SERVING UP NUTRITION INFORMATION in ONTARIO RESTAURANTS:

Ontario Society of Nutrition Professionals in Public Health
La société ontarienne des professionnel(le)s de la nutrition en santé publique

A Position Paper by the Ontario Society of Nutrition Professionals in Public Health

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Authors

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Written by:
Catherine L. Mah, MD FRCPC PhD

Contributions were made by the OSNPPH Menu Labelling Workgroup members:

- Lyndsay Davidson, Public Health Dietitian, Chatham-Kent Public Health Unit
- Renée Gaudet, Public Health Nutritionist, Simcoe Muskoka District Health Unit
- Marketa Graham, Public Health Dietitian, Ottawa Public Health
- Nadine Khan, Public Health Nutritionist, Region of Peel Public Health
- Michelle Lim, Public Health Nutritionist, Sudbury & District Health Unit
- Maryann Moffitt, Public Health Dietitian, Timiskaming Health Unit
- Michelle Saraiva, Public Health Dietitian, Haldimand-Norfolk Health Unit
- Uma Sebastiampillai, Public Health Dietitian, Halton Region Health Department
- Jennifer Strome, Public Health Dietitian, Brant County Health Unit
- Lisa Swimmer, Nutrition Promotion Consultant, Toronto Public Health

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Former OSNPPH Menu Labelling Workgroup members:

- Kelly Matheson, Public Health Dietitian, City of Hamilton Public Health Services
- Katherine Knight, Public Health Dietitian, Sudbury and District Health Unit
- Erinn Salewski, Public Health Nutritionist, Ottawa Public Health

Reviewed by:

- Mary Fodor O'Brien, Nutrition Specialist, Public Health Ontario
- Shannon Edmonstone, Public Health Nutritionist, Perth District Health Unit and Co-Chair, Ontario Society of Nutrition Professionals in Public Health
- Roslyn Ralph, Health Promoter, Halton Region Health Department
- Bill Jeffery, National Coordinator, Centre for Science in the Public Interest

Design & Layout:
Tracy Johnston, Graphic Designer, Haldimand-Norfolk Health Unit

For more information please contact:
info@osnpph.on.ca

Introduction

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) is the independent and official voice for Registered Dietitians working in the public health system in the province of Ontario. OSNPPH Members are public health leaders and experts in human nutrition who focus on improving health and preventing disease at the individual and population levels. OSNPPH works toward the development of healthy and supportive eating environments for all Ontarians.

This statement outlines OSNPPH's position on menu labelling. Menu labelling informs people's decision-making in complex food environments, supports information transparency and the community right to know, and makes nutrition information readily and consistently available at the point of sale when people eat out. Menu labelling can also lead to nutritionally beneficial product reformulations by restaurants.

OSNPPH has previously issued Calls to Action to challenge the provincial government, public health, and other stakeholders to acknowledge and act upon their roles in creating healthy school food environments. While some admirable progress has been made in schools, the province has not yet acted upon other important environments where people eat away from home, such as restaurants. OSNPPH thus calls upon the province to address this gap.

Menu labelling legislation has already been adopted in a number of municipalities and states in the United States (U.S.). The U.S. federal government has subsequently adopted menu labelling legislation for large chain restaurants nationwide through the 2010 *Patient Protection and Affordable Care Act.* These provisions will be implemented soon. Evidence from the U.S. and emerging work in Canada indicates that menu labelling legislation receives strong public support, is effective in making nutrition information clear and visible, and makes people more likely to use nutrition information when they eat out.

Numerous organizations have recommended menu labelling legislation as a strategy to help improve the quality of the food environment, including the U.S. Institute of Medicine, Canada's Sodium Reduction Task Force, and in Ontario, multiple public health units, the Ontario Medical Association, Cancer Care Ontario and Public Health Ontario in their 2012 report *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario,* and the Healthy Kids Panel in their 2013 report *No Time to Wait: The Healthy Kids Strategy.*

Position Statement

OSNPPH supports menu labelling and calls upon the provincial government to enact menu labelling legislation requiring the prominent display of calorie and sodium content of food items at the point of sale in restaurants in Ontario, as an important step toward creating healthy and supportive food environments for Ontarians.

OSNPPH recommends the following emerging best practices for menu labelling, based on evidence described in detail in the Position Paper accompanying this Position Statement.

Menu labelling should be required through legislation. A growing range of evidence suggests that voluntary approaches to menu labelling fall short of prioritizing population health goals (largely because they do not put key nutrition information right on menus). When menu labelling is voluntary, nutrient information is not provided clearly and consistently. Voluntary menu labelling also does not provide a level playing field for restaurant operators to display information about their products. Menu labelling initiatives in Canada are all voluntary at present. Larger foodservices establishments with a high degree of standardization, and whose existing practices include nutrition analysis of their food products, appear to be the most readily able to implement menu labelling in the short term. Smaller, independent restaurants have also demonstrated an interest in voluntary programs and pilots for menu labelling in Canada and the U.S., and with public health supports, could be enabled to implement menu labelling as well.

Display clear and unbiased information about product content. Menu labelling is not a health claim. It is the display of clear and unbiased information about product content to support food decisions in a retail environment. OSNPPH thus recommends that listing nutrient content, and not warning labels, is the most appropriate way of using menu labelling to share information.

Calorie and sodium content information should be displayed. There is good evidence that calorie content of foods should be displayed through menu labelling, which could have important long-term effects on population levels of obesity. In addition, based on the increasing array of evidence about the high sodium content of restaurant foods and the negative health impacts of excessive sodium intake in the Canadian diet, OSNPPH recommends the display of sodium content through menu labelling, to make sodium information more apparent and accessible to Ontarians.

Calorie and sodium content information should be displayed clearly and prominently where people can readily see it when ordering food. This means that the information should be displayed on menus, the menu board, drive through menus, or on individual food item tags where appropriate, such as in vending machines. Calorie and sodium information should also be displayed in a visually consistent format to match how price information is presented in a font size at least as large as the price.

Menus and menu boards should also include reference values for calories and sodium. Reference values put the calorie and sodium content of menu items in the context of daily needs/limits and therefore support consumers' use of nutrition information on menus.

OSNPPH encourages public health units in Ontario to consider developing and implementing complementary menu labelling initiatives according to emerging best practices, and in ways that are consistent with local needs, priorities, and resources. This includes activities to complement and enhance the effectiveness of provincial menu labelling legislation, such as consumer food and nutrition literacy initiatives, and activities to increase public awareness of and demand for menu labelling. Public health units can also consider developing activities to support local food businesses in adopting menu labelling, particularly for smaller independent restaurants with fewer resources, and where appropriate, enacting compatible local menu labelling legislation to address specific local needs.

In summary, this position statement identifies the importance of supportive information environments when Ontarians eat out. Clear and accessible information about foods is needed to promote individual and population health, to mitigate the effects of unhealthy food environments, and to support prevention of dietary risk factors for obesity and non-communicable diseases. Menu labelling is a valuable step toward creating supportive environments for healthy living. It increases transparency in food environments, supports the community right to know, enables informed consumer decisions, and promotes nutrition literacy.

Position Paper

Menu labelling is one way in which Registered Dietitians in public health in Ontario can support and lend their expertise to the development of healthy public policy initiatives, towards healthier food environments.

What is menu labelling?

Menu labelling is a population health intervention that applies principles of food labelling to the eating out environment. Menu labelling makes clear and standardized information about the nutrient content of food available at the point of purchase in restaurants and other foodservices establishments.

Menu labelling encompasses food and beverages. The Canadian definition of 'food' in the *Food and Drugs Act* includes "any article manufactured, sold or represented for use as food or drink for human beings, chewing gum, and any ingredient that may be mixed with food for any purpose whatever." [1]

Menu labelling has been recommended by many organizations and experts[60] as a valuable step toward creating healthy, supportive food environments. The United States (U.S.) Institute of Medicine, [2,3] Canada's Sodium Reduction Task Force,[4] and in Ontario, multiple public health units, the Ontario Sodium Summit,[31] the Ontario Medical Association,[5,6] Cancer Care Ontario and Public Health Ontario in their report on Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario,[7] and the Ontario Healthy Kids Panel in their final report, No Time to Wait: The Healthy Kids Strategy,[8] have recommended menu labelling legislation as a strategy to help improve the quality of the food environment.

Menu labelling has been demonstrated to effect changes in people's uptake of information, food purchases, and consumption behaviours when they eat out, and could have a substantial long-term impact on population health outcomes including obesity. For example, researchers in Los Angeles, California estimated that even if only 10% of restaurant patrons ordered 100 fewer calories per meal, a reasonable assumption based on emerging evaluations of the effects of menu labelling legislation, menu labelling could prevent over 40% of the average annual weight gain in children and adults aged 5 years and older in their county.[9]

Why is menu labelling needed?

Today's food environments are complex, challenging, and changing rapidly. Food environments can undermine people's best efforts to eat well and live healthily. A growing array of research indicates that food environments affect people's food choices in ways that cannot be overcome through their individual knowledge, skills or good intentions.[10] This is particularly true when people eat out, where they face large portion sizes, a lack of transparency about food content, and a high intensity and frequency of health claims and marketing messages.[11,12]

Available data suggests that Canadians are eating out more than ever before, and people of all ages and income groups eat out.[13,14,15] Young people under 30 years of age and people with higher income eat out more often and spend a higher share of their household expenditures on eating out.[16,17] A national online survey, carried out in 2010 by Ipsos Reid in partnership with Kraft Canada Inc. for the Canadian Restaurant and Foodservices Association, found that while 62.5% of respondents felt that eating out "is a luxury," over 60% reported that they purchase a meal or snack at a restaurant at least once a week, including 6.7% who eat out daily.[18]

It is also important to acknowledge that it is increasingly easy for people to eat away from home in a wide variety of places and settings. As noted by Statistics Canada,[16] what people think of as 'restaurants' can include table service (also called 'sit-down'), quick-service (also called 'fast food' or 'take-out'), cafeterias, mobile food vendors, and other venues. Eating out also includes pre-cooked ready-to-eat meals that can be purchased not only at 'take-out' locations, but from other types of businesses such as retail grocery stores. Statistics Canada has also noted that people eat away from home in their daily activities, when they travel, and for meals including breakfast, lunch, dinner, and snacks.[16] Eating out is thus increasingly common and presents new challenges for making healthy food choices. Moreover, Health Canada's *Eating Well With Canada's Food Guide: A Resource for Educators and Communicators* emphasizes that when Canadians increasingly rely on and consume food prepared away from home, they are often exposed to different and conflicting nutrition messages in their food environments.[19]

In the U.S., it has been demonstrated that increased eating away from home is associated with excessive intakes of calories, sodium, and fat among children and adults.[20,21,22] Researchers have also uncovered a wide variation in the nutrient content of foods, making it difficult for people to predict what is in their meal. For example, University of Toronto researchers found that in sit-down chain restaurants in Canada, the average menu item contains 97% of the Adequate Intake (AI) level for sodium,[23] and in a single menu category (e.g., 'rib entrees'), the highest calorie item can be up to 7.5 times higher in calories than the lowest calorie item.[24] Not surprisingly,

consumers are unable to estimate the levels of calories and sodium in restaurant meals.[25,26,27,28,29] While progress has been made in adapting some settings, such as school environments, to promote healthier eating in Ontario, other environments where people increasingly eat away from home, such as restaurants, present ongoing barriers to healthy and informed food decisions.

We have already seen the effects of unhealthy food environments in the poor quality of our diets and growing rates of overweight, obesity, and non-communicable diseases in Ontario. Less than half (42%) of Ontarians over the age of 12 years report consuming fruits and vegetables five or more times per day, which has implications for cancer prevention, risk of cardiovascular disease, and maintenance of healthy weights.[30] Ontarians consume, on average 2,871 mg of sodium per day.[31] While this is lower than the Canadian average intake of 3,400 mg per day,[4] it is still well above recommended targets by the World Health Organization (2003) for populations to consume less than 2,000 mg per day.[32] It is nearly double the Institute of Medicine recommended Adequate Intake (AI) level of 1,500 mg per day[33] and even above the Tolerable Upper Intake Level (UL) of 2,300 mg interim target per day identified in the Sodium Reduction Strategy for Canada.[4]

Over one-quarter (27%) of Ontario youth aged 12 to 17, and over half (52%) of Ontario adults over age 18 are overweight or obese.[34] It has been estimated that obesity costs Ontario billions of dollars per year.[35]

When considered against other non-communicable disease risk factors in Ontario (including smoking, excessive alcohol consumption, physical inactivity, inadequate diet, and high stress), unhealthy diets have the most harmful potential impact on life expectancy for Ontarians after smoking.[36]

Nutrition information is an important factor in healthy and informed food decisions. The Canadian federal *Guide to Food Labelling and Advertising* states that the purpose of nutrition labelling is "to provide a system for conveying information about the nutrient content of food in a standardized format, which allows for comparison among foods at the point of purchase. Clear, uniform information should support consumers in making informed food choices toward healthy eating goals. Canadians need nutrition information to permit dietary management of chronic diseases of public health significance, and to help them make food choices that may reduce the risk of developing chronic diseases."[37]

The World Health Organization has recommended for nearly a decade that governments adopt food labelling interventions to enable people to make informed food decisions, as part of broader strategies to prevent non-communicable diseases and obesity.[32]

Restaurant foods are exempted from existing nutrition labelling legislation in Canada, creating a gap in people's ability to access nutrition information to support their purchasing and eating decisions. Federal legislation, in place since 2005 in the *Food and Drugs Act* and associated regulations, has required nutrition labelling for the vast majority of prepackaged food labels. Food sold in retail environments for immediate consumption – i.e., in restaurants and foodservices – is exempted from federal food labelling requirements. Consumers eating out are thus faced with a gap in the information that is available for them to use when making food purchasing and consumption decisions.

Evidence from Canada and the U.S. indicates that in the absence of legislation, many businesses have taken the positive step to voluntarily provide nutrition information to their consumers, but voluntary menu labelling has resulted in nutrition information being inconsistently available, and sometimes even obscured.[38,39,40,41]

The *Ontario Public Health Standards* emphasize that creating healthier food environments, including information transparency, is a provincial and public health unit responsibility. The *Ontario Public Health Standards*[42] (OPHS) offer guidance in fulfillment of the *Ontario Health Protection and Promotion Act* (HPPA) and associated regulations.[43] The OPHS sets out the mandate for public health nutrition professionals in Ontario to develop policies and programs that promote and protect health and prevent disease. This includes action by local boards of health to "collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating".

A legal analysis carried out for the Public Health Agency of Canada has noted that all levels of government likely have a jurisdiction to enact menu labelling legislation.[44]

Menu labelling improves food information transparency in eating out environments by making nutrient content of foods clearly and consistently visible to a majority of people. Menu labelling makes nutrient information clearly visible to a majority of people, in contrast to the very few who see it when it is 'available on request'. This has been repeatedly demonstrated in experimental studies as well as in real-world settings where menu labelling has been adopted.[45,46,47,48] In New York City, for example, the Health Department assessed the visibility of calorie information in 167 locations of 11 major fast-food chain restaurants across all boroughs in 2007 prior to menu labelling legislation taking effect. They found that only 4% of patrons reported seeing calorie information.[49] After the legislation, the Health Department team found that over 70% of people reported seeing nutrition information.[50] Another study showed that only 6 of 4311 customers (0.1%) accessed on-premises nutrition information that was not on the menu in 8 locations of 4 major chain restaurants in New York and Connecticut.[51]

While not everyone who sees menu labelling uses the nutrition information immediately to adapt their food choices, menu labelling can increase the likelihood that they do. As noted above, in New York City after menu labelling legislation took effect, the Health Department found that over 70% of people reported seeing nutrition information, and 15% reported using the information. Although no statistical difference was observed amongst the several major food chains, those consumers who used the calorie information chose 106 calories less.[50] Other studies and evaluations have documented a modest decrease,[52,53,54] or no change in average calories ordered and/or consumed per transaction.[48,55] A menu labelling program in full-service restaurants resulted in 34% of customers using the nutrition information to make a healthier choice - 20% chose an entrée lower in calories and 8% chose an entrée lower in sodium. Those who used the information to make a lower calorie choice were estimated to have ordered about 75 fewer calories.[47]

Menu labelling seems to have a more substantial effect on higher-calorie consumers. For example, in New York City, researchers with access to every sales transaction over 14 months at Starbucks locations in New York City, Boston, and Philadelphia, including individual cardholder data found overall there was a 6% average reduction in calories ordered per transaction and a 14% reduction for food items excluding beverages. Individuals who had been ordering more than 250 calories per transaction reduced the calorie content of their orders by 26% after menu labelling.[53] In King County, Washington, health department staff found that 4% fewer consumers were buying 'high calorie' meals (over 667 calories per meal) 18 months after adoption of menu labelling legislation.[56]

Other researchers have discovered that people are more likely to change their food purchase intentions as well as their choices when they are surprised by what they find out as a result of menu labelling. That is, when menu labelling reveals that food items are much higher in calories than people had initially predicted, then they are more likely to make a behaviour change.[28,29]

The evidence base is evolving and we may not even fully understand the ways in which menu labelling might have a positive influence on people's food choices at a given meal, throughout the day, or in their routines overall. For example, researchers at the University of Waterloo found that while people did not necessarily change the calorie content of their orders when presented with menu labelling, they did end up eating less of their food. The same researchers have also found that too much information might be counterproductive, so this is an important consideration as research and policy initiatives move forward. In their study, more than 70% of people could recall seeing nutrition information when calorie content, or calorie content and a 'traffic light' symbol, was added to a menu, but when four nutrients were added alongside the traffic light, then only 49% of people could recall seeing the information.[46]

There is no evidence to date that menu labelling is harmful to health, or causes individuals to increase their calorie intake.

Emerging evidence also suggests that menu labelling could promote healthier food environments through restaurants being prompted to reformulate their menu items to recipes of improved nutritional quality.[53] With health equity considerations in mind, this is an important way in which menu labelling could benefit the population more broadly - i.e., even people who do not read nutrition information will benefit from menu items that are reformulated to be healthier.

What do stakeholders think about menu labelling?

Many stakeholders, including industry and the public, support menu labelling in principle and practice. Public opinion is strongly in favour of menu labelling legislation. In New York City's public consultations prior to adoption of menu labelling legislation requiring display of calories in large chain restaurants, 99% of respondents supported the proposed legislation.[57] In Canada, a nationally representative survey carried out by Ipsos Reid for the Public Health Agency of Canada in 2011 found that 70% of respondents strongly support requiring menu labelling in fast food restaurants.[58] Another recent Canadian survey using a nationally representative consumer panel found that 73% of respondents felt it was important to require restaurants to display the amount of sodium in the foods they serve.[59]

As introduced earlier, numerous health professional groups, nongovernmental organizations, and governmental organizations also support menu labelling legislation. Individuals and groups including the Canadian Diabetes Association, the Canadian Stroke Network, the Childhood Obesity Foundation, *Coalition québécoise sur la problématique du poids,* Dietitians of Canada, the Fitness Industry Council of Canada, and Hypertension Canada recently called for menu labelling legislation through a Center for Science in the Public Interest (CSPI)-coordinated letter.[60]

Even the restaurant industry does not dispute that menu labelling is important and that set formats for display of nutrition information about menu items would "make it easier for [restaurant] consumers to find the information on a consistent basis".[61] The experience of New York City in the U.S. with menu labelling legislation suggests that while the restaurant industry disputes the potential commercial free speech infringements related to nutrition labelling legislation, U.S. legal rulings support menu labelling and rejected the New York State trade association complaints on the basis that such labelling helps disclose accurate facts about food products in restaurants, which is a government responsibility.[62]

The Canadian Restaurant and Foodservices Association (CRFA) and other restaurant industry stakeholders, have emphasized, however, that they do not support the display of nutrition information directly on menus. The CRFA has formally endorsed British Columbia's voluntary Informed Dining program as their preferred nationwide approach,[63] which asks participating restaurants to share nutrition information for all standard menu items, including 13 core nutrients with calories and sodium highlighted, at or before the point of ordering, in a standardized format on a pamphlet or poster – not on the menu.[64] However, OSNPPH notes that research shows that information not provided on the menu and nutrition information overload severely undermine consumers' use of nutrition information in choosing foods. Furthermore, OSNPPH feels that menu labelling for chain restaurants should be achieved through legislation, not through voluntary programs.

Menu labelling has been demonstrated to be feasible for many restaurants. The adoption of U.S. federal legislation for menu labelling, in the *Patient Protection* and *Affordable Care Act* (ACA) (PL111-148), Provision 4205, means that menu labelling will soon become the new reality for U.S. outlets of large chain restaurants and foodservices establishments, many of whom also operate in Canada.[65] Many large chain restaurants in Canada already analyze the nutrient content of their menu items and are ready to display it, as can be seen in over 30 chains' participation in the CRFA's own voluntary nutrition information program,[61] which the CRFA has subsequently replaced with the BC Informed Dining program. The Heart and Stroke Foundation, which also runs a voluntary menu labelling program as part of its Health Check restaurant program, has suggested that its licensing and nutrition analysis components could be cost prohibitive for some chains.[66] However, an analysis by the Centre for Science in the Public Interest shows that the cost of menu labelling for large restaurant chains, as determined by the U.S. Food and Drug Administration, is actually relatively low compared to commercial food equipment costs and that many U.S. states and localities that have already implemented menu labelling laws have not seen burdensome costs or negative effects on restaurant business.[67]

Evaluations of pilot programs with local independent restaurants in Tacoma-Pierce County, Washington and Louisville, Kentucky have indicated that with public health supports, particularly for nutrition analysis, smaller restaurants can also be enabled to implement menu labelling.[68,69,70]

OSNPPH feels it's time to legislate menu labelling in Ontario. Ontarians need clear, accurate, and accessible nutrition information about foods to help them make better food decisions. Menu labelling can make that information more readily available in restaurants and help promote nutritionally beneficial reformulation of restaurant foods, thus promoting individual and population health. This would be a valuable step toward making our complex food environments healthier and more supportive.

REFERENCES

1. Food and Drugs Act (R.S.C., 1985, c. F-27), s.2.
2. IOM (United States Institute of Medicine). 2009. Local Government Actions to Prevent Childhood Obesity. Washington, DC: The National Academies Press.
3. IOM (United States Institute of Medicine). 2012. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press.
4. Health Canada. 2010. Sodium Reduction Strategy for Canada, Recommendations of the Sodium Working Group. Ottawa: Health Canada.
5. Ontario Medical Association. 2012. Statement from Ontario's doctors in support of restaurant menu labelling [media release]. Toronto: Ontario Medical Association, May 8. https://www.oma.org/Mediaroom/PressReleases/Pages/DoctorsSupportRestaurantMenuLabelling.aspx, accessed March 7, 2013.
6. Ontario Medical Association. 2013. Ontario's doctors urge sodium menu labelling [media release]. Toronto: Ontario Medical Association, February 27. https://www.oma.org/Mediaroom/PressReleases/Pages/OntarioDoctorsUrgeSodiumMenuLabelling.aspx, accessed March 7, 2013.
7. Cancer Care Ontario and Public Health Ontario. 2012. Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario. Toronto: CCO and PHO.
8. Healthy Kids Panel. 2013. No Time to Wait: The Healthy Kids Strategy. Toronto: Healthy Kids Panel.
9. Kuo, Tony, Christopher J. Jarosz, Paul Simon & Jonathan E. Fielding. 2009. Menu labeling as a potential strategy for combating the obesity epidemic: a health impact assessment. American Journal of Public Health 99(9): 1680-1686.
10. Story, Mary, Karen M. Kaphingst, Ramona Robinson-O'Brien & Karen Glanz. 2008. Creating healthy food and eating environments: Policy and environmental approaches. Annual Review of Public Health 29(1): 253–272.
11. Wansink, Brian. 2006. Mindless Eating: Why We Eat More Than We Think. New York: Bantam.
12. Wansink, Brian. 2010. From Mindless Eating to Mindlessly Eating Better. Physiology & Behavior 100(5): 454–463.
13. CCFN (Canadian Council of Food and Nutrition). 2008. Tracking Nutrition Trends VII. Mississauga, ON: Canadian Council of Food and Nutrition.
14. Garriguet Didier. 2007. Canadians' eating habits. Health Reports 18(2): 17-32.
15. Statistics Canada. 2006. Overview of Canadians' Eating Habits. Ottawa: Statistics Canada.

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

17. Statistics Canada. 2010. Survey of Household Spending, 2010. The Daily, Wednesday April 25, 2012, http://www.statcan.gc.ca/daily-quotidien/120425/dq120425a-eng.htm, accessed September 28, 2012.

18. Canadian Restaurant and Foodservices Association. 2010. Canada's Restaurant Industry: Putting Jobs and Economic Growth on the Menu. Toronto: Canadian Restaurant and Foodservice Association. http://www.crfa.ca/pdf/ipsos_report.pdf, accessed February 11, 2013.

19. Health Canada. 2011. Eating Well With Canada's Food Guide: A Resource for Educators and Communicators. Ottawa: Health Canada. http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/pubs/res-educat-eng.pdf, accessed February 11, 2013.

20. Fernando, Jeewani. 2010. Three Essays on Canadian Household Consumption of Food Away from Home with Special Emphasis on Health and Nutrition. PhD Dissertation, University of Alberta.

21. Guthrie, Joanne F., Biing-Hwan Lin & Elizabeth Frazao. 2002. Role of food prepared away from home in the American diet, 1977-78 versus 1994-96: Changes and consequences. Journal of Nutrition Education and Behavior 34(3): 140-150.

22. Mancino, Lisa, Jessica E Todd, Joanne Guthrie & Biing-Hwan Lin. 2010. How Food Away From Home Affects Children's Diet Quality. USDA Economic Research Report No. 104 (ERR-104), October 2010.

23. Scourboutakos, Mary J. & Mary R. L'Abbé. 2013. Sodium levels in Canadian fast-food and sit-down restaurants. Canadian Journal of Public Health 104(1); e2-e8.

24. Scourboutakos, Mary J. & Mary R. L'Abbé. 2012. Restaurant menus: Calories, caloric density, and serving size. American Journal of Preventive Medicine 43(3); 249–55.

25. Chandon, Pierre & Brian Wansink. 2007. The biasing health halos of fast-food restaurant health claims: Lower calories estimates and higher side-dish consumption intentions. Journal of Consumer Research 34(3); 301-14.

26. Wansink, Brian & Chandon, Pierre. 2006. Meal size, not body size, explains errors in estimating the calorie content of meals. Annals of Internal Medicine145(5); 326.

27. Chandon, Pierre & Brian Wansink. 2007. Is obesity caused by calorie underestimation? A psychophysical model of meal size estimation. Journal of Marketing Research 44(1); 84–9.

28. Burton, Scot, Elizabeth Howlett & Andrea Heintz Tangari. 2009. Food for thought: How will the nutrition labeling of quick service restaurant menu items influence consumers' product evaluations, purchase intentions, and choices? Journal of Retailing 85(3); 258-273.

29. Burton, Scot, Elizabeth H. Creyer, Jeremy Kees & Kyle Huggins. 2006. Attaching the obesity epidemic: the potential health benefits of providing nutrition information in restaurants. American

Journal of Public Health 96(9): 1669-1675.

30. Ontario Ministry of Health and Long Term Care, Public Health Division. 2009. Initial Report on Public Health. Toronto: Queen's Printer for Ontario, 42-3.

31. Ontario Sodium Summit. 2012. Ontario Sodium Summit, Toronto, February 16-17, 2012: Summit Proceedings. Report prepared by Intersol. Toronto: Ontario Sodium Summit, 7.

32. World Health Organization. 2003. Diet, nutrition and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation. Technical Report Series 916. Geneva: WHO.

33. United States Institute of Medicine. 2006. Dietary Reference Intakes: The Essential Guide to Nutrient Requirements. Washington, DC: The National Academies Press.

34. King, Arlene (Chief Medical Officer of Health). 2013. Maintaining the Gains, Moving the Yardstick: Ontario Health Status Report 2011. 2011 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario. Toronto: Queen's Printer for Ontario, 26-9.

35. Katzmarzyk Peter T. 2011. The economic costs associated with physical inactivity and obesity in Ontario, The Health and Fitness Journal of Canada 4(4). http://www.healthandfitnessjournalofcanada.com/index.php/html/article/view/112, accessed March 22, 2013.

36. Manuel, Douglas G., Richard Perez, Carol Bennett, Laura Rosella, Monica Taljaard, Melody Roberts, Ruth Sanderson, Meltem Tuna, Peter Tanuseputro, and Heather Manson. 2012. Seven More Years: The Impact of Smoking, Alcohol, Diet, Physical Activity and Stress on Health and Life Expectacy in Ontario: An ICES/PHO Report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario.

37. Canadian Food Inspection Agency/Health Canada, Guide to Food Labelling and Advertising, s. 5.1, http://www.inspection.gc.ca/english/fssa/labeti/guide/ch5e.shtml, last updated November 21, 2011.

38. Alamanza, Barbara A., Douglas Nelson, and Stella Chai. 1997. Obstacles to nutrition labelling in restaurants. Journal of the American Dietetic Association 97: 157-161.

39. Centre for Science in the Public Interest. 2008. Most "volunteers" in restaurant industry's nutrition information program stepped back two paces [media release]. Ottawa, Centre for Science in the Public Interest (Canada), January 22. http://www.cspinet.org/canada/pdf/twopacesback.pdf, accessed February 11, 2013.

40. Wootan, Margo G., and Melissa Osborn. 2006. Availability of nutrition information from chain restaurants in the United States. American Journal of Preventive Medicine 30(3): 266-268.

41. Wootan, Margo G., Melissa Osborn, and Claudia J. Malloy. 2006. Availability of point-of-purchase nutrition information at a fast-food restaurant. Preventive Medicine 43(6): 458-459.

42. Ontario. 2008. Ontario Public Health Standards.

43. Health Protection and Promotion Act (HPPA) (R.S.O. 1990, c. 17)

44. Von Tigerstrom, Barbara. 2010. Menu Labelling as an Innovative Legislative Solution for Obesity, Submitted to the Public Health Agency of Canada.

45. Elbel, Brian, Rogan Kersh, Victoria L. Brescoll, and L. Beth Dixon. 2009. Calorie labeling and food choices: a first look at the effects on low-income people in New York City. Health Affairs 28(6): w1110-w1121.

46. Hammond, David. 2012. Efficacy of menu labelling: Summary of Canadian research. Presentation at Centre for Science in the Public Interest Symposium, Writing on the Wall, September 12, 2012, Toronto. http://cspinet.org/canada/pdf/Toronto_DavidHammond.pdf, accessed February 7, 2013.

47. Pulos, Elizabeth, and Kirsten Leng. 2010. Evaluation of a voluntary menu-labeling program in full-service restaurants. American Journal of Public Health 100(6): 1035-1039.

48. Tandon, Pooja S., Chuan Zhou, Nadine L. Chan, Paula Lozano, Sarah C. Couch, Karen Glanz, James Krieger, and Brian E. Saelens. 2011. The impact of menu labeling on fast-food purchases for children and parents. American Journal of Preventive Medicine 41(4): 434-438.

49. Bassett, Mary T., Tamara Dumanovsky, Christina Huang, Lynn D. Silver, Candace Young, Cathy Nonas, Thomas D. Matte, Sekai Chideya, and Thomas R. Frieden. Purchasing behavior and calorie information at fast-food chains in New York City, 2007. American Journal of Public Health 98(8): 1457-1459.

50. Dumanovsky, Tamara, Christina Y. Huang, Cathy A. Nonas, Thomas D. Matte, Mary T. Bassett, and Lynn D. Silver. 2011. Changes in energy content of lunchtime purchases from fast food restaurants after introduction of calorie labelling: cross sectional customer surveys. British Medical Journal 343: d4464.

51. Roberto, Christina A., Henry Agnew, and Kelly D. Brownell. 2009. An observational study of consumers' accessing of nutrition information in chain restaurants. American Journal of Public Health 99(5): 820–821.

52. Bollinger, Brian, Phillip Leslie, and Alan Sorensen. Calorie posting in chain restaurants. National Bureau of Economic Research Working Paper 15648. Cambridge, MA: National Bureau of Economic Research. http://www.nber.org/papers/w15648, accessed February 7, 2013.

53. Bruemmer, Barbara, Jim Krieger, Brian E. Saelens, and Nadine Chan. 2012. Energy, saturated fat, and sodium were lower in entrées at chain restaurants at 18 months compared with 6 months following the implementation of mandatory menu labeling regulation in King County, Washington. Journal of the Academy of Nutrition and Dietetics 112: 1169-1176.

54. Roberto, Christina A., Peter D. Larsen, Henry Agnew, Jenny Baik, and Kelly D. Brownell. 2010. Evaluating the impact of menu labeling on food choices and intake. American Journal of Public Health 100(2): 312-318.

55. Finkelstein, Eric A., Kiersten L. Strombotne, Nadine L. Chan, and James Krieger. 2011. Mandatory menu labeling in one fast-food chain in King County, Washington. American Journal of Preventive Medicine 40(2): 122-127.

56. Ta, Myduc. 2012. Menu labelling implementation and evaluation: Experiences from King County, Washington. Presentation at Ontario Society of Nutrition Professionals in Public Health Nutrition Exchange 2012, May 10, 2012, Toronto, Ontario.

57. Technomic, Inc. 2008. Consumer Reaction to Calorie Disclosure on Menus/Menu Boards in New York City, Executive Summary. Project Number 13109.

58. Ipsos Reid. 2011. Canadian's Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity: Final Report. Prepared for Public Health Agency of Canada, November 2011. Ottawa: Ipsos Reid. http://www.sportmatters.ca/files/Reports/Ipsos%20Obesity%202011.pdf, accessed March 7, 2013.

59. Arcand, JoAnne, Julio Mendoza, Ying Qi, Spencer Henson, Wendy Lou, and Mary L'Abbé. 2013. Results of a national survey examining Canadians' concern, actions, barriers, and support for dietary sodium reduction interventions. Canadian Journal of Cardiology, online ahead of print.

60. Centre for Science in the Public Interest (Canada). 2013. Experts, Health and Citizens' Groups Call on Governments to Mandate Nutrition Information on Menus at Outlets of Large Chain Restaurants [joint statement]. http://cspinet.org/canada/pdf/Expert-NGO-JointLetter-Menu-Labelling.pdf, accessed April 26, 2013.

61. Canadian Restaurant and Foodservice Association. 2007. Nutrition Information for Foods Sold in Restaurants and Foodservice Establishments: A User's Guide to Implementing the CRFA's Voluntary Guidelines for Providing Nutrition Information to Consumers. Toronto: Canadian Restaurant and Foodservice Association,1.

62. Mello, Michelle M. 2009. New York City's war on fat. New England Journal of Medicine 360(19): 2015-2020.

63. Canadian Restaurant and Foodservice Association. 2012. Informed Dining is coming to restaurant chains across Canada! [media release], December 12, 2012. http://www.crfa.ca/news/2012/informed_dining_is_coming_to_restaurant_chains_across_canada.asp, accessed December 18, 2012.

64. British Columbia Ministry of Health. 2011. Informed Dining [website] http://www.healthyfamiliesbc.ca/home/informed-dining, accessed February 11, 2013.

65. United States, Patient Protection and Affordable Care Act (Public Law 111-148, 111th Congress, 2010)

66. Dean, Terry. 2012. Presentation to the Ontario Sodium Summit, February 16, 2012, Toronto, Ontario.

67. Centre for Science in the Public Interest. 2012. The cost of menu labelling. Retrieved on April 11, 2013, from http://cspinet.org/new/pdf/menu-labeling-cost-fact-sheet.pdf

68. Britt, John W., Kirsten Frandsen, Kirsten Leng, Diane Evans, and Elizabeth Pulos. 2011. Feasibility of voluntary menu labeling among locally owned restaurants. Health Promotion Practice 12(1): 18-24.

69. City of Louisville. 2012. Healthy Hometown [website] http://www.louisvilleky.gov/Health/PuttingPreventiontoWork/RestMenuLabel.htm

70. Tacoma-Pierece County Health Department. 2012. [website] http://www.tpchd.org/health-wellness-1/smartmenu/