention, and the menu labels and table tents seemed to be successful in encouraging patrons to choose healthy menu items for lunch (Forster-Coull & Gillis,

1988). The program was reported to be very labor-intensive, however, requiring a great deal of coordination to deliver and retrieve program materials and monitor restaurant participation.

Fresh Choice Program -Vancouver

The Fresh Choice program was developed by the Vancouver Health Department, the Restaurant and Foodservices Association of Greater Vancouver, and the British Columbia Chefs Association (Fitzpatrick et al, 1997). The program follows the Menu Approval design and restaurants are recognized using the Participation approach. Goals of the Fresh Choice program are to increase the availability and accessibility of good-tasting, lower-fat menu items in restaurants, and to provide consumers with information designed to make informed choices (Fitzpatrick et al). Promotion strategies include training workshops for chefs and restaurateurs, guidelines for preparing healthy menu items, orientation meetings for restaurant staff, nutritional analysis of menu items, media campaign, pamphlets, table tents, menu inserts, window decals (Fitzpatrick et al), a month long campaign promoting the Fresh Choice program, certificate of participation, monthly articles in restaurant newsletter, and menu labels (Vancouver Health Department, 1993).

Evaluated Outcomes

The Fresh Choice restaurant program has been evaluated in a number of ways that reflect the views of consumers, chefs, managers, and restaurant wait staff. A questionnaire was administered to 686 patrons dining in eight participating restaurants that evaluated

consumer satisfaction with lower-fat menu choices (Fitzpatrick et al, 1997). Semi-structured interviews were also conducted with one patron from each participating restaurant to assess consumer perceptions of the Fresh Choice program and views on restaurant nutrition programs in general (Fitzpatrick et al). In addition, chefs were asked for their feedback on one of the Fresh Choice Month promotions, and a questionnaire was administered to managers, chefs, and wait staff to determine their impressions of the Fresh Choice program (Vancouver Health Department, 1993).

According to the results of the patron questionnaire, consumers were significantly more satisfied with lower-fat menu items than regular items, for all descriptors of satisfaction (Fitzpatrick et al, 1997). The semi-structured interviews revealed that consumers felt a need to be indulged when dining out, and all respondents believed there was a need for programs like Fresh Choice. Respondents liked being offered the option of choosing a lower-fat (fresh choice) menu item or not, and did not want to be presented with a great deal of nutrition information. Consumers reported that such information can intrude on their dining enjoyment, or make them feel guilty, and was too difficult or technical to read. Respondents felt that variety or choice, taste, and health are the most important factors to emphasize in restaurant nutrition programs.

Researchers concluded that the multiple goals consumers hold in wanting to be given the option of choosing healthy items and needing to feel indulged while dining in restaurants can both be met without sacrificing good taste or good nutrition (Fitzpatrick et al, 1997). Consumers are receptive to nutrition interventions in restaurants, willing to order

healthful menu items, and will return to restaurants offering such items.

Feedback from chefs about Fresh Choice Month in June 1993 indicated that restaurateurs preferred to train their own staff about the program, and chefs found the program's evaluation component to be complicated and time consuming (Vancouver Health Department, 1993). Chefs recommended the continued use of the program's participation certificate, and suggested that promotional articles be published in more popular magazines in order to recruit more restaurants into the Fresh Choice program. Chefs also recommended that one or two workshops be held each year to educate chefs and promote the program.

The results of the questionnaire administered to restaurant managers, chefs, and wait staff showed that the Fresh Choice program was well received by personnel, its overall success was rated high, and all showed interest in continuing the program (Vancouver Health Department, 1993). However, there were complaints about the evaluation component of the program. Most restaurant personnel reported that customers were interested in the Fresh Choice program, but there was a limited demand for nutrition information among restaurant patrons.

United States

Las Vegas LEAN project -Las Vegas

The Las Vegas LEAN (Low-Fat Eating for Americans Now) is one of ten Project LEAN community campaigns offered through The Henry J. Kaiser Family Foundation (Palmer & Leontos, 1995). Las Vegas LEAN is designed according to the Menu Approval approach, with restaurants recognized through the Participation method. Program goals are to develop a nutrition education program designed to empower chefs to use their creative talents to create low-fat, good-tasting menu items, and to market these items to restaurant patrons. The overall goal of the Project LEAN programs is to reduce the fat intake of Americans to less than 30% of total energy. Promotion strategies of the Las Vegas LEAN project include nutrition classes for chefs, menu labels, a media kick-off event, and a media publicity campaign involving billboard, newspaper, and television advertisements.

Evaluated Outcomes

The Las Vegas LEAN program was evaluated using a questionnaire administered to 92 chefs in 10 participating Las Vegas restaurants before and after they attended nutrition education classes (Palmer & Leontos, 1995). These questionnaires were designed to measure the chefs' attitudes related to low-fat eating, and their knowledge of dietary fat. Results of the questionnaire demonstrated a positive shift in knowledge of dietary fat, but little change in attitude towards low-fat eating. Chefs participating in the program developed a total of 77 low-fat menu items, which were then placed on the menus of the 10 participating restaurants.

Subjective Observations

Observations from the Las Vegas LEAN program showed that the kick-off event was successful in generating a great deal of media attention through television and newspaper features (Palmer & Leontos, 1995). This news coverage, along with the menu labels, brought the most attention to the program. However, the billboard campaign was disappointing because billboards were located in low-traffic areas and attracted little attention. Recommendations were made to continue educating chefs to help them provide low-fat, good-tasting menu choices.

Heart Smart Restaurant Program -Washington

The Heart Smart Restaurant Program was developed by the Washington state health department and the Skagit Valley Hospital and Health Center, as part of a larger nutrition education project (Kupka-Schutt, 1992). The goal of the Heart Smart Restaurant program is to recruit local restaurants willing to provide and identify Heart Smart menu items for their customers. The program represents a hybrid of the Menu Approval and Customer Request designs, using the Participation approach to restaurant recognition. To participate, restaurants must offer and identify menu items that meet program criteria, with some specific items available upon request. Promotion strategies include menu item analysis, brochures listing participating restaurants and program standards, newspaper and radio advertising, restaurant staff training, and a kick-off luncheon for members of the local media. Observations from the Heart Smart Restaurant program indicated an increase in the number of restaurants participating in the program, along with increased sales of Heart Smart menu items.

Dine to Your Heart's Delight program -Colorado

The goal of the "Dine to Your Heart's Delight" program is to increase the sales of healthy choice menu items (Anderson & Haas, 1990). This program follows the Menu Approval design, and provides program recognition through the Participation approach. Promotion strategies include table tents, menu labels, program guides for patrons and restaurateurs, checklists designed to determine whether menu items qualify as healthy choices, suggestions for preparing foods and modifying recipes to help qualify menu items, and information to train wait staff about the program.

Evaluated Outcomes

The Dine to Your Heart's Delight program was evaluated using data on sales of healthy menu items collected before and after the program was implemented (Anderson & Haas, 1990). These data were collected on 58 targeted healthy menu items from seven restaurants and two cafeterias participating in the program. Results from sales data seem to indicate that the program significantly increased the sales of healthy menu items targeted by the program. Sales of 90% of targeted menu items increased, sales of 7% of these items remained the same, and sales of 3% decreased. Only two of the 169 restaurants initially contacted expressed a lack of interest in the program.

In addition, 53 managers at participating restaurants were surveyed to determine their opinions of the program (Anderson & Haas, 1990). Managers reported that the major costs or efforts associated with participating in the program involved the labour needed to test new recipes and affix menu labels. Two restaurants reported problems with training

staff about the program and suggested that a training video be developed. Managers stated that comments about the program were generally favorable from chefs and wait staff, and very favorable from customers. Managers were pleased that the program was able to address the nutrition concerns of their customers, and all reported that they would continue participating in the program.

Subjective Observations

Observations from the Dine to Your Heart's Delight program revealed that the checklist was helpful in allowing menu items to be adequately assessed without requiring an actual copy of the recipe (Anderson & Haas, 1990). This was appreciated by managers and chefs who wished to retain the confidentiality of their recipes. The attitude of the restaurant's manager or owner towards the program was the key to its acceptance among wait staff, and adequately trained wait staff were key to the program's success in the dining room. In order to be successful, restaurant programs need to take into consideration factors involved in the food industry business including reprinting or revising menus to comply with program criteria, high rates of staff turnover, and changes in management. It is very important to maintain control over program implementation, and to monitor the program through regular calls or visits to participating restaurants.

4-Heart Restaurant Program -Pawtucket, Rhode Island

The 4-Heart Restaurant Program is part of the larger Pawtucket Heart Health Program, which was funded by the National Institutes of Health (Lefebvre, 1987). This restaurant initiative follows the Menu Approval design, and recognizes restaurants through the

Participation approach. The goals of the 4-Heart Restaurant Program are as follows:

- to provide heart healthy menu choices and to encourage patrons to choose these items
- to encourage restaurateurs to increase heart healthy menu offerings
- to reinforce restaurant participation through program promotion.

Promotion strategies include posters, table tents, menu labels, newspaper promotion, dining guides, and low-sodium, low-fat cooking demonstrations by chefs of participating restaurants.

Evaluated Outcomes

The 4-Heart Restaurant Program was evaluated through interviews with the managers of participating restaurants in order to determine their impressions of the program (Lefebvre, 1987). According to the results of these interviews, restaurant managers believed the program created a positive image for the restaurant, and that it attracted customers. They also mistakenly believed that this program was meant for individuals with special dietary needs, rather than for members of the general public. Managers reported that customers asked about the program and the labeled menu items, and ordered these items due to their designation as healthy choices. Interviews also revealed problems with menu label stickers coming off the menus, and that most managers did not like the program's table tents. Nevertheless, all of the managers interviewed planned to continue participating in the program as long as it was available.

Subjective Observations

The author recommended that restaurant nutrition programs rely on early adopters to encourage program adoption, and to reinforce and publicize these restaurants strongly (Lefebvre, 1987). Programs should start by labeling existing menu items that meet the program's criteria without asking restaurants to change their menus. Programs should also appeal to the profit margin of restaurant managers, and should be economical (in terms of money and time) for the restaurant to implement. Finally, healthy menu choices should not cost more than regular items, and should emphasize good taste.

Dining a la Heart Program -Minnesota

The "Dining a la Heart" program was developed by the Minnesota Affiliate of the American Heart Association and the Minnesota Heart Health Program (McPharlin, 1988). The program follows a Menu Approval design and recognizes participating restaurants through the Participation approach. Goals of this restaurant initiative are to lower total fat intake in the community, to change the eating habits of healthy Americans, and to establish the program in 25 restaurants. Promotion strategies for restaurant personnel include program criteria, guidelines for implementing the program, posters, training videos, brochures, prepared public service announcements, and a volunteer support system, along with program brochures aimed at patrons.

Subjective Observations

According to observers, the Dining a la Heart program was highly successful, and experienced an increase in number of participating restaurants; however, program development was very difficult and time-consuming (McPharlin, 1988). Researchers recommended conducting a market survey of consumers and business leaders to assess program interest, and a search for programs that have already been developed and tested in order to save time and frustration with program development. In addition, programs should be based on realistic expectations of the restaurant industry, and should not impose severe restrictions on participating restaurants. Researchers also recommended partnering with an organization such as the American Heart Association to assist in program development and distribution.

Dine to Your Heart's Content program -Virginia

The "Dine to Your Heart's Content" restaurant initiative was designed to assist restaurateurs in preparing menu items containing less fat, cholesterol, and sodium, along with fewer calories (Paul, Novascone, Ganem & Wimme, 1989). Information on this program's developer, design, method of recognition, and promotion strategies were not presented.

Evaluated Outcomes

The Dine to Your Heart's Content program was evaluated using a questionnaire mailed to patrons dining in participating restaurants that assessed awareness and selection of heart healthy menu items (Paul et al, 1989). Results of this questionnaire showed that 57% of

patrons were aware of the Dine to Your Heart's Content program, and 49% were aware that the restaurant they were dining in was part of this program. Twenty-five percent of surveyed patrons reported ordering heart healthy menu items.

In addition, the nutrition knowledge of restaurant personnel was evaluated using part of the patron questionnaire, and restaurant managers were interviewed for their opinions about the needs of patrons and the advantages and disadvantages of the program (Paul et al, 1989). According to the results of this evaluation, 50% of managers felt their staff did not possess adequate nutrition knowledge to answer patron questions about nutrition, and 82% of wait staff agreed. All managers believed their menu met the needs of most of their patrons who were interested in heart healthy menu choices. Managers indicated that program improvement was most needed in the areas of nutrition education for wait staff, and help in identifying appropriate heart healthy menu items.

Managers felt the major program disadvantage was that it could draw negative attention to some menu items (Paul et al, 1989). Unmarked items may be perceived as unhealthy, and marked items may be perceived as intended for individuals with cardiovascular disease or heart problems. The major advantage was the ease with which the Dine to Your Heart's Content program provided a public service to patrons while simultaneously acting to enhance the image of participating restaurants. Overall, managers reported that program advantages outweighed disadvantages, however. Researchers concluded that the Dine to Your Heart's Content program required further promotion, assistance for participating restaurants with identifying healthy menu choices, and increased nutrition

education for restaurant personnel.

Australia

Heart Health Hospitality Award program -Shepparton

The Heart Health Hospitality Award program was part of a larger community development initiative called the Shepparton Healthy Heart Project (HHRC, 1997). It represents a hybrid design, and recognizes participating restaurants using the Award approach. Goals of the Heart Health Hospitality Award program are as follows:

- to partner with restaurant owners to develop the program
- to encourage restaurants to provide healthy food choices
- to encourage opportunities for smoke-free dining.

Promotion strategies include award certificates presented to restaurants who meet the program's criteria, promotion packages for restaurateurs, dining guides, table tents announcing the award, and the opportunity to advertise in the local newspaper. In addition to criteria for healthy food choices, the program also includes criteria for smoke-free dining.

Evaluated Outcomes

The Heart Health Hospitality Award program was evaluated using a survey conducted before and after the program was implemented, comparing 27 participating intervention restaurants with 24 non-participating control restaurants (HHRC, 1997). In addition, observational data and information from menu assessments was also collected. Results of the evaluation showed an increase in customer requests for fruit, and increases in the

number of fruit and salad dishes available in intervention versus control restaurants. In addition, intervention restaurants demonstrated an improvement in the proportion of fried to non-fried foods available, and a small increase in smoke-free dining areas.

Subjective Observations

Observations from the Heart Health Hospitality Award program suggested that involving restaurateurs in program development encouraged ownership in the program that lead to its success (HHRC, 1997). Face to face contact with restaurant managers or operators was important in gaining their support of the program, and program activities should be conducted within the context of a media campaign.

Program Delivery

There is relatively little information available that outlines how restaurant nutrition programs are implemented, especially in terms of the details involved in delivering these programs on a day to day basis, and sustaining them over time. According to information that is available, restaurant nutrition programs are most frequently delivered through public health inspectors, nutritionists or registered dietitians, volunteers, and various different program committees. Students, local newspapers, and members of chef associations have also been involved in delivering these programs, although to a much smaller extent.

Public Health Inspectors

Public health inspectors are often involved in the initial stages of restaurant programs, in terms of assessing whether restaurants are eligible to take part in the program. Public health inspectors were the first program contact for both Ottawa-Carleton's Heart Beat program (Harvey, 1991) and Toronto's Lifestyle Approved Award program (Ying, 1997). With Toronto's program, public health inspectors performed the initial screening of restaurants to provide a list of those most likely to be eligible for program participation (Ying). Public health inspectors also conducted assessments to determine whether restaurants who apply to take part in a program meet the program's criteria (Toronto Public Health, 1998). Public health inspectors collected questionnaires completed by restaurants wishing to apply to the Lifestyle Approved Award program, and assessed whether these restaurants complied with the program's standards (Toronto Public Health). Similarly, plans for Thunder Bay's Take Heart Eating Out Award program involve on-site restaurant assessments by public health inspectors, who will complete eligibility questionnaires and forward these forms to a committee responsible for selecting restaurants who will receive a program award (Thunder Bay District Health Unit, 1998).

Nutritionists and Dietitians

Nutritionists and dietitians also play an extensive role in delivering various aspects of restaurant nutrition programs. A nutritionist with the Dining a la Heart program in Minnesota worked with the advisory committee to choose the program's design, and acted as the program's coordinator (McPharlin, 1988). Dietitians with the Dine to Your

Heart's Delight program in Colorado reviewed program materials for content validity (Anderson & Haas, 1990), and dietitians with the Heart Health Hospitality Award program in Australia reviewed the program's nutrition criteria (HHRC, 1997). Nutritionists with the Lifestyle Approved Award program arranged appointments for official inspections visits to determine eligibility for program participation (Toronto Public Health, 1998).

The most common role of dietitians is in identifying menu items that meet program standards as "healthy menu choices". Dietitians have been involved in determining menu item eligibility in this way for the Better Life Menus (Departement de Sante Communautaire Lakeshore, 1994), Fresh Choice (Fitzpatrick et al, 1997), Heart Smart Restaurant (Washington) (Kupka-Schutt, 1992), and Dine to Your Heart's Delight (Anderson & Haas, 1990) programs. Dietitians with the Better Life Menus Network program analyzed recipes submitted for approval, issued certificates of participation to restaurants who qualify for the program, and ensured that these restaurants receive follow-up contact (Departement de Sante Communautaire Lakeshore).

Dietitians may also become involved in training restaurant staff about restaurant nutrition programs (Kupka-Schutt, 1992; Vancouver Health Department, 1993), training volunteers to deliver these programs (McPharlin, 1988), and offering workshops in preparing healthier foods for chefs and other restaurateurs (Vancouver Health Department). Finally, the nutritionist from the Fresh Choice program also organized and ran a local media campaign promoting the program, implements a Fresh Choice Month

event every year, and was involved in evaluating customer satisfaction with the program's menu items (Vancouver Health Department).

Volunteers

Volunteers also deliver various aspects of restaurant nutrition programs. Volunteers for the Better Life Menus Network seek out restaurants who could qualify for the program (Departement de Sante Communautaire Lakeshore, 1994). Volunteers from the Heart Beat Restaurant program delivered support material to participating restaurants and program dining guides to the public (HHRC, 1997). They also conducted follow-up visits to assess restaurant needs, provide support, and maintain enthusiasm for the program (HHRC). The Dining a la Heart program utilized volunteers with nutrition backgrounds (such as Registered Dietitians, dietetic technicians, home economists, and nutrition students) recruited through professional nutrition organizations (McPharlin, 1988). These volunteers received program training and guidelines for implementation, along with promotional materials and ideas for publicity (McPharlin). They then delivered the program, placing it in restaurants and monitoring the results (McPharlin).

Program Committees

Some programs create committees to perform various program functions, mainly in terms of determining eligibility for program awards. The Take Heart Eating Out Awards Committee is comprised of a representative from the Heart & Stroke Foundation, the City of Thunder Bay Environment Department, the health unit, and the Take Heart Coalition (Thunder Bay District Health Unit, 1998). This committee will receive completed

restaurant assessments and determine which restaurants are eligible for an award (Thunder Bay District Health Unit). Another committee made up of representatives from the health unit, the Take Heart Coalition, and the Heart & Stroke Foundation will issue the award and promote it through the media (Thunder Bay District Health Unit). The Restaurant Recognition Award Program Committee and the Lifestyle Approved Award Committee were both comprised of public health unit staff members (Sudbury & District Health Unit, 1997; Toronto Public Health, 1998). These committees evaluated entries to determine eligibility for a program award, and made final decisions about who would receive an award (Sudbury & District Health Unit; Toronto Public Health).

Other Delivery Methods

Other less common methods of delivery have been reported. The local newspaper distributed dining guides for Ottawa-Carleton's Heart Beat restaurant program (HHRC, 1997). Two representatives from the Fraternity of Executive Chefs helped to market the Las Vegas LEAN program and made the initial contacts with company CEOs on behalf of this program (Palmer & Leontos, 1995). A graduate student conducted the program evaluation for Vancouver's Fresh Choice program (Vancouver Health Department, 1993), and the Heart Health Hospitality Award program in Australia benefitted from 120 hours of student placement work (HHRC).

Program Outcomes

Promotion Strategies

Some restaurant nutrition programs have assessed the effectiveness of specific promotion strategies, or have offered comments or recommendations about them. Thus, the usefulness of some strategies can be evaluated from a collective standpoint, by combining information about them extracted from different programs. These promotion strategies include media kick-off events, table tents, menu labels, menu inserts, award/participation certificates, dining guides, and follow-up visits.

Media Kick-Off Events

By all available accounts, media kick-off events have proven very successful. Researchers from the Heart Health Hospitality Award program in Australia recommended that restaurant program activities be conducted within the context of a media campaign (HHRC, 1997). Forster-Coull & Gillis (1988) reported that the kick-off luncheon event held for the "To Your Heart's Delight was highly successful, and attracted a great deal of media attention to the program. Similarly, Palmer & Leontos (1995) found that the media kick-off event for the Las Vegas LEAN program also generated a great deal of attention from the media which, along with the program's menu labels, brought the most attention to the program. The Vancouver Health Department (1993) reported that their media kick-off event for the Fresh Choice program resulted in excellent media coverage and program promotion that prompted approximately 1,000 callers to telephone the public health unit to inquire about the program during the two weeks following the event.

Clearly, media kick-off events have been very successful in generating media coverage of restaurant nutrition programs which, in turn, helps to promote these programs to the public.

Table Tents

Reviews about the usefulness of table tents in restaurant nutrition programs have been mixed. Utilization rates for table tents have been reported to be both low (6%) (Selig, 1995) and moderate (38%) (Bradley, 1991). Forster-Coull & Gillis (1988) found that table tents, along with menu labels, seemed to be successful in encouraging restaurant patrons to choose healthy menu items, and Bradley reported some positive comments about table tents from restaurateurs. Conversely, Green and colleagues (1993) found that restaurateurs were not receptive to the use of table tents (along with some other promotional materials), and Lefebvre (1987) also reported that most restaurant managers did not like the program's table tents . Two researchers noted that table tents may not be used because they do not match the theme or decor of a restaurant (Bradley; Lefebvre). Some restaurateurs find that table tents get in the way (Lefebvre), are not colourful enough, are too large for small tables, do not stand up well, feature one or more items no longer offered by the restaurant, or that the restaurant franchise prohibits their use (Bradley). Thus, table tents may or may not contribute to the success of restaurant nutrition programs, depending upon the preferences of restaurant managers and the settings of participating restaurants.

Menu Labels/Menu Inserts

Menu labels seem to be more effective than menu inserts in identifying healthy choices on the menu. Some Menu Approval design programs may require the use of menu labels, while others offer the choice of either labels or inserts. One program that offered such a choice reported that menu labels were noticed by 48% of respondents, while menu inserts were noticed by 39% (Selig, 1995). Forster-Coull & Gillis (1988) found that menu labels were more effective than menu inserts in increasing the selection of heart healthy foods, and that, along with table tents, these labels seemed to be a successful method of encouraging patrons to make these choices . Similarly, another program reported that menu labels, along with news coverage, were most successful in attracting program attention (Palmer & Leontos, 1995). The use of menu labels as supplements to table tents has also been recommended by Bradley (1991). Problems have been reported, however, with both menu inserts (Forster-Coull & Gillis) and menu labels (Lefebvre, 1987) coming off menu cards. Thus, menu labels may be a more effective means of designating healthy menu choices than menu inserts. Menu labels seem to be an effective component of restaurant nutrition programs, especially when combined with other components such as table tents.

Award/Participation Certificates

Award certificates are used by programs following the Award approach to restaurant recognition, while participation certificates are used by programs following the Participation approach to restaurant recognition. Award certificates seem to be displayed more often than participation certificates. The utilization rate of award certificates (83%)

(Ying, 1997) is much higher than that of participation certificates (34%) (Bradley, 1991). This higher rate of use is likely due to the exclusive nature of award certificates, which are given out as rewards to relatively few restaurants. In contrast, when participation certificates are used as a restaurant program strategy, they are presented to all restaurants taking part in that program. Bradley reported that participation certificates were not always displayed in restaurants, mainly because restaurateurs had not yet found the time to post them. Nevertheless, these certificates represent an important component in restaurant nutrition programs (Bradley; Vancouver Health Department, 1993). Thus, award certificates are a key component to programs that recognize restaurants using an Award approach, and are highly used by restaurants that receive them. Participation certificates, however, may or may not be included in programs that recognize restaurants through the Participation approach. When participation certificates are used, they are considered an important component of the program and are displayed by a moderate number of restaurants taking part in the program.

Dining Guides

Dining guides have been evaluated twice as components of restaurant programs. However, both of these evaluations were conducted by the same program - Ottawa-Carleton's Heart Beat Dining Guide program. These evaluations showed the dining guide component of the Heart Beat program to be ineffective. The dining guide was not a successful method of promoting this program to the public (Bradley, 1991). Only 40% of restaurants listed in the guide actually promoted the program, and 20% had never even heard of the program before being contacted for an interview to evaluate it (Bradley). In

addition, the dining guide was not used by individuals when choosing a restaurant (Dwivedi & Dobson, 1993). Focus group participants recommended that the dining guide's format be simplified in terms of the quantity of information presented, and should be published in a smaller size (Dwivedi & Dobson). Dwivedi & Dobson recommended that the use of the dining guide be discontinued because it was an expensive publication, compliance to the dining guide was difficult to monitor, and its usefulness was questionable. Thus, available information indicates that dining guides are not an effective component of restaurant programs. However, this conclusion is based on the experience from one program only. The effectiveness of dining guides used in other programs may be different.

Staff Training

Training restaurant staff about restaurant programs or various aspects of them seems to be an important strategy for these programs. Anderson & Haas (1990) reported that staff who are adequately trained about the program are essential to its success among restaurant patrons. According to one report, restaurants prefer to train their own staff about the restaurant program, rather than having the health department conduct this training (Vancouver Health Department, 1993). Paul and colleagues (1989) found a strong need for training restaurant personnel about healthy eating, in terms of educating them further about nutrition. More recently, chefs taking part in Vancouver's Fresh Choice program recommended that this program offer one or two workshops each year designed to educate chefs and promote the program (Vancouver Health Department). Thus, several researchers have identified a need for various forms of staff training as an

important component of restaurant programs. However, the effectiveness of this training requires further evaluation.

Follow-up Visits

Follow-up visits to restaurants taking part in restaurant nutrition programs also seem to be a valuable strategy for these programs. These visits are an important way of maintaining regular contact with participating restaurants (Bradley, 1991) and monitoring their participation in the program (Anderson & Haas, 1990). Follow-up visits were conducted by program volunteers in the "Adopt-a-Restaurant" program which accompanied Ottawa-Carleton's larger Heart Beat restaurant program (HHRC, 1997). These volunteer visits provided quality control and maintained interest in the restaurant program among participating restaurants (HHRC). Thus, follow-up visits are an effective strategy for restaurant programs, and can be successfully conducted by volunteers.

Results from Evaluated Programs

The results from previously developed programs can be examined collectively in order to determine the overall outcomes associated with restaurant nutrition programs to date. The collective results from programs that have been formally evaluated can be divided into quantitative and qualitative outcomes. Quantitative outcomes include public awareness, number of healthy menu items available, patron selections of or requests for healthy menu items, restaurant compliance with these requests, and nutrition knowledge or information associated with restaurant nutrition programs. Qualitative outcomes include program support among restaurant personnel, and managers' beliefs about or

impressions of the program.

Quantitative Results

Public Awareness

Although both low (Ying, 1997) and satisfactory (Green et al, 1993) levels of public awareness have been reported for restaurant nutrition programs, actual rates of public awareness do not vary widely. These rates have been reported to be 41% (Green et al; Renaud & Demers, 1992), 44% (Selig, 1995), and 57% (Paul et al, 1989). Low rates of public awareness have been reported for Toronto's Lifestyle Approved Award program (Ying) and for Regina's Heart Smart Restaurant program (22%) (Green et al). However, in both these cases, researchers attributed these low levels to the fact that the program was relatively new. The low level of public awareness in Regina's Heart Smart Restaurant program was similar to the level found for this same program operating in Saskatoon after approximately the same length of time (Green et al). Currently, Saskatoon's program has a higher level of public awareness (41%) because it has been in operation for a longer period of time (Green et al). Thus, the range of public awareness for established restaurant nutrition programs is generally 41% to 57%.

Number of Healthy Menu Items Available on the Menu

Restaurant nutrition programs seem to be successful in their attempts to increase the number of healthy menu items available at participating restaurants. The Las Vegas LEAN project prompted 92 chefs to develop 77 low-fat menu items which were placed on the menus of 10 restaurants taking part in the LEAN program (Palmer & Leontos,

1995). In addition, the Heart Healthy Hospitality Award program in Australia reported increases in the number of fruit and salad dishes, and an improvement in the proportion of fried to non-fried foods available in participating restaurants, as compared with control restaurants (HHRC, 1997).

Selection of Healthy Menu Choices

Restaurant nutrition programs have also shown success in increasing patrons' choices of healthy menu items in almost all cases. Fitzpatrick and colleagues (1997) reported that restaurant customers were willing to order healthy menu items, and return to restaurants that offer these items. Forster-Coull & Gillis (1988) found that 22% of patrons exposed to the "To Your Heart's Content" program ordered healthy choices and 32% requested sauces served on the side. These rates were significantly higher than before the program was implemented (Forster-Coull & Gillis). Similarly, other restaurant nutrition programs have reported the selection rate of healthy menu items to be 23% (Renaud & Demers, 1992), 25% (Paul et al, 1989), and 55% (Selig, 1995). Another method of measuring choice of healthy menu items is through the sales of these items. Anderson & Haas (1990) found that, following the implementation of the Dine To Your Heart's Content program, sales of 90% of healthy menu choices increased, while sales of only 3% of these items decreased.

However, Green and colleagues (1993) found a somewhat lower rate (less than 17%) for such healthy requests. This lower rate may be due in part to the program's evaluation design, which differed from that of the programs outlined above. Whereas in the other

studies, survey respondents were recruited from participating restaurants, respondents in the study by Green and colleagues (1993) were consumers who frequently ate out, but not necessarily at restaurants participating in the nutrition program. Furthermore, only those respondents who correctly identified the program's design (one third of all survey participants) were asked whether they had ever made a healthy choice at a participating restaurant. Thus, restaurant nutrition programs are generally associated with moderate to high increases in choices of healthy menu items.

Restaurant Compliance

Restaurants participating in programs using the Customer Request design have been assessed in terms of their compliance in fulfilling consumer requests for healthy foods. Green and colleagues (1993) reported restaurant compliance rates of 73% and 62% for Heart Smart Restaurant programs in Saskatoon and Regina, respectively. Selig (1995) found a compliance rate of 92% for the Heart Smart Restaurant Choices program in Nova Scotia. Thus, compliance rates are also moderate to high for restaurant nutrition programs.

Nutrition Education/Information

Some restaurant nutrition programs provide nutrition information or assess the nutrition knowledge of patrons or restaurant personnel. These attempts have met with mixed results. Forster-Coull & Gillis (1988) reported that restaurant patrons' knowledge of heart healthy eating was high. However, their program did not undertake to educate these patrons about heart healthy eating, so these results cannot be attributed to the program

itself. Fitzpatrick and colleagues (1997) found that both restaurant personnel and restaurant patrons report that consumers are not receptive to nutrition information presented on restaurant menus. Together, these studies suggest that nutrition education is neither needed nor desired by restaurant patrons.

Paul and colleagues (1989) reported that 50% of surveyed restaurateurs believed their staff did not possess adequate nutrition knowledge to answer patrons' nutrition-related questions, and that 82% of the wait staff agreed. Again, this program did not undertake to educate restaurant personnel about nutrition but simply assessed their existing level of knowledge. More recently, Palmer & Leontos (1995) reported a positive shift in knowledge of dietary fat in chefs who had taken part in nutrition training classes as part of the Las Vegas LEAN restaurant program. These two studies suggest that efforts to increase nutrition knowledge may be best applied to restaurant personnel, since it is in this population that nutrition knowledge may be needed and has shown some sign of success.

Qualitative Results

Program Support from Restaurant Personnel

Results from restaurant nutrition programs have shown high levels of support for these programs by restaurant management and staff. Programs have been well accepted by both managers and staff (Forster-Coull & Gillis, 1988; Vancouver Health Department, 1993), and comments about these programs have been generally favourable from all types of restaurant personnel (Anderson & Haas, 1990). Several restaurant nutrition programs

have found that all participating restaurateurs expressed their desire to continue with the program (Vancouver Health Department; Anderson & Haas; Lefebvre, 1987), while others report the large majority of restaurateurs wanting to do so (Forster-Coull & Gillis; Ying, 1997). However, the Heart Beat Dining Guide program represents an exception, in terms of the level of program awareness and promotion found among participating restaurateurs. Only 55% of restaurateurs who had registered for this program were actually aware of it and promoting it within their restaurants, while 40% were neither aware of the program, nor involved in promoting it (Bradley, 1991). In general, however, restaurant personnel have been highly supportive of restaurant nutrition programs.

Managers' Impressions/Beliefs

Managers' impressions of restaurant nutrition programs are generally positive, especially in terms of the impact of these programs on their customers. Managers report that customers show interest in the program (Lefebvre, 1987; Vancouver Health Department, 1993), and order menu items designated as healthy choices (Forster-Coull & Gillis, 1988; Lefebvre). Managers also believe that restaurant nutrition programs address the nutrition needs or concerns of their patrons (Anderson & Haas, 1990; Paul et al, 1989), and report favourable comments from their customers about these programs (Forster-Coull & Gillis; Anderson & Haas). Some managers feel the restaurant program enhances their public image (Paul et al), while others believe it increases restaurant sales (Forster-Coull & Gillis). Restaurant managers report that the main disadvantages associated with these programs include costs or extra labour needed to test new recipes and affix menu labels (Anderson & Haas), and negative attention drawn to some (less healthy) menu items

(Paul et al). Thus, managers of restaurants participating in nutrition programs hold mainly positive impressions of these programs, and tend to focus on their beneficial influence on customers.

Informal Program Observations

Apart from the results of formal program evaluations, many authors and researchers have offered observations about restaurant nutrition programs arising from their experience with these programs. When these informal observations are examined collectively, several common themes emerge. These themes include:

- the discrepancy between consumers' interest in health and nutrition, and their food selection behaviour in restaurants
- the need to consider factors important to the restaurant industry
- the importance of program promotion and training restaurant personnel.

Informal observations are strikingly similar to recommendations arising from formal evaluations, as outlined in the Results and Discussion section, and provide further insight into some of the key issues surrounding the development and implementation of restaurant programs.

Consumer Health Interests vs. Dining Behaviour

Many researchers have noted the inconsistency between consumers' stated interest in healthy eating and their actual food selections when dining out (Dulen, 1998; Fitzpatrick et al, 1997; Palmer & Leontos, 1995; Clay et al, 1995; Parks et al, 1994; Sneed & Burkhalter, 1991). While consumers continue to express their interest in healthy foods,

they often order less healthful fare when dining out (Dulen; Palmer & Leontos; Warshaw, 1993), and limit their use of menu items labeled as nutritious (Parks et al). This discrepancy has confused and frustrated restaurateurs (Clay et al; Parks et al; Warshaw), who sometimes find it difficult to satisfy conflicting consumer demands (Palmer & Leontos).

Frequency of Dining Out

The inconsistency between consumer nutrition interest and behaviour can be explained in part by the frequency with which individuals dine out. Restaurant patrons are most concerned about ordering healthy food when eating out regularly (in routine or daily situations), and least concerned when eating out on special occasions (National Restaurant Association, 1984). Consumers who eat out frequently usually attempt to order nutritious menu items and restrict their consumption of less healthy foods (Fitzpatrick et al, 1997). While they occasionally indulge in "luxury foods" during special occasions, this behaviour is not seen as unhealthy, as long as good nutrition standards are maintained most of the time (Fitzpatrick et al). One study comparing a family-style with a fast food restaurant in Montreal found that although customers in the fast food restaurant ordered fewer healthy menu items than those in the family-style restaurant, fast food patrons were more than twice as likely to choose healthy menu items if they frequently dined at the fast food restaurant than if they were not regular customers (Richard, O'Loughlin, Masson & Devost, 1999). Thus, restaurant patrons are more likely to order healthy foods if they eat out more frequently, and less likely to do so during special occasions.

Importance of Taste

More importantly, however, the nutrition interest/behaviour discrepancy can be more fully explained in terms of consumer demands for good tasting menu items. Even though consumers eat out more frequently now than in the past, eating out is still viewed by many as an occasion to splurge on special foods (Sneed & Burkhalter, 1991) and plays a role in satisfying a need to be indulged and pampered (Fitzpatrick et al, 1997). This perception of dining out as an occasion for indulgence extends to taste expectations for restaurant foods. Taste is the major factor influencing consumer food choices (Dulen, 1998; Fitzpatrick et al; Palmer & Leontos, 1995) and in restaurant menu planning (PFSHPP, 1998). The literature clearly shows that, despite their interest in good nutrition, restaurant patrons choose food on the basis of taste (Palmer & Leontos). The availability of healthy menu items alone is not enough to change consumer behaviour with respect to good nutrition (Palmer & Leontos). Many consumers perceive healthy menu items as lacking in flavour and variety (Dulen). Although consumers are interested in more healthful food choices, they will not order these items unless they also taste good (Fitzpatrick et al; Palmer & Leontos). Thus, restaurant patrons are interested in healthy menu items, but place more importance on indulging their expectations for tasty menu items when dining out.

As a result, healthful restaurant dishes should be competitive with other menu items in terms of taste, and should be promoted as good tasting first and nutritious second (Richard et al, 1999; American Dietetic Association, 1991; Regan, 1987). Furthermore, healthier menu choices may not sell if they are advertised as being healthy (Dulen, 1998).

Nutrition promotions that encourage foodservice personnel to prepare good tasting, healthier menu items are becoming more and more successful (Fitzpatrick et al, 1997). Nutrition promotions aimed at restaurant patrons should take a more general approach to health that emphasizes overall wellbeing and good nutrition (Regan). Consumers are not interested in nutritional details about healthy menu items, but seem satisfied when simply informed that the menu choice is better for them (Regan). Consequently, the emphasis in promoting good nutrition to restaurant patrons should focus mainly on the taste of healthy menu items. If good health is also promoted, it should be in terms of a basic assurance that the more nutritious menu items are a healthier choice.

Importance of Choice

Improving the taste of healthy menu items may motivate consumers to change their eating behaviour in restaurants (Palmer & Leontos, 1995). The bottom line is to provide consumers with a choice of innovative, tasty menu items that comply with dietary recommendations (Straus, 1994). The key to convincing customers to order healthy menu items is to provide a variety of these items that taste good (Dulen, 1998). Restaurant patrons appreciate the option of choosing more healthful dishes, but do not want to feel guilty when they splurge on less healthy foods (Fitzpatrick et al, 1997). In order to avoid portraying regular menu items as unhealthy, more nutritious dishes should be promoted mainly in terms of their taste. Thus, the key to addressing the discrepancy between nutrition interest and eating behaviour in restaurants is to provide restaurant patrons with a choice of more healthful menu options that taste as good as (or better than) regular menu options. In this way, consumers can choose to make a healthier menu

selection when they wish, without compromising the indulgence of enjoying a good tasting meal when dining out.

Restaurant Industry Priorities

In order to be successful, restaurant nutrition programs need to take into consideration factors involved in the restaurant business (Anderson & Haas, 1990). These programs should not impose large demands on participating restaurants, nor should they be based on unrealistic expectations of the restaurant industry (McPharlin, 1988). Rather, restaurant programs should support the interests and priorities of those employed in this industry. Two of these priorities include the need to generate a profit, and the need to respond to consumer demand.

Profit

The restaurant industry is profit driven and restaurateurs cannot afford to market menu items that will not sell (Regan, 1987). Restaurant nutrition programs need to appeal to the profit margin of restaurant operators, and should be economical for participating restaurants to implement, in terms of both money and time (Lefebvre, 1987). These programs need to demonstrate a clear financial benefit to taking part in the program (Regan), in terms of marketing healthy menu items to attract more customers and increase sales (American Dietetic Association, 1991).

Consumer Demand

Responding to consumer demand is also very important to those in the restaurant industry (Warshaw, 1993). More and more, restaurants are marketing nutrition in an attempt to gain a competitive advantage by responding to consumer demand for healthier food (Warshaw). In addition, restaurateurs plan to offer more nutrition information to their patrons, also based on consumer demand (National Restaurant Association, 1992). Restaurant nutrition programs should consider the importance of consumer demand when setting standards for healthy menu items. These items need to meet the patrons' expectations of the restaurant (Regan, 1987).

Program Promotion

Many different authors have documented a need for increased promotion of their restaurant nutrition program (Ying, 1997; Selig, 1995; Dwivedi & Dobson, 1993; Bradley, 1991; Paul et al, 1989). This need may arise from an overall lack of program awareness by the general public (Ying), or because restaurant managers are not taking full advantage of promotional materials to promote the program to their customers (Selig; Bradley). Restaurant nutrition programs should be aware of the importance of adequate program promotion. Encouraging participating restaurants to actively promote the program to their patrons increases the effectiveness of attempts to advertise the program as a whole (Bradley). Advertising the program as a whole is necessary to ensure its future success (Ying). Large-scale community promotions are recommended to advertise restaurant nutrition programs (Dwivedi & Dobson) despite the challenges they represent for program organizers (Ying).

Training Restaurant Personnel

Some authors have noted the importance of training restaurant personnel about the restaurant nutrition program and how to deliver it to their patrons (Anderson & Haas, 1990; Regan, 1987). The owners/managers of participating restaurants need to support the program (Regan) in order for it to be accepted by restaurant wait staff (Anderson & Haas). Wait staff need to be properly trained about the program in order for it to be successful with restaurant patrons (Anderson & Haas; Regan). Customers react very favorably to restaurant nutrition programs in situations where the staff understand the program's guidelines (Anderson & Haas). In addition, chefs should be educated to help them develop good tasting, healthy menu items (Palmer & Leontos, 1995). Thus, training all types of restaurant personnel aids in the success of restaurant nutrition programs.

Research Related to Restaurant Nutrition Programs

Several studies have been conducted that relate to restaurant nutrition programs, and help provide further insight into these programs. Colby and colleagues (1987) studied the effectiveness of different messages in motivating restaurant patrons to order healthy dishes, Albright and colleagues (1990) examined the effect of labeling nutritious menu items as healthy, and several studies conducted by Almanza and colleagues provide some more detailed information about menu labeling in restaurants (Almanza, Nelson & Chai, 1997; Almanza & Hsieh, 1995). This research is reviewed in the following section.

Promoting the Selection of Healthy Food Through Menu Item Description in a Family-Style Restaurant

Colby and colleagues (1987) studied the effectiveness of different messages intended to encourage restaurant patrons to select healthy menu items in family-style restaurants. These researchers used three different messages to promote healthy daily specials (target menu items) in these restaurants. The "Health" message emphasized the health-related aspects of the dishes, in terms of their low fat, salt, and cholesterol content. The "Taste-Health" message emphasized the flavour of the dishes, and also added that they were healthy as well. Finally, the "Nonspecific" message was neutral in content, only noting that the dishes were the special of the day. Both health and taste-health messages were compared to the non-specific (neutral) messages to determine their impact on consumer selection of healthy daily specials. The study measured this impact in terms of patrons' main reason for selecting daily specials, along with what these patrons remembered about the messages describing these specials.

Colby and colleagues (1987) found that taste was the most important consideration when selecting healthy daily specials. Patrons ordered these menu items when the message indicated they were healthy but emphasized their flavour (Taste-Health message). Regardless of the actual content of the messages, more patrons remembered messages to have been about taste than any other quality of the target menu items. Researchers concluded that restaurant patrons are more open to information about the taste of food than its healthfulness. Menu items are more appealing if described by a message that focuses mainly on flavour and adds as an afterthought that the dish is also healthy.

The results from this research by Colby and colleagues (1987) strongly support observations that taste is the main factor influencing consumers' choice of menu items. These results were used in the development of the 4-Heart Restaurant Program in Pawtucket, which emphasizes the taste of healthy choices over their healthfulness. It should be noted, however, that while this study examined the effect of health-only messages, it did not examine the influence of using taste messages apart from health.

Restaurant Menu Labeling: Impact of Nutrition Information on Entree Sales and Patron Attitudes

Albright and colleagues (1990) studied changes in sales of target menu items in family style restaurants before and after they were labeled as healthy choices. Menus were posted on a large board at the entrance of each restaurant taking part in the study. A large red heart was placed beside each healthy menu item that met the study's criteria as a healthful choice. A sign was also posted explaining that the labeled dishes were "good for health". Finally, information sheets were made available to patrons that provided information about the heart labels and tips for making the entire meal low in cholesterol and fat. Restaurant patrons were surveyed to determine the visibility and comprehension of the menu labels, and the reasons for selecting labeled items.

Albright and colleagues (1990) found that two out of four restaurants experienced significant increases in sales of labeled menu items. These increases were 18% and 40% higher than baseline sales (with no labels). Fifty percent of patrons reported noticing the labels and information sheets, more than 60% understood the purpose of the labels, and

25% ordered a labeled entree. Researchers concluded that their study provided modest support that nutrition information can have a significant influence on the selection of healthy menu items.

In addition, Albright and colleagues (1990) found that taste was the most important reason for selecting a menu item (46% of all patrons), regardless of whether or not the item was labeled. Eighteen percent of all patrons chose a menu item based on the desire to eat a healthy meal. In patrons who selected a labeled item, 37% chose it for reasons of taste and 35% chose it because they wanted a healthy meal. In patrons who did not select a labeled item, 50% made their choice based on taste, and 20% wanted to try something different. Therefore, even though more patrons who did not select a menu item labeled as healthy based their choice on taste, overall the most significant reason for choosing an entree was its taste.

Finally, Albright and colleagues (1990) report that gender and age are associated with the sales of labeled items. Women and older patrons were more aware of the program and more responsive to its recommendations. Older patrons were less likely to see the labels, but more likely to order labeled menu items. Researchers report that the experiment was accepted with enthusiasm by the managers of participating restaurants.

Again, this study provides further support for the importance of taste in influencing patrons' menu choices. The finding that 25% of surveyed patrons selected a healthy menu item is similar to that reported in other studies: 25% (Paul et al, 1989), 23%

(Renaud & Demers, 1992), and 22% (Forster-Coull & Gillis, 1988).

Menu Labeling Studies

Menu labels, as previously outlined in this report, are symbols placed on the menu beside menu items that have been designated as healthy choices. Restaurant nutrition programs may use different methods to determine which menu items are eligible for a menu label. Some programs require menu items to be analyzed for their nutritional content, while others provide guidelines or checklists that restaurateurs fill out in order to qualify menu items for labeling. Some programs also provide information or services designed to help modify menu items so that they meet the program's standards as healthy choices.

Several studies have been designed to provide information about menu labeling in restaurants (Almanza et al, 1997; Almanza & Hsieh, 1995). These studies report that consumers prefer labels that are attractive, easy to use, and present information clearly (Almanza & Hsieh). Restaurateurs prefer menu labeling that is easy to implement and allows flexibility when changing menus (Almanza et al). Smaller restaurants also prefer that resources and expertise be available for help with menu labeling (Almanza et al). Almanza and colleagues report that, in general, restaurateurs require help with analyzing or evaluating menu items, interpreting the results of these menu analyses, and modifying recipes to meet the program's nutrition standards.

For restaurants who have not yet implemented menu labels but are planning to do so, major obstacles to menu labeling are related to extra resources needed to provide these labels (Almanza et al, 1997). These obstacles include a lack of time, added costs associated with the labeling process, and difficulty training staff to implement them. For restaurants with established menu labeling, major obstacles are related to how to continue using menu labels. These obstacles include limited space on menus, and a loss of flexibility in changing menus.

Review of Restaurateur Surveys

Relatively few surveys have been carried out that assess the interests and opinions of restaurateurs with respect to restaurant health promotion programs. However, three recent studies have been conducted that provide insight into this area, two of which involve Canadian populations. These studies will be described briefly, and a summary of their results will be presented which includes information about the availability of healthy menu items in restaurants, preferred strategies to promote the sales of these items, training restaurant personnel about restaurant nutrition programs, and the willingness of restauranteurs to take part in these programs.

Benson (1995) surveyed restaurateurs in Alberta by telephone to measure the availability of healthy menu items in lunch trade restaurants, and the willingness and ability of restaurateurs to increase the sales of these items. The list of 20 healthy menu items used in this survey was based on the Heart and Stroke Foundation's Heart Smart Choices

Program for Restaurants, and the study's analysis was based on responses from 25 restaurants (Benson). Clay and colleagues (1995) sent a mail survey to the directors of product research and development of 309 major restaurant chains in the United States, inquiring about the health-related menu items these restaurants offered, and plan to offer in the near future. Finally, key informant interviews were conducted by telephone with 16 restaurateurs across Ontario by members of the Steering Committee, as part of the development of the Provincial Food Services Health Promotion Program (PFSHPP,1998). This research was very helpful because it provided a great deal of information directly related to the topic of this study. However, its results must be interpreted with caution due to the small sample size and the nonrandom nature of this sample of restaurants, which was "healthier" than most restaurants (PFSHPP).

Demographics

In terms of restaurant type, the majority of restaurants surveyed by Benson (1995) were family style restaurants (68%). Some provided multiple food services (16%), some were fast food restaurants (12%), and a small proportion were fine dining restaurants (4%). Restaurant size was relatively evenly distributed between restaurants with 51-100 seats (36%), 50 or fewer seats (28%), and 101 or more seats (20%). Forty eight percent of respondents were restaurant owners, 32% were managers, and 20% were chefs.

Healthy Menu Items Most Frequently Available

Even though all three studies evaluated the availability of different menu items defined by each study as being "healthy", some similarities between the studies can be found when comparing their results in terms of the availability of healthy menu items in restaurants. Healthy menu items that were most frequently available in restaurants surveyed by both the Benson (1995) and PFSHPP (1998) included salad dressing on the side, butter or margarine on the side, and broiled/roasted/steamed foods. In addition, Benson reported that restaurants frequently offered 2% milk, meats with the fat removed, and soup/salad/vegetables substituted for french fries. According to the PFSHPP survey, other items frequently available included milk as an alternative to cream in tea/coffee, and allergen-free choices. Clay and colleagues (1995) reported that restaurants most frequently offered diet soft drinks, sugar substitutes, and decaffeinated beverages.

Benson (1995) concluded that healthy menu items are easy for restaurants to serve when the food is available from the wholesaler or distributor and when customers frequently order or request the item. Restaurants surveyed by the PFSHPP (1998) reported that is was easy for them to offer milk as an alternative to cream in tea/coffee, butter/sauces/gravy served on the side or not at all, and salad dressing/sour cream/mayonnaise/other condiments on the side.

Healthy Menu Items Least Frequently Available

There were some distinct similarities in the types of healthy menu items that were least frequently available in surveyed restaurants. Two of the surveys found that 1% or skim milk, calorie reduced salad dressing, and foods prepared with no added salt were the top three healthy menu items least likely to be offered by restaurants (PFSHPP, 1998; Benson, 1995). Other items not commonly available included foods prepared without added MSG, fresh fruit for dessert (Benson), and smaller portion sizes (PFSHPP). Clay and colleagues (1995) reported that steamed entrees, egg substitutes, and low-calorie desserts were least frequently offered by the restaurants they surveyed.

Restaurants found it difficult to provide calorie-reduced salad dressing due to low demand for the product (PFSHPP, 1998), and problems related to storage and increased inventory (Benson, 1995). Requests for 1% and skim milk were too low to justify ordering the foods, and restaurants found it difficult to offer food low in salt because they have little control over the food supplies they receive (especially franchise restaurants) (PFSHPP). Some restaurants reported difficulty in maintaining the quality of fresh fruit while promoting sales (Benson). There are several reasons restaurants have difficulty providing smaller portion sizes, especially with respect to portions of meat. Restaurants need to provide a large amount of food for value, customers prefer 8 ounces of meat or more, and some use pre-portioned meats (Benson). Most restaurants who do offer smaller portion sizes have them printed on the menu, usually at a lower cost (PFSHPP).

Program Promotion

Benson (1995) reported that, in an attempt to help promote healthy menu items, restaurateurs were most interested in trying new recipes and training cooks and wait staff. In addition, restaurants were also willing to use door decals, table tents, and menu inserts for this purpose (Benson). The PFSHPP study (1998) reported somewhat different results. According to this survey, restaurateurs felt that the program should be promoted to consumers through local newspaper advertisements (PFSHPP). Restaurateurs were also interested in using dining guides, door decals, and a Tourism Ontario website for program promotion (PFSHPP). When asked how information about a restaurant health promotion program should be relayed to restaurants, respondents from one survey recommended the use of public health nutritionists or public health inspectors, and mail (PFSHPP).

Program Training

Eighty eight percent of survey respondents in Benson's (1995) study indicated that they would consider training their staff about the program. Training methods most preferred by these respondents included the use of video/audio tapes, information sheets, and posters. Respondents were least interested in ongoing training by restaurateurs; however, 25% volunteered the suggestion that staff training was their responsibility. Restaurateurs recommended the following list of topics to include when training staff about the program:

- Sources of calories, carbohydrate, protein, fat, and cholesterol in food
- Healthy and unhealthy foods and alternatives

- Incorporating healthier food into the menu
- Preparing and storing healthy foods.

Willingness to Participate

One survey reported that 76% of restaurateurs felt that offering healthy menu choices was a medium or high priority for them (Benson, 1995). Another found that 75% of restaurateurs were interested in the health promotion program, 67% were very likely to participate, and 33% were somewhat likely to take part (PFSHPP, 1998). In addition, 92% of respondents felt their customers would consider the program somewhat valuable, and 8% felt it would be very important to their customers (PFSHPP)

Colby and colleagues (1987) conducted key informant interviews with restaurateurs and individuals with related interests to determine factors that would encourage restaurants to take part in a health promotion program. These researchers found that four factors were important in facilitating program participation: creating a market for healthy food choices, stressing the cost advantages associated with these choices, reflecting the fact that profit is a priority for restaurateurs, and using several early adopters among restaurateurs to demonstrate the program's success in the community.

Incentives and Barriers to Participation

When one survey asked what incentives would encourage restaurateurs to participate in a restaurant program, most respondents could not suggest an incentive (63%); however, 31% recommended free publicity and 6% suggested using door decals (PFSHPP, 1998).

When asked to rank a list of possible incentives, respondents indicated that their top three preferences were free publicity, a published restaurant review, and recognition by a local dignitary. Restaurateurs reported that the most significant barriers to program participation included reasons of cost (36%), time/involvement (18%), and requiring their restaurant to become 100% smoke-free (18%).

Summary

From a review of the literature, many different restaurant nutrition programs have been developed according to varying designs, and implemented using a variety of different strategies. The outcomes from these previously developed programs have been evaluated using a range of different evaluation methods, and reported in terms of both formal evaluations and informal observations. When examined collectively, results from both formal and informal assessments of these programs are very similar, providing support for the validity of these outcomes. As well, several surveys have been conducted with restaurateurs to determine their interests and opinions with respect to restaurant nutrition programs. This literature review provides background information that can be used, along with data that reflects the unique needs of a specific community, to determine the feasibility of developing a restaurant nutrition program within that community.

CHAPTER THREE

RESEARCH OBJECTIVES

Goals:

The first goal of the restaurant health promotion feasibility study was to determine best practices associated with restaurant health promotion programs. Specific objectives for this goal were:

- to conduct background research on previously developed restaurant health promotion programs and other studies that provide insight into these programs
- to write a review of this background research that summarizes other restaurant programs and outlines effective/successful practices associated with them

The second goal was to assess the needs of Hamilton-Wentworth restaurant managers and owners with respect to the development and implementation of a restaurant health promotion program. Specific objectives for this goal were:

- to conduct a focus group comprised of Hamilton-Wentworth restaurateurs designed to provide information for the development and implementation of a restaurateur mail survey
- to develop and implement a mail survey of Hamilton-Wentworth restaurateurs designed to assess their interests and opinions concerning the development of a restaurant health promotion program

Research Question:

The restaurant health promotion feasibility study took place during the needs assessment stage of program planning for Hamilton-Wentworth's proposed restaurant health promotion program. Thus, there was no previous information in this area and no study hypotheses. Rather, the restaurant health promotion feasibility study represented exploratory research seeking descriptive information. This study focused on addressing the following research question: Is it feasible, from the standpoint of restaurateurs, to implement a restaurant health promotion program in the Hamilton-Wentworth region?

CHAPTER FOUR

METHODOLOGY

Study Design:

The restaurant health promotion feasibility study was a collaborative effort of the University of Guelph's Applied Human Nutrition faculty and the Hamilton-Wentworth Regional Public Health Department, Healthy Lifestyles Branch. This study was descriptive in design, and consisted of three components. Background research was conducted into previously developed restaurant nutrition programs, and best practices associated with these programs were compiled based on this research. A focus group was held to inform on the design and implementation of a restaurateur mail survey. This survey was mailed to a sample of restaurateurs in the Hamilton-Wentworth region to determine their interests and opinions regarding the development of a local restaurant health promotion program.

The mail survey design was chosen for this study for several reasons. First, restaurateurs must be contacted at the restaurant they manage or own, and are likely to be busy while they are there. Thus, it would likely be difficult and time consuming to schedule face-to-face or telephone interviews with restaurateurs while they are at work. A mail survey, however, can be filled out in stages when respondents find time, and allows them to check their records (Neuman, 1997) to answer questions about the operation of their restaurant.

Mail surveys also allow maximum sample size and population reach with limited funds (Neuman, 1997). This is advantageous in an exploratory study because it allows input from as many restaurateurs in the Hamilton-Wentworth region as possible, in order to obtain a more comprehensive understanding of the needs of this population. In addition, a maximum sample size allows the restaurant health promotion program to be introduced to as many restaurateurs as possible at the outset of program planning to raise awareness for more successful program implementation later.

Characteristics specific to the mail survey design were considered when designing the survey protocol, in order to maximize the survey's response rate. Where possible, methods of increasing this rate were incorporated into the survey's design, according to mail survey methodology recommended by Dillman (1978). See Appendix A for a summary of this methodology.

Sample:

The study's sample consisted of restaurant managers/owners of eligible restaurants in the Hamilton-Wentworth region. Eligible restaurants included those that were independently owned or part of a local franchise. Cafeterias, school and institution-based restaurants, coffee shops, and non-locally owned franchise restaurants were excluded from the study. In addition, restaurants concurrently surveyed as part of a smoking by-law study conducted by the Hamilton-Wentworth Regional Public Health Department were also excluded. The sample was thus chosen because independently owned restaurants have

greater flexibility to change in order to provide a healthy eating environment, with more control over their menu and restaurant operations. Furthermore, restaurateurs from local restaurants are more likely to reflect the needs, opinions, and interests unique to the Hamilton-Wentworth community. Since the new smoking by-law created controversy and negative reactions among some restaurateurs, restaurant managers/owners surveyed about the new smoking by-law were not included in the sample to avoid any association that might decrease the response rate to the restaurant health promotion survey.

A list of eligible restaurants was compiled from the comprehensive listing of all food premises in the Hamilton-Wentworth region, supplied by the Hamilton-Wentworth public health department Inspection database. The Inspection database list contained the names and addresses of all food premises in the region (708 in total), along with each corresponding owner or operator. The most recent version of this list (1998) was used for the study. Two researchers familiar with the Hamilton-Wentworth area and many of its restaurants examined the list and selected restaurants that met the eligibility criteria. In total, 410 (57.9%) restaurants were eligible. From the list of eligible restaurants, 94 were randomly sampled using a table of random numbers to recruit participants for the study's focus group. Eight agreed to participate, and four subjects actually took part. Forty-six restaurants were randomly sampled (from the list of eligible restaurants) by another researcher for the smoking by-law survey. These were excluded from the sample. The remaining 270 eligible restaurants were included in the sample. Thus, in total, 364 out of 410 eligible restaurants were included in the survey sample (89%). Of these 364, 186 (51.1%) restaurateurs indicated by telephone that they were willing to complete a mail

survey, and one of these surveys was subsequently mailed to them.

Procedures:

Ethics approval was obtained from the University of Guelph and Hamilton-Wentworth Regional Health Department ethics committees before proceeding with both the focus group and mail survey portions of the study. The University of Guelph Human Subjects Committee granted ethics approval for focus group research on August 28, 1998 (Appendix B), and for mail survey research on October 13, 1998 (Appendix C). Major study activities proceeded according to the Timeline outlined in Appendix D.

Background Research

The research literature was searched for articles pertaining to previously developed restaurant nutrition programs, along with studies conducted in restaurant settings that provide insight into these programs. Databases used in this search included Agricola, CHID, HealthSTAR, Medline, and Sociological Abstracts. The following keywords, alone and in various combinations, were used in this literature search:

- restaurant
- restaurant program
- foodservice
- food industry
- health
- health promotion
- heart health
- heart health program
- heart disease
- nutrition
- nutrition promotion
- food away from home
- eating out

Using a review prepared by the Steering Committee of the Provincial Food Service Health Promotion Program (1998), public health units were contacted to obtain information about current restaurant nutrition programs in Ontario. Health professionals were also contacted via e-mail newsgroups to inquire about restaurant nutrition programs in Canada and the United States.

A report was written that provided background information on previously developed restaurant nutrition programs from available research and current programs. This report described each of these restaurant nutrition programs in terms of their design, strategies, and outcomes. The collective outcomes from all of these programs were then reviewed in terms of both quantitative and qualitative results. Results from evaluated restaurant nutrition programs were used to determine best practices associated with these programs. Best practices were based on program activities that have been evaluated and shown to be successful by at least two programs, and subsequently published in a peer-reviewed journal. The report also summarized information from other studies conducted in restaurant settings, and other surveys of restaurant managers and owners that provide insight into restaurant nutrition programs.

Focus Group

A focus group was conducted with Hamilton-Wentworth restaurateurs to provide information about the structure and implementation of a mail survey planned for local restaurateurs. A random sample of restaurateurs was drawn from the list of eligible restaurants derived from the Inspection Division of the Hamilton-Wentworth Department

of Health Services. This sample was contacted by telephone, informed of the study and focus group protocol, and asked for their voluntary participation in a focus group. The telephone script used to recruit focus group participants can be found in Appendix E. Each restaurant was contacted up to three times to request participation from the manager. To encourage participation, restaurateurs were informed that an honorarium of $35 would be provided to participants, and those who agreed to participate were given directions for inexpensive parking close to the location of the focus group. Those who declined to participate were asked whether they would be willing to fill out a mail survey. Those who agreed were included in the list of restaurateurs who were later sent a copy of the survey.

Prior to the focus group, the researcher was trained in conducting focus groups by Judy Paisley, a PhD student from the University of Guelph with extensive experience facilitating focus groups. The focus group was then held in Hamilton on September 14, 1998, at 4:30 pm and lasted one hour. Before taking part, subjects were asked to sign a consent form explaining that their answers would remain confidential and anonymous, and that they were free to choose not to answer any questions they did not wish to answer, and to withdraw from the study at any time. A copy of this consent form can be found in Appendix F.

Focus group questions were based on issues associated with the format of the restaurateur survey and plans for its implementation. A list of these questions can be found in Appendix G. Responses were summarized and used to revise the draft survey and its

implementation protocol as necessary. At the end of the focus group, participants were asked whether they would be willing to pilot the survey, and whether they would be willing to fill out a restaurateur mail survey. All four participants volunteered to pilot the survey, and all offered to complete the survey. Participants were also asked whether they would like to receive a copy of the results of the study when it was complete. Again, all four participants requested a copy of the study's results.

Restaurateur Mail Survey Development

Using information from the focus group, a mail survey was developed to assess the interests and opinions of restaurant managers in the Hamilton-Wentworth region with respect to the development of a restaurant health promotion program. A search for previously developed restaurateur surveys was conducted through the literature and through other restaurant programs. Telephone surveys conducted by Benson (1995) and the Provincial Food Services Health Promotion Program (1998), and to a lesser extent a mail survey conducted by Clay and colleagues (1995), were used in the development of a draft Restaurateur Mail Survey. This draft survey was developed, reviewed, and revised repeatedly in consultation with all researchers involved in the study from the University of Guelph and the Hamilton-Wentworth Regional Public Health Department; namely, Donna Woolcott, Susan Evers, Helen Hale Tomasik, Glenn Brunetti, and Kathy Lepp. In addition, outside opinion was solicited from health department nutrition professionals, the project's study's Steering Committee, and Andrea Topell, a Health Promotion professor from Brock University. Final revisions were completed in accordance with results from pilot testing with Hamilton-Wentworth restaurateurs.

Study Variables

The following topics were included in the mail survey:

- Restaurant Demographic Profile
- Heart Healthy Eating
- Safe Food Handling
- Program Components
- Program Promotion
- Program Partners
- Barriers and Incentives to Participation
- Overall Impressions

Study variables included in these topics, along with their operational definitions, can be found in Appendix H.

Pilot Testing

The draft survey tool was piloted on five restaurateurs in the Hamilton-Wentworth region. Three of these were focus group members, one was a local chef and a member of the project's Steering Committee, and one was a restaurateur who had originally agreed to participate in the focus group but later was unable to take part. The researcher first contacted these restaurateurs to arrange individual appointments to pilot the survey. She then hand-delivered the survey, waited while it was being completed, and gathered feedback. Final revisions to the survey were made based on results from pilot testing. A copy of the final version of the Restaurateur Mail Survey questionnaire can be found in Appendix I. Major revisions stemming from pilot testing involved changes designed to

make the survey look less crowded and lengthy, and to clarify wording and concepts. Major revisions to wording included the following changes:

- the term "meal" was defined in question #6
- the word "oil" was added to the list of fats included in one of the menu items listed in question #7
- "N/A" was removed as a response option for the last item listed in question #11
- the word "core" was changed to "mandatory" in question #15
- the word "trained" was added to describe program volunteers in question #17
- questions #22 and #23 were re-worded to instruct respondents to choose only those items that represented significant program barriers and solutions.

Restaurateur Mail Survey Implementation

All restaurateurs from eligible restaurants not sampled for focus group recruitment (or the smoking by-law survey) were contacted by telephone in January, 1999 to recruit subjects for the restaurateur mail survey. Two researchers made the telephone calls, using the telephone recruiting script found in Appendix J. All restaurants were contacted up to three times to request participation from the manager. Restaurant managers were briefly informed of the restaurateur survey and its purpose, and asked whether they would be willing to fill out one of these surveys if sent by mail. Surveys were mailed to all restaurateurs who expressed a willingness to fill one out (including those identified during focus group recruitment). In total, 186 restaurant managers were included on the mailing list.

Incentives

Incentives were included in the design of the restaurateur survey to motivate subjects to complete and return their survey, and thus to maximize the survey's response rate. Information regarding appropriate incentives for restaurateurs was obtained from the focus group, who recommended some form of restaurant recognition, promotion, or advertising. As a result, the main survey incentive was free advertising in the Hamilton Spectator newspaper; other incentives included a three month membership to the YMCA/YWCA, and a Heart Smart cookbook and video. These incentives, which were provided by the Hamilton-Wentworth Regional Public Health Department, took the form of prizes which were raffled off in two prize draws. The first draw was held just prior to the second mailing and the second draw was held just prior to the end of data collection. Subjects were informed through the survey's cover letter(s) that they would be entered into one or more prize draws when they returned their completed survey, along with the deadlines for inclusion in each draw. Subjects who returned their completed survey in time for the first draw were also entered into the second draw.

For both draws, the names of all qualifying restaurateurs were placed in a container, from which the winners were randomly drawn. Within each of the two draws, restaurateurs were not eligible for more than one prize. However, as mentioned, those eligible for the first prize draw were also included in the second draw. All winners were contacted by telephone and informed of the prizes they had won.

Initial Mailing

The initial mailing of the restaurateur mail survey took place on Monday, January 25, 1999. The survey was accompanied by a cover letter, a consent form, a "Reason(s) for Not Responding" (RNR) form, and a postage-paid envelope. The RNR form was based on research by Sully & Grant (1997). The cover letter explained the study and the survey protocol, and asked for the restaurateur's voluntary participation in completing the survey (see Appendix K). Restaurateurs who chose not to complete the survey were asked to fill out a form indicating their reason(s) for not responding, and to send this RNR form (either completed or left blank) back to the researchers by February 18, 1999 to avoid further contact (Sully & Grant) (see Appendix L). Restaurateurs who chose to participate in the survey were directed to read and sign the consent form (see Appendix M), complete the survey, and mail them both back to the researcher by February 18, 1999. Surveys and RNR forms were marked with an identification number. Subjects who returned a completed survey or an RNR form were subsequently removed from the mailing list. Subjects who returned a completed survey by February 23, 1999 (mailed on February 18, 1999 at the latest) were included in the first and second prize draws.

In response to the initial mailing, three restaurateurs returned an RNR form, and one declined participation over the telephone. Thirty-five restaurateurs returned completed surveys, and were included in the first prize draw, held shortly after the February 23, 1999 deadline. All other restaurateurs remained on the mailing list (147) for the second mailing.

Second Mailing

Three weeks after the initial mailing, a second survey was sent (on Monday February 22, 1999) to those who had not returned their survey and had not returned a RNR form. This survey (which was identical to the first), was accompanied by a cover letter once again asking survey subjects to complete and return the enclosed survey (see Appendix N), another RNR form and a postage-paid return envelope. One RNR form and 18 completed surveys were received in response to this second mailing. Fifteen subjects who returned their completed survey by March 23, 1999 (mailed on March 18, 1999 at the latest), along with the 35 subjects who qualified for the first prize draw were included in the second prize draw. This draw was held shortly after the deadline of March 23, 1999.

One restaurant returned two surveys, each completed by a different manager, and each containing different information. The first survey (received February 24, 199) was included and the second (received March 2, 1999) was excluded. Thus, out of 186 restaurants included in the survey, 53 restaurateurs returned their survey, 5 refused participation, and 128 did not respond. As a result, the response rate was 31%, and 52 surveys were included in data analysis. This response rate is lower than anticipated (40%), and also lower than those reported by other mail surveys conducted with research and development directors representing large restaurant chains in the United States. These mail surveys reported response rates of 34% (Clay et al, 1995), 35% (Sneed & Burkhalter, 1991), and 45% (Almanza et al, 1997).

Data Handling and Analysis

Survey data were collected and inputted in February, March, and April, 1999. The Statistical Package for Social Sciences (SPSS) software was used to create files for entering and managing survey data. Survey data were coded and entered into this software, and every other survey was double-checked for input errors after data entry.

Data analysis was conducted in April and May, 1999, also using the SPSS program. All study variables were analyzed using basic descriptive statistics. Nominal and ordinal categorical variables were analyzed using frequency counts and percentages. Numeric variables were analyzed using mean, median, minimum, maximum, and range. Due to the small final sample size (n=52), comparisons between restaurateur type, restaurant size, and other study variables were not possible. Data interpretation and write-up took place from May through October, 1999.

CHAPTER FIVE

RESULTS & DISCUSSION

Results from the focus group are presented as a summary of responses to questions posed during the focus group. Results from the literature review are presented in terms of best practices associated with restaurant nutrition programs. Finally, results from the restaurateur mail survey are organized into four major topics -demographics, heart healthy eating, food safety and handling, and program design. It should be noted that results from the literature are outlined in terms of restaurant nutrition programs, whereas results from the mail survey are discussed in reference to Hamilton-Wentworth's proposed restaurant health promotion program. Restaurant nutrition programs focus mainly or exclusively on attempts to promote healthy eating, while restaurant health promotion programs function to promote good nutrition along with other areas of health (such as non-smoking; food safety and handling; wheelchair access).

Focus Group Results:

1. **We would like to include a question to measure the size of a restaurant's clientele, or the number of customers a restaurant serves. What is the best way to measure or phrase this?**

Focus group members seemed to agree that this concept was familiar to restaurateurs because many restaurants keep record of their sales and/or number of customers for the purposes of planning and comparing from year to year. They indicated that restaurant managers could use the "customer count" from their cash register to provide information

about the number of customers a restaurant serves. The group also stated that most restaurants count the number of customers served per day, but it was also possible to divide the count according to different times of the day, or on a weekly or monthly basis. Focus group members also indicated that the size of a restaurant's clientele could be measured by counting the number of meals served or through the restaurant's "sales volume" or "volume of business" (amount of revenue). Finally, some participants suggested combining the concepts of sales volume with a customer count, by measuring the "check average" (sales per customer).

2 **How important is it to provide an incentive to motivate restaurant owners and managers to complete the survey? We are thinking of entering everyone who fills out a survey into a raffle to win one of several different prizes. What kinds of prizes would appeal to restaurateurs?**

Focus group members agreed that an incentive was needed in order to motivate restaurateurs to respond to the mail survey. They indicated that tickets to the theatre or sporting events (our original prize ideas) were not appropriate in this group, because many restaurateurs, especially those who owned and/or managed small, independent restaurants, had little free time and were often given these types of tickets as promotional items from industry representatives. Focus group members recommended using kitchen equipment as a potential prize, or providing some form of recognition, promotion, or advertising for restaurants as an incentive.

3. **We are wondering whether we should call restaurants before mailing out the survey to tell them a little about the survey and ask whether they would be willing to fill one out. How useful do you think this would be? If we do telephone, when would be the best time to call restaurants?**

Focus group members thought that telephoning restaurants before mailing them a survey was a good idea in order to prepare subjects for the survey's arrival. They indicated that the timing of these telephone calls was very important, and recommended calling during the mid-afternoon from approximately 2 to 4 pm, and avoiding calls during meal times and on the weekends. Participants also recommended asking to speak directly to the restaurant's owner or manager or visiting the restaurants in person.

4. **Who is the best person to fill out this survey? To whom should the survey be addressed? Ideally, the survey should be filled out by the person responsible for:**

-planning the restaurant's menu

-staff training

-restaurant promotions and

-public relations.

Focus group members indicated that the manager and owner of independent restaurants were often the same individual, and recommended addressing the surveys to the restaurant's manager. According to this group, larger independent restaurants may have both an owner and a manager; in these restaurants, the owner may not be as involved in the operation of the restaurant as the manager (may not be around the restaurant as

much). Therefore, it was better to address the survey to the restaurant's manager, because doing so would often include both the manager and the owner (in smaller restaurants) and would more likely involve the person most familiar with the restaurant's daily operation (in larger restaurants).

5. **We realize that participating in a restaurant health promotion program may present some challenges for restaurant owners/operators. What do you think these challenges might be? How could they be overcome?**

Focus group members felt that the food safety and handling area of the program would not be problematic, and suggested that the heart healthy eating component would cause the most problems. Customers may not be interested in ordering healthy menu choices because they view dining in a restaurant as a treat, and want special menu items when eating out. Restaurateurs need to be aware of and to offer foods according to what consumers demand -this may not include heart healthy menu choices. In addition, some participants felt that healthy eating is the responsibility of restaurant managers, who should know how to provide healthy foods to their customers. Thus, it may be an unnatural fit for the program to tell restaurateurs what foods are healthy. Some focus group members indicated that many consumers are interested in healthy choices, but are unsure what foods to order and need to be educated about making healthier choices. The program could offer special meals for special diets (eg. consumers with diabetes). Participants suggested that both restaurants and consumers may not be aware of the program's standards, and recommended that the program clearly communicate these standards to participating restaurants. The program should monitor participating

restaurants to ensure that they are following program standards, possibly through a survey. Finally, one participant suggested that a list of participating restaurants should be distributed to certain segments of the population, such as doctors, lawyers, and teachers, as a way of marketing the program.

6. **The survey is being conducted by Heart Health Hamilton-Wentworth and the University of Guelph. How are these organizations viewed by restaurateurs, in terms of their credibility? Will this affect the number of people who respond to the survey? How?**

Focus group members indicated that the involvement of the University of Guelph definitely lends credibility to the survey, but were unsure about Heart Health Hamilton-Wentworth. They felt that promoting the survey through Heart Health Hamilton-Wentworth alone would be less effective, because there are many different community groups and Heart Health Hamilton-Wentworth might be viewed as "just another one of those things going on". The University of Guelph, however, would probably be seen as something new, and might therefore attract more attention.

7. **How interested are you in working with staff at the Hamilton-Wentworth Regional Public Health Department?**

Focus group members responded both strongly and unanimously to this question by indicating that they were definitely **not** interested in working with the public health unit. Participants did not seem to respect this organization, and they stated that the health unit was inconsistent in the (public health inspection) services they provide. Focus group

members indicated that they wanted other restaurants to follow good food safety and handling procedures, and they felt that (public health) inspection does not necessarily ensure that this takes place in Hamilton.

8. **We would like to include a question asking restaurateurs to indicate the type of restaurant they manage or own. What categories of restaurant types should be used? How can these categories be defined or explained to distinguish them?**

There was not enough time to ask or discuss this question during the focus group.

Best Practices Associated with Restaurant Nutrition Programs

The following best practices are based on restaurant nutrition program activities that have been evaluated and shown to be successful by at least two programs, and subsequently published in a peer-reviewed journal:

Program Promotion

Promote the program to both consumers and the restaurant industry.

Advertise the program through the local media (Hooper & Evers, 1997; Palmer & Leontos, 1995; Ying, 1997) and consider staging a media kick-off event (such as a heart healthy luncheon for members of the local media) to attract news coverage of the program (Forster-Coull & Gillis, 1988; Palmer & Leontos). Provide participating restaurants with a choice of promotional materials such as menu labels (Forster-Coull &

Gillis; Palmer & Leontos), participation certificates (Ying), and table tents to draw attention to the program (Hooper & Evers). Use caution in promoting the program to restaurateurs based on its ability to attract more customers (Green et al, 1993). Rather, focus on the program's ability to provide an added (health and nutrition) service to restaurant patrons, and to enhance the image of the restaurants who take part in the program (Paul et al, 1989).

Taste vs. Health Messages

Focus on the taste of healthy menu items.

Taste messages are more important than health messages in influencing consumers to select healthy menu items (Fitzpatrick et al, 1997; Hooper & Evers, 1997; Lefebvre, 1987). Also, promote healthy menu items in terms of the added choice they offer restaurant patrons. Consumers appreciate the option of healthier menu choices (Fitzpatrick et al).

Staff Training

Offer program training to the staff of participating restaurants.

Restaurant personnel should be trained to understand the program and its guidelines (Anderson & Haas, 1990). Nutrition education may also be required by wait staff in order to answer nutrition-related questions from their customers (Paul et al, 1989), and by chefs/cooks in order to prepare healthier menu items (Palmer & Leontos, 1995). Consumers, however, do not want to be presented with nutrition information when dining out (Fitzpatrick et al, 1997).

Sensitivity to the Restaurant Industry

Be sensitive to the realities of the foodservice industry (Hooper & Evers, 1997), and the needs of restaurateurs.

Programs must be flexible enough to accommodate changes in restaurant management and staff, and frequent menu revisions (Anderson & Haas, 1990). Programs must also appeal to the profit margin of restaurateurs, and should be economical for participating restaurants to implement, in terms of both money and time (Lefebvre, 1987). For example, programs need to consider the labour needed to affix menu labels and test new recipes (Anderson & Haas). Maintain contact with participating restaurants through regular follow-up visits or calls (Anderson & Haas).

Restaurateur Mail Survey Results

Results from the restaurateur mail survey are discussed in light of findings from the focus group and the research literature. In addition, survey results are compared with those from the Benson (1995) telephone survey in Alberta, and another telephone survey conducted across Ontario as part of the development of the Provincial Food Services Health Promotion Program (PFSHPP, 1998). Missing data from the mail survey is not reported; thus, results are presented and discussed according to answers that were provided in response to each survey question.

Out of 186 restaurants included in the mail survey, a total of 58 restaurateurs responded. Four refused using a Reasons For Not Responding form, one refused by telephone, and 53 returned completed surveys (including one duplicate). Thus, the survey's response rate was 31%. As mentioned previously, this response rate was lower than anticipated and lower than rates reported by other mail surveys conducted among large restaurant chains in the United States. These other mail surveys produced response rates of 34% (Clay et al, 1995), 35% (Sneed & Burkhalter, 1991), and 45% (Almanza et al, 1997). Survey results were thus based on responses from 52 completed restaurateur surveys. Due to the relatively low response rate (31%) and the small number of surveys included in data analysis (n=52), results from the restaurateur mail survey should be interpreted with caution.

I) Demographics

Respondent Job Title/Position at Restaurant

Fifty-eight percent of respondents indicated that they were restaurant owners, and 29 percent were restaurant managers. These results are similar to those from the Benson (1995) survey which reported a sample consisting of 48% restaurant owners and 32% restaurant managers. In the current mail survey twice as many respondents identified themselves as owners rather than managers, a surprise considering that the survey was designed and intended for restaurant managers. However, it is possible that some participants were both owners and managers, and chose to identify themselves primarily as owners. Results from the focus group indicated that often the manager and owner of independent restaurants (restaurants that were targeted by the survey) are the same person. The survey's wording asked respondents to indicate their "main responsibility" at the restaurant. It is possible that the title of owner best describes their function as a restaurateur. It is also possible that some respondents with dual functions chose to identify themselves as an owner because this may be considered a more prestigious title than manager.

In addition, four percent of respondents were the restaurant's chef or cook, and six percent identified themselves as "Other" (such as "Bookkeeper/Banquet Coordinator" and "Franchiser"). Benson's survey (1995) reported 20% of respondents as chef or cook, a considerably higher proportion than observed in this survey. However, the two surveys were intended for different types of participants. Researchers from the Benson survey

telephoned restaurant owners, managers, or chefs, with the intention of surveying restaurateurs responsible for menu planning and food purchases. These roles are more closely related to the position of chef than in the current survey. This survey's intention was to contact the person responsible for menu planning, staff training, restaurant promotions, and public relations. When this job description was presented to members of this study's focus group, they recommended addressing the mail survey specifically to restaurant managers. Thus, the mail survey can be expected to contain relatively fewer chefs.

Restaurant Size

Restaurant size was measured by assessing the number of seats in surveyed restaurants. A cut point of 80 seats was included among response categories so that restaurants could be categorized as having either 80 seats or less, or more than 80 seats. This cut point corresponds to the Hamilton-Wentworth Regional Public Health Department's new smoking bylaw, which stipulates different regulations for restaurants with more than 80 seats compared to smaller restaurants. Because there has been some opposition to this new bylaw, the survey included only one question pertaining to the topic of non-smoking seating. This question asked whether surveyed restaurants were currently 100% smoke-free (no smoking permitted in the restaurant). The vast majority of respondents (92%) indicated that their restaurant was not smoke-free, while only 8 percent were smoke-free.

Twenty percent of participating restaurants had 40 seats or less, 26% had 41-80 seats, and 54% had more than 80 seats. Thus, more than half of the restaurants surveyed were relatively large in size, and are subject to more stringent smoking bylaw regulations. The Benson survey (1995) reported 28% of restaurants with 50 or less seats, 36% with 51-100 seats, and 20% with more than 100 seats. A category of "multiple food services" (16%) was also included. Because this survey used different response categories for number of seats, it is not possible to directly compare restaurant size between the two samples of restaurants.

Restaurant Type

Fifty-four percent of surveyed restaurants were casual/family style, 15% were quick service, and 14% were fine dining. In addition, there were 17% "Other" types of restaurants. Examples of restaurant types specified by respondents as "other" included bar/pub, pizzeria, specialty Cajun, Al Fresco, fine dining/live music, casual fine dining, buffet, and bistro restaurants. A full listing of verbatim responses can be found in Appendix O. The breakdown of restaurant types reported in the Benson survey (1995) was 68% family style, 16% multiple food services, 12% fast food, and 4% fine dining restaurants. This sample was similar to that of the current mail survey in terms of proportion of casual/family style (68% versus 54%) and quick service/fast food style restaurants (17% versus15%), but the Benson sample contained relatively fewer fine dining restaurants (4% versus 14%).

This increased proportion of fine dining restaurants in the current survey may be due in part to the way that fine dining restaurants were defined in the survey, as a "special dining experience". It is possible that this wording (especially the word "special') was too general and ambiguous, and thus included more restaurants in this category than might otherwise be considered fine dining restaurants. It is also possible that this sample did actually include a relatively high proportion of fine dining restaurants, due to the survey's sampling procedure. Restaurants included in the survey were not representative of Hamilton-Wentworth restaurants in general, but were selected according to specific eligibility criteria. These criteria were designed to collect a sample of independently owned or local franchise restaurants, which may contain a higher proportion of fine dining restaurants than a more representative sample of restaurants.

Number of Restaurant Employees

The mean number of full-time staff employed at surveyed restaurants was 6.98 (SD=7.05), and the mean number of part-time restaurant staff was 8.39 (SD=7.34). The range for both full-time and part-time employees was 34, with a minimum of one and a maximum of 35 for both types of staff. In addition, a small number of respondents (23% of the sample) indicated that they also employed a mean of 6.5 (SD=8.20) temporary, seasonal, or other types of staff.

Size of Clientele

In order to measure the size of restaurant clientele, the survey included a question asking respondents to indicate the average number of customers served at their restaurant each week. The wording for this question was based in part on results from the restaurateur focus group, and in part on feedback received from pilot testing. Focus group results indicated that the concept of measuring clientele size was familiar to restaurateurs, who frequently keep regular records of their sales and/or the number of customers they serve. The focus group provided several different methods of measuring clientele size, two of which were included in the draft restaurateur survey. Thus, clientele size was initially measured by two questions that inquired about the average number of customers and the average number of meals served at the restaurant each week.

When the draft survey was pilot tested, it became clear that the concept of clientele size needed to specify what was meant by "serving" customers, and what was included in a "meal". Some restaurateurs interpreted a meal as any amount of food served (including light snacks), while others felt that a meal needed to include an entree. Still others thought that customers who were only served drinks should also be included in the customer count. As a result, the meal concept was removed, and clientele size was measured using one question worded as "On average, how many customers do you serve (food and/or beverages) each week?".

A mean of 1189 (SD=1344) and a median of 850 customers were served weekly at surveyed restaurants. The minimum clientele size was 60 customers per week and the maximum clientele size was 8000 customers per week. Thus, there was a very large range (7940) in responses to the survey's question pertaining to size of clientele.

Minimum Response

The minimum response of 60 customers per week was provided by a restaurant that identified itself as a pizzeria. This might seem like too few customers to sustain a restaurant business, and there may be error associated with this response. It is possible that the respondent did not include the number of customers served through pizza deliveries, and only included those served at the restaurant, or that the question was misinterpreted in terms of customers served daily rather than weekly. However, the respondent indicated that there were 21-40 seats at this pizzeria, a restaurant size that was associated with a much larger clientele for all other respondents (120-2000 customers/week) in the survey. As a result, the minimum size of clientele reported should be interpreted with caution.

Maximum Response

The maximum response of 8000 customers per week might seem excessively large for a single restaurant, especially considering that the respondent from this restaurant identified him/herself as a franchiser. It is possible that the clientele size of 8000 customers per week represents the total number of customers served at more than one franchised restaurant. However, the surveyed restaurant specializes in serving coffee and other

beverages, and is located close to McMaster University. This restaurant also employs 10 full-time and 20 part-time employees, which may indicate that it is a relatively busy establishment, possibly due to the large student population nearby. Because beverages were included in the definition of number of weekly customers served, it is also possible that this one restaurant does serve 8000 customers each week, mainly through its beverage sales.

Summary

In summary, twice as many respondents identified themselves as owners (58%) than managers (29%). Just over half of surveyed restaurants (54%) were relatively large in size (more than 80 seats), and just over half (54%) were casual/family style restaurants. The vast majority (92%) of surveyed restaurants were not smoke-free. There was a mean of 6.98 (SD=7.05) full-time and 8.39 (SD=7.34) part-time restaurant employees. A mean of 1189 (SD=1344) customers were served each week; however, there was a large range in responses to clientele size (60-8000).

II) Heart Healthy Eating

The restaurateur mail survey contained several questions designed to determine which heart healthy menu items should be included in the proposed restaurant health promotion program, and what strategies should be used to promote the heart healthy eating component of this program. The survey assessed 14 menu items that could be incorporated into a program standard for heart healthy eating. Of these, five items represented foods that would appear on a restaurant's menu along with other menu items ("On the Menu" items), and nine items represented food options that would be available to customers on request ("On Request"items). This distinction reflects two different approaches to offering heart healthy foods through a restaurant health promotion program (Menu Approval versus Customer Request, respectively) discussed in the Program Design section.

Heart Healthy Items on the Menu

Low-Fat Milk

Eighty-eight percent of respondents already offered low-fat milk (2%, 1%, or skim milk) on their restaurant's menu. Benson (1995) reported that 92% of restaurateurs already offered 2% milk; however, 1% (4%) and skim milk (8%) were not frequently offered because there were too few requests for these types of milk to justify ordering them. Similarly, the Provincial Food Services Health Promotion Program (1998) found that 88% of respondents were willing to provide 2% milk on request, but only 20% of respondents were able to provide 1% or skim milk on request. Since the current survey

did not question restaurateurs about each type of low-fat milk separately, the availability of each individually is not known. Four percent of respondents did not already offer low-fat milk and were not willing to offer it as part of a restaurant health promotion program, while eight percent were willing to do so. Thus, there was high availability of low-fat milk in general, and twice as many respondents were willing to offer this menu item than those who were unwilling.

Low-Fat Meat/Meat Alternative

Seventy-seven percent of surveyed restaurants already prepared at least one meat or meat alternative dish using a low-fat cooking method such as steaming, poaching, broiling, roasting, or baking. The availability of this healthy menu item was somewhat higher according to other surveys. Entrees that were broiled, roasted, or steamed were offered by 88% of respondents from the Benson survey (1995). Similarly, 100% of respondents from the PFSHPP survey (1998) were willing to use cooking methods such as baking, broiling, and steaming when requested. Eight percent of respondents in the current survey did not already prepare a meat or meat alternative dish using a low-fat cooking method and were not willing to do this as part of a restaurant health promotion program, while 15% were willing to do so. Again, almost twice as many respondents were willing to offer this menu choice compared to those who were unwilling.

Low-Fat Dessert

In contrast, only 51% of respondents already offered at least one low-fat dessert choice. This was the heart healthy item least frequently available on the menu. Likewise, when Clay and colleagues (1995) surveyed restaurant research and development directors by mail, they also found that low-calorie desserts were only offered by 52% of responding restaurant chains. One of the examples of low-fat desserts provided in the current survey was fresh fruit. Benson (1995) reported that only 64% of respondents offered fresh fruit for dessert, and that some restaurateurs had difficulty maintaining the quality of fresh fruit while promoting the sales of this food. However, this did not seem to represent a significant factor in the current sample. Those who were not already offering a low-fat dessert choice seemed receptive to the idea of doing so for the purposes of a restaurant health promotion program. Only seven percent of these were not willing, while 42% were willing. Of those willing, 29% indicated they were very willing. Thus, while only half of respondents already offered a low-fat dessert choice, almost a third were very willing to do so as part of a restaurant health promotion program.

Other "On the Menu" Items

Seventy-four percent of respondents already offered at least four different types of vegetables on the menu, and 68% already offered at least one whole grain product. Fourteen percent did not currently offer four types of vegetables and were not willing to do so for a restaurant health promotion program, while 12% were willing. Finally, 16% did not currently offer and were not willing to offer at least one whole grain product on their menu; however, 16% were willing to offer these products.

Summary

To summarize, the heart healthy menu items most frequently available on the menus of surveyed restaurants were low-fat milk, along with meat or meat alternative dishes prepared using a low-fat cooking method. Although low-fat desserts were least frequently available, respondents were quite willing to offer them as part of a restaurant health promotion program.

Heart Healthy Menu Items Available on Request

Milk Substituted for Cream

Ninety-eight percent of respondents already provided milk as a substitute for cream in coffee or tea, on request. Similarly, 100% of restaurants surveyed during the PFSHPP (1998) study were able to provide this healthy menu option when requested. According to the results of this survey, restaurateurs found it very easy to provide milk instead of cream for their customers. This was reflected in the results of the current study, where the only participant not already providing this menu option (1.9%) was very willing to do so for a restaurant program.

Sauces on the Side

A very high proportion (92%) of respondents already offered gravy, sauces, and salad dressings on the side, at their customer's request. According to the results of the Benson (1995) survey, 72% of respondents offered gravies served on the side, 80% offered sauces on the side, and 100% offered salad dressing on the side, on request. The PFSHPP survey (1998) found that, when requested, 100% of restaurants were able to serve butter,

sauces, and gravy on the side, and 100% were able to serve salad dressing, sour cream, mayonnaise, and other condiments on the side. These restaurants reported that it was very easy for them to offer all of these items to their customers on the side. A direct comparison is not possible, however, because these two surveys did not group salad dressing together with gravy and sauces as in the current study.

In the current study, the four participants who did not already provide the option of serving gravy, sauces, and salad dressing on the side were evenly split and polarized in their willingness to do so for a restaurant health promotion program. Two (4%) were not at all willing, and two (4%) were very willing. One possible reason for these different opinions may be related to the fact that three different foods (gravy, sauces, salad dressing) were grouped together into one question. The question's wording did not allow respondents to assess each item separately, and there may be a difference in the ease with which restaurateurs are able to serve each type of food on the side. For example, sauces and gravy may be incorporated into an entree during cooking, and it may be difficult or impossible for restaurateurs to separate them and serve them on the side. Salad dressing, on the other hand, is more commonly added to dishes just before serving and, therefore, may be easier to serve on the side. Different respondents may have based their answers on different food items grouped together into this one question. The Benson survey (1995) did assess these three foods separately, and found some small differences in the frequency with which restaurants offered each food on the side. The results of this survey suggest that it may be somewhat easier for restaurants to serve salad dressing (100%) on the side, compared to gravy (72%) and sauces (80%).

Substitute for French Fries

Ninety percent of respondents already provided a substitute for french fries on request (eg. salad, baked potato, rice, steamed vegetables). Similarly, soup, salad, or vegetables substituted for french fries were provided by 88% of restaurateurs surveyed by Benson (1995), and 100% of respondents in the PFSHPP (1998) survey were able to provide menu substitutions for french fries, such as salads, on request. The four respondents in the current survey that did not already provide a substitute for french fries were evenly split between those willing (5%) and not willing (5%) to do so for a restaurant health promotion program.

Smaller Portion Sizes

Only 50% of participants already offered smaller or half-size portions on request, which represented the least likely menu item surveyed to be available on request. Smaller portion sizes were also one of the least frequently available items assessed by the PFSHPP (1998) survey. Although respondents from the current survey who did not currently offer this menu option were split evenly between being willing (25%) and unwilling (25%) to offer it for a restaurant program, the majority of those who were unwilling indicated they were not at all willing (21%). Thus, these respondents felt strongly about their unwillingness to offer this option. Results from the other surveys may provide some insight into these strong opinions. Benson (1995) reported that restaurateurs found it difficult to provide smaller serving sizes, especially with respect to meat portions, for three reasons. Restaurants needed to provide a large amount of food for value, customers preferred eight ounces of meat or more, and some restaurants used

pre-portioned meats and thus had less control over portion size (Benson). According to the PFSHPP survey, 50% of restaurants who offered smaller portion sizes had them printed directly on the menu, usually at a lower cost than regular sizes. The majority of restaurants that did not print smaller portions on their menu were willing to serve these smaller portions, but at the same cost as regular size portions (PFSHPP).

It might have been more appropriate to include the survey question about smaller portion sizes with the "on the menu" healthy menu items. It is possible that restaurateurs may have been more willing to include smaller portion sizes on the menu rather than on request because this allows the prices for these smaller portions to be clearly established before food is ordered. That is, if restaurants provide a smaller portion on request they may be unsure of how to price the dish and, if the price remains the same, customers may be unhappy to receive a smaller portion for the price of a regular sized portion. This, combined with the reasons outlined by Benson (1995), may help to explain why so few respondents already offered smaller portions on request, and so many of those who did not were very unwilling to do so for a restaurant health promotion program.

Calorie-Reduced/Fat-Free Salad Dressing

Another item that few respondents already offered was calorie-reduced/fat-free salad dressing. Only 52% currently provided this item on request. Both the Benson (1995) and PFSHPP (1998) surveys also reported that calorie-reduced salad dressing was one of the least frequently available healthy menu items surveyed. In the current survey, 33% of respondents did not currently provide calorie-reduced/fat-free salad dressing on request

but were willing to do so for a restaurant program, while 14% were unwilling. It is surprising that one- third of respondents were willing to provide calorie-reduced/fat-free salad dressing on request, in light of findings by Benson that calorie-reduced salad dressing was difficult for restaurants to offer due to problems related to storage and increased inventory. In addition, the PFSHPP survey found that the demand for calorie-reduced salad dressing was low, and that restaurants that do carry them usually offered only a limited variety of one or two flavours.

Other "On Request" Items

In terms of other healthy menu items surveyed, 85% of respondents already served added fats (butter, margarine, oil, sour cream, mayonnaise) on the side or left them out of foods on request. Six percent did not currently provide this item and were not willing to do so, while ten percent were willing. Eighty percent of respondents currently substituted milk or juice for soft drinks in children's meals when requested. Sixteen percent were willing to make this substitution for a restaurant program; however, four percent were not. When requested, 77% of respondents already removed the skin and visible fat from meats before serving them. Fourteen percent did not currently honor this request but were willing to do so, while 10% were not willing. Finally, 60% already provided a substitute for french fries in children's meals on request. Although 11% were not willing to make this substitution, 29% were willing to do so for a restaurant health promotion program.

Open-Ended Responses

The survey also included an open-ended question asking respondents whether their restaurant offered other healthy menu items, or if there were others that should be included in the program. Most respondents who answered did so in terms of other items offered by their restaurants (see Appendix O for a complete listing of verbatim responses). Respondents listed a range of different foods; however, soup was listed three times, and salads were mentioned twice. Thus, there was some agreement that these two menu items (soup and salad) represent healthy food choices in restaurants. It was not clear whether respondents listed these foods as examples of healthy menu items offered by their restaurants, or were recommending that they be included in the proposed restaurant health promotion program.

Summary

To summarize, 90% or more of respondents already provided milk instead of cream, gravy/sauces/salad dressing on the side, and a substitute for french fries on request. Fifty percent or less already offered smaller portion sizes and calorie-reduced/fat-free salad dressing on request. Although calorie-reduced/fat-free salad dressing was one of the least frequently available healthy menu items, it was also the item respondents were most willing to offer for a restaurant health promotion program. Respondents were least willing to provide smaller sized portions on request.

When assessing all 14 heart healthy menu items together, survey respondents already provided more "on request" items than "on the menu" items. This may be due to the fact that the restaurant industry is competitive, and very customer-oriented. Most restaurateurs recognize the value of remaining flexible enough to satisfy the special requests of their customers, whenever possible. Respondents were most willing to offer low-fat desserts on the menu, and to provide calorie-reduced/low-fat salad dressing on request. They were least willing to honor requests for smaller sized portions, and to provide whole grain products on the menu. However, respondents were more willing than unwilling to offer all menu items listed on the survey, with the exception of providing at least four different types of vegetables/fruits (12% willing; 14% unwilling). Thus, there was no clear indication that any heart healthy item included in the survey should be left out of the proposed restaurant health promotion program.

Strategies to Promote Heart Healthy Eating

A large variety of different strategies have been employed to promote the healthy eating component of different restaurant health promotion programs (see Table 1 below). The survey listed these different strategies, and asked respondents to indicate which they already use, and to rate their willingness to use those they are not currently using. This question was intended to determine which promotional strategies would be most and least accepted by Hamilton-Wentworth restaurateurs as part of a restaurant health promotion program. It should be noted that some promotion strategies are activities unique to restaurant health promotion programs, in that they are not commonly used outside these programs. Some examples include media luncheons held to advertise restaurant

programs, and public cooking demonstrations of healthy foods. As a result, it was expected that most respondents would not be currently using most of the strategies listed in the survey. However, their willingness to participate in these (and all other) strategies as part of a restaurant program was of great interest.

In total, 15 promotional strategies were assessed through the survey. Only four of these were already used by respondents to any significant extent. These were including more heart healthy foods on the menu, training chefs/cooks to prepare heart healthy foods, trying new recipes for heart healthy foods, and training waitstaff to promote or sell heart healthy foods. Each of the remaining 11 strategies were already used by only four percent of respondents or less.

Table 1: **Current Use/Willingness to Use Heart Healthy Eating Promotion Strategies**

Heart Healthy (HH) Eating Promotion Strategies	Already Doing/Using		Not Willing to Do/Use		Willing to Do/Use	
	N	%	N	%	N	%
Include more HH foods on the menu	21	44.7	5	10.6	21	44.7
Train chef/cook to prepare/develop HH foods	11	22.4	9	18.4	29	59.2
Try new recipes for HH foods	11	22.0	6	12.0	33	66.0
Train waitstaff to promote/sell HH foods	9	18.0	15	30.0	26	52.0
Use menu inserts describing HH foods	2	4.1	18	36.7	29	59.2
Use table tents to advertise HH foods	2	4.0	23	46.0	25	50.0
Use signs/posters to advertise HH foods	2	4.0	24	48.0	24	48.0
Attend seminars/workshops that promote HH foods	2	4.0	22	44.0	26	52.0
Prepare and display HH foods for promotional lunch	1	2.2	20	43.5	25	54.3
Use waitstaff buttons to advertise HH foods	1	2.0	27	54.0	22	44.0
Use flyers/brochures to advertise HH foods	1	2.0	23	46.0	26	52.0
Use labels/stickers to identify HH foods on the menu	1	2.0	14	28.0	35	70.0
Have menu items analyzed for nutritional content	1	2.0	21	42.8	27	55.1
Give cooking demonstrations of HH foods to the public	1	2.0	32	65.3	16	32.6
Use information about HH foods from an Internet site	1	2.0	19	38.8	29	59.2

Note: Some respondents did not answer

Promotional Strategies Already in Use

Including Heart Healthy Foods on the Menu

Forty-five percent of respondents indicated they were already including more heart healthy foods on their restaurant's menu (see Table 1). Thus, nearly half the survey sample believed they were already taking steps to offer heart healthy foods to their customers. This belief is supported by their responses to some other survey questions. More than half of the heart healthy menu items assessed earlier in the survey were already available in 75% or more of surveyed restaurants. Of these 14 items, the least currently available item was still offered by 50% of respondents. In addition, 25% of respondents shared other heart healthy items available at their restaurant in the preceding open-ended question; for example, fat-free soups, vegetarian dinners, grilled vegetables, bottled water, and chicken wraps. Whether or not these other items would be considered heart healthy by nutrition professionals, they represent an effort to supply healthier menu choices, and support respondents' perception that they are already including these items on their menu.

Training the Chef/Cook

Twenty-two percent of respondents already trained their chef or cook to prepare or develop heart healthy foods, and 59% were not already using this strategy but willing to do so (see Table 1). Similarly, Benson (1995) reported that training cooks and waitstaff was the strategy restaurateurs were most willing to do in order to help promote healthy menu items. Two previously developed restaurant nutrition programs have included training workshops designed to educate chefs about nutrition, and help them develop

healthy menu items (Palmer & Leontos, 1995; Vancouver Health Department, 1993). These programs have recommended that efforts to educate and train chefs be continued as a strategy to encourage chefs to develop good tasting, healthy dishes (Palmer & Leontos), and to promote healthy eating in restaurants (Vancouver Health Department). Consequently, there have been some efforts to train chefs and cooks to prepare or develop healthy dishes in restaurants, some recommendations to use this strategy, and some evidence that restaurants are willing to do so.

Trying Recipes for Heart Healthy Foods

Twenty-two percent of surveyed restaurateurs reported already trying new recipes for heart healthy foods (see Table 1). Sixty-six percent of respondents were willing to try these recipes, second only to their willingness to use menu labels. Likewise, 84% of restaurateurs from the Benson (1995) survey were willing to try new healthy recipes. Furthermore, later in the survey 52% of respondents indicated that providing heart healthy recipes to participating restaurants represented a significant incentive to take part in the program. Thus, there is some evidence that restaurateurs are willing to try new healthy recipes, and that they should be included in a restaurant health promotion program. This may present a need to develop or collect heart healthy recipes for use in restaurants. These recipes may be incorporated into efforts to help chefs and cooks prepare healthier foods, and to inspire them to develop their own heart healthy dishes.

Training Waitstaff

Finally, 18% of respondents already trained their waitstaff to promote or sell heart healthy foods to their customers (see Table 1). Fifty-two percent were willing to train their waitstaff, while 30% were not. As previously reported, the Benson (1995) survey found that restaurateurs were very willing to train their waitstaff (and chefs) to help promote healthy menu items. There may be a need for basic nutrition education among restaurant waitstaff. Paul and colleagues (1989) reported that 50% of restaurateurs felt their waitstaff did not have enough knowledge to answer nutrition-related questions from customers, and 82% of waitstaff agreed. One response to an open-ended question later in the current survey indicated that restaurant staff should have a basic understanding of how fat, protein, and carbohydrate pertain to the diet, along with knowledge surrounding recommended fat intakes and quantities of fat in foods. Restaurateurs surveyed in the Benson study recommended that the following list of nutrition topics be included when training waitstaff:

- sources of calories, carbohydrate, protein, fat, and cholesterol in food
- healthy/unhealthy foods and alternatives
- incorporating healthy foods into the menu
- preparing and storing healthy foods.

It would be interesting to determine how waitstaff are currently being trained to promote or sell heart healthy foods, and the extent to which nutrition education is involved in this training. It would also be interesting to determine how willing restaurant waitstaff are to learn about nutrition, and how often customers ask nutrition-related questions in

restaurants. One author reported that a health club restaurant in Massachusetts known for serving heathy menu items has never had a customer ask for nutrition information (Dulen, 1998). Restaurant personnel from the Fresh Choice program in Vancouver also reported a limited demand for nutrition information among restaurant patrons (Fitzpatrick et al. 1997). It may be possible that very little nutrition education is required for waitstaff to sell heart healthy dishes. Fitzpatrick and colleagues (1997) found that restaurant patrons in Vancouver are not receptive to nutrition information presented on menus. In a review of various restaurant programs, Regan (1987) reported that customers are not interested in the nutritional details about healthy menu items, but are satisfied when simply informed that the dish is healthier for them. Restaurant patrons appreciated being offered the choice of ordering a healthier dish, but felt that a great deal of nutrition information can intrude on their dining experience (Fitzpatrick et al).

If restaurant customers are not interested in detailed nutrition information, it seems pointless to spend time training waitstaff to learn this information, especially considering the high turnover of waitstaff at many restaurants. Rather, it may be more effective to teach waitstaff which menu items are healthier choices, along with some very basic characteristics of these dishes that make them healthier choices (eg. contains less fat or fewer calories than regular items, is a good source of fibre). Waitstaff could be trained to promote healthier dishes by informing customers that heart healthy choices are available, focusing on the good taste of these choices, and very briefly describing their health characteristics in general terms, should customers ask for this information.

Willingness to Use Promotional Strategies

Menu Labels/Menu Inserts

Seventy percent of respondents (see Table 1) were willing to use labels or stickers to identify heart healthy foods on their restaurant's menu (menu labels), while 28% were not willing to take part in this strategy. Several restaurant health promotion programs have reported that menu labels are an effective method of promoting healthy foods in restaurants (Forster-Coull & Gillis, 1988; Palmer & Leontos, 1995), especially when combined with table tents (Forster-Coull & Gillis; Bradley, 1991). Some programs based on the Menu Approval design use either menu labels or menu inserts, or offer participating restaurants a choice between these two strategies. There is some evidence, however, that menu labels are more effective than menu inserts. Selig (1995) found that menu labels were noticed by more restaurant customers (48%) than menu inserts (39%). Similarly, Forster-Coull & Gillis reported that menu labels were more effective than menu inserts in promoting the selection of healthy foods in restaurants. Furthermore, respondents in the current study were more willing to use menu labels (70%) than menu inserts (59%). Thus, menu labels should be given priority in the design of the restaurant health promotion program, if it is based on the Menu Approval approach.

Research by Almanza and colleagues in 1997 and 1995 provides some insight into the use of menu labeling in restaurant health promotion programs. Menu labels should present information clearly, and should be attractive and easy for customers to use (Almanza & Hsieh, 1995). Labeling should also be easy for restaurateurs to implement, and flexible enough to allow for menu changes (Almanza et al, 1997). Program

organizers should provide help to restaurants in analyzing or evaluating menu items, interpreting the results of these menu analyses, and modifying recipes to meet the program's nutrition standards (Almanza et al). Program organizers also need to provide resources to compensate for the extra time and added costs associated with menu labeling, and to help participating restaurants train their waitstaff to implement these labels (Almanza et al).

Cooking Demonstrations

Survey respondents were least receptive to giving cooking demonstrations of heart healthy foods to the public (see Table 1). Sixty-five percent were not willing to take part in cooking demonstrations, including 47% who were not at all willing to take part in this promotional strategy. Thus, nearly half of survey respondents feel very strongly about their unwillingness to participate in cooking demonstrations. It is interesting to note that the two respondents who identified themselves as a chef/cook were not at all willing to give cooking demonstrations. The 4-Heart Restaurant program (Lefebvre, 1987) was the only previously developed restaurant health promotion program reviewed that used cooking demonstrations as a promotional strategy. This program did not evaluate this strategy; thus, the effectiveness of cooking demonstrations is unknown. Since survey respondents, including chef/cooks, are not receptive to participating in cooking demonstrations to promote heart healthy eating, and the effectiveness of this strategy is not known, cooking demonstrations should not be included in the proposed restaurant health promotion program.

Waitstaff Buttons

In addition, many (54%) respondents were not willing to use waitstaff buttons to advertise heart healthy foods to customers (see Table 1). Fine dining restaurants were most unwilling (100% unwilling), followed by "other" restaurant types (78% unwilling), casual/family style (41% unwilling), and quick service (38% unwilling) restaurants. It is possible that fine dining restaurants find waitstaff buttons unsophisticated and inappropriate for upscale dining. Waitstaff buttons may be used more often in quick service restaurants; the one respondent who reported already using waitstaff buttons was from a quick service restaurant. In general, survey respondents were not receptive to using waitstaff buttons, and this strategy is not recommended as part of the proposed restaurant health promotion program, especially for restaurateurs who own or operate fine dining restaurants.

Promotional Luncheons

Several researchers have reported considerable success using promotional luncheons to initiate their restaurant nutrition program. These promotional lunches feature healthy foods prepared by participating restaurants, and served to members of the media and other prominent community figures. This strategy was reported by the "To Your Heart's Delight" program to be an effective means of attracting media attention to the program and promoting it to the public (Forster-Coull & Gillis, 1988). Unfortunately, survey respondents did not seem very receptive to the idea of taking part in this type of promotional strategy (see Table 1). Only 54% were willing to participate in a promotional luncheon, and 44% were unwilling. The response to this question did not

indicate any strong or clear opinions about promotional luncheons, and is not very helpful in determining whether or not to include this strategy in the proposed restaurant health promotion program.

Open-Ended Responses

The survey also included an open-ended question asking respondents whether their restaurant employed other strategies to promote heart healthy eating, or if there were others that should be included in the program. Although several respondents provided comments to this question, some responses did not pertain to promotional strategies (see Appendix O for a complete listing of verbatim responses). Some of the respondents who offered comments indicated that they catered to any special request for healthier foods (for example, were willing to omit or add any ingredient; were willing to change recipes to suit requests for lower fat sauces). Thus, these restaurateurs seemed to take a reactive stance with respect to promoting health; that is, they were willing to accommodate special requests for healthier foods, but placed the responsibility for initiating these requests on their customers. Two respondents provided comments that reflected a more proactive approach to health promotion. One restaurateur indicated that his/her restaurant verbally offered salads instead of french fries to customers, while another reported that his/her restaurant once participated in a promotion with NAYA water, where customers received a free bottle of water with every "heart smart" dish they purchased.

Summary

Only four of 15 promotional strategies evaluated by the survey were already being used by respondents to any significant extent. Almost half of respondents (45%) already included heart healthy foods on their menu. Just over one fifth (22%) already trained their chef or cook to develop or prepare heart healthy foods; the same proportion (22%) were already trying new recipes for heart healthy foods. Eighteen percent already trained their waitstaff to sell or promote heart healthy foods.

Other promotional strategies surveyed were currently used by very few respondents (4% or less), who reported varying degrees of willingness to use these strategies for a restaurant health promotion program. Respondents seemed very willing to use menu labels (70% willing) and try new heart healthy recipes (66% willing). Respondents were least willing to give cooking demonstrations to the public (65% unwilling) and to use waitstaff buttons (54% unwilling). Although shown to be effective in other restaurant programs, survey data did not demonstrate any clear opinion with respect to respondents' willingness to participate in promotional lunches (54% willing; 44% unwilling).

III) Food Safety and Handling

The restaurateur mail survey included two questions about food safety and handling, another area of health promotion proposed for the restaurant program. These questions were designed to collect information about various methods used to train restaurant employees about food safety and handling, and extra resources needed to conduct this training. Only four of the 17 previously developed restaurant health promotion programs reviewed included food safety and handling, and none of these provided information specific to this area. However, surveys by Benson (1995) and the Provincial Food Services Health Promotion Program (1998) did contain questions about food safety and handling. The results from these surveys will be presented and discussed in the context of information from the current restaurateur mail survey.

Food Safety and Handling Training Methods

Training Methods Already in Use

The survey contained a question that presented respondents with a list of safe food handling training methods, and asked them to indicate which they were already using. Just over one third (35%) already trained their staff themselves using a training manual. Nineteen percent reported that someone else already trained their staff at the restaurant. Seventeen percent of respondents already used a training video, and only four percent already trained their staff using safe food handling courses offered by the health unit.

Survey respondents could report using more than one of the training methods listed in the survey, and some respondents did not answer for some or all of these methods. As a result, it is not possible to determine the overall proportion of respondents that train their employees in food safety and handling (using any method). The PFSHPP survey (1998), however, did report this proportion. Sixty-three percent of respondents from this survey trained all of their kitchen staff in safe food handling practices, and 94% trained all of their kitchen supervisors/managers (PFSHPP).

Health Department Training Courses

The survey also evaluated the willingness of respondents to use various methods they were not already using to train their staff about safe food handling. As mentioned, only a small proportion of respondents from the current survey reported already training their staff through health department courses (4%); however, a relatively high proportion (68%) were willing to use this method for a restaurant health promotion program. Twenty-eight percent were not willing. According to the PFSHPP survey (1998), 88% of participants were aware of safe food handling courses offered by the local health department, but some restaurants chose not to send their staff to off-site training courses because they had small numbers of employees or could not spare their staff when the restaurant was busy (PFSHPP). This may help explain why so few respondents from the current survey were already using health department courses, but it does not explain their willingness to do so for a restaurant health promotion program.

Training Video

Results from both the Benson (1995) and PFSHPP (1998) surveys indicated that the preferred method of training restaurant staff is through a video. These results are reflected in the current survey, which showed a relatively high proportion (67%) of respondents were willing to use a video to train their staff about food safety and handling, while a relatively low proportion (15%) were not willing to do so. Although respondents seem receptive to safe food handling videos, only 17% were currently using them. Perhaps these videos are not available, restaurateurs are not aware of them, or are unsure of how to access them. Individuals interested in developing a restaurant health promotion program in the Hamilton-Wentworth region should consider making safe food handling training videos available to participating restaurants.

Other Training Methods

Forty-nine percent of respondents were willing to have someone else train their staff at the restaurant, while 32% were not. Fifty-three percent were willing to train their staff themselves using a training manual, while 12% were unwilling to do so. Results from the PFSHPP survey (1998) indicated that the best time to train restaurant staff in safe food handling is during the afternoon on weekdays, preferably early in the week (Monday through Wednesday). The least preferable time is on weekend mornings (PFSHPP).

Hiring Previously Trained Staff

Unfortunately, the current survey did not include an open-ended question asking participants to indicate other methods they use to train their staff in safe food handling. Such a question might have been helpful in determining other forms of training that could be included in a restaurant health promotion program. The PFSHPP survey (1998) suggested that some restaurants hire staff that have already received training in food safety and handling elsewhere; for example, through a community college. Hiring previously trained staff was not an option included in the current survey. It would have been useful to evaluate the extent to which this hiring practice might affect the need for safe food handling training in Hamilton-Wentworth restaurants. It is interesting, however, that several respondents from the current survey took advantage of the open-ended portion of the next question to offer comments related to having employees with previous training in safe food handling. One respondent indicated that he/she trains staff if necessary, but "most if not all staff have prior training". Another wrote that many of the restaurant's staff were students who had been trained at school. Similarly, a third respondent indicated that the restaurant's chefs and apprentices were graduates of George Brown College, where they had earned a certificate in safe food handling.

Extra Resources Needed for Training

The survey did include a question acknowledging that circumstances are not always ideal for training restaurant staff, and asking respondents to indicate what extra resources they would need to help train their staff in food safety and handling. An open-ended portion to this question was included in the form of "Other (please specify):". Five types of

resources were listed on the survey, and multiple answers were possible. Respondents most frequently indicated a need for more time (60%) and money (46%), and least frequently indicated that they needed a TV/VCR (25%). Thirty-three percent required a convenient location for training, and 27% needed more staff. These results suggest that, if included, the safe food handling training component of a restaurant health promotion program should be designed to accommodate the busy schedules of restaurateurs, and limit costs associated with training restaurant personnel. At present, there is relatively little demand for TV/VCRs (25%); however, this could increase if safe food handling videos are included as a training method in the restaurant program.

Open-Ended Responses

As previously mentioned, there was an open-ended portion to the question about extra training resources that asked respondents to indicate any "other"resources they would need to help train their staff in food safety and handling. Fifteen percent of respondents offered comments; a complete listing of verbatim responses can be found in Appendix O. As in the preceding question, some of these responses related to issues of time and money. One respondent wrote that he/she required an "ideal time for all staff to attend" training because the restaurant was open seven days a week. Another indicated a need for all staff to be trained on-site at one time by a professional whose services were "cheap". Other responses included comments about requiring staff compliance, a training video, and a means to address language barriers with Chinese cooks.

Summary

In summary, just over one third of respondents already trained their staff themselves using a training manual, and only 4% already had their staff attend training courses at the health unit. Of training methods not currently being used, respondents were most willing to use courses offered by the health unit (68% willing), followed closely by their willingness to use a training video (67% willing). They were least willing to have someone else train their staff at the restaurant (32% not willing). In terms of extra resources needed to train staff in safe food handling, respondents indicated that they needed more time (60%) and more money (46%) most, and a TV/VCR least (25%). There is some evidence that the preferred method of training is through a training video, and that some restaurateurs hire employees that have received prior training in safe food handling. However, the practice of hiring previously trained staff was not evaluated.

IV) Program Design

Several survey questions were included in order to gather information intended for use in determining the overall design of the proposed restaurant health promotion program. Some questions were designed to determine whether heart healthy eating should be promoted using the Menu Approval or Customer Request design, and whether participating restaurants would prefer to be recognized through the Award or Participation approach. Others asked restaurateurs for their opinions concerning the inclusion of a variety of different potential program components, their willingness to participate in different program promotional strategies, and to work with various potential program partners. Several questions about possible barriers and incentives to program participation were also included, along with a question asking respondents to rate their overall willingness to take part in a restaurant health promotion program.

Healthy Eating Design

As outlined earlier, the Steering Committee for the Provincial Food Services Health Promotion Program (1998) identified two basic approaches to promote healthy eating through restaurant health promotion programs. With the Menu Approval (MA) approach, menu items that meet the program's criteria as "healthy choices" are incorporated into the regular menus of participating restaurants, and are identified using menu labels or menu inserts. With the Customer Request (CR) approach, healthier choices are available upon request, but do not have to be incorporated into the restaurants' regular menu. Thus, the MA approach requires restaurants to include healthier foods on the menu, while the CR

approach requires restaurants to serve these foods when customers ask for them. A description of the advantages and disadvantages of each approach is presented on pages 8-10 of this report.

Menu Approval versus Customer Request Approaches

When asked directly to evaluate the MA and CR approaches, survey respondents did not show a preference for one approach over the other. The same number of respondents indicated they were willing to participate in a program using the MA approach (73%) as were willing to take part in a program using the CR approach (73%). Similarly, the same proportion were not willing to follow the MA (27%) and the CR (27%) approaches. The survey did not force respondents to choose between the MA and CR approaches; rather, it evaluated each approach separately. A forced-choice question might have provided a clearer understanding of their preference with respect to this aspect of program design. Although there was no difference in their overall willingness to follow one approach over another, in terms of their degree of willingness, 39% were very willing to take part in a CR-designed program, compared to 29% of respondents who were very willing to participate in a MA-designed program. This could be interpreted as showing more support for the CR approach; however, it is unclear whether this represents a significant indication of preference.

Other Survey Questions

More information about respondents' receptiveness to the two approaches may be gathered from their responses to two earlier survey questions. One question evaluated a list of potential heart healthy menu items and separated these items according to "On the Menu" (OTM) items which correspond with the Menu Approval approach, and "On Request" (OR) items which correspond with the Customer Request approach. Of all menu items evaluated by the survey and not already provided by restaurants, respondents were most willing to offer at least one low-fat dessert option (42%) on their menu (MA approach), followed by their willingness to provide calorie-reduced/fat-free salad dressing (33%) on request (CR approach) and a substitute for french fries in kid's meals (29%) on request (CR approach). Again, respondents seemed willing to provide menu choices using both approaches. As reported earlier, a greater proportion of respondents already offered OR menu items (CR approach) than OTM menu items (MA approach). It could be argued that restaurateurs might be more receptive to a CR-designed program because it would necessitate fewer changes. However, more OR menu items were included on the survey than OTM items, making a direct comparison impossible.

Another question evaluated restaurateurs' willingness to use various strategies designed to promote heart healthy eating. Respondents seemed very responsive to using promotion strategies associated with the MA approach. Seventy percent were willing to use menu labels to identify heart healthy foods on the menu, 59% were willing to use menu inserts describing heart healthy foods, and 45% were willing to include more heart healthy foods on the menu. Unfortunately, none of the strategies included on the survey were directly

associated with the CR approach; thus, respondents's receptiveness to these strategies is not known.

The Provincial Steering Committee (1998) recommended the MA approach for the Provincial Food Services Health Promotion Program because this approach would help increase the availability of healthy menu choices in Ontario restaurants. They reported that the MA approach would make it easy for restaurants who already meet the program's healthy eating criteria to participate, and would require those who do not meet these criteria to improve their restaurant operations in order to take part. (Provincial Steering Committee, 1998).

In contrast, the Heart Smart restaurant nutrition programs in Regina and Saskatoon reported that the CR approach was more appealing to restaurateurs than the MA approach, apparently due to the cost and inconvenience of having recipes analyzed by the Heart and Stroke Foundation, and identifying healthier choices on the menu with a heart symbol (Green et al, 1993). As a result, the Heart Smart program was changed to a consumer-driven, CR design in which healthier foods were available at participating restaurants by special request. This program, however, reported that only a small proportion of consumers who were aware of how the program worked actually made special requests for healthier menu items. If the CR approach is used it might be advisable to survey restaurant consumers in the Hamilton-Wentworth area to determine whether they are receptive to a consumer-driven approach, and motivated enough to make special requests when dining out.

Hybrid Option

Some restaurant health promotion programs combine MA and CR approaches in a hybrid approach that requires some healthy menu items to be included on the menu and others to be available on request. See Appendix P for an example of healthy eating criteria from Washington's Heart Smart Nutrition Education program designed using the hybrid approach. This hybrid approach represents another option for program developers, given no clear indication of preference for either the MA or CR approaches alone.

Summary

In terms of designing the healthy eating program component according to either the Menu Approval or Customer Request approaches, current survey data do not conclusively support one approach over the other. One restaurant program has recommended the MA approach, while another has recommended the CR approach. Combining the two methods into a hybrid approach represents another option in designing the proposed restaurant health promotion program.

Restaurant Recognition

The Provincial Steering Committee for the PFSHPP (1998) also outlined two methods of recognizing restaurants that take part in a restaurant health promotion program. These were termed the "Award" and "Participation" approaches. With the Award approach, restaurants that meet the program's standards receive an award, usually given out on an annual basis during a publicized award ceremony. This award acknowledges outstanding restaurants that have made an extra effort to provide a healthy restaurant environment.

With the Participation approach, restaurants that take part in the restaurant health promotion program are promoted to the public and/or included in advertising about the program. For example, the program may provide participating restaurants with promotional materials such as signs, decals, or pamphlets that inform restaurant patrons of their participation in the program, or list these restaurants in dining guides or newspaper advertisements published about the program.

Award versus Participation Approaches

The survey included a forced-choice question asking restaurateurs which of the two approaches (Award versus Participation) they would prefer if their restaurant took part in a restaurant health promotion program. Seventy percent of respondents indicated they preferred the Participation approach, and 30% preferred the Award approach. These results demonstrate a fairly clear preference for the Participation approach for recognizing those restaurants that take part in a restaurant health promotion program.

It is important to actively promote participating restaurants. Results from the PFSHPP survey (1998) indicated that the best incentive to encourage restaurants to take part in a restaurant health promotion program is to provide free publicity. Respondents from the current survey seemed to indicate that they prefer this publicity through ongoing promotional materials and advertisements (Participation approach) rather than through an annual award ceremony (Award approach). One reason for this may be that restaurateurs may not be able to spare the time to attend an award ceremony, especially if they manage or own an independent restaurant and find it difficult to arrange for someone to replace

them while away from work.

Award Application

The survey also asked respondents to indicate whether they would apply for an award if their restaurant qualified for one. This question assumed a program following the Award approach, and provides a further measure of willingness to follow this approach. Seventy-two percent of respondents reported they would apply for an award if they qualified for one, and 28% reported they would not apply. It should be noted that the question was not phrased in terms of whether restaurateurs were willing to change their restaurant operations in order to qualify for an award, only whether restaurants that were already qualified would make the effort to complete an award application. Although the majority of respondents would apply for an award, there was still a relatively large proportion that would not make the effort to do so (28%), even though this award would provide free publicity for their restaurant. Perhaps respondents felt that completing the award would require too much time or effort, or that the award would not be an effective means of advertising their restaurant to the public.

Photo with the Mayor

One of the activities sometimes used in conjunction with the Award approach is providing an opportunity for "winning" restaurants to have their picture taken with an important community figure such as the Mayor. A question later in the survey included an item asking restaurateurs how willing they would be to have this type of picture taken. Of all items evaluated, respondents were least willing (49% unwilling) to have their

photo taken with the Mayor or other important community figure. This, combined with the relatively large proportion of respondents who would not apply for an award even if qualified, provides further evidence that respondents were not receptive to the Award approach.

Summary

Survey data indicates that respondents preferred the Participation approach to recognizing those restaurants that take part in a restaurant health promotion program. Although the majority of respondents would apply for an award if they were qualified, a relatively large proportion would not apply, even if qualified. Approximately half of respondents were not willing to have their photo taken with a prominent community figure such as the Mayor, a strategy associated with the Award approach. Thus, the Participation approach should be used if a restaurant program is developed in Hamilton-Wentworth.

Program Components

As previously stated, a restaurant health promotion program can be comprised of a number of different components aimed at promoting different areas of health. The survey included a question designed to determine which components Hamilton-Wentworth restaurateurs thought should be incorporated into such a program. This question listed potential program components and asked respondents to indicate whether each should be a mandatory component of the program, an optional component, or should not be included in the program at all. It should be noted that three components -Heart Healthy Menus, Safe Food Handling, and Non-Smoking Seating -have been proposed as "core" or

mandatory components .

Table 2: Importance of Various Potential Program Components

Program Components	Should Not Be Included		Should Be Optional		Should Be Mandatory	
	N	%	N	%	N	%
Heart Healthy Menus[a]	3	5.9	40	78.4	8	15.7
Safe Food Handling[a]	2	3.9	5	9.8	44	86.3
Non-Smoking Seating[a]	10	19.6	22	43.1	19	36.5
Injury Prevention and First Aid	4	7.7	20	38.5	28	53.8
Alcohol Awareness	3	5.8	11	21.2	38	73.1
Barrier Free (Wheelchair) Access	7	14.9	17	33.3	27	52.9
Breastfeeding/ Baby Friendly Support	12	23.1	28	53.8	12	23.1

[a]*Proposed Core Components*

Note: Some respondents did not answer

Heart Healthy Menus

Seventy-eight percent of respondents indicated that the Heart Healthy Menus component should be optional, 16% thought it should be mandatory, and 6% felt it should not be included at all (see Table 2). Thus, only a relatively small proportion of respondents (16%) would support Heart Healthy Menus as a mandatory program component; the majority (78%) thought it should be optional. This may be a somewhat surprising and disappointing result for health promoters, considering that encouraging healthy food choices is the focal point of most efforts to promote health within restaurant settings.

However, healthy eating is not necessarily the first priority of restaurateurs and restaurant patrons. Consumers are mainly concerned about good tasting food when they dine out, rather than choosing healthy foods (Fitzpatrick et al, 1997; Palmer & Leontos, 1995), and responding to consumer demand is very important to restaurateurs (Warshaw, 1993). Focus group results indicated that restaurateurs must offer what customers want, and this does not necessarily include healthy menu choices. The challenge for health promoters is to persuade both the public and the restaurant industry that healthy foods can also be tasty foods, and to promote healthier menu choices based on good taste.

Focus group participants predicted that, in terms of potential program components, the healthy eating component would create the most difficulty. Participants felt that customers may not be interested in ordering healthy menu items and that healthy eating is the responsibility or domain of restaurant managers. Thus, they felt it was somewhat unnatural for someone else to tell restaurant managers how to provide healthy foods to their customers. These opinions may have played a role in survey respondents' belief that Heart Healthy Menus should be only an optional part of a restaurant health promotion program. In addition, questions pertaining to heart healthy eating comprised the largest and most detailed section of the survey. It is possible that respondents were confused or overwhelmed with this section, and unsure of their ability to follow program standards related to heart healthy eating.

Although survey results suggest that the Heart Healthy Menus component should be designed as an optional part of the proposed restaurant health promotion program, it may be unrealistic or unreasonable to do so. It seems counterintuitive to implement a program designed to promote health in restaurant settings, without necessarily promoting healthy behaviour related to eating.

Program developers should be aware that Hamilton-Wentworth restaurateurs may not be receptive to a program that incorporates Heart Healthy Menus as a core component. To increase acceptance and encourage ownership of this component, restaurateurs should be involved in developing the heart healthy eating standards for the program.

Safe Food Handling

In contrast to Heart Healthy Menus, the large majority of survey respondents (86%) thought that Safe Food Handling should be a mandatory program component (see Table 2). Ten percent felt it should be an optional component, and 4% indicated it should not be included in a restaurant program at all. Support for a safe food handling component was also seen among focus group participants who agreed that this component would not present a problem for restaurants interested in taking part in a restaurant program. Taken together, these results suggest that Hamilton-Wentworth restaurateurs would likely support the inclusion of a mandatory Safe Food Handling component in a restaurant health promotion program.

Non-Smoking Seating

Forty-three percent of survey respondents thought that Non-Smoking Seating should be an optional component of a restaurant health promotion program, 36% felt it should be a mandatory component, and 20% thought it should not be included at all (see Table 2). Thus, there was little support for including Non-Smoking Seating as a mandatory program component (36%) as proposed, and some evidence of a complete lack of support for this component (20%). It is not surprising that there was some objection to the issue of non-smoking seating. As previously discussed, Hamilton-Wentworth recently instated a new restaurant smoking by-law, which created opposition among some restaurateurs. It was necessary to refer to the by-law in the survey's question in order to briefly describe what a potential Non-Smoking Seating component might involve: "Designate part of your restaurant (greater than the current by-law) as non-smoking seating." This reference to the new by-law may have caused a negative reaction to the question, decreasing support for a Non-Smoking Seating program component.

Other Potential Program Components

Just over half of respondents thought that both Injury Prevention and First Aid (54%) and Barrier Free (Wheelchair) Access (53%) should be mandatory program components (see Table 2). A similar proportion (54%) felt that Breastfeeding/Baby Friendly Support should be designed as an optional component. The majority of respondents (73%) indicated that Alcohol Awareness should be included as a mandatory component. Of all potential components evaluated by the survey, there was least support for including a Breastfeeding/Baby Friendly Support component. Twenty-three percent of respondents

thought that it should not be included in a restaurant program at all.

Open-Ended Responses

The survey included an open-ended question asking respondents whether there were any other program components they felt should be included. A complete listing of verbatim responses can be found in Appendix O. Two respondents wrote comments to the effect that they were opposed to legislation in the food industry dictating how restaurants should run their business. One respondent recommended a Sexual Harassment component, another suggested training in "basic manners" and dealing with the public. A third wrote that staff should have a basic understanding of how fat, protein, and carbohydrate pertain to the diet, along with knowledge surrounding recommended fat intakes and quantities of fat in foods. One respondent pointed out that a Barrier Free Access component could be expensive in terms of purchasing existing buildings. This same respondent wrote that breastfeeding upsets some restaurant clientele when they are eating. This comment provides some insight into the general lack of support for the Breastfeeding/Baby Friendly Support component expressed in response to the preceding question.

Summary

In summary, with respect to the three core components proposed for Hamilton-Wentworth's restaurant health promotion program, respondents supported the inclusion of Heart Healthy Menus as an optional component. Survey responses did not support the inclusion of a mandatory Heart Healthy Menus component, however, but were very supportive of a mandatory Safe Food Handling component. A mandatory Non-Smoking

Seating component was not supported; rather, respondents thought it should be offered as an optional part of the program. In terms of the other potential program components, survey data seemed to indicate that Injury Prevention and First Aid, Alcohol Awareness, and Barrier Free Access should be designed as mandatory program components, while Breastfeeding/Baby Friendly Support should be offered as an optional component, if included in the program at all.

Program Promotion Strategies

Earlier in the survey, restaurateurs were questioned about strategies designed to promote the Heart Healthy Menus component of a restaurant health promotion program. A question later in the survey asked about their willingness to take part in strategies that could be used to promote the program overall; that is, the program as a whole. These program promotion strategies are intended to generate public awareness of the program and to advertise restaurants that take part in it. The survey question listed 12 potential program promotion strategies in total. For each of these strategies, more than 50% of respondents were willing to participate, and for half of these strategies more than 80% were willing to take part. Thus, there was a high level of support for most of the program promotion strategies evaluated by the survey.

Table 3: Proportion (%) Willing to Participate in Overall Program Promotion Strategies

Program Promotion Strategies	Not Willing to Do		Willing to Do	
	N	%	N	%
Attend seminars/workshops about restaurant health promotion	14	26.9	38	73.1
Use a manual to train staff about the program	5	9.6	47	90.4
Have staff trained about the program by someone else	13	25.5	38	74.5
Include restaurant in local media ads	13	25.5	38	74.5
Include restaurant in dining guide	6	11.5	46	88.5
Include restaurant in Ont. Automobile Association listing	9	17.6	42	82.4
Display participation certificate	8	15.7	43	84.3
Have photo taken with the Mayor	25	49.0	26	51.0
Have program volunteers visit restaurant regularly	17	32.7	35	67.3
Post program decal/sticker on door or wall	8	15.4	44	84.6
Include restaurant in 1-800 number	17	33.3	34	66.7
Include restaurant in Internet site	10	19.2	42	80.8

Note: Some respondents did not answer

Program Training

Respondents were most willing to use an information manual to train their staff about the restaurant health promotion program (90%). This result (see Table 3) is encouraging for program developers, because training participating restaurants about the restaurant

program is important to program success (Ying, 1997; Regan, 1987) and respondents seemed very receptive to this training. It is somewhat surprising that restaurateurs were so willing to devote the time and effort needed to provide program training, given their busy schedules and the high staff turnover rates in many restaurants. It is also interesting that respondents were less willing to have program organizers train their staff for them (74% willing) because this would require less work for restaurateurs. However, this trend has been described elsewhere. Twenty-five percent of respondents in the Benson survey (1995) voluntarily commented that they considered staff training to be their responsibility. The Vancouver Health Department (1993) also reported that restaurants preferred to train their own staff about the Fresh Choice restaurant program rather than have their staff receive this training from the health department.

Training Video

Results from both the Benson (1995) and Provincial Food Services Health Promotion Program (1998) surveys indicate that the preferred method of training restaurant staff is through a video. In addition, two restaurants from the Dine to Your Heart's Delight program in Colorado that experienced problems with program training recommended developing a training video (Anderson & Haas, 1990). As previously discussed, survey respondents seemed willing to use a video to train their staff about food safety and handling. Perhaps training videos could be used for overall program training as well.

Dining Guides

Respondents were also very receptive to including their restaurant in a dining guide listing participating restaurants (see Table 3). Eighty-eight percent were willing to take part in this strategy and, in terms of the degree of their willingness, 50% of respondents were very willing to include their restaurant in a dining guide. Similarly, respondents from the PFSHPP survey (1998) rated the dining guide strategy as the most appropriate method to promote a restaurant program to customers. Unfortunately, dining guides may not represent an effective promotion strategy. Ottawa-Carlton's Heart Beat Dining Guide program evaluated the dining guide strategy twice. These evaluations concluded that the dining guide was not an effective means of promoting the program to the public (Bradley, 1991), and was not used by consumers to choose a restaurant (Dwivedi & Dobson, 1993). Thus, although restaurateurs may be very receptive to being included in dining guides, these guides may not represent an effective program promotion strategy.

Other Preferred Program Promotion Strategies

Eighty-five percent of respondents were willing to post a decal or sticker imprinted with the program's logo on their restaurant's door or wall (see Table 3). Similarly, this strategy, along with newspaper advertisements, was the second most preferred program promotion strategy among respondents to the PFSHPP survey (1998). In the Benson survey (1995), 72% of respondents were willing to use door decals to promote healthy eating. Thus, there is evidence to suggest that restaurateurs would likely support the use of decals or stickers to promote a restaurant health promotion program. Survey respondents also seemed very willing to display a certificate declaring their participation

in the program (84%), to include their restaurant in an Ontario Automobile Association listing for heart healthy dining (82%), and to include their restaurant in an Internet site providing information about restaurants that take part in the restaurant health promotion program (81%).

Least Preferred Strategies

As previously discussed, respondents were least willing to have their photo taken with the Mayor or other important community figure. Only 51% were willing to take part in this strategy; 21% were not at all willing to do so (see Table 3). It appears that restaurateurs are not very interested in being photographed with prominent public figures in the Hamilton-Wentworth area, and arranging photo opportunities with them would not represent an effective program promotion strategy for the proposed health promotion program. Survey respondents were also less willing to have program volunteers visit their restaurant regularly (33% unwilling), and to include their restaurant in a 1-800 telephone number providing information about restaurants participating in the program (33% unwilling). However, two-thirds of respondents were still willing to take part in both of these strategies.

Summary

Survey data show a high level of support for most program promotional strategies evaluated by the survey. Respondents were most willing to use an information manual to train their staff about the program, and to include their restaurant in a dining guide, even though there is some evidence that dining guides may not represent an effective

promotional strategy. Respondents were also quite willing to post a program decal on their restaurant's door or wall, and to display a certificate announcing their participation in the program. Respondents were least willing to have their photo taken with the Mayor or other important community figure. Other less preferred strategies included having regular visits to their restaurant from program volunteers, and including their restaurant in a toll-free telephone number giving information about participating restaurants.

Program Partners

The survey included a question that listed various community groups and asked respondents to rate their willingness to work with each group. This question was designed to identify potential partners who could help deliver the proposed restaurant health promotion program within the Hamilton-Wentworth region. Six different groups were listed in the survey, and an open-ended question about other potential partners followed. Survey responses indicated a relatively high level of willingness to work with each group listed in the survey, with a relatively small range of differences between groups (61% to 76% willing).

Working with the Public Health Department

It should be noted that respondents seemed quite willing to form partnerships with two groups from the Hamilton-Wentworth Health Department; namely, the nutrition staff and public health inspectors. This is a somewhat unexpected finding because members of the focus group were strongly opposed to working with the public health department, especially with public health inspectors. Ottawa-Carlton's Heart Beat Restaurant

program reported that the program improved the relationship between Public Health Inspection and local restaurants (Harvey, 1991). Similarly, the Lifestyle Approved Award program in the Greater Toronto area reported that this program offered an opportunity to build partnerships between the health department and the restaurant industry (Ying, 1997). Survey results seem to indicate that such a partnership may be possible in the Hamilton-Wentworth region as well.

Health Department Nutrition Staff

Survey respondents were most willing to work with Hamilton-Wentworth Health Department nutrition staff (76%), possibly because they were perceived by respondents as representing a knowledgeable and credible source of nutrition information. Whatever the reason, this willingness to work with nutrition staff is an encouraging result, because partnerships between restaurateurs and nutrition professionals can be mutually beneficial (Regan, 1987). These partnerships should be fostered (American Dietetic Association, 1991) as a means of combining skills and experience in order to benefit consumers (Regan). In addition, the majority of respondents to the PFSHPP survey (1998) indicated that public health nutritionists and/or public health inspectors were the best individuals to communicate information about a restaurant program to restaurateurs. Thus, there is some indication that restaurateurs would support health department nutrition staff as partners in a restaurant health promotion program.

Health Department Inspectors

Seventy-one percent of survey respondents were willing to work with Hamilton-Wentworth Health Department inspectors, and 29% were unwilling. Thus, in general, respondents were receptive to forming partnerships with public health inspectors. Because they visit restaurants on a regular basis, restaurateurs may be familiar with public health inspectors and feel comfortable with the idea of working with them. However, survey responses to working with inspectors were somewhat contradictory because this group received both the highest proportion of respondents who were very willing (36%) and the highest proportion of respondents who were not at all willing (15%) to work with them. Therefore, respondents showed some dichotomy of opinion. Focus group participants were strongly opposed to working with public health inspectors because they felt inspectors did not ensure that proper food safety and handling procedures were being followed in all Hamilton-Wentworth restaurants. This view may be shared by the proportion of respondents who were not at all willing to work with public health inspectors (15%). As previously mentioned, results from the PFSHPP survey (1998) indicated that respondents were very willing to form partnerships with public health inspectors (and/or public health nutritionists). Thus, there is some evidence that restaurateurs would support partnerships with Hamilton-Wentworth Health Department inspectors, and some indication that a small minority may be very opposed to doing so.

Other Potential Partners

Seventy-one percent of respondents were also willing to work with the Heart and Stroke Foundation. This organization has developed its own restaurant health promotion program called the Heart Smart Restaurant program, which may be familiar to some restaurateurs. As a result, respondents may be more willing to work with the Heart and Stroke Foundation if they are viewed as having experience in the area of restaurant health promotion. Survey respondents showed a similar degree of willingness to work with Community Food Advisors (69% willing) and Heart Health Hamilton-Wentworth (68% willing). It is surprising that respondents were not more willing to work with Heart Health Hamilton-Wentworth, because they were informed on several occasions that this organization was responsible for the survey and involved in planning the proposed restaurant program. However, members of the focus group indicated that restaurateurs may be unsure about the credibility of Heart Health Hamilton-Wentworth, and may not distinguish this organization from the many other community groups in Hamilton-Wentworth. Finally, respondents were least willing to form partnerships with Health Department Nursing Staff (61% willing; 39% unwilling), possibly because the nursing profession is not viewed as being involved in issues related to food and the food industry.

Open-Ended Responses

As mentioned, an open-ended question was also included to give respondents the opportunity to recommend other potential program partners not evaluated by the survey. A complete listing of verbatim responses to this question can be found in Appendix O. One respondent suggested working with the Canadian Cancer Society and the Canadian

Diabetes Association. Another recommended partnering with trained chefs. Partnerships between dietitians and chefs have proven both successful and profitable in the past (Regan, 1987). Enlisting the expertise of chefs is important in helping restaurants develop good tasting low-fat menu items (Palmer & Leontos, 1995).

Summary

In summary, the majority of survey respondents were willing to work with all potential partners evaluated by the survey, including groups from the Hamilton-Wentworth Health Department. Respondents were most willing to form partnerships with Health Department nutrition staff, and least willing to work with nursing staff. Although most respondents were willing to work with Health Department inspectors and some were very willing to do so, there was a small minority that were not at all willing to form this partnership.

Barriers to Program Participation

In an effort to identify some of the challenges a restaurant health promotion program could present to restaurateurs, the survey included a question that listed 11 potential program barriers and asked restaurateurs to indicate which were large enough to prevent them from taking part in a restaurant program. Thus, respondents could identify multiple items as presenting significant barriers. Items that were not checked cannot necessarily be interpreted as indicating a non-significant barrier; blank boxes could also indicate missing data. An open-ended question was also included in the form of "Other (please specify):".

Table 4: Proportion (%) Identifying Significant Challenges

Potential Program Barrier	Represents a Significant Challenge
Difficulty maintaining enthusiasm for program over time	51.9%
Added costs involved in participating	48.1%
Customers not interested in ordering heart healthy items	44.2%
Restaurants need to create new menu items for program	40.4%
Restaurateurs too busy	38.5%
Restaurant staff may not want to participate	38.5%
Restaurateurs' ideas about heart healthy eating may not agree with program's ideas	36.5%
Customers/restaurateurs unaware of program standards	28.8%
Public unaware of the program	21.2%
Some participants may not actually follow program's standards	21.2%
Not all restaurants have equal opportunity to participate	19.2%
Other	11.5%

Note: Multiple answers were possible

Maintaining Program Enthusiasm

Just over half of survey respondents (52%) indicated that the difficulty of maintaining enthusiasm for the program over time represented a significant program challenge (see Table 4). The question did not distinguish between enthusiasm on the part of participating restaurants or on the part of the public. One method of addressing the problem of declining enthusiasm among participating restaurants is to develop a program

whereby volunteers maintain regular contact with participating restaurants in order to provide support. This approach has been used by the "Adopt-A-Restaurant" component of Ottawa-Carleton's Heart Beat restaurant program (HHRC, 1997). The Heart Beat program reported that, along with other benefits, follow-up visits conducted by program volunteers maintained interest in the program among participating restaurants (HHRC). The next survey question asked respondents whether they thought a volunteer support program would represent a significantly helpful solution. Unfortunately, only 38% of respondents thought it would; this potential solution tied with another item as the third least helpful solution. Thus, there was not much support for developing this type of volunteer support program.

Added Costs

Almost half of respondents (48%) indicated that added costs involved in participating in a restaurant health promotion program (eg. creating and testing new recipes) represented a significant program barrier (see Table 4). This issue represented the second largest potential barrier identified by this survey. In the PFSHPP survey (1998), cost was identified as the most common barrier to program participation. Thus, extra costs associated with taking part in a restaurant program may present a significant barrier to restaurants. Managers from restaurants participating in the Dine To Your Heart's Delight program reported that the major costs or efforts related to taking part in this program involved the labour required to test new recipes and affix menu labels (Anderson & Haas, 1990). Restaurant programs need to be economical for participating restaurants to implement, in terms of both money and time (Lefebvre, 1987). Program organizers need

to provide resources to compensate for the extra time and added costs associated with menu labeling, and to help participating restaurants train their waitstaff to implement these labels (Almanza et al, 1997). If a restaurant health promotion program is developed for the Hamilton-Wentworth region, measures should be taken to eliminate or minimize added costs to restaurants associated with program participation. For example, recipes could be developed and tested on the part of participating restaurants, and program organizers or volunteers could affix labels or inserts to the menus of participating restaurants.

Uninterested Customers

For 44% of respondents, the fact that customers may not be interested in ordering heart healthy items represented a barrier large enough to prevent them from taking part in a restaurant health promotion program (see Table 4). Similarly, focus group participants also felt that customers may not be interested in healthy menu choices because they view dining out as a treat, and want special foods when they eat out. The need to splurge on special foods when eating out is supported by the literature (Fitzpatrick et al, 1997; Sneed & Burkhalter, 1991). In general, consumers are more aware of and interested in health and nutrition (Parks et al, 1994; Bradley, 1991), and are increasing their demand for healthy menu options when dining in restaurants (Clay et al, 1995; Sneed & Burkhalter). Consumers that eat out frequently are more concerned about healthy eating (Fitzpatrick et al). These individuals may constitute a restaurant's regular customers, and may represent a more specific target group for the proposed restaurant health promotion program. Regular customers may be more interested in new menu options if they have become

bored with usual menu items (Richard et al, 1999). Restaurant patrons appreciate being given the option of choosing more healthful dishes when dining out (Fitzpatrick et al). In order to convince restaurant customers to order healthy menu items, these items need to taste as good as (or better than) other menu items (Fitzpatrick et al; Palmer & Leontos, 1995), and must be promoted primarily on the basis of their good taste (American Dietetic Association, 1991; Regan, 1987).

Restaurateurs need to be assured that consumers are interested in healthy eating and value the option of choosing more healthful restaurant foods. If developed, a restaurant health promotion program should focus on promoting healthy menu items on the basis of good taste. In addition, it may be necessary to survey Hamilton-Wentworth consumers to determine their level of interest in choosing more healthful foods when eating out, and to gather information about how these foods should be offered in restaurant settings.

Other Potential Program Challenges

Forty percent of respondents indicated that needing to create new menu items represents a significant program barrier (see Table 4). Other items were checked by less than 40% of respondents. Issues identified least often as potential program barriers included the public being unaware of the program (21%), some participants not actually following the program's standards (21%), and not all restaurants having an equal opportunity to take part in the program (19%).

Open-Ended Responses

As mentioned, respondents were also given the opportunity to comment about other potential program barriers not evaluated by the survey. Twelve percent of respondents did so. A complete listing of their verbatim responses can be found in Appendix O. One respondent indicated that time and money were potentially problematic, another suggested issues related to language and staff training. A third remarked that not many customers preferred eating light food, which meant that money was lost when these products were wasted. This supports the view that customers are not interested in ordering healthy menu choices. Other respondents wrote comments about how the type of restaurant operation they run makes it difficult for them to offer healthy menu items. It is interesting that the majority of comments about potential barriers were related to the heart healthy eating component of the program.

Summary

Survey respondents indicated that the most significant barrier to program participation was the difficulty of maintaining enthusiasm for the program over time. Other significant program barriers included the added costs associated with taking part in the program, and the fact that customers may not be interested in ordering heart healthy menu items. Respondents were least concerned about all restaurants having an equal opportunity to participate in the program, participants not following program standards, and the public being unaware of the program.

Incentives to Program Participation

A question about potential program incentives was also included in order to determine what actions may be taken to counteract potential program barriers, and encourage participation. This question listed 10 ideas, and asked restaurateurs to indicate which were helpful enough to overcome barriers to program participation. Thus, respondents could identify multiple items as denoting significant incentives. Items that were not checked cannot necessarily be interpreted as representing non-significant incentives; blank boxes could also indicate missing data. An open-ended question was also included in the form of "Other (please specify):".

Table 5: Proportion (%) Identifying Significant Incentives

Potential Program Incentives	Represents a Significant Incentive
Promote program through local media	61.5%
Provide clear, easily understood information about program standards	57.7%
Offer all program services and materials free	55.8%
Provide heart healthy recipes	51.9%
Emphasize good taste vs. health/nutrition	48.1%
Help modify dishes to meet program standards	46.2%
Offer program to all restaurants	38.5%
Program volunteers maintain regular contact/provide support	38.5%
Provide on-site staff training about the program	34.6%
Monitor participating restaurants to ensure program standards are met	21.2%
Other	3.8%

Note: Multiple answers were possible

Local Media

Survey respondents most often indicated (see Table 5) that promoting a restaurant health promotion program through the local media was a significant incentive to program participation (62%). As discussed earlier in this report, many different authors have reported a need for increased program promotion (Ying, 1997; Selig, 1995; Dwivedi & Dobson, 1993; Bradley, 1991; Paul et al, 1989), and several have recommended

advertising restaurant programs through the local media (Hooper & Evers, 1997; Palmer & Leontos, 1995; Ying). Media kick-off events have proven very successful in generating media coverage of several other restaurant nutrition programs (Palmer & Leontos; Vancouver Health Department, 1993; Forster-Coull & Gillis, 1988).

Strategies that are used to promote a restaurant program through the local media should also serve to advertise restaurants taking part in the program; for example, listing participating restaurants in a newspaper advertisement promoting the program. As previously mentioned, the PFSHPP survey (1998) found that free publicity was the highest ranking incentive motivating restaurateurs to participate in a restaurant program. In addition, focus group members recommended providing some form of recognition, promotion, or advertising for restaurants as an incentive to encourage restaurateurs to take part in the restaurateur mail survey. Thus, restaurateurs are very interested in increasing the public's awareness of their business, and would likely support promotion strategies that provide free publicity for their restaurant through the local media.

Information about Program Standards

Fifty-eight percent of survey respondents reported that providing clear, easily understood information about the program's standards to both restaurateurs and customers was a significant incentive to program participation (see Table 5). However, only approximately half as many (29%) indicated in the previous question that unawareness or misunderstanding of program standards on the part of restaurateurs or customers represented a significant program barrier. This is a somewhat confusing result suggesting

that it is important to provide clear, easily understood information about the program standards, yet unawareness or misunderstanding of these standards is not significantly problematic. It is possible that respondents were interested in clear, easily understood information about the program in general, rather than about the program's standards specifically.

Other Significant Incentives

Fifty-six percent of respondents indicated that offering all program services and materials free to participating restaurants represented a significant incentive to taking part in a restaurant health promotion program (see Table 5). This is likely linked to their concerns about added costs involved in program participation, as reported in the previous question. In addition, just over half (52%) felt that providing recipes for menu items that follow the program's standards was a significant incentive. This may also be linked to concerns about added costs, since the question about costs included creating and testing new recipes as an example of an added cost associated with participation. Furthermore, 40% of respondents reported that the need to create and test new recipes posed a significant barrier to participation. Thus, providing heart healthy recipes could help solve potential program barriers involving the need to create new menu items and more generalized costs associated with program participation. Other potential solutions were considered significant incentives by less than 50% of respondents. Monitoring participating restaurants to ensure that program standards were being met was identified least often (21%) as a significant program incentive.

Open-Ended Responses

As mentioned, respondents were also given the opportunity to write about other potential program barriers not evaluated by the survey. Only 4% of respondents did so. A complete listing of verbatim responses can be found in Appendix O. One respondent suggested providing Chinese language seminars.

Summary

To summarize, the most significant incentive to participation was promoting the program through the local media. Other significant program incentives included providing clear and easily understood information about program standards to both restaurateurs and customers, and offering program services and materials free to participating restaurants. The least helpful incentive was monitoring participating restaurants to ensure that program standards were being met.

Overall Willingness

The survey included a question designed to measure restaurateurs' overall willingness to participate in a restaurant health promotion program. In general, 80% of respondents were willing to take part and 20% were unwilling. In terms of the degree of their willingness, the majority were somewhat willing to participate (63%); however, 18% reported they were very willing to take part. Of those unwilling, 16% were not too willing to participate, and only 4% reported they were not at all willing to take part. Thus, a large majority of respondents were at least somewhat willing to participate in the proposed restaurant health promotion program. However, there may have been a bias

among survey respondents towards restaurateurs most motivated to become involved in this program.

Results from the PFSHPP survey (1998) found that 67% of respondents were very likely to participate in the restaurant program, and 33% were somewhat likely; in addition, 75% of these respondents reported that they were interested in the program. Restaurateurs felt that a restaurant health promotion program would improve the working environment for their staff, and would encourage business (PFSHPP). Results from the current survey suggest that Hamilton-Wentworth restaurateurs would likely be willing to participate in a restaurant health promotion program, and provide support for the development and implementation of this program in the Hamilton-Wentworth region.

Final Open-Ended Question

The survey ended with an open-ended question recognizing the unique expertise of restaurateurs, and encouraging respondents to offer comments and provide insights into the design of the proposed restaurant health promotion program. In total, comments were received from 22 respondents (42%). A full listing of verbatim responses can be found in Appendix O. These responses are summarized below, and organized according to comments concerning support for the program, characteristics of the restaurant industry that impact upon program development and implementation, the importance of meeting consumer demands, potential program challenges, and advice and ideas for program development and implementation.

Program Support

Several respondents indicated that they would support the proposed program, while one respondent was not at all interested. Others remarked that the program sounded good in theory; still others stated that they need more information about it.

Characteristics of the Restaurant Industry

Some respondents described various characteristics of the restaurant industry that could impact upon program development and implementation. Time is critical in the restaurant business, and healthy menu items should not require more time than regular items to prepare. A restaurant program can pose the risk of wasting time and money on a venture that may not attract more customers. Restaurateurs already have so many regulations to abide by, and the program may be viewed by some as another in terms of another rule that restaurants must follow. Competition among restaurants may encourage or motivate some restaurants to participate, and at least one restaurant needed a "buy-in" from its home office in order to take part. Related to this was the comment provided by one respondent who discussed the recent restaurant smoking by-law, explaining that this law was forced upon restaurateurs, and was affecting some restaurant businesses adversely. This respondent predicted that the program would not succeed if it was associated with the "Health Board" who "largely oversees the smoking by-laws".

Consumer Demands

Various comments focused on the importance of ensuring that the demands of restaurant clientele were met. Respondents felt that the program must benefit their customers, and be based on customer interests and needs. Customers should be surveyed to establish that they want a restaurant program. One respondent remarked that most customers are not interested in heart healthy food when eating out; rather, they want to "splurge and spoil themselves". Another was willing to offer healthier menu choices, but only if there was consumer demand for these foods. Restaurants may not be willing to revise their entire menu, but may be willing to make some simple revisions in order to meet customer needs or requests for healthier dishes.

Program Challenges

Some comments provided further insight into potential program challenges. The public may associate heart healthy food with bland tasting food, and it may require a great deal of effort on the part of program organizers to convince the public to try good tasting heart healthy foods. Similarly, another respondent remarked that past efforts to offer healthier choices were not appreciated by customers. Restaurant staff may not be responsive to large changes in the workplace, and relaying information about the program to employees could pose a challenge. The restaurant program may require a large effort to initiate, and heavy ongoing support to maintain. Ensuring that program standards are being followed by participating restaurants could represent another program challenge.

Advice for Program Design

Some respondents offered advice for designing the proposed restaurant health promotion program. The program should be based on research, should include an incentive or reward for participating restaurants, and may require consistent follow-up. Ideas presented in the survey as potential solutions or incentives should be the focus for program implementation. The differing needs of different types of restaurants (eg. family style versus fine dining) should be considered when developing the program. Some types of restaurants (eg.bar & grill; buffet; fish & chips) may not be suitable for inclusion in the program. Promotional items should be "very professionally done". Although some restaurants may not have much room for posters or wall hangings, table tents and pamphlets could work. One respondent explained that it would be helpful if program organizers reviewed their current menu, and informed the restaurant of healthy choices already on the menu, along with items that could be easily revised in order to qualify as healthy choices.

Program Ideas

Finally, respondents provided some innovative ideas for the proposed restaurant health promotion program. One respondent suggested establishing a restaurant heart health association to support the program. Another respondent described a "Mr. Clean" program their restaurant had considered, which would develop a restaurant standard for health, cleanliness, and food safety, and then rate participating restaurants as A, A^{-}, or A^{++} according to how well they met this standard. Finally, a third respondent recommended that program organizers view the program as a "festival of Health" that

would last one or two weeks, instead of a health promotion effort. This festival could focus on a "special of the night" available at participating restaurants, along with regular menu items.

CHAPTER SIX

CONCLUSIONS

Recommendations from Research Literature

From the research literature on restaurant nutrition programs, recommendations arising from formally evaluated programs are strikingly similar to those outlined in informal program observations. These recommendations are summarized as follows:

Importance of Taste and Choice

Focus on developing good tasting healthy menu items, and promote these items on the basis of their flavour. In addition, emphasize the fact that healthy menu items provide added choice and variety to a restaurant's menu. Consumers appreciate the option of choosing a healthier menu item.

Program Promotion

It is important to actively promote the restaurant program to both consumers and restaurateurs. The program should be advertised through the local media, and a choice of promotional materials should be provided to participating restaurants. Consider staging a media kick-off event to attract media attention to the program.

Sensitivity to the Restaurant Industry

Consider the needs of restaurateurs during program planning and implementation. Making a profit and responding to consumer demands are key to the restaurant industry.

Restaurant nutrition programs cannot compromise these priorities; rather, they should focus on contributing to them.

Staff Training

Offer program training to the staff of participating restaurants. Restaurant staff should be trained to understand the program and how it operates.

Recommendations from Survey Results

The Hamilton-Wentworth Regional Public Health Department should proceed with plans to develop and implement a restaurant health promotion program in the Hamilton-Wentworth region. Communications to restaurateurs about the program should be addressed to restaurant owners/managers, and the program should recognize participating restaurants using the Participation approach. Public health nutrition staff, public health inspectors, and personnel from the Heart and Stroke Foundation could be incorporated as program partners to help deliver the restaurant health promotion program.

The following components received the greatest amount of support from surveyed restaurateurs:

Mandatory Components	Optional Components
• Safe Food Handling	• Heart Healthy Menus
• Injury Prevention and First Aid	• Non-Smoking Seating
• Alcohol Awareness	• Breastfeeding/Baby Friendly
• Barrier Free Access	Support

Program planners should develop a method of training the staff of participating restaurants about the program, possibly through the use of an information manual. Restaurateurs may be quite receptive to being included in a program dining guide, although there is some evidence that this strategy may be ineffective. Program planners should also consider designing decals or stickers imprinted with the program's logo, providing participation certificates, developing an Ontario Automobile Association listing of heart healthy restaurants, and creating an Internet site that provides information about participating restaurants. Photo opportunities with the Mayor or other prominent community figures should not be incorporated into the program.

The restaurant health promotion program should be promoted through the local media, and should provide clear, easily understood information about program standards to participating restaurants. Program planners should develop a strategy to maintain enthusiasm for the program over time; however, it is not advisable to use volunteers who

visit participating restaurants regularly as a method of doing so. Costs to restaurateurs associated with taking part in the restaurant program should be minimized or eliminated altogether. Program services and materials should be provided free to participating restaurants. It may also be helpful to provide heart healthy recipes or help in developing new, healthier menu items.

Heart Healthy Menus

The Heart Healthy Menu component could be designed using either the Menu Approval or Customer Request approach. The standard for this component could be based on the heart healthy menu items evaluated by the survey. Survey respondents were quite supportive of most of these items, and did not clearly object to any; however, they were slightly more unwilling (14%) than willing (12%) to offer at least four different types of vegetables/fruits. Heart healthy eating should be promoted using labels/stickers to identify heart healthy foods on the menu, and heart healthy recipes made available to participating restaurants. Program planners should also consider providing opportunities for chefs and cooks to learn how to develop or prepare heart healthy foods, using menu inserts to identify heart healthy foods, and developing an Internet site that offers information to participating restaurants about heart healthy foods. The program should not use cooking demonstrations or waitstaff buttons as strategies to promote heart healthy eating.

Safe Food Handling

The restaurant health promotion program should make participating restaurants aware of the details surrounding safe food handling courses available at the public health unit, and should consider offering a safe food handling training video to participating restaurants. Methods designed to train restaurant staff in safe food handling should not require any extra time or money for restaurants taking part in the program. Ideally, the program should decrease time and money spent on safe food handling training.

Non-Smoking Seating

Many restaurants eligible for the health promotion program are subject to more stringent non-smoking regulations due to their larger size (80 seats or more). In addition, only a small proportion of these restaurants may be smoke-free. Program planners should consider these facts when designing the criteria for the program's Non-Smoking Seating component.

Study Limitations

There were several limitations to the restaurant health promotion feasibility study which should be taken into consideration when interpreting its results. Although the focus group facilitator received training, she was inexperienced in conducting focus groups. The sample size for the study's focus group was very small, with focus group results based on the opinions of only four Hamilton-Wentworth restaurateurs.

Mail survey results may not be representative of all restaurateurs in the Hamilton-Wentworth area. Eligible restaurants were not randomly selected from all restaurants in the Hamilton-Wentworth area; rather, they were chosen according to specific eligibility criteria. Even after repeated attempts, researchers were not able to contact the managers of all eligible restaurants to ask whether they would be willing to complete the restaurateur mail survey, and some eligible restaurants were excluded because they were sampled into the smoking by-law survey. As a result, the restaurateur mail survey was sent to less than half (45%) of eligible restaurants. Only 28% of restaurants on the mailing list returned a competed survey; thus, results from the mail survey were based on a relatively small sample size (n=52).

As well, it is probable that survey respondents were more interested in health promotion and more likely to already be involved in using heart healthy strategies than non-respondents. Thus, survey results are likely biased by a sample of respondents representing restaurateurs most motivated to become involved in a restaurant health promotion program.

Further Research

Hamilton-Wentworth restaurant consumers should be surveyed to determine their interest and opinions with respect to the proposed restaurant health promotion program. This research should include questions designed to determine the level of consumer interest in ordering heart healthy foods when dining in restaurants, and whether consumers are

motivated enough to request these foods according to the Customer Request approach. If positive, consumer interest in heart healthy restaurant dining could be presented to restaurateurs to encourage them to participate in the restaurant program. Consumers should also be surveyed to determine whether a dining guide should be developed in conjunction with this program and, if so, what format this guide should take.

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APPENDIX A Survey Methodology Used to Enhance Response Rate

-from Dillman, 1978

activities in italics represent steps **not undertaken**

Cover Letter

- printed on letterhead of sponsoring organization
- maximum 1 page long
- dated with date of mailing
- name, address & salutation printed individually on each letter
- explains study and describes the study as useful to a group with whom the recipients identify
- conveys the message that the recipient's response is important
- communicates that representativeness of sample is essential
- promises confidentiality and anonymity
- explains reasons for using an identification number
- promises a copy of the study's results
- indicates the researcher's willingness to answer questions
- thanks recipients for their help
- provides the name and title of researcher(s)
- signed individually in blue ink

Envelope

- *mailed in regular sized business envelope*
- *each individual's name and address is typed onto the envelope itself*, surname last
- stamped (or marked) with first-class stamp

Questionnaire

- marked with individual identification number on front, upper right-hand corner
- *folded inside cover letter*

Other

- postage-paid return envelope included, printed with researcher's return address
- all letter contents folded together
- mailed early in the week; not mailed during holidays or during December

Follow-Up Mailings

- *reminder postcard mailed one week after initial mailing*
- mailed three weeks after initial mailing only to non-respondents
- contains shorter cover letter *informing recipients that their questionnaire has not been received*; asks for its return; expresses appreciation
- cover letter ties into previous mailings, restates individual importance of recipient's response; signed with blue ball point pen
- contains replacement questionnaire with the same identification number
- *third follow-up sent to non-respondents by certified mail seven weeks after initial mailing*

APPENDIX B Focus Group Ethics Approval

University of Guelph

OFFICE OF THE VICE-PRESIDENT RESEARCH

Certification of Ethical Acceptability for Research Utilizing Human Subjects

DATE:	August 28, 1998
APPLICANT:	Dr. Donna Woolcott Family Relations & Applied Nutrition
SPONSOR:	Hamilton Wentworth Regional Public Health Heart & Health Hamilton-Wentworth
TITLE OF PROJECT:	***"Hamilton-Wentworth Region Food Services Health Promotion Feasibility Study - Focus Group Research".***

The members of the University of Guelph Human Subjects Committee have examined the experimental protocol which describes the participation of the human subjects in the above-named research project and they consider the experimental procedures, as described by the applicant, to conform to the University's ethical standards.

MEMBERSHIP OF THE HUMAN SUBJECTS COMMITTEE:

W. Marsh	Research Services
L. Kuczynski	Family Studies
J. FitzSimons	Rural Planning
M. White	Health Services
L. McDonald	Sociology/Anthropology
J. Reader	Environmental Health & Safety

Approved: W.C. Marsh Date: Aug 28/98.

W.C. Marsh
Director of Research Services

APPENDIX C Mail Survey Ethics Approval

University of Guelph

OFFICE OF THE VICE-PRESIDENT RESEARCH

Certification of Ethical Acceptability for Research Utilizing Human Subjects

DATE:	October 13, 1998
APPLICANT:	Dr. Donna Woolcott Family Relations & Applied Nutrition
SPONSOR:	Hamilton-Wentworth Public Health Hearth Health Hamilton-Wentworth
TITLE OF PROJECT:	***"Hamilton-Wentworth Region Food Services Health Promotion Feasibility Study - Restauranteur Survey Research".***

The members of the University of Guelph Human Subjects Committee have examined the experimental protocol which describes the participation of the human subjects in the above-named research project and they consider the experimental procedures, as described by the applicant, to conform to the University's ethical standards.

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M. White	Health Services
L. McDonald	Sociology/Anthropology
J. Reader	Environmental Health & Safety

Approved: _____ Date: Oct 13/98

W.C. Marsh
Director of Research Services

APPENDIX D

Study Timeline

Wk.#	Date	Research Activity
	1998	
	May - November	Conduct Background Research/Write Literature Review
1	Aug. 10-14	-develop focus group questions; prepare and submit application for ethics approval for focus group portion of study
2	Aug. 17-21	-train for conducting focus group; write draft survey
3	Aug. 24-28	-prepare list of restaurateurs for the study
4	Aug. 31-Sept. 4	-recruit focus group
5	Sept. 7-11	-remind focus group participants; prepare to conduct focus group
6	Sept. 14-18	-conduct focus group; compile results from focus group and refine survey accordingly -recruit pilot sites -send draft survey to members of Steering Committee
7	Sept. 21-25	-submit application for ethics approval: survey research -visits to restaurants to pilot survey; refine survey accordingly
8	Sept. 28-Oct. 2	-get feedback from Steering Committee (Sept. 29) and refine survey accordingly
	Oct. - Dec.	Further Survey Revisions/Organization
	1999	
9	Jan. 4-8	-call restaurants
10	Jan. 11-15	-call restaurants
11	Jan. 18-22	-call restaurants; prepare for first mailing
12	Jan. 25	-mail out survey **(first mailing)**
13	Feb. 1-5	-set up EPI files
14	Feb. 8-12	-start collecting survey data; input survey data
15	Feb. 15-19	-collect and input survey data; **first prize draw** (Feb. 18); prepare surveys for second mailing
16	Feb. 22-26	-mail out survey **(second mailout)**; collect and input survey data
17	Mar. 1-5	-collect and input survey data
18	Mar. 8-12	-collect and input survey data
19	Mar. 15-19	**-second prize draw** (Mar. 18); finish collecting survey data
20	Mar. 22-26	-finish inputting survey data

APPENDIX E Telephone Script for Focus Group Recruitment

Good _____ (morning/afternoon/evening). May I speak with _____ (name of restaurant owner/manager)?
If unavailable, ask when to call back to reach this person. Thank you. I will call back then.
If no longer working there, ask to speak to (current) owner or manager.

My name is Kathy Lepp. I am a student from the University of Guelph working on a research project with Heart Health Hamilton-Wentworth, a coalition of health and community organizations, and businesses who are committed to promoting heart healthy lifestyles in our community.

I am not selling anything. We are developing a short mail survey and we would like you to attend a brief focus group to provide some input. We realize that your time is valuable, so we will be providing a $35 honorarium for attending.

This survey is directed to restaurant owners and managers to ask their opinions and interest in a proposed program which will reward restaurants that have achieved a high standard in a number of areas such as heart healthy menus and safe food handling practices.

It is very important that this survey reflects the issues that are relevant to you, which is why we need your participation in a one hour focus group with a small group of other restaurateurs. Would you be willing to participate in one of our focus groups?

If no: Okay, thank you anyway. I will be mailing out the surveys when they are ready in about 5 weeks. Would you be willing to fill one of these surveys? It should only take about 10 minutes.

> *If no*: Okay, thanks again for your time. Good bye.
> *If yes*: Thank you. I will send you one in the mail. You should receive it at the beginning of October. I really appreciate your help in filling out a survey. Thanks again. Good bye.

If yes: Okay, focus groups will be held on Monday, Sept. 14 at the Century 21 building in downtown Hamilton. Are you available on that day? *(If no, ask about sending them a survey)*

You can choose between an afternoon session at 1:30 pm or an evening session at 4:30 pm. Which time would suit you best? *Schedule a time, and give directions to the meeting place*
-The Century 21 Building is located at 100 Main St. East, just past city hall. Focus groups will be held on the second floor. There is convenient parking nearby.

I really appreciate your willingness to take part in a focus group, and I look forward to hearing your opinions. I'll call you next week as a reminder. Thanks again. Good bye.

APPENDIX F Restaurateur Focus Group Consent Form

What is the Restaurateur Focus Group and what does it involve?
This Restaurateur Survey Focus Group is designed to gather information that will help in the development and delivery of a restaurateur survey. Focus group participants will be asked for their opinions and ideas surrounding certain aspects of this survey. This discussion should last about one hour.

The information you provide will remain anonymous and confidential.
This focus group will be audio-taped, and first names will be used. However, the name of participants and their restaurants will not be used when information from the focus group is analysed and written up. Responses from all participants will be combined, and individual responses will not be identifiable. In this way, information offered by participants will remain anonymous. This information will also be kept confidential. Only the researchers involved in the study will have access to focus group information, and this information will only be used for the purpose of this study. Audio-tapes will be kept in a locked cabinet and erased at the end of the study.

Signed Consent to Participate
I understand the general nature of this research as explained in the description above. Any information that I provide during this focus group will be used for the purpose of this study only and will be kept strictly confidential. Although my first name may be used during the focus group, my name and the name of my restaurant will not be identifiable when focus group data is analysed and written up. I understand that the focus group will be audio-taped and the tapes will be stored in a locked cabinet. At the end of the project these tapes will be erased. My participation in this focus group is voluntary. I understand that I am free to answer only those questions I choose to answer, and that I am free to withdraw from the study at any time if I wish.

Date:_____/_____/_____ _____
Day Month Year Signature

Name (please print): _____

Address: _____

City: _____

Postal Code: _____

Telephone Number: _____

APPENDIX G Focus Group Questions

Ice Breaker Question: What do you enjoy most about being a restaurateur?

1. We would like to include a question to measure the size of a restaurant's clientele, or the number of customers a restaurant serves. What is the best way to measure or phrase this?
   (Ideas: number of patrons served annually; number of meals served annually?)

2. How important is it to provide an incentive to motivate restaurant owners and managers to complete the survey? We are thinking about entering everyone who fills out the survey into a raffle to win one of several different prizes. What kinds of prizes would appeal to restaurateurs?
   (Ideas: magazine subscription; tickets to the theatre or sports event; membership to the YMCA)

3. We are wondering whether we should call restaurants before mailing out the surveys to tell them a little about the survey and ask whether they would be willing to fill one out. How useful do you think this would be? If we do telephone, when would be the best time to call restaurants?

4. Who is best person to fill out this survey? To whom should the survey be addressed? Ideally, the survey should be filled out by the person responsible for:
   -planning the restaurant's menu
   -staff training
   -restaurant promotions and
   -public relations.
   (Ideas: Manager? Owner? Chef?)

Explain the proposed restaurant program in a little more detail here

5. We realize that participating in a restaurant health promotion program may present some challenges for restaurant owners/operators. What do you think these challenges might be? How could they be overcome?

6. The survey is being conducted by Heart Health Hamilton-Wentworth and the University of Guelph. How are these organizations viewed by restaurateurs, in terms of their credibility? Will this affect the number of people who respond to the survey? How?

7. How interested are you in working with staff at the Hamilton-Wentworth Regional Public Health Department?

8. We would like to include a question asking restaurateurs to indicate the type of restaurant they manage or own. What categories of restaurant types should be used? How can these categories be defined or explained to distinguish between them?
   -quick service
   -family style/casual
   -fine dining
   -other?

APPENDIX H Study Variables

I) Restaurant Demographic Profile:

1) **Respondent's Position/Job Title**
-defined in terms of respondent's main responsibility at the restaurant and categorized as Manager, Owner, Chef/Cook, or Other (as specified)

2) **Restaurant Size**
-measured by number of seats in the restaurants; response categories included Up to 20 seats, 21-40 seats, 41-80 seats, More than 80 seats

3) **Restaurant Type**
-categorized as Quick Service (limited menu with minimal or no table service), Casual/Family Style (broader menu with table service), Fine Dining (special dining experience), Other (as specified)

4) **Number of Restaurant Personnel**
-respondents were asked to indicate the number of each of these types of restaurant staff employed at their restaurant: Full-Time Employees, Part-Time Employees, Temporary/Seasonal Employees, Other (as specified)

5) **Number of Clientele**
-measured in terms of the average number of customers served (food and/or beverages) each week

6) **Smoke-Free Restaurant**
-defined in terms of whether the restaurant was currently smoke-free (no smoking permitted in the restaurant), using categories of Yes or No

II) Heart Healthy Eating Program Component:

1) **Healthy Menu Items Currently Offered**
-respondents were presented with a list of heart healthy menu items (which could be used in a restaurant health promotion program) and asked to indicate which of these items are currently offered at their restaurant

2) **Willingness to Offer Heart Healthy Menu Items**
-willingness to offer those heart healthy menu items not currently offered, using response categories of Not at All Willing to Offer, Not Too Willing to Offer, Somewhat Willing to Offer, Very Willing to Offer

3) **Other Heart Healthy Menu Items to be Included**
-respondents were asked to indicate other heart healthy menu items which they feel should be included in the program

4) **Promotional Strategies Currently Used**
-respondents were presented with a list of strategies that could be used to promote heart healthy eating and asked to indicate which strategies were currently used at their restaurant

5) **Willingness to Use Promotional Strategies**
-willingness to use those strategies (to promote heart healthy eating) not currently in use, using response categories of Not at All Willing to Use, Not Too Willing to Use, Somewhat Willing to Use, Very Willing to Use

6) **Other Promotional Strategies to be Included**
-respondents were asked to indicate other (heart healthy eating) promotional strategies which they feel should be included in the program

7) **Interest in Menu Approval Design**
-willingness to participate in a restaurant program based on the Menu Approval design, using response categories of Not at All Willing, Not Too Willing, Somewhat Willing, Very Willing

8) **Interest in Customer Request Design**
-willingness to participate in a restaurant program based on the Customer Request design, using response categories of Not at All Willing, Not Too Willing, Somewhat Willing, Very Willing

III) Safe Food Handling Component:

1) **Training Methods Currently Used**
-respondents were presented with a list of methods that could be used to train restaurant personnel in Safe Food Handling and asked to indicate which methods are currently used in their restaurant

2) **Willingness to Use Training Methods**
-willingness to use those training methods not currently in use, using response categories of Not at All Willing to Use, Not Too Willing to Use, Somewhat Willing to Use, Very Willing to Use

3) **Extra Training Resources Needed**
-respondents were presented with a list of extra resources they may need to help train their staff in safe food handling, and asked to indicate which of these resources they would need; response categories included More money, More time, More staff, Convenient location, TV and/or VCR, Other (as specified)

IV) Program Components:

1) **Importance of Program Components**
-respondents were presented with a list of potential program components and asked to assess each, using categories of Should Not be Included, Should be Optional, Should be Mandatory

2) **Other Program Components to Include**
-respondents were asked to list other components they feel should be included in a restaurant health promotion program

APPENDIX H Study Variables (cont'd)

V) Program Promotion:

1) **Willingness to Participate in Program Promotional Strategies**
   -respondents were presented with a list of strategies that could be used to promote the restaurant program, and asked to indicate their willingness to take part in each of these strategies, using response categories Not at All Willing to Do, Not Too Willing to Do, Somewhat Willing to Do, Very Willing to Do
2) **Preference for Award or Participation Approach**
   -respondents were asked whether they would prefer the Award or Participation approach to promoting restaurants that take part in a restaurant health promotion program
3) **Application for Program Award**
   -respondents were asked if they would apply for a (restaurant health promotion) award if they qualified for one, using Yes and No categories

VI) Program Partners:

1) **Willingness to Work With Program Partners**
   -respondents were presented with a list of potential program partners and asked to indicate their willingness to work with each partner listed, using response categories of Not at All Willing to Work with Them, Not Too Willing to Work with Them, Somewhat Willing to Work with Them, Very Willing to Work with Them
2) **Other Partners to Include**
   -respondents were asked to list other partners they feel should be included in the program

VII) Barriers and Incentives to Participation:

1) **Significant Program Challenges**
   -respondents were presented with a list of possible barriers to program participation, and asked to indicate which challenges were important enough to prevent them from taking part in the program, including Other (as specified)
2) **Significant Program Incentives**
   -respondents were presented with a list of potential solutions to the program challenges and asked to indicate which were helpful enough to overcome barriers that would prevent their program participation, including Other (as specified)

VIII) Overall Impressions:

1) **Overall Willingness to Participate**
   -measured in terms of Not At All Willing, Not Too Willing, Somewhat Willing, or Very Willing to participate in a restaurant health promotion program
2) **Other Comments**
   -respondents were asked to provide other insights or comments they have regarding the design of the program

APPENDIX I Restaurateur Mail Survey Questionnaire

Restaurant Health Promotion Program

Most questions on this survey use ✔**check-boxes** that are **quick & easy** to fill out!

NOTE: **Please answer all the questions on this survey as they apply to the restaurant to which this survey was sent.**

about YOUR RESTAURANT...

1. What is your main responsibility at the restaurant?
*Please check (✓) **one** of the following:*

☐ Manager
☐ Owner
☐ Chef/Cook
☐ Other (please specify): _____

2. How many seats does your restaurant have?
*Please check (✓) **one** of the following:*

☐ Up to 20 seats
☐ 21-40 seats
☐ 41-80 seats
☐ More than 80 seats

3. Which of these restaurant types best describes your restaurant?
*Please check (✓) **one** of the following:*

☐ Quick Service (limited menu with minimal or no table service)
☐ Casual/Family Style (broader menu with table service)
☐ Fine Dining (special dining experience)
☐ Other (please specify): _____

4. How many staff work at your restaurant?
Please give the number of each type of staff:

	Number	
Full-time employees	_____	
Part-time employees	_____	
Temporary/Seasonal employees	_____	
Other (please specify):	_____	_____

5. Is your restaurant currently 100% smoke-free? (no smoking permitted in the restaurant)
*Please check (✓) **one** of the following:*

☐ Yes
☐ No

Restaurant Health Promotion Program

6. On average, how many customers do you serve (food and/or beverages) each week?
Please write the number of customers:
We serve about _____ customers per week.

about HEART HEALTHY EATING...
Promoting heart healthy eating is an important aspect of a restaurant health promotion program. Some ideas for heart healthy menu items are listed below. We would like your opinion about which of these items could be included in a restaurant program.

7. Please check (✔) one box for each menu item on the list below:

- If your restaurant already offers the menu item, please check the first box (only)
- If your restaurant does not offer the menu item, please check one of the other four boxes to indicate how willing you would be offer this item as part of a restaurant health promotion program

NOTE: the first section (Part A) refers to foods that **appear on your restaurant's menu**; the second section (Part B) refers to foods that are **available to customers if they ask for them.**

Part A: How willing would you be to offer on your restaurant's menu....	Already On the Menu	Not At All Willing to Offer	Not Too Willing to Offer	Somewhat Willing to Offer	Very Willing to Offer
At least one **whole grain product** (eg. brown rice; couscous; oat cereal; whole wheat bread or bagels)	❑	❑	❑	❑	❑
At least 4 different types of vegetables or fruits as part of a meal or on the side, **excluding deep fried vegetables and garnishes.**	❑	❑	❑	❑	❑
At least one meat, fish, poultry or meat alternative **prepared using a lower fat cooking method** (eg. steaming, poaching, broiling, roasting, baking)	❑	❑	❑	❑	❑
At least one **lower-fat dessert choice** such as fresh fruit, fruit salad, angel food cake, frozen yogurt, or sherbet, *if dessert is served in your restaurant* ❑ **Not Applicable (N/A)**	❑	❑	❑	❑	❑
2%, 1%, or skim milk, *if milk is served as a beverage* ❑ **N/A**	❑	❑	❑	❑	❑

Restaurant Health Promotion Program

Part B: How willing would you be to provide the following choices if your customers requested them...	Already Available on Request	Not At All Willing to Provide	Not Too Willing to Provide	Somewhat Willing to Provide	Very Willing to Provide
Milk instead of cream for tea or coffee	❑	❑	❑	❑	❑
Gravies, sauces and salad dressings served on the side	❑	❑	❑	❑	❑
A substitute for french fries *if they are served as part of an entree* (eg. salad, baked potato, rice, steamed vegetables) ❑ N/A	❑	❑	❑	❑	❑
Calorie-reduced or fat-free salad dressings, *if salad is served* ❑ N/A	❑	❑	❑	❑	❑
Butter, margarine, oil, regular sour cream or mayonnaise served on the side or not used on entrees, side dishes, vegetables or sandwiches	❑	❑	❑	❑	❑
Remove visible fat from meat, and skin from poultry before serving	❑	❑	❑	❑	❑
Offer a menu for "smaller appetites" and/or serve half-size portions of regular menu items	❑	❑	❑	❑	❑
Serve milk or fruit juice as part of a child's meal instead of a soft drink	❑	❑	❑	❑	❑
Serve vegetable sticks, salad, potato or rice instead of french fries in a child's meal	❑	❑	❑	❑	❑

8. Are there other healthy menu choices which you currently offer, or feel should be included? What are they?

_____

_____

Restaurant Health Promotion Program

9. There are several ways a restaurant health promotion program could offer heart healthy foods. With the **Menu Approval** approach, only menu items approved by the program are identified as heart healthy dishes (eg. items listed in Part A of Question #7). These heart healthy dishes are included on the menu with other foods, but are identified by placing a special symbol beside them on the menu, or by listing them together in a special "heart healthy" menu section.

☞How willing are you to participate in a program using this **Menu Approval** approach?
Please check (✓) one of the following:

- ☐ Not At All Willing
- ☐ Not Too Willing
- ☐ Somewhat Willing
- ☐ Very Willing

10. Another way restaurants could offer heart healthy foods to their customers is through the **Customer Request** approach. With this approach, restaurants that participate in a restaurant health promotion program agree to have certain heart healthy menu items available by special request (eg. items listed in Part B of Question #7). The program would promote these heart healthy items to your customers (eg. through signs, decals, brochures) but they would not have to appear on the regular menu with other dishes. They are menu options available if customers request them.

☞How willing are you to participate in a program using this **Customer Request** approach?
Please check (✓) one of the following:

- ☐ Not At All Willing
- ☐ Not Too Willing
- ☐ Somewhat Willing
- ☐ Very Willing

about STRATEGIES TO PROMOTE HEALTHY EATING...

There are many different ways of promoting heart healthy eating in restaurants. Some of these strategies are listed on the next page.

11. Please check (✓) one box for each strategy listed on the next page: >>
- If your restaurant already uses the strategy, please check the first box (only)
- If your restaurant does not use the strategy, please check one of the other four boxes to indicate how willing you would be to use the strategy as part of a restaurant health promotion program

Restaurant Health Promotion Program

NOTE: Promotional materials and services would be provided FREE for participating restaurants.

Strategies to Promote Heart Healthy Eating	Already Doing/ Using	Not At All Willing to Do/Use	Not Too Willing to Do/Use	Somewhat Willing to Do/Use	Very Willing to Do/Use
Include more heart healthy foods on the menu (for example, foods listed in Question #7)	❑	❑	❑	❑	❑
Try new recipes for heart healthy foods	❑	❑	❑	❑	❑
Use table tents to advertise heart healthy foods	❑	❑	❑	❑	❑
Use wait staff buttons to advertise heart healthy foods	❑	❑	❑	❑	❑
Use posters or signs to advertise heart healthy foods	❑	❑	❑	❑	❑
Use flyers or brochures to advertise heart healthy foods	❑	❑	❑	❑	❑
Use menu inserts describing heart healthy foods	❑	❑	❑	❑	❑
Use labels or stickers to identify heart healthy foods on the menu	❑	❑	❑	❑	❑
Have menu items analyzed for their nutritional content	❑	❑	❑	❑	❑
Train your chef/cook to prepare and/or develop heart healthy foods	❑	❑	❑	❑	❑
Attend seminars/workshops that promote heart healthy eating	❑	❑	❑	❑	❑
Give cooking demonstrations of heart healthy foods for the public	❑	❑	❑	❑	❑
Train your wait staff to promote/sell heart healthy foods	❑	❑	❑	❑	❑
Use information about heart healthy foods from an Internet site	❑	❑	❑	❑	❑
Prepare and display your heart healthy menu items during a promotional luncheon to "kick off" the program	❑	❑	❑	❑	❑

Restaurant Health Promotion Program

12. Are there other things you currently do to promote heart healthy eating, or feel should be included? What are they?

_____

_____

about SAFE FOOD HANDLING...

A Safe Food Handling component has also been proposed for the restaurant health promotion program, which would focus mainly on training restaurant staff in food safety and handling. There are different ways of providing this training, some of which may be better suited to your restaurant.

13. Please check (✓) one box for each training approach on the following list:
- If your restaurant already uses the approach, please check the first box (only)
- If your restaurant does not use the approach, please check one of the other four boxes

Food Safety and Handling Training Approaches	Already Doing	Not At All Willing to Use	Not Too Willing to Use	Somewhat Willing to Use	Very Willing to Use
Use a training video	❑	❑	❑	❑	❑
Train your staff yourself using a written training manual	❑	❑	❑	❑	❑
Have someone else train your staff at your restaurant	❑	❑	❑	❑	❑
Have your staff attend a training course at the health unit	❑	❑	❑	❑	❑

14. We recognize that circumstances are not always ideal for training staff. Given a less than ideal situation, what extra resources would you need to help train your staff in food safety and handling? *Please check (✓)* **all that apply:**

❑ More money
❑ More time
❑ More staff
❑ Convenient Location
❑ TV and/or VCR
❑ Other (please specify): _____

about OTHER PROGRAM COMPONENTS...

Restaurant Health Promotion Program

"Heart Healthy Menus" and "Safe Food Handling" are two areas that may be included in a restaurant health promotion program. Other ideas are listed below. The program could be designed with some "mandatory" components that must be followed by all restaurants who choose to participate, and some "optional" components that participating restaurants could choose to follow.

15. How important do you feel each of these components are to a restaurant health promotion program? *Please check (✓) one box for each component listed below*:

Potential Program Component	Should Not Be Included	Should be Optional	Should be Mandatory
Heart Healthy Menus Promote heart healthy menu items (such as those listed in Question #7)	❑	❑	❑
Safe Food Handling Train staff to handle food safely	❑	❑	❑
Non-Smoking Seating Designate part of your restaurant (greater than the current by-law requirement) as non-smoking seating	❑	❑	❑
Injury Prevention and First Aid Train staff to prevent and treat injuries (eg. first aid, CPR, choking aid)	❑	❑	❑
Alcohol Awareness Train staff to serve alcohol responsibly using a server training program	❑	❑	❑
Barrier Free Access Ensure that entrances, washrooms, and aisles are accessible to wheelchairs	❑	❑	❑
Breastfeeding/Baby Friendly Support Train staff to be supportive of breastfeeding women, and caregivers with babies	❑	❑	❑

16. Are there other components you feel should be included? What are they?

_____

_____

Restaurant Health Promotion Program

about PROMOTING A RESTAURANT PROGRAM...

Earlier in this survey there was a question about using different ways to promote heart healthy eating. There are also different strategies that could be used to promote a restaurant health promotion program overall; that is, to advertise the program as a whole. Some are listed below. These strategies are designed to make the public aware of the program, and to advertise restaurants taking part in it.

17. How willing are you to participate in these strategies to promote a restaurant health promotion program? *Please check (✓) one box for each strategy listed below:*

NOTE: Promotional materials and services would be provided **FREE** for participating restaurants.

Strategies to Promote a Restaurant Health Promotion Program	Not At All Willing to Do	Not Too Willing to Do	Somewhat Willing to Do	Very Willing to Do
Attend free seminars or workshops to learn more about promoting health in your restaurant	❑	❑	❑	❑
Use an information manual to train your staff about the program	❑	❑	❑	❑
Have your staff trained about the program by people organizing it	❑	❑	❑	❑
Include your restaurant in local media ads (eg. newspaper)	❑	❑	❑	❑
Include your restaurant in a free program dining guide (that lists participating restaurants)	❑	❑	❑	❑
Include your restaurant in an Ontario Automobile Association listing for heart healthy dining	❑	❑	❑	❑
Display a certificate announcing your participation in the program	❑	❑	❑	❑
Have your photo taken with the Mayor or other important community figure	❑	❑	❑	❑
Have trained program volunteers visit your restaurant regularly to determine your needs for the program	❑	❑	❑	❑
Post a decal/sticker printed with the program logo on your restaurant's door or wall	❑	❑	❑	❑
Include your restaurant in a 1-800 number that provides information about restaurants taking part in the program	❑	❑	❑	❑
Include your restaurant in an Internet site that provides information about restaurants taking part in the program	❑	❑	❑	❑

Restaurant Health Promotion Program

about PROMOTING PARTICIPATING RESTAURANTS ...

There are two ways of promoting restaurants that qualify for and take part in a restaurant health promotion program:

- With the **Award approach**, restaurants that qualify are presented with an award each year at an award ceremony that advertises the program and promotes "winning" restaurants.
- With the **Participation approach**, restaurants that take part are given materials that promote the program (eg. table tents; program pamphlets; decals; signs, etc.) and are included in advertisements that promote the program.

18. If your restaurant were to participate in a restaurant health promotion program, which of these approaches would you prefer?
Please check (✓) one of the following:

❑ I would prefer the Award approach

❑ I would prefer the Participation approach

19. The restaurant health promotion program would inform restaurants what is required for them to qualify for an award and how to apply for one. If your restaurant qualified for one of these awards, would you apply for it?

❑ Yes

❑ No

about PROGRAM PARTNERS...

Different community groups or partners could work with restaurant managers/owners to deliver a restaurant health promotion program.

20. How willing would you be to work with the potential partners listed below?
Please check (✓) one box for each partner

Potential Partners	Not At All Willing to Work with Them	Not Too Willing to Work with Them	Somewhat Willing to Work with Them	Very Willing to Work with Them
Heart Health Hamilton-Wentworth volunteers	❑	❑	❑	❑
Community Food Advisors (volunteers trained to educate consumers and trade about food and nutrition)	❑	❑	❑	❑
Hamilton-Wentworth Health Department inspectors	❑	❑	❑	❑

Restaurant Health Promotion Program

Potential Partners (Continued)	Not At All Willing to Work with Them	Not Too Willing to Work with Them	Somewhat Willing to Work with Them	Very Willing to Work with Them
Hamilton-Wentworth Health Department nursing staff	❑	❑	❑	❑
Hamilton-Wentworth Health Department nutrition staff	❑	❑	❑	❑
Heart and Stroke Foundation volunteers	❑	❑	❑	❑

21. Are there other partners you feel should be included? Who are they?

_____

_____

22. We realize that restaurants may experience some challenges participating in a restaurant health promotion program. Some may be more difficult than others. Which of the following challenges are **large enough to prevent you from participating** in such a program?
Please check (✓) **all that apply:**

- ❑ Customers and/or restaurateurs may not understand or be aware of the program's standards
- ❑ Customers may not be interested in ordering heart healthy menu choices
- ❑ Restaurateurs may need to create new menu items to suit the program
- ❑ Some restaurants who participate in the program may not actually follow its standards
- ❑ Not all restaurants may have an equal opportunity to take part in the program
- ❑ Restaurateurs may have their own ideas about heart healthy eating and may not agree with the program's ideas
- ❑ Restaurants may be too busy to take part in the program
- ❑ Restaurant staff (eg. wait staff, chefs/cooks) may not want to take part in the program, even if the manager/owner does
- ❑ There may be added costs involved in participating (eg. creating and testing new recipes)
- ❑ The public may not be aware of the program
- ❑ It may be difficult to maintain enthusiasm for the program in the long run
- ❑ Other (please specify):

_____

_____

Restaurant Health Promotion Program

23. The program would try to provide support and services to help reduce these challenges and allow you to participate in a restaurant health promotion program. Some ideas for doing this are listed below. Which of these ideas are **helpful enough to overcome barriers** that may prevent you from taking part in a restaurant program?
Please check (✓) **all that apply:**

- ☐ Provide clear, easily understood information to both restaurateurs and customers about the program's standards
- ☐ Emphasize good taste in heart healthy menu items, rather than health or nutrition
- ☐ Provide restaurants with recipes for menu items that follow the program's standards
- ☐ Provide help for restaurants in modifying some of the dishes they serve so that they meet the program's standards
- ☐ Develop a system for monitoring participating restaurants to ensure they are maintaining program standards
- ☐ Offer the program to all restaurants in the Hamilton-Wentworth region
- ☐ Provide on-site staff training about the program for all participating restaurants
- ☐ Offer all program services and promotional materials free to participating restaurants
- ☐ Promote the program through the local media (eg. newspaper, radio, Internet, etc.)
- ☐ Have program volunteers maintain regular contact with participating restaurants to assess their needs and provide support
- ☐ Other (please specify):

_____

_____

about YOUR OVERALL IMPRESSIONS ...

24. Overall, how willing would you be to participate in a restaurant health promotion program?
Please check (✓) **one** *of the following:*

- ☐ Not At All Willing
- ☐ Not Too Willing
- ☐ Somewhat Willing
- ☐ Very Willing

Restaurant Health Promotion Program

25. As a restaurateur, we consider you an expert in your field. We would appreciate any other insights or comments you may have regarding the design of this program.

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

_____

Thank you so much for your help!

Restaurateur Survey
Attn: Kathy Lepp
c/o Heart Health Hamilton-Wentworth
P.O. Box 897
Hamilton, ON
L8N 3P6

APPENDIX J Telephone Script for Restaurant Health Promotion Survey

Good Afternoon. May I speak with _____ ?

If unavailable, *ask when to call back to reach this person.* **Thank you. I will call back then.**
If no longer working there, *ask to speak to the current manager.*

My name is _____. I am not selling anything. I am working on a research project with the University of Guelph and a community group called Heart Health Hamilton-Wentworth. We have developed a short survey for restaurant managers to ask their opinions about a restaurant health promotion program which has been proposed for this region. We would be very interested to hear your advice about this program. Would you be willing to fill out a survey if I sent one to you in the mail?

If yes: **Thank you! I will mail you one. The survey will arrive in a large brown envelope from the University of Guelph. You should receive it at the end of this month. Thanks again for your help. Good-bye.**

If no: **Okay, thank you anyway.**

APPENDIX K Survey Cover Letter: Initial Mailing

Name
Address Date

Dear (Personalized Title):

You were recently telephoned by a researcher from a community organization called Heart Health Hamilton-Wentworth to ask you to complete a mail survey designed for restaurant managers. This package is in response to that telephone conversation. The University of Guelph is working with Heart Health Hamilton-Wentworth to determine the feasibility of developing a **restaurant health promotion program**. This type of program would **actively promote restaurants** that have achieved a high standard in areas such as **heart healthy menus** and **safe food handling practices**. Restaurant programs such as these have been running successfully in Ottawa, Toronto, and Vancouver.

We would like to know if restaurants in Hamilton-Wentworth are willing to participate in a restaurant health promotion program, and how it should be designed. We recognize that restaurant managers like yourself are experts in your field, and we feel it is important to get your advice in order to create a successful restaurant program. Through this survey you will have an opportunity to comment on the proposed program, and to give your opinions about how it should be developed and carried out.

Your name was drawn randomly from a list of restaurateurs in the region. You are one of a small sample of restaurant managers who are being asked to share their opinions on this issue, and so it is important that you complete and return this survey. As a way of thanking you for your help, we will enter your name into a number of draws for the prizes listed on the next page. The first draw will be held on **February 18.** If you are interested, we will also send you a summary of the results of this survey when they are complete.

The information you provide will remain strictly anonymous and confidential. You will be asked to sign a consent form if you choose to complete the survey, but this form will be handled separately from your survey answers. Your survey has been assigned an identification number for mailing purposes only. This is so that we may check your name off the mailing list when your survey is returned and enter you into our prize draws. Your name and the identity of your restaurant will never be placed on the survey or associated with your answers in any way.

If you have any questions or concerns, please contact Kathy Lepp at (519) 824-4120 ext. 4088

Thank you for your help.
Sincerely,

Donna M. Woolcott, PhD RD
Professor

Kathy Lepp
Research Assistant

APPENDIX K Survey Cover Letter: Initial Mailing (cont'd)

Prizes

Once we have received your completed survey we will enter your name into a draw for these prizes:

February 18 Draw

★$450 **FREE** Advertising in the Hamilton Spectator newspaper*

★3 month membership to the YMCA or YWCA

March 18 Draw

★$150 **FREE** Advertising in the Hamilton Spectator newspaper*

★ cookbook and video

*Single ad to be used within 2 months of receiving prize

-Surveys that are returned by Thursday, February 18 will be entered in BOTH draws-

☞Having read a description of this research project do you wish to participate in the Restaurateur Survey?

❑ **Yes, I wish to take part in the survey.**

Thank you for your help in filling out our survey!

Please:

- Discard the "Reason(s) for Not Participating" form
- Read and sign the Consent Form at the beginning of the survey
- Indicate whether you would like a summary of the survey results (at the end of the Consent Form)
- Answer the survey questions as directed
- Place the completed survey along with the signed Consent Form in the postage-paid envelope provided
- Drop the envelope into the mail

We will enter you into our prize draws when we receive your completed survey, and contact you if you are a winner. We will also send you a summary of the study's results, if you wish. Thank you once again for your help.

❑ **No, I do not wish to take part in the survey.**

Thank you for considering this research. We respect your decision not to participate. Please fill out the brief "Reason(s) for Not Participating" form and return it in the postage-paid return envelope provided.

The information on the "Reason(s) for Not Participating" form is important because it will ensure that you do not receive follow-up reminder letters, and it helps us understand why you have chosen not to participate.

If you choose not to fill out the "Reason(s) for Not Participating" form, please mail back the blank form in the postage-paid return envelope by **Thursday, February 18** so that we do not disturb you with follow-up letters designed to remind those who have chosen to participate but have forgotten to return their surveys. Thank you once again for your time and consideration.

APPENDIX L **Reasons For Not Responding Form**

For those who do NOT wish to participate
Please discard this form if you choose to take part in the survey

REASON(S) FOR NOT PARTICIPATING

1. Please indicate your reason(s) for deciding not to participate in this survey.
Please check (✓) all that apply:

- ❑ I do not have the time
- ❑ I am not in the mood
- ❑ I do not like doing research projects
- ❑ I do not feel that my answers will remain confidential
- ❑ I am not interested in the research topic
- ❑ I feel that research invades my privacy
- ❑ I do not like the way the research is being conducted
- ❑ other (please specify):

_____

_____

_____

2. How many times have you been contacted about this survey?

- ❑ This is the first time
- ❑ This is the second time
- ❑ Other (please specify): _____

3. What is your main responsibility at the restaurant to which this letter was sent?

- ❑ Manager
- ❑ Chef/Cook
- ❑ Owner
- ❑ Other (please specify): _____

Please send this form back in the postage-paid envelope provided by February 18 so that we may remove you from our mailing list and avoid contacting you further
Thank you.

APPENDIX M **Mail Survey Consent Form**

For those who choose to participate

CONSENT FORM

I understand the general nature of this research as explained in the cover letter. My participation in this survey is voluntary. Answers from all survey respondents will be combined, so that individual responses will not be identifiable at any time during the treatment of survey data. Any information I provide will be used for the purpose of this study only and will be kept strictly confidential. Information from this survey will only be used for the purpose of this study and will be kept in a locked cabinet. Surveys will be destroyed when the study has been completed. I understand that my identity and that of my restaurant will remain anonymous, and that I am free to answer only those questions I choose to answer.

Date: _____/_____/_____ _____

Day Month Year Signature

Name **(please print)**: _____

Would you like us to send you a summary of the survey results when the study is done?
Please check (✔) one:

❑ Yes

❑ No

Address: _____

_____

Postal Code: _____

Please mail this form back with your completed survey by February 18 in the postage paid envelope provided

We cannot process your survey without a signed consent form

APPENDIX N Survey Cover Letter: Second Mailing

Name
Address

City/Town
Postal Code

Date

Several weeks ago a survey from the University of Guelph was mailed to you asking your opinion about a proposed **restaurant health promotion program**. If you have already completed and returned your survey please accept our sincere thanks. If not, please take a few minutes to do so today. As a way of thanking you for your help with this survey we will enter your name into a draw to win **$150 of free advertising in the Hamilton Spectator newspaper**. Please return the **completed survey along with your signed consent form by March 18, 1999** to be included in the draw.

Please find enclosed another copy of the survey along with a pre-stamped envelope for its return, in case the first survey did not reach you or has been misplaced. Because the survey has been sent to only a small sample of restaurateurs it is extremely important that yours also be included in the study if the results are to truly represent the opinions of Hamilton-Wentworth restaurateurs. If you should have any questions please do not hesitate to contact Kathy Lepp at (519) 824-4120 ext. 4088. Thank you for your help.

Sincerely,

Donna Woolcott, PhD RD
Professor

Kathy Lepp
Research Assistant

APPENDIX N Survey Cover Letter: Second Mailing (cont'd)

Prize Draw on March 18:

Once we have received your completed survey we will enter your name into a draw for these prizes:

★$150 **FREE** Advertising in the Hamilton Spectator newspaper*
★"More Heart Smart Cooking with Bonnie Stern" (cookbook & video)

*Single ad to be used within 2 months of receiving prize

-Be sure to return your completed survey by March 18, 1999 to be included in this draw-

☞Having being informed about this research project do you wish to participate in the Restaurateur Survey?

❑ **Yes, I wish to take part in the survey.**

Thank you for your help in filling out our survey!

Please:

- Discard the "Reason(s) for Not Participating" form
- Read and sign the Consent Form at the beginning of the survey
- Indicate whether you would like a summary of the survey results (at the end of the Consent Form)
- Answer the survey questions as directed
- Place the completed survey along with the signed Consent Form in the postage-paid envelope provided
- Drop the envelope into the mail

We will enter you into our prize draw when we receive your completed survey, and contact you if you are a winner. We will also send you a summary of the study's results, if you wish. Thank you once again for your help.

❑ **No, I do not wish to take part in the survey.**

Thank you for considering this research. We respect your decision not to participate. Please fill out the brief "Reason(s) for Not Participating" form and return it in the postage-paid return envelope provided.

The information on the "Reason(s) for Not Participating" form is important because it will ensure that you do not receive follow-up reminder letters, and it helps us understand why you have chosen not to participate.

If you choose not to fill out the "Reason(s) for Not Participating" form, please mail back the blank form in the postage-paid return envelope by **Thursday, March 18** so that we can remove you from our mailing list and avoid disturbing you with any further follow-up. Thank you once again for your time and consideration.

APPENDIX O Verbatim Survey Responses to Open-Ended Questions

Job Title/Position

#1. **What is your main responsibility at the restaurant? ...Other (please specify)**

-"Bookkeeper; Banquet co-ordinator."
-"Operator/Manager"
-"I share overall responsibility for the Hamilton YMCA Branch incl. restaurant"
-"Franchiser"

Restaurant Type

#3. **Which of these restaurant types best describes your restaurant? ...Other (please specify)**

-"Fine Dining/Live Music"
-"Bar with limited menu"
-"casual fine dining"
-"Bar, snacks, light meals"
-"specialty -cajun"
-"Pizzeria"
-"Al Fresco"
-"Buffet with limited menu- weekends open only"
-"bistro (exceptional Food & wine in a casual atmosphere)"
-"Brittish Style Pub"

Number of Restaurant Employees

#4. **How many staff work at your restaurant?... Other (please specify)**

-"Myself (chef)"

Heart Healthy Menu Items

#8. **Are there other healthy menu choices which you currently offer, or feel should be included? What are they?**

-"No."
-"We make Gyros with lamb meat, and whole wheat pitas."
-"already offer: 'mushy peas' -high fibre, low fat (marrowfat peas)"
-"Salads, Sandwiches, Cereal."
-"Home made sauces, soups (not canned food)"
-"I use only fat-free sour cream & fat-free mayo when cooking and baking."
-"chicken wrap"
-"We have vegetarian dinners."
-"Our menu is basicaly on pizza and subs."
-"No"
-"choices include such things as oven roasted fish"
-"Soups (no MSG), Salads, No Fries Offered."
-"grilled vegetables, grilled fish & meats."
-"Chicken stir fry Grilled Quesadillas"
-"soups made without any fat."
-"Bottled Water"

APPENDIX O Verbatim Survey Responses to Open-Ended Questions (cont'd)

Heart Healthy Eating Promotion Strategies

#12. **Are there other things you currently do to promote heart healthy eating, or feel should be included? What are they?**

-"Burgers, steaks are the main salers here, we are called 'Classic Roadhouse' and Grill. Fat free italian dressing is the only thing we have."
-"We give choices all the time -its up to the consumer."
-"We already implement an 'open' menu approach where any ingredient may be omitted from or added to a meal. We do not use products with chemicals or preservatives."
-"No"
-"Verbally offer salads instead of fries"
-"No"
-"We do not use many prepared package products. Everything is fresh and prepared to order to eliminate preservatives"
-"No"
-"Once did a promo with NAYA water, Receive one free bottle with every heart smart item purchased"
-"N/A"
-"NO"
-"We can change menu recipes to suit peoples request for lower fats non-dairy sauces"

Extra Resources for Safe Food Handling Training

#14. **...Given a less than ideal situation, what extra resources would you need to help train your staff in food safety and handling? .... Other (please specify)**

-"Turnover in restaurant business is the main problem. Not a lot of people stay in the restaurant for a long time. Training is always on going thing in any restaurant."
-"Staff compliance"
-"a lot of our staff are students -training at schools"
-"too small operation"
-"Language issues -Chinese only Cooks"
-"training video"
-"My chefs & apprentices are graduates of George Brown & have already taken save food handling certificates"
-"We train our staff if necessary to ower own guide lines. Most if not all staff have prior training"
-"Ideal time for all staff to attend. We are open 7 days a week."
-"all staff to be trained at 1 time, on-site by professional who could do a one on one for my restaurant, cheap"

APPENDIX O Verbatim Survey Responses to Open-Ended Questions (cont'd)

Program Components

#16. **Are there other (potential program) components you feel should be included? What are they?**

-"Sexual Harrasment?"
-"Training in basic manners, training in dealing with John Q. Public -Mandatory! Training in basic restaurant fundamentals. This would allow staff to understand all the components which make up a restaurant operation and where they fit into the picture and how that's an important part."
-"there should be guide lines in the food industry but not be dictated"
-"No"
-"Stop legeslating business let the consumer deside where & who they want to support"
-"no"
-"N/A"
-"Staff should have basic understanding of Fat vs. Protein vs Carbohydrates knowledge as it pertains to a diet. eg. Is a muffin with 3 grams of fat good? What is a woman or mans daily suggested fat intake?"
-"No"
-"(Barrier Free Access) could be very expensive for purchase of exsisting building (Breastfeeding/Baby Friendly Support) breastfeeding does upset some clientel while they are eating."

Program Partners

#21. **Are there other (potential program) partners you feel should be included? Who are they?**

-"No."
-"no"
-"Canadian Cancer Society, Canadian Diabetes Association"
-"Trained Chefs"

Program Barriers

#22. **...Which of the following challenges are large enough to prevent you from participating in such a program? ...Other (please specify)**

-"Preference on the product. Not a lot of people like to eat 'light food', meaning more waste on product = Money lost."
-"we are a smorgasbord restaurant -we can offer healthy items on our menu but we don't have a menu as such - the customers pick what they want - we can't control what they pick."
-"This is a coffee shop sandwich soup operations day time operation"
-"Language ??? ?? training? staff"
-"Specialized restaurant in Austrian & German food - traditionally cooked, overall not very healthy by todays standards."
-"Time & Money"
-"Being a pub, food comes second to drinks & snacks."

APPENDIX O Verbatim Survey Responses to Open-Ended Questions (cont'd)

Program Incentives

#23. **....Which of these ideas are helpful enough to overcome barriers that may prevent you from taking part in a restaurant program? ....Other (please specify)**

-"We can't afford the staff as our three employees ar counter people now maybe larger operations could qualify."

-"Provide Chinese language seminars"

Other Insights/Comments

#25. **As a restaurateur, we consider you an expert in your field. We would appreciate any other insights or comments you may have regarding the design of this program.**

-"There are not a lot of restaurants around here that offer this program to the public, so we are not to conserned about loosing any potential custumers, However, we might be more interested if there is a competition involved. For us having this program is money invested in something based on no research. Any restaurant would be interested in this program if research look possitive and promising."

-"I feel that a program of this type is obviously beneficial to our customers. However difficulty may arise according to the type of restaurant surveyed. How does one compare a casual family style restaurant to a fine dining establishment? Time is critical in our business. Customers are not very responsive to orders that may take extra time to prepare -especially on weekends and during busy periods. Unfortunately, our staff is also unresponsive to tremendous change in the workplace. It would take time to implement these changes. I think that focus on items like those found in Question #23 should be a focus, to provide restaurateurs with an easy effective means of implementing such a valuable program. Also, I believe that restaurants should be looked @ in terms of the type of business they are (fine dining vs. casual). I believe that fine dining restaurants would have different concerns and needs than those of a casual restaurant –Perhaps, this could be considered in the development of your program"

-"Our restaurant is family owned, family run. Most of our menu is homemade food. From soup to pasta sauce. We consider our restaurant to have a lot of variety."

-"Prior to opening, we had thought of creating a restaurant standard for health/cleanliness/food safety. We had thought of implementing a 'Mr. Clean' program that would give the participating restaurants a rating of A, A+ or A++. The kitchen for each of the participants would be available for touring and rated based on specific criteria. Your program sounds very familiar. We would support it wholely! As with every program, without consistent follow up and reward for the participants, it will dwindle. If the program has incentive, value, and is a win-win for all involved it will surely fly."

-"we could advertise that we offer the program but its their choice. We don't have menus and don't promote different foods. Our customers pick what they want to eat off our Buffet Table. They have to want specific items; we will gladly offer these items."

#25. **(Cont'd)**
-"In the past our efforts to promote healthier items, light dressings etc has not been appreciated by a vast majority of our customers."
-"This program is best suited for restaurants. I operate a Bar & Grill, my main sellers are chicken wings, burgers, etc. Unless you have healthy low-fat alternatives for them I don't care to participate. Our menu is very limited. Good luck to you!"
-"Great idea...However, must be geared/based on the needs of the customer. If they express no interest, the end product is clear."
-"If I was to participate in the health promotion program, I would first like to know all that there is to know about the program first, and then decide if there would be enough customers to satisfy the program. I would probably like to have a customer survey to see if this is what customers want!"
-"I would like to see this work."
-"establish a restaurant heart health association to support the program."
-"As a well established restaurant, operating for over 30 years, we are not interested in revising a successful menu but, we are in tune to our customers special needs and requests regarding healthier dishes. Unfortunately we don't have a 'nutritionist' on staff. If the program could provide a review of our current Menu and advise of existing 'healthy choice' items or easy revisions to current menu items to qualify them as 'healthy choice' items -This would be helpful."
-"'Everything in moderation' As a fish & chip store owner these are the only words of wisdom I can offer my customers!"
-"In this industry anything that becomes time consuming becomes a problem. Not many owner/operators would be willing to participate if a great deal of time is involved. An extreme amount of time involves cost and sometimes $$$$$."
-"for us to get involved it would take a buy in from our Home Office. Any Promotional items would have to be very professionally done (which is what I would anticipate) We don't have a lot of room for posters & wall hangings but table talkers & pamphlets would work"
-"I am not interested in this program at all Thanks"
-"Think of it more as a festival of Health (1-2 weeks) instead of a health promotion, center on restaurants special of the night, as well as there regular menu items."
-"this program is sound very good. but in my opinion it may be hard for the restaurant to follow, because of the changing, the time, the menu, the food to repair."
-"As a concept the ideas and fundamentals are great. Practically speaking instituting and maintaining these programs may be a challenge. Understanding that the staff and public need to be informed is great. Getting the know how across is the challenge and maintaining its standards and guidelines even more of a challenge"
-"Most people, in my experience, do not worry about 'Heart Healthy Food' when eating out. If they go out, they want to splurge and spoil themselves. It would take a lot of effort on your part in educating the public to try GOOD TASTING 'Heart Healthy Food',

#25. **(Cont'd)**

because they connect 'Heart Healthy Food' in most places as blaw tasting food."
-"Think the programme has considerable merit. but needs very large push to get going. In light of constant cutback, I personally can't see it ever getting off the ground (although I hope I'm wrong). Needs heavy ongoing support in addition to initial implementation. Secondly -with Hamilton-Wentworths recent new smoking bylaws affecting many restaurant owners business (including mine), your not apt to succeed or have much co-operation from owners if this programme is viewed as being too closely tied to the Health Board, who largely oversees the smoking bylaws. Much bitterness exists over this bylaw. Despite smoking's known effects on the Heart, owner's such as myself would be happy to include this programme for those that seek a healthier lifestyle, so long as its not jammed down our throats like the smoking bylaw was, impacting business adversely."
-"No comment at this point until we would see some of the program."
-"Health is an important subject but the problem is taking your changes of wasting time and money on a program that may not attract more customers. There are already so many rules and regulations surrounding the operation of a restaurant I feel some restaurant owners/managers may see this as only one more rule to abide by."

APPENDIX P

Healthy Eating Criteria for the Heart Smart Restaurant Program: Washington

1. Portion size of cooked beef, poultry or fish limited to four to six ounces.
2. Visible fat trimmed off meat. Poultry skinned.
3. Beef, fish or poultry baked, broiled or grilled versus deep fried or sauteed.
4. Low fat cheese available in place of whole milk cheese (if applicable), on request.
5. Sauce, butter or gravy left off entree or served on the side, on request.
6. Skim or 1% milk available, on request.
7. Menu item prepared without added salt, on request.
8. Menu item prepared using vegetable oil versus butter, on request.
9. Margarine rather than butter served with meal, on request.
10. Fresh fruit (or in light syrup) available for dessert.