

**TRACKING NUTRITION TRENDS
1989 - 1994 - 1997**

APRIL, 1997

E0060/JH

AND

NATIONAL INSTITUTE OF NUTRITION

NATIONAL INSTITUTE OF NUTRITION

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I

FOREWORD

A. BACKGROUND AND OBJECTIVES

In October, 1989, the National Institute of Nutrition, in partnership with members and Agriculture Canada, commissioned a national survey on the knowledge, attitudes and behaviours of Canadians relating to nutrition, particularly in the areas of fat, fibre and cholesterol. This study was designed to act as a baseline measurement for the subsequent tracking of changes in knowledge levels, attitudes and behaviours.

In the five years between the first *Tracking Nutrition Trends* survey and the initial follow-up in 1994, there were some notable events in both nutrition guidelines, health promotion initiatives and the marketplace which likely influenced consumer knowledge and behaviour.

Significant events included the releases, in late 1989 and in 1990, of national nutrition guidelines: “Nutrition Recommendations .. A Call For Action” which encompassed the “Nutrition Recommendations for Canadians” plus the companion communication piece, “Canada's Guidelines For Healthy Eating”, setting the stage for a unified nutrition message for Canadians. A new national food guide, “Canada's Food Guide to Healthy Eating” was launched in 1992.

At that time, the major health promotion activities focused on heart health, with a proliferation of provincial and national initiatives, targetting dietary fat, fibre and cholesterol as important components to heart health campaigns.

Issues like saturated fats, trans fatty acids, antioxidants and even the long chain fish oils added a new dimension to the fat issue. Within the 1989 - 94 period, consumers were also increasingly exposed to discussions focusing on the benefits of starch or complex carbohydrates and the anti-oxidant role of beta-carotene and Vitamin C in disease prevention.

Many lower fat and higher fibre products began appearing in the marketplace, coupled with an increased focus on nutrition labelling on food package labels. Canada's system of voluntary nutrition labelling began in 1988, bringing a wealth of new nutrition information to the Canadian consumer. During the same period, the U.S.A. was revising and strengthening their mandatory nutrition labelling criteria and developing guidelines for health claims on foods. The introduction of nutrition labelling in Canada may well have strengthened consumers' awareness of nutrition issues, particularly the low fat message.

Between 1994 and 1997, the time frame of this third wave of research, the development and release of Canada's "Nutrition for Health, An Agenda for Action" has set the stage to guide collective action by all sectors to reinforce healthy eating practices, support nutritionally vulnerable populations and continue to enhance the availability of foods that support healthy eating. At a time when health care dollars are scarce and services are challenged to become more cost effective, the value of healthy eating for the prevention and management of disease is of increasing importance. This has been a difficult economic period and the ability to access a healthy diet may well have become more of a struggle for many Canadians.

Health promotion activities now seem to focus more on positive messages to support delicious, nutritious food choices matched with active living, rather than on "dieting" shrouded in "thou shalt not". Interest in vegetarian food styles seems to be growing.

Nutrition still enjoys a relatively high profile in the popular press and media. Consumers have been exposed to information about biotechnology and the role of food constituents in preventing disease, e.g., anti-oxidants and anti-cancer compounds in fruit and vegetables, and their potential development as nutraceuticals or functional foods. Calcium and the prevention of osteoporosis and folic acid and the reduction of neural tube defects have also attracted recent attention.

More and more food companies seem to be putting nutritional labelling on their products, and using nutrient content claims. An increasing variety of products in the marketplace continue to support healthy eating, e.g., omega-3 eggs, lower fat versions of many foods and convenience packages of fresh vegetables, as does the proliferation of fruit and vegetables speciality stores.

The National Institute of Nutrition and its partners undertook a third study in the spring of 1997, with the objectives of:

- identifying recent changes in the attitudes, awareness and reported behaviour of Canadians towards nutrition in general and fat, fibre and cholesterol, in particular;
- gathering baseline data for new issues such as calcium; and
- measuring awareness of the “rainbow” design of Canada’s Food Guide To Healthy Eating and the level of knowledge about the four food groups featured.

The results of this study will provide valuable information for the orientation of health promotion initiatives and the development of products and services with nutritional added value.

The partners participating with the National Institute of Nutrition in the 1997 study are:

Agriculture And Agri-Food Canada
Canadian Egg Marketing Agency
Chicken Farmers Of Canada
Dairy Farmers Of Canada
Health Canada
HJ Heinz Company Of Canada Ltd.
Kellogg Canada Inc.
Kraft Canada Inc.
Lipton
Nestlé Canada Inc.
Robin Hood Multifoods Inc.

B. METHODOLOGY

In 1989, 1994 and in 1997, information was collected as part of Canadian Facts' monthly omnibus shared cost survey (Monitor). This survey utilizes personal interviews with approximately 2,000 randomly selected individuals across Canada who are 15 years of age or older. Each month, approximately 1,900 completions are achieved among adults 18 years and older (the target group for this study).

The Monitor national probability sample is designed to provide coverage of all Canadians except those living in the Northern Territories. It is also designed to provide adequate samples in each of five geographic regions: British Columbia, the Prairies, Ontario, Quebec and the Atlantic. This is achieved by distributing the sample disproportionately. (Smaller provinces, such as those in the Atlantic region and British Columbia, are oversampled and larger provinces (Ontario) undersampled.) At the tabulation stage, these data are weighted to adjust for disproportionality, resulting in final tabulations that are completely representative of the Canadian adult population, but provide regional data based on reasonable sample sizes.

A full description of Monitor sampling procedures, respondent selection and weighting procedures appears in Appendix A of this report. The record of contacts for the April, 1997 Monitor will be found at the end of this Appendix.

In October, 1989, a total of 1,980 adults, eighteen years of age and over were interviewed for the baseline study. In April 1994, 1,953 adults were interviewed. In April, 1997, the sample consisted of 1,956 adults.

Although the questionnaire remained very similar over all three waves, some changes were made. The questionnaire for the current study (in English and French) follows the Detailed Tables. Notes in the text identify where substantitative changes were made between waves.

The main tabulations, and comparisons made between the studies in the report, are based upon the respondents aged eighteen years or older. Data was also collected from those aged fifteen to seventeen years. The detailed tables appended to this report include data collected from these individuals and a column showing results based on total individuals aged fifteen years and older.

All editing, coding and data processing was handled in Canadian Facts head office in Toronto. Data was processed using Quantum software on a Sun SPARCserver 630MP computer.

Prior to tabulation, three stages of weighting were applied to the completed questionnaires to ensure the sample was representative of the total Canadian population:

- Based upon data obtained at the time of the personal interview, Politz Not-At-Home weighting was applied to correct for the differential likelihood of people being available or not available for interviewing by virtue of the frequency with which they are not at home;
- To correct for the disproportionate sampling, data were weighted by age within gender within region to be representative of the Canadian population 15 years and over;¹
- Household weighting was applied to compensate for the varying likelihood of respondent selection according to the number of people who are at home at the time of the interview.

¹ The weighting matrix for this study was based upon Statistics Canada 1995 Post Censal Annual Estimates (91-213).

Actual and weighted completions by region are shown below.

April 1997 Monitor

	Actual		Weighted	
	#	%	#	%
Region:				
Atlantic	306	14.9	165	8.3
Quebec	541	26.3	503	25.2
Ontario	560	27.2	752	37.6
Prairies	342	16.6	322	16.1
British Columbia	307	15.0	258	12.9
	2,056	100.0	2,000	100.0

Appendix B shows the sample sizes of demographic sub-groups analyzed within the report, together with charts showing the margin of error at the 95% level of confidence for various survey statistics according to sample size. Note that, as in previous waves, in grouping respondents according to education, those with Grades 12 and 13 have been included with the *Technical/College* grouping.

C. RESULTS

The results of this study are reported under the following headings:

- Executive Summary And Implications.
- General Summary
- Detailed Tables
- Appendices

Note: Figures of particular interest have been highlighted with bold print in the following summary tables. Such highlighting, however, does not necessarily imply statistical significance.

June, 1997

II

EXECUTIVE SUMMARY

A. OVERVIEW

The majority of Canadians (62%) continue to consider nutrition as “extremely” or “very” important in choosing the foods they eat; 85% consider it, at minimum, to be “quite” important.

The main actions Canadians are taking to eat well include eating more vegetables and fruit, choosing lower fat products, following the Food Guide recommendations and cutting back on sweets and “junk” food.

Fat, food poisoning and vitamins top the list of nutritional concerns.

Among those concerned about fat, cholesterol, fibre and calcium, almost all are taking action because of their concern.

Four out of five describe their eating habits as, at minimum, “good”. Many among those who acknowledge their less than perfect eating habits by describing them as only “fair” or “poor” suggest it is their hectic life styles which result in failure to eat regular meals and an over-reliance on “junk food”.

One-in-three Canadians say they have made some changes to try to improve their eating habits within the past year.

Four percent of Canadians describe themselves as vegetarians, a level similar to that found in 1994.

Food labels continue to be a major source of nutrition information, even though about one quarter admit having difficulty understanding them.

Two-thirds of Canadians do not rate themselves as particularly knowledgeable about nutrition and many acknowledge they do not know the meaning of many nutritional terms or of some diet and disease relationships.

B. THE IMPORTANCE OF NUTRITION TO CANADIANS

- Three out of five adult Canadians consider nutrition to be *extremely* or *very* important in choosing the food they eat. This overall proportion has declined slightly since 1994 but remains above the 1989 level (62% in 1997, compared to 66% in 1994 and 59% in 1989). The decline was, however, limited to those who describe nutrition as *very* important; in total, one-in-five consider it to be *extremely* important.
- This change is driven by a decline in the proportion of males who describe nutrition as *very* important. Females continue to be as concerned as in 1994 and remain more likely than males to consider nutrition important. Nutrition is more important to those in households with children than in those without and is particularly important to those who do most of the grocery shopping.
- Currently, the importance ascribed to nutrition does not vary greatly by language (although in the first, 1989, wave, French-speaking Canadians ascribed greater importance). Importance levels do not vary greatly by region, although Canadians in the Prairies may now ascribe slightly less importance than those elsewhere.

(See Section A-1.)

C. KNOWLEDGE ABOUT NUTRITION

- One-in-three adult Canadians consider themselves to be *extremely* or (predominantly) *very* knowledgeable about nutrition; one-in-four, however, admit to being only *slightly* or *not at all* knowledgeable. In addition, not only does one-in-four have difficulty understanding nutritional information on food labels, but many, even when aware of nutrition terms, do not know their correct meaning.
- Those speaking English at home are more likely than those speaking French or other languages to rate themselves as knowledgeable. Women are more likely to consider themselves knowledgeable than men.

(See Sections A-6, D-1 And D-4.)

D. DIETARY BEHAVIOURS REPORTED BY CANADIANS

- When asked what they are doing to eat well, among the large majority who regard nutrition as at least “quite” important, 43% (up from 38% in 1994) say they are eating more vegetables or fruit. Use of lower fat products is reported by 28% (up from 25% in 1994); cutting back on sweets and junk food is also more widely reported than in 1994 (21% compared to 17%).

- The proportion specifically volunteering that they are following Canada's Food Guide, eating from the four major food groups or trying to eat three balanced meals a day has declined somewhat since 1994 (20% compared to 31%). English-speaking Canadians are more likely than French-speaking Canadians to say they are following Canada's Food Guide or eating more vegetables, fruits, grains or high fibre foods.

(See Section A-2.)

- Approximately one-in-three Canadians say they have made some changes in the past year to improve their eating habits. The main changes have been in eating more vegetables and more fruits and cutting back on fat intake.

(See Section A-5.)

- As they have done since 1989, approximately three out of ten Canadians admit they rarely eat breakfast. This proportion varies from a low of 18% in Quebec to 34% in Ontario. Young respondents are also particularly likely to never eat breakfast (41% among those aged 18 to 34 years).

- There has been little change since these studies commenced in the proportion describing themselves as either vegetarians (4%) or as following special or prescribed diets (11%). Nine out of ten vegetarians consume milk and/or dairy products.

(See Section A-4.)

E. CANADIANS' ASSESSMENT OF THEIR EATING HABITS

- There may also have been some decline since 1994 in the proportion of Canadians who describe their own eating habits as *excellent* (6% down from 9%). Only 39% now describe their eating habits as *excellent* or *very good* (down from 43% in 1994). At the other extreme, 17% (compared with 15% in 1994) clearly recognise their eating habits are only *fair* or even *poor*.

- Males are less likely to report good eating habits than females. Good eating habits (as self-evaluated) also appear to improve with age.

- Eating well-balanced meals, eating from the four food groups, especially “healthy” foods and lots of fruit and vegetables, are the reasons those having, at minimum, *good* eating habits give for their rating. They also try to avoid some foods, especially fat. Those who describe their eating habits as *excellent* are particularly likely to mention that they watch what they eat for specific health-related reasons or are controlling their weight through diet or exercise.

(See Section A-3.)

- Overall, 8% of respondents believe that their household does not have enough money for a healthy diet. However, this increases to 21% among the student and unemployed occupation category, 20% (up from 14% in 1994) among those with household incomes under \$25,000 and 14% among those who describe their eating habits as fair or poor.

(See Section A-4.)

F. FOOD AND/OR NUTRITION-RELATED TOPICS OF CONCERN TO CANADIANS AND ACTIONS TAKEN TO ADDRESS THESE CONCERNS

- As in earlier waves, respondents were asked to indicate the degree of concern they felt about various food or nutrition-related topics which were read to them. Of the sixteen items addressed, fat, food poisoning, vitamins, chemical residues, calcium, fibre and saturated fat are of concern to over two-thirds of Canadians; all but three (caffeine, trans fatty acids and hydrogenation) are of at least *some* concern to one out of every two Canadians.

There appears to have been a general decline in concern about most of these topics since 1994; only concerns about sugar, salt, caffeine and preservatives have, however, fallen below the 1989 levels.

- Females are more concerned than males about most topics, but especially about calcium and iron.

- English-speaking Canadians continue to be much more concerned than French-speaking Canadians about chemical residues in or on food and about food poisoning. They are much less concerned than French-speaking Canadians about sugar, vitamins and caffeine.

(See Section A-7.)

- Most of those who express some concern about fat, cholesterol, fibre and calcium claim to be doing something about these concerns. Those concerned about *fat* (79%) continue to be particularly likely to say they are consuming lower fat products (e.g., lean meats, lower fat milk, cheese, etc.), reducing use of fat in cooking and preparing foods (e.g., trimming fat from meat), avoiding fried or fatty foods and changing the fats and oils they use. They are also eating less (red) meat and consuming more fresh vegetables and fruit. Approximately one-in-nine volunteer that reading labels or seeking out information on the subject are actions they are taking.

- Those concerned about *cholesterol* (61%) are doing many of the same things; they are also particularly likely to be eating fewer, or avoiding, eggs, avoiding high cholesterol foods, modifying their use of fats and oils and exercising/watching their weight.

- Those concerned about *fibre* (66%) try to consume more foods that increase the fibre in their diets, such as bran/high fibre cereals, vegetables and fruit, and whole grain/whole wheat bread.

- Those concerned about *calcium* (67%) are drinking (more) milk, eating other dairy products, taking supplements or multi-vitamins or eating calcium rich vegetables, fruit or fish.

(See Sections B-1, B-2, B-3, B-4 And B-5.)

- Canadians are somewhat less likely than was the case in 1994 to think that they might, in the coming months, reduce their intake of fat. (One-in-three are very or somewhat likely to reduce intake compared with 46% in 1994.) However, those who describe their eating habits as only good, fair or poor are particularly likely to say they are going to make changes. Among those who do not plan any changes, most claim to already eat well.

(See Section C-2.)

- Canadians are also somewhat less likely now than in 1994 to be considering increasing their fibre intake in the coming months. Approximately one-in-four is *very* or *somewhat* likely to do so (23% compared to 33% in 1994). As in previous waves, this proportion continues to be somewhat lower than the proportion reporting they are very or somewhat likely to change (i.e., reduce) their fat intake. Among those not planning any changes, most claim to already consume sufficient fibre.

(See Section C-1.)

G. AWARENESS OF AND REPORTED COMPREHENSION OF NUTRITION-RELATED TERMS

- When shown a list of various dietary or nutrition-related terms, over two-thirds of Canadians claim to have at least some awareness of the terms blood cholesterol, saturated fats, dietary cholesterol, polyunsaturated fats and fish oil. Less than one-in-three recognize the terms functional food/nutraceuticals and omega - 3 fatty acids. For most terms, at best, about half the people familiar with a term think they understand or “know” its meaning.

Less than one-in-four Canadians claim to know the meaning of folic acid, monosaturated fats, biotechnology, anti-oxidants, trans fatty acids, omega - 3 fatty acids and functional foods/nutraceuticals.

- French-speaking Canadians continue to report being better informed about *cholesterol* than English-speaking Canadians. English-speaking Canadians claim greater comprehension of *complex carbohydrates*, *polyunsaturated fats*, *fish oil*, *folic acid* and *omega-3 fatty acids*.

(See Section D-1.)

- Just over two-thirds of those who claimed to know the meaning of “saturated fats” are able to give a correct and meaningful answer.

(See Section D-2.)

H. OPINIONS HELD ABOUT HEALTH AND NUTRITION ISSUES

- Most Canadians continue to be in general agreement that *Reducing Fat In The Diet Can Lower Cholesterol In Your Blood* and that *A High Fibre Diet May Help Prevent Colon Cancer*. There has been little change in the level of agreement with these statements since 1994, although those who agree completely have fallen back to the levels of 1989.

The majority of Canadians also continue to agree, at least somewhat, that *Some Types Of Dietary Fibre Can Help Reduce Cholesterol In Your Blood*. Complete agreement has fallen to 1989 levels due to a significant decline (-6 percent) since 1994.

There has been a continuing decline since 1989 in the proportion who agree completely with the statement that *The Amount Of Cholesterol People Eat Is The Major Factor That Affects Their Blood Cholesterol*. Even so, many more people continue to agree than disagree with this statement.

Significant proportions of Canadians continue to report no knowledge about complex carbohydrates (35%), anti-oxidant vitamins in the diet (45%) and the role of trans fatty acids (58%).

(See Section C-3.)

I. NUTRITIONAL INFORMATION SOURCES

- The most widely identified source of information about nutrition *over the past year*, from among those specifically asked about, continues to be product labels, mentioned by 71%. Radio/TV programs continue to be the next most frequently identified sources. Magazines are also widely mentioned, as are friends/relatives/colleagues. Books, however, are somewhat less widely noted than in previous waves (when the one year time frame was not utilized).

Most mentions are lower than in previous years, possibly because of the time frame introduced in 1997. Indeed, the only source to be mentioned more widely than in 1994 is food advertisements (54% in 1994, 58% in 1997). Declines are particularly noticeable for government materials (45% in 1989, 44% in 1994, 28% in 1997) and Health Association materials (57% in 1994, 43% in 1997). The Internet is mentioned by 6%.

- French-speaking Canadians, as when questioned in 1994, generally are less likely to cite most sources of nutrition information than English-speaking Canadians, particularly books, magazines, health association materials and in-store displays.

- Those with more limited education (who are also currently less likely to consider nutrition important) rely to a greater degree on their family physician than those with, for example, university education, who are much more likely than those with less education to also gain information from *print* (e.g., magazines, newspapers, books, Health Association and Government materials).

- Older Canadians (55 years or more) are less likely to identify many sources of information, especially friends/relatives/colleagues, food advertisements and product labels. They are, however, more likely to mention their family physician and, at least when compared with the under 35s, Health Association materials and dietitians/nutritionists.

(See Section E-1.)

J. RECALL OF THE RAINBOW DESIGN OF “CANADA’S FOOD GUIDE TO HEALTHY EATING” AND KNOWLEDGE ABOUT THE FOUR FOOD GROUPS

- Over half of all Canadians are able to identify the four food groups that are promoted in “Canada’s Food Guide To Healthy Eating”. The ability to name these categories is clearly higher among those who later identify they recall having seen the rainbow design of “Canada’s Guide To Healthy Eating” than among those who do not. However, even among this latter group, 45% identified all four and 77% at least one food group.

The meat and vegetables & fruit groups are the most widely identified. The grain group is the least widely mentioned, especially by those who do not recall seeing the rainbow.

- Younger respondents are much more likely to be able to identify all four groups than those aged 55 years or older. Women are also better able to identify all four groups than men.

(See Section F-2.)

- Aided by presentation of a copy, nearly two out of three recall ever having seen the Food Guide rainbow design. Recall is at similar levels among English and French-speaking Canadians.

Younger Canadians are the most likely to recall seeing the rainbow design of “Canada’s Food Guide To Health Eating”. Indeed, among Canadians 65 years and older, only 34% remember ever seeing the rainbow. Females are also more likely to recall it than males.

- Nearly two-thirds (62%) of those who regard nutrition as at least quite important recall having seen the rainbow design; so do half (47%) of those who regard nutrition as only slightly or not at all important.

Those who recall the rainbow are somewhat more likely to consider themselves extremely or very knowledgeable about nutrition.

(See Section F-1.)

For Detailed Results, See General Summary

SOME IMPLICATIONS TO BE DRAWN FROM THIS STUDY

- Actions taken by governments, agri-food industry and health education agencies to support and promote nutrition in the 1990s appear to have been successful in creating on-going awareness of the importance of nutrition in food selection and encouraging more Canadians to adopt healthy eating habits.
- The importance Canadians attribute to nutrition may have reached a peak among women; it appears to be declining among men.

Nutrition continues to be important for most grocery shoppers, who are still predominantly women. More nutrition promotion initiatives targeted toward men seem warranted, given that nutrition surveys have indicated that many are not meeting healthy eating goals.

- The wide recognition of the rainbow design of Canada's Food Guide to Healthy Eating indicates the important role played by the Food Guide in promoting and shaping dietary practices for Canadians.
- Overall nutrition knowledge varies widely and long standing misconceptions are still prevalent. Some diet and disease relationships are well acknowledged, but others are not recognized by many Canadians.

Health Claims could offer an avenue to convey or to reinforce the diet/health link, providing the challenges of delivering accurate and meaningful messages can be met.

- Many Canadians report changes in their eating habits that are consistent with healthy eating guidelines. They are taking a variety of positive approaches to reduce their fat intake, assisted by the introduction of lower fat versions of a wide variety of foods; they also report eating more vegetables and fruits. There seems, however, to be somewhat less attention paid to increasing consumption of grain products.

While the reported eating habits mirror dietary messages, reported intentions to further increase dietary fibre or reduce dietary fat suggest that most Canadians feel confident that they are meeting their nutrition targets. Those concerned about calcium also report taking appropriate action. However, provincial surveys of actual dietary intakes do not show most Canadians meeting dietary goals in terms of fats, fibre and calcium. Tools and campaigns to reinforce Canadians' awareness of the necessity to and how to evaluate their eating habits in relation to dietary goals could be useful. As well, in many cases, individual counselling may be essential to set realistic objectives and action plans.

- Those who acknowledge less than good eating habits report hectic lifestyles as the main barrier; they also report less breakfast eating and most often not having time to have meals with their families.

Nutrition should continue to play a significant role in food product development and marketing activities of the agri-food industry. Special focus should be placed on quick and easy solutions to healthy eating, which provide convenience in conjunction with nutrition value.

- Product labels continue to be the most widely identified source of recent nutrition information. Unfortunately, one-in-four Canadians acknowledges they have difficulty understanding the nutritional information on labels.

With potential for extensive reach and impact, nutrition labelling information should be expanded to the widest possible variety of products. The information that is provided on product labels should be presented in as "user-friendly" a format as possible. Education efforts should continue to maximize consumer understanding of the nutritional information that is provided and to put nutrition terms in some type of meaningful context for Canadian consumers.

- Consumers also obtain information about nutrition from a variety of other sources.

The print media should continue to be used to reach the better educated Canadians and to present information that could help untangle the complex issues about fat and cholesterol.

The electronic media should be used to reach a wide spectrum of Canadians as well as special target groups. Radio and TV are avenues of choice to present actionable messages to those Canadians who make limited use of printed materials.

Physicians are key channels of information to consumers; their importance as an information source for Canadians is likely to grow as the population ages.

- While most Canadians report having the financial means to access a healthy diet, low income does surface as a barrier to healthy eating for many Canadians.

Special efforts should be made to improve food security and address the food and nutrition needs of the vulnerable populations.

- Given the high safety standards for the food supply in Canada, the widespread concern expressed by Canadians about food poisoning and chemicals/contaminants/pesticides in or on food is an indication of an important trust and credibility gap directed at the traditional agri-food, government and nutrition sectors.

Efforts should be made to build public trust in the food supply through increased public dialogue, improved risk communication and well directed information programs.

III

GENERAL SUMMARY

A. THE IMPORTANCE OF NUTRITION AND NUTRITION CONCERNS

1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat?

Approximately six out of ten adult Canadians consider nutrition to be extremely or very important in choosing the food they eat.

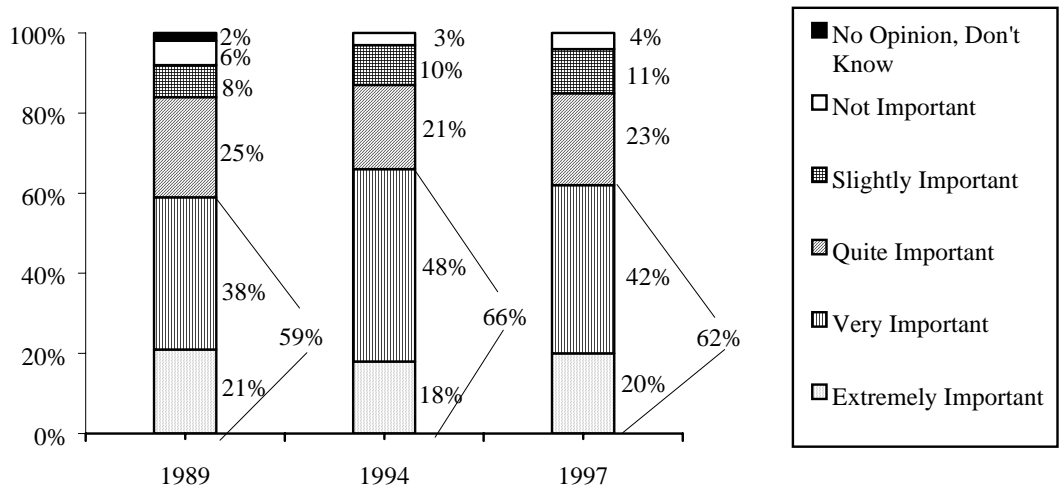
This represents a slight, but statistically significant,¹ decrease since 1994. The current level, however, continues to be marginally higher than that reported in 1989. The decrease since 1994 has come in the proportion who consider it only *very* important; there may have been a marginal increase in the proportion who consider it *extremely* important.²

EXHIBIT A: 1-a)

Importance Of Nutrition When Choosing Food To Eat

¹ Appendix B shows the sample sizes of demographic sub-groups analyzed within the report, together with charts showing the margin of error at the 95% level of confidence for various survey statistics according to sample size.

² The questions were identical in all three years. However, in 1994 (but not 1989 or 1997) the question was immediately preceded with an introduction identifying the National Institution of Nutrition, together with Agriculture and Agri-Food Canada, as sponsors of the study *for the purposes of assessing consumer attitudes towards nutrition*.



Source: Detailed Tables — Page 1.

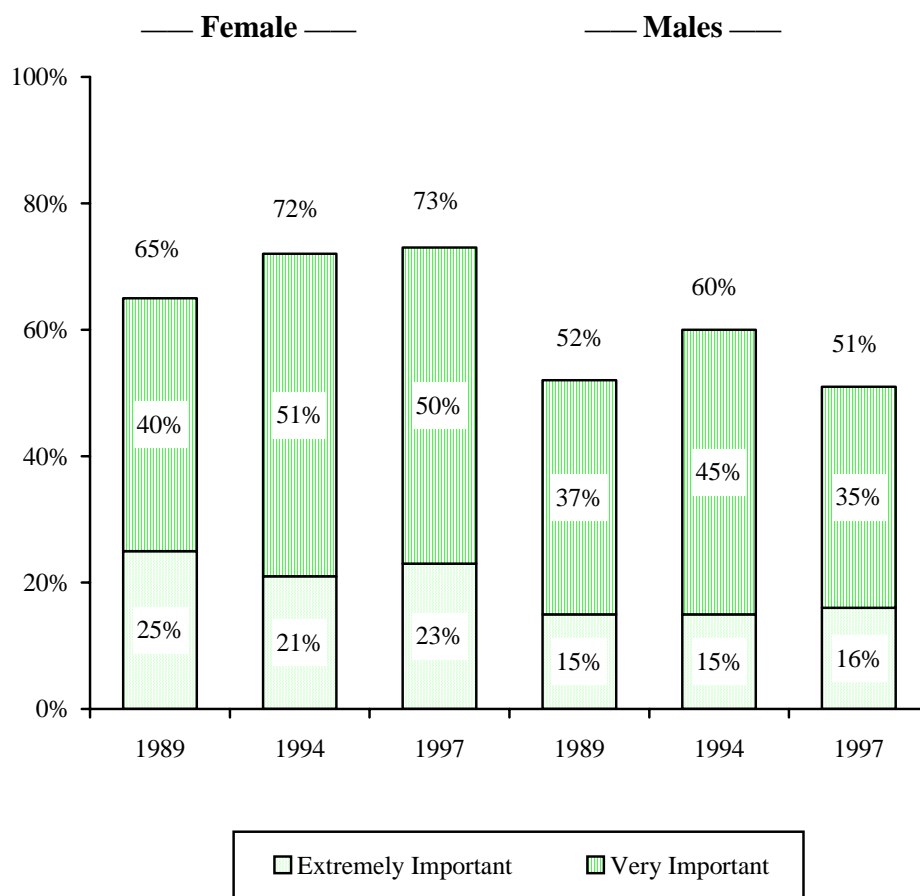
1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat? (Continued)

As in previous years, women continue to consider nutrition to be more important than do males.

The proportion of females describing nutrition as *extremely* or *very* important has not changed since 1994 and remains above the level reported in 1989.

The importance of nutrition to males has, however, declined from the level reported in 1994, back to 1989 levels. The fall in the total sample's importance of nutrition can be attributed to the decline in the male segment.

EXHIBIT A: 1-b)
**Percent Considering Nutrition “Extremely” Or
 “Very”/Important When Choosing Food To Eat - By Gender**



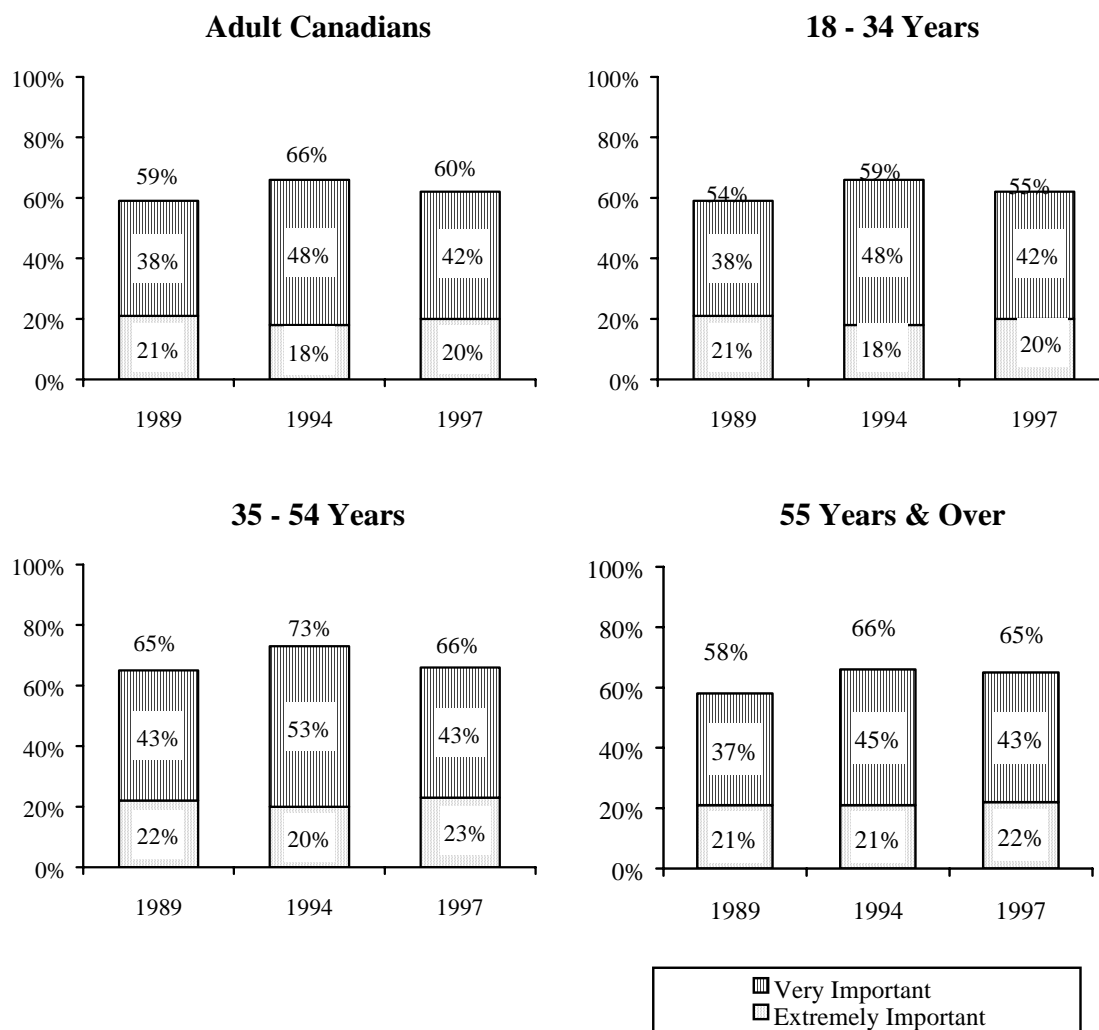
Source: Detailed Tables — Page 1.

1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat? (Continued)

Some decline in the proportion considering nutrition either *extremely* or *very* important has occurred among respondents under 55 years.

Those under 35 years of age continue to ascribe somewhat less importance to nutrition than older respondents. (Among the additional sample of 15 to 17 year olds, only 36%, as in 1994, consider nutrition as *extremely* or *very* important when choosing food to eat.)

EXHIBIT A: 1-c)
**Percent Considering Nutrition “Extremely” Or “Very” Important
 When Choosing Food To Eat - By Age**



Source: Detailed Tables — Page 1.

1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat? (Continued)

Although no statistical change occurred in the proportion of English-speaking respondents who think nutrition is *extremely* important, a decreased proportion think it is *very* important, when compared with 1994. Thus, the proportion thinking nutrition extremely *or* very important is marginally lower than in 1994, but remains higher than in 1989.

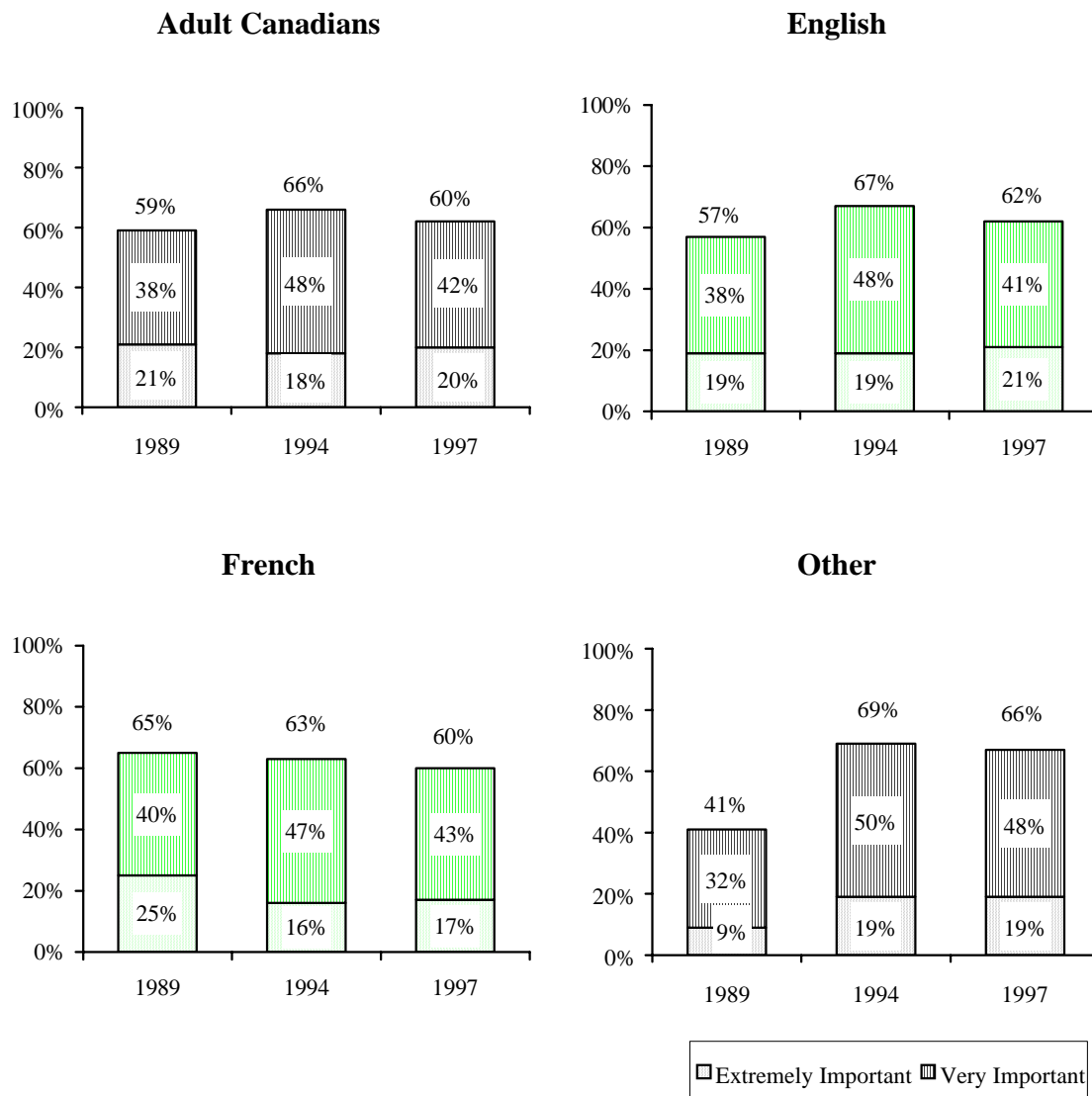
French-speaking and English-speaking Canadians ascribe a similar level of importance to nutrition, as was seen in 1994. (Francophones had been the more nutrition conscious in 1989.)

Those speaking other languages continue to be much more likely than in 1989 to consider nutrition both *extremely* and *very* important.³

(See Exhibit A: 1-d)

³ Note that these respondents who spoke another language at home also spoke English or French well enough to complete the interview.

EXHIBIT A: 1-d)
**Percent Considering Nutrition “Extremely” Or “Very” Important
 When Choosing Food To Eat - By Language Spoken At Home**



Source: Detailed Tables — Page 2.

1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat? (Continued)

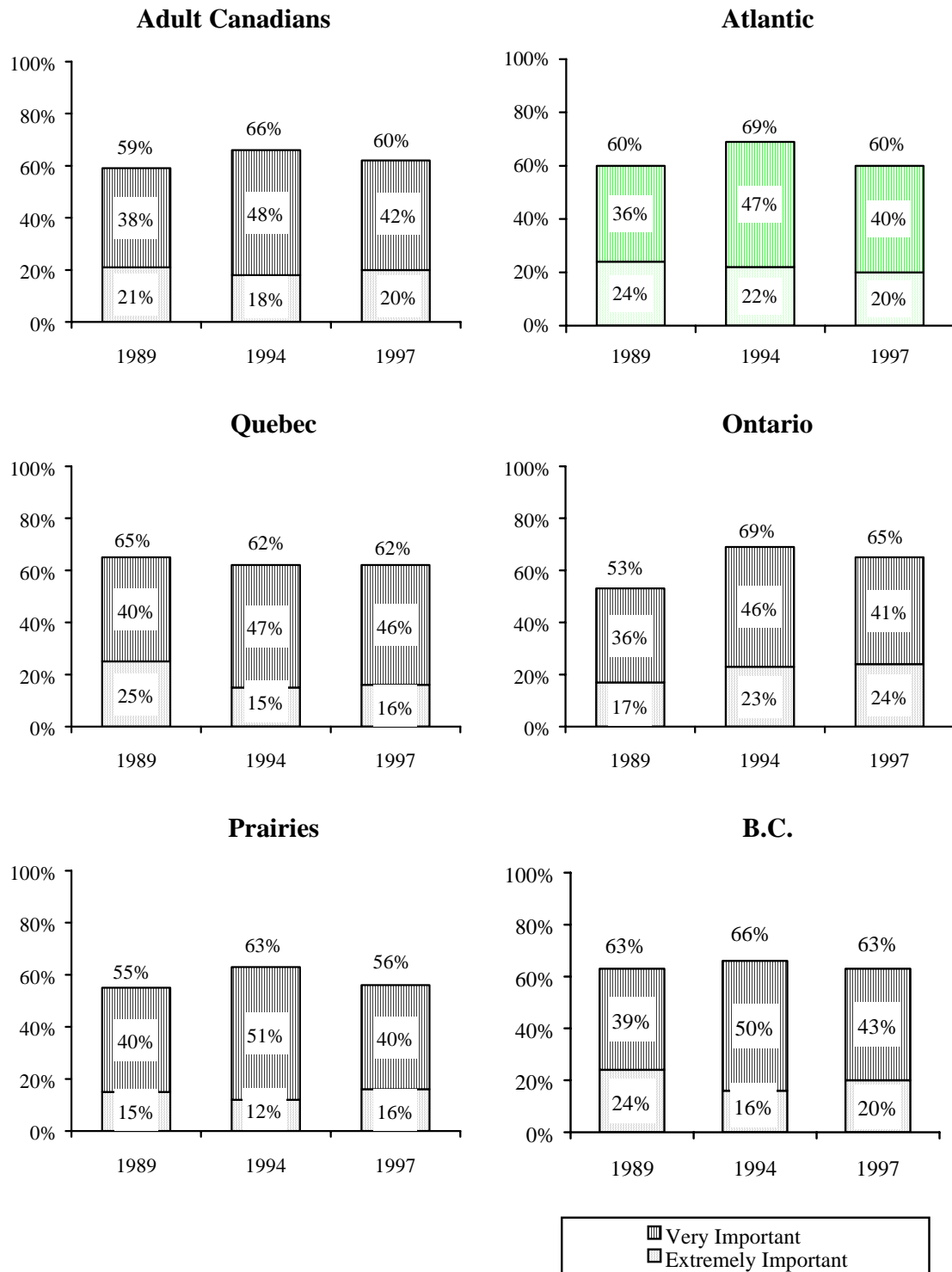
Regionally, the lowest proportion of persons currently considering nutrition *extremely* or *very* important when choosing food is found in the Prairies.

Since 1994, marginal declines may have occurred in the Atlantic and the Prairies; no change occurred in Quebec.

A statistically significant increase over the 1989 level is noticeable only in Ontario (65% compared with 53%).

(See Exhibit A: 1-e)

EXHIBIT A: 1-e)
Percent Considering Nutrition “Extremely” Or “Very” Important
When Choosing Food To Eat - By Region



Source: Detailed Tables — Page 1.

1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat? (Continued)

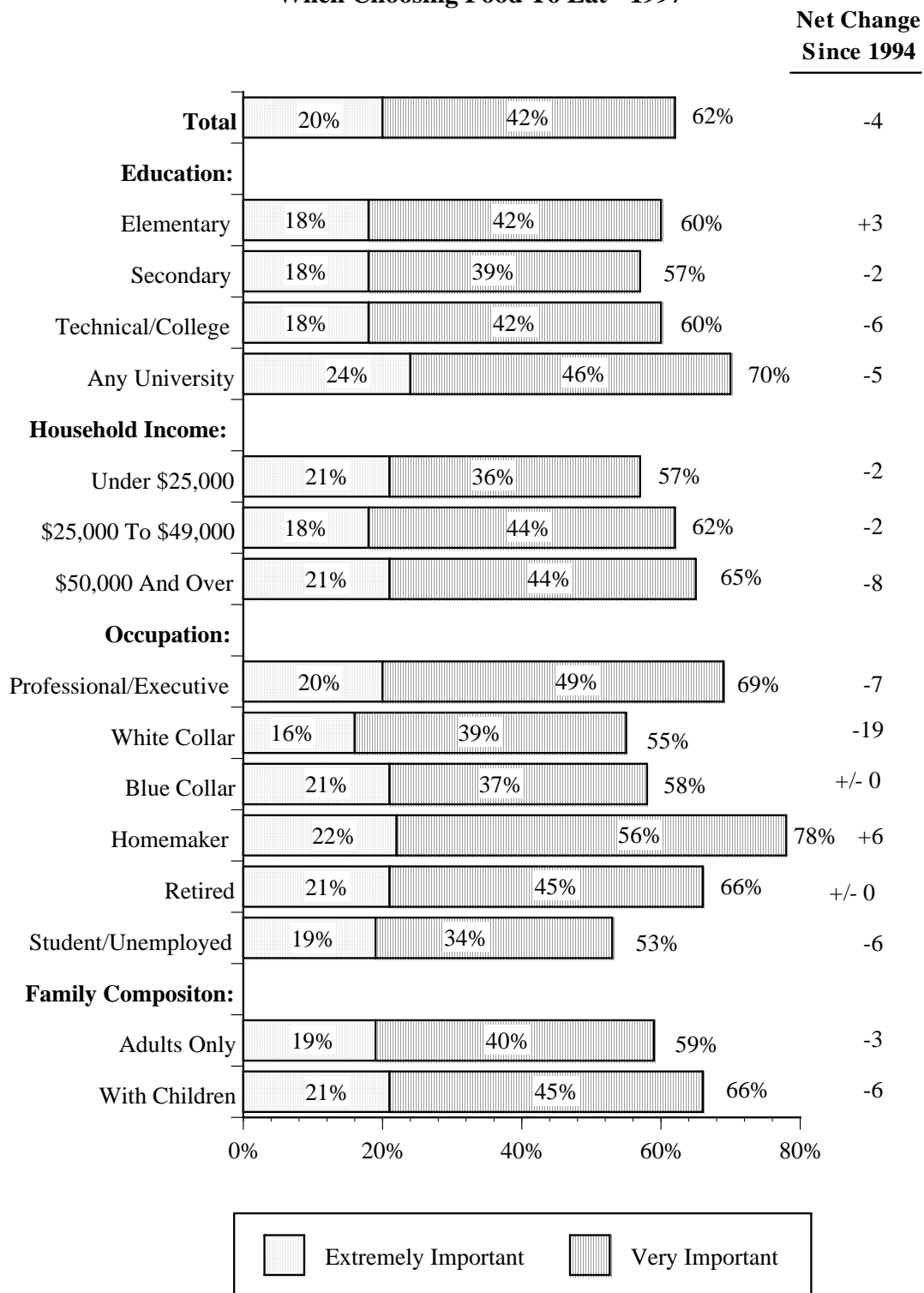
Those with any university education ascribe somewhat more importance to nutrition when choosing food to eat than do other Canadians; even so, 8% of university-educated respondents consider nutrition only *slightly* or *not at all* important.

Those in households with children present also claim to place somewhat more importance on nutrition than those in adult-only households.

Importance given to nutrition increases somewhat with household income (which, of course, correlates closely with educational attainment and occupation). However, the major decline in ascribed importance since 1994 occurred among those reporting the highest *household* incomes and, particularly, white collar workers.

(See Exhibit A: 1-f)

**EXHIBIT A: 1-f)
Percent Considering Nutrition “Extremely” Or “Very” Important
When Choosing Food To Eat - 1997**



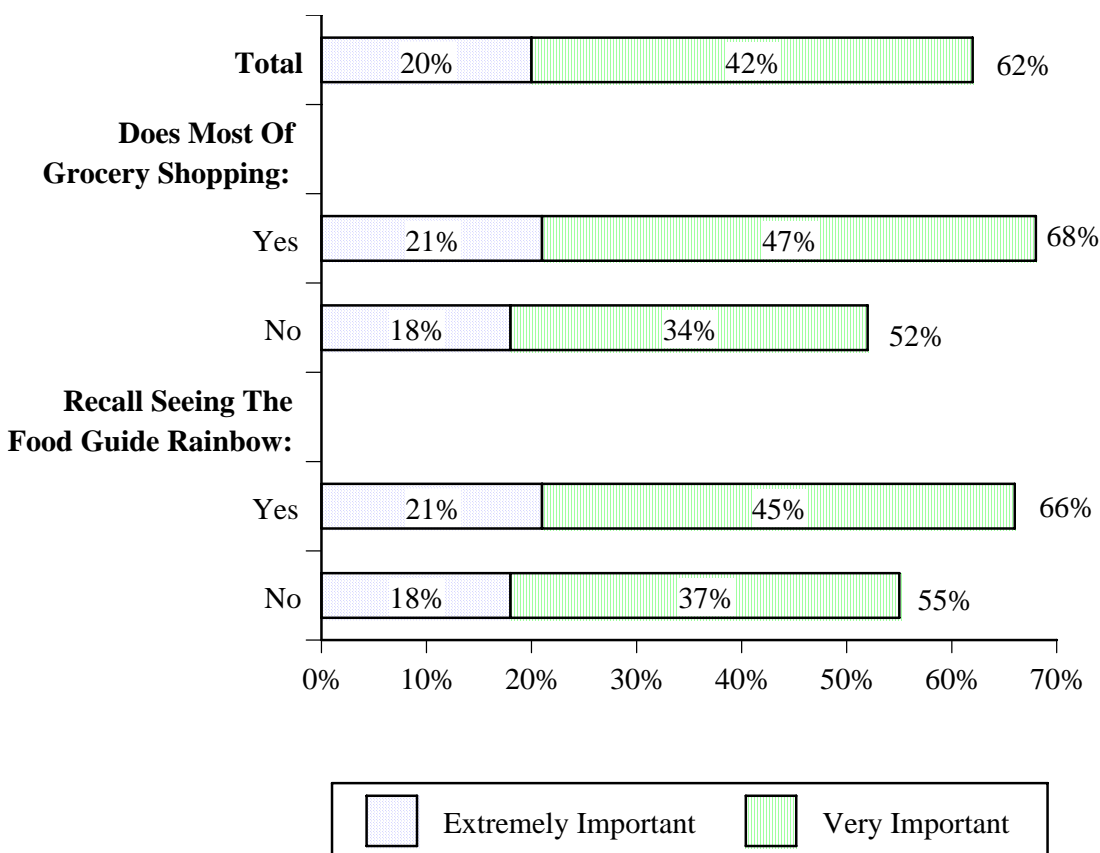
Source: Detailed Tables — Pages 2 And 3.

1. How Important Is Nutrition To Canadian Adults When Choosing The Food They Eat? (Continued)

As might perhaps be expected, those who do most of the household grocery shopping (62% of the total sample and predominantly female) ascribe more importance to nutrition than those who do not.

Those who (when aided) claim to have seen the rainbow design in Canada’s Food Guide To Healthy Eating (63% of respondents) ascribe greater importance to nutrition, when choosing food to eat, than those who do not recall it.

**EXHIBIT A: 1-g)
Percent Considering Nutrition “Extremely” Or “Very” Important
When Choosing Food To Eat - 1997**



Source: Detailed Tables — Pages 2 And 3.

2. What Are Those Who Regard Nutrition As Extremely, Very Or Quite Important Doing To Eat Well?

Canadians who said nutrition was extremely, very or quite important when choosing food to eat (85% of respondents) were asked to describe the two most important things they are doing to eat well.

One out of two claims to be eating more vegetables, fruits, grains or high fibre foods, with over two out of five specifically mentioning vegetables and fruit. Approximately four out of ten say that they are trying to lower their fat consumption, primarily by buying lower fat products. Compared with 1994, there is now more emphasis on eating vegetables and fruit (43% compared with 38%). Although less emphasis is now placed on cutting back on total fat consumption (38% compared to 43%), the proportion claiming to use *lower fat* products has increased slightly from 25% to 28%.

The proportion who specifically volunteer that they are following Canada's Food Guide (including eating from the four major food groups or trying to eat three balanced meals a day) has declined somewhat (from 31% to 20%); however, the increased reference to eating vegetables and fruit may have resulted, at least in part, from awareness of the Food Guide recommendations. There has not, however, been any accompanying increase in the proportion claiming to eat more grains or high fibre products. (Details of other steps being taken to eat well are shown in Exhibit A: 2 which follows.)

French-speaking Canadians continue to be less likely than English-speaking Canadians to mention Canada's Food Guide; they are also less likely to mention eating more vegetables, fruits or high fibre foods. They are, however, more likely to mention lowering fat consumption through use of lower fat products; they are also more likely to be cutting back on sugar and sweet products. They also mention eating at regular hours and eating a variety of foods to a somewhat greater extent.

(See Exhibit A: 2)

EXHIBIT A: 2
Two Most Important Things Doing To Eat Well
(Among Those Stating Nutrition Is Extremely/Very/Quite
Important In Choosing Food One Eats)

(Actual Base)	Total		Language Spoken At Home		
	1994 (1,711) %	1997 (1,678) %	English (1,154) %	French (413) %	Other (111) %
Eating More Vegetables, Fruit, Grains, High Fibre Foods, Legumes	42	48	49	38	61
• More Vegetables/Fruit	38	43	43	37	57
• More High Fibre	6	5	6	3	3
• More Grains/Rice/Pasta	4	3	4	1	8
Lowering Fat Consumption; Eating Lower Fat Products	43	38	37	48	16
• Buy/Eat Lower Fat Products (General)	25	28	27	37	8
• Eat Leaner Meat	4	4	3	5	2
• Less Frying, Lower Fat Cooking Methods	2	3	3	2	2
• Eat Less Fried Food	6	2	2	3	-
• Consume Skim, 1%, 2% Milk	1	1	1	1	4
Cutting Back On/Eating Fewer Sweets, Salt, Junk Food/Coffee, Etc.	17	21	17	35	12
• Less Sugar/Sweets	8	8	5	19	7
• Less Chips/Candy/Junk Food/Pop	6	7	6	9	4
• Less Salt	4	4	4	5	1
Following Canada's Food Guide/Four Food Groups/3 Balanced Meals	31	20	22	13	19
Better Eating Habits	**	14	13	19	6
• Eat At Regular Hours	*	4	3	7	2
• Watch Portions	5	4	4	3	3
• Controlling Weight/Calories	5	3	4	3	1
• Eating Variety Of Foods	*	2	1	6	1
Eating, Selecting Healthy, Nutritious Foods	12	13	15	7	7
Changed Meat Consumption/Consuming Alternatives	**	11	11	9	19
• Less Red Meat	*	5	5	4	8
• More Chicken/Fish	9	4	3	5	10
• Vegetarian/No Or Less Meat	1	2	3	1	1
Eating More Quality, Fresh Home-Prepared Foods, Fewer Processed Foods	13	11	11	10	17
Drink More Milk	2	5	5	3	6
Drink More Water/Liquids	1	2	3	†	†
Smart Shopping, Reading Labels, Getting Information	7	3	3	2	1
Take Vitamins/Supplements/Calcium	3	3	3	2	2
Exercise	2	3	3	3	3
Follow Doctor's Orders/Special Diet	3	2	2	†	8

† Less than 0.5%.

* New code in 1997.

** Different categorization in 1994.

Source: For More Details See Detailed Tables — Pages 10 - 15.

2. What Are Those Who Regard Nutrition As Extremely, Very Or Quite Important Doing To Eat Well? (Continued)

Those in the Atlantic Provinces are the least likely to say they are eating more vegetables and fruit (30%).

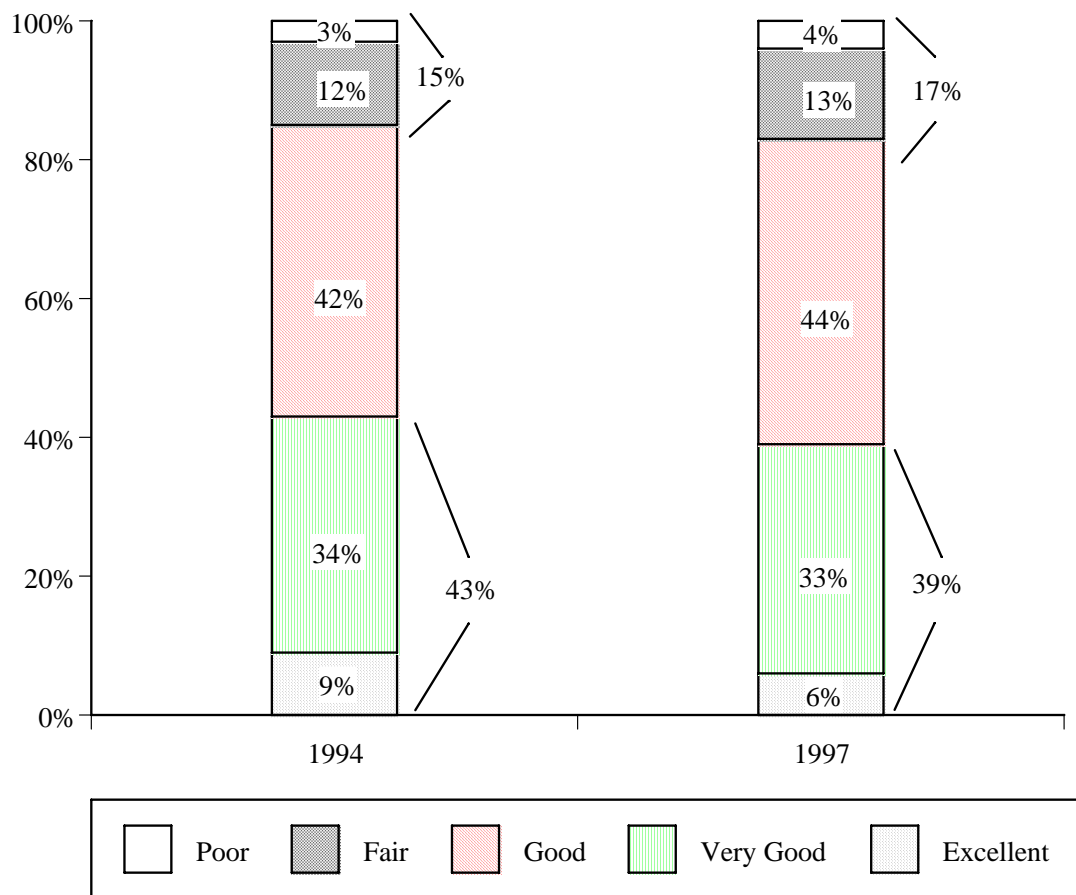
The actions taken to ensure they are eating well vary somewhat for age and gender. The small group of 15 to 17 year olds are particularly likely to mention cutting back on “junk food” (23%), as are the 18 to 54 year olds. Those aged 55 years and over are trying to eat less sugar/sweets.

Women are more likely than men to be eating fruit and vegetables and to be eating low fat products. Men are more likely to mention improved eating habits such as regular meals and more control or watching of how much they consume. (*See Detailed Tables, pages 4 - 21 for other demographic groups.*)

3. How Do Canadians Rate Their Eating Habits And Why?

There has been some decline since 1994 in the proportion who describe their eating habits as *excellent*; only 39% now describe their eating habits as *excellent* or *very good*, compared with 43% who did so in 1994. Indeed, 17% (compared to 15% in 1994) clearly recognize that they are only *fair* or even *poor*.⁴

EXHIBIT A: 3-a)
Rating Of Own Eating Habits



Source: Detailed Tables — Page 232.

⁴ It should perhaps be noted that in 1997, but not in 1994, participants in the study had been previously asked to identify the names of the four food groups that are promoted in Canada's Food Guide to Healthy Eating. They had also been briefly shown a copy of the Food Guide rainbow. As a result, they may have been judging their eating habits more rigorously than in 1994.

3. How Do Canadians Rate Their Eating Habits And Why? (Continued)

The decline in the perceived quality of their eating habits is particularly noticeable among those aged 55 years and older, among white collar workers and those speaking French at home.

Males are less likely to report good eating habits than females. Good eating habits (as self-evaluated) also appear to improve with age (although 15 - 17 year olds also claim to be improving their eating habits). Eating habits appear to vary surprisingly little, however, by household income.

(See Exhibit A: 3-b)

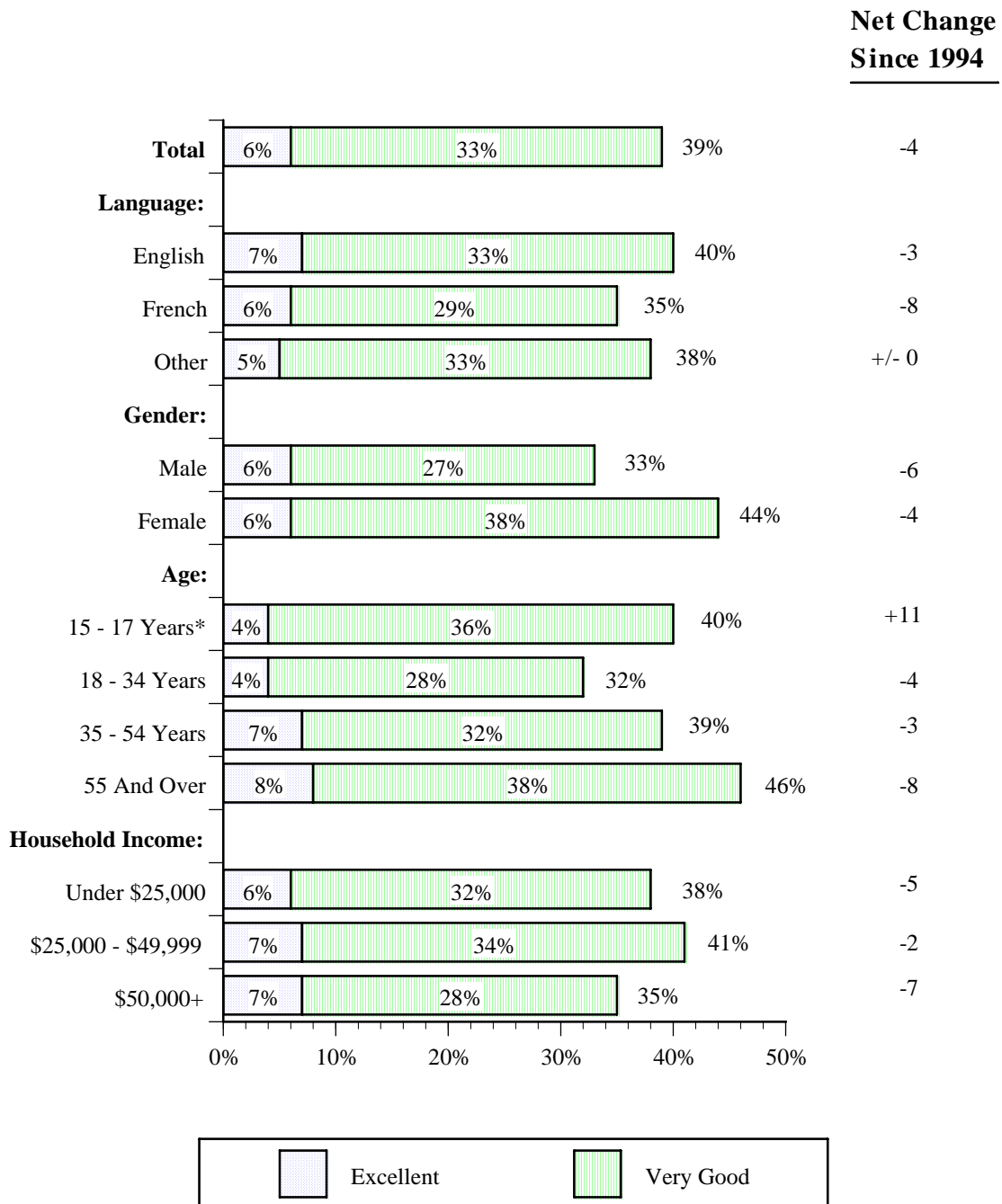
Those with some university education rate their eating habits somewhat more positively than Canadians with lesser education levels.

Those with limited knowledge of nutrition and those who place limited importance upon nutrition when choosing food also, for the most part, acknowledge that they do not have good eating habits.

Those who recall previously seeing the Food Guide rainbow are somewhat more likely than those who do not to describe their own eating habits as “excellent” or “very good” (41% versus 35%).

(See Exhibit A: 3-c)

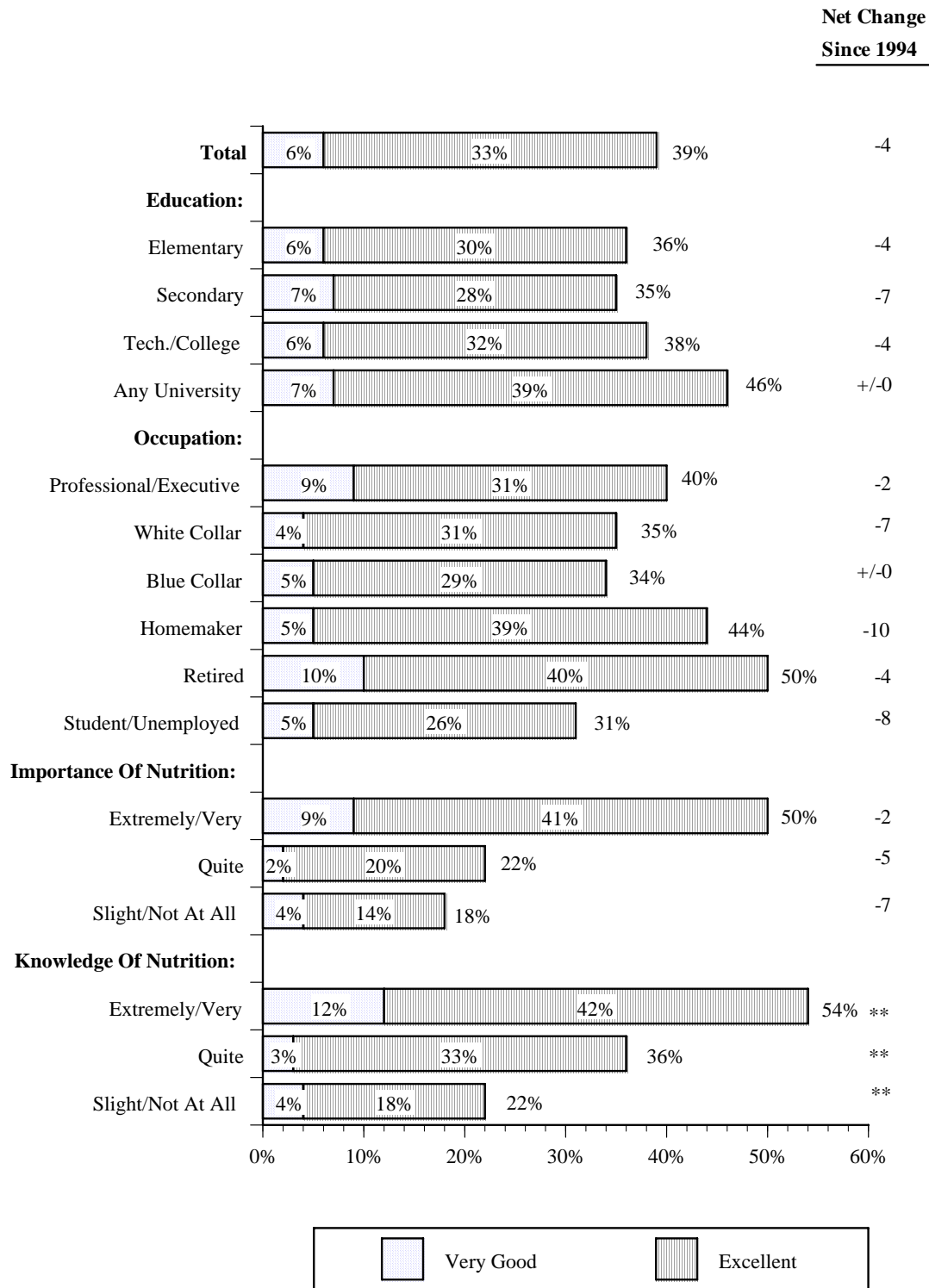
EXHIBIT A:3-b)
Percent Rating Own Eating Habits
As “Excellent” Or “Very Good” - 1997



* Not included in total or any other sub-groups.

Source: Detailed Tables — Page 232 To 234.

EXHIBIT A:3-c)
Percent Rating Own Eating Habits As “Excellent” Or “Very Good” - 1997



** Not measured in 1994.
 Source: Detailed Tables — Pages 232 To 234.

3. How Do Canadians Rate Their Eating Habits And Why? (Continued)

Those who rate themselves as having *excellent* eating habits mention selecting “healthy” foods, eating well-balanced, regular meals with a variety of foods, avoiding fat and eating lots of vegetables. They are likely to watch how much they eat and to control their weight through diet and/or exercise. In some cases, they watch their eating habits carefully for specific health-related reasons (e.g., they are diabetic). Others judge themselves to have good eating habits because they are healthy and have lots of energy.

Those who rate themselves as having *very good* or *good* eating habits mention the same points, placing slightly more emphasis on regular meals and eating lots of vegetables and fruit and avoiding certain foods than on any kind of weight or diet control. Eating foods that come from the four food groups/Canadian Guide are important to these people.

Those who rate their eating habits as only *fair* or *poor* acknowledge their less-than-perfect eating habits that result from their hectic life styles, their failure to eat regular meals and their, presumably related, dependence upon “junk food”.

(See Exhibit A: 3-d)

EXHIBIT A: 3-d)
Two Main Reasons Given For Self Rating Regarding Eating Habits

(Actual Base)	Eating Habit Rating:			
	Excellent (139)	Very Good (642)	Good (868)	Fair/Poor (303)
	%	%	%	%
Eating/Selecting Healthy Food (General)	27	27	20	7
Avoid Certain Foods	25	32	28	6
• Avoid (Less) Fat	14	15	14	3
• Avoid Sweets/Junk Food	5	8	5	1
• Avoid Fast Food Restaurants	3	4	4	-
• Eat Little Red Meat	4	2	5	1
• Avoid Sugar	2	2	4	†
• Avoid Salt	†	1	2	†
Good Eating Habits	26	31	32	6
• Eat 3 Times A Day	12	16	17	2
• Eat Variety Of Foods	11	8	10	†
• Watch Quantities	7	8	7	2
Follow Food Guide	23	34	30	3
• Well Balanced Meals	16	19	17	3
• Eat From 4 Food Groups	4	10	11	-
• Follow Canadian Guide	3	8	5	†
Eat (More) Specified Healthy Foods	16	30	33	7
• Eat (Lots Of) Vegetables	12	19	21	3
• Eat (Lots Of) Fruit	6	11	18	3
• Eat Low Fat Foods	1	5	5	2
• Eat More Fibre	1	5	4	1
• Eat Meat/Fish/Chicken Every Day	6	3	5	1
• Eat Grains	4	3	3	-
• Drink Milk/Dairy Products	1	3	3	1
Control Weight, Diet, Exercise	13	8	5	4
Am Healthy/No Sickness/Keep Up Energy	11	11	7	1
Enjoy My Food/Eat What I Like	10	5	4	11
Keep Informed	9	6	3	1
Watch What They Eat For Specific Health Related Reasons (e.g., Diabetic)	7	2	2	1
Prepare Own Food	5	6	2	†
Poor Eating Habits	-	1	9	57
• Hectic Life Style	-	†	3	24
• Don't Eat Regularly/Skip Meals	-	†	3	19
• Should Do Better/Be More Careful	-	†	4	11
• Don't Always Eat The 4 Food Groups	-	†	2	7
Eat Too Many Unhealthy Foods	-	1	4	26

• Eat Junk Food	-	1	3	22
• Eat Fatty, Fried Food	-	-	1	4
Financial Situation/On Welfare	†	†	1	8

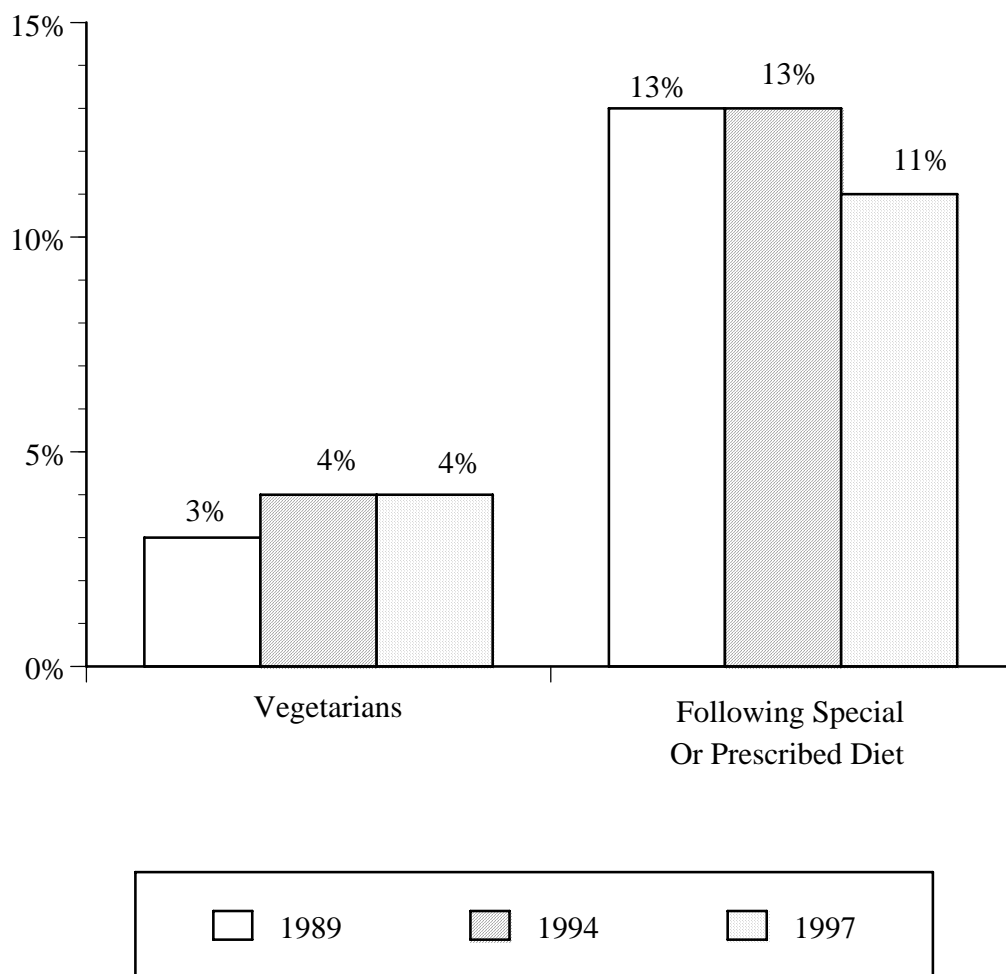
† Less than 0.5%.

Source: For More Details, See Detailed Tables, Pages 247 To 252.

4. How Do Canadians Describe Their Eating Habits?

There has been little change since 1989 in the proportion describing themselves either as vegetarians or as following special or prescribed diets.

EXHIBIT A: 4-a)
Percent Who Are Vegetarians Or On Special Diets



Source: Detailed Tables — Page 222.

4. How Do Canadians Describe Their Eating Habits? (Continued)

Regionally, the highest proportion of vegetarians is found in British Columbia (9%). Those reporting speaking languages other than English or French at home are also more likely to be vegetarians (7%).

Those describing themselves as being vegetarian were asked whether or not they ever ate certain types of food. Nine out of ten consume milk and/or dairy products; fish or seafood is mentioned by three out of four. Although six out of ten eat chicken or other poultry, only one in five ever eats beef or other red meat.

EXHIBIT A: 4-b) Foods Ever Eaten By Vegetarians

(Actual Base)	Total Vegetarians (73)* %
Milk And/Or Dairy Products	90
Fish Or Seafood	78
Eggs	71
Chicken Or Other Types Of Poultry	61
Beef Or Other Red Meats	20

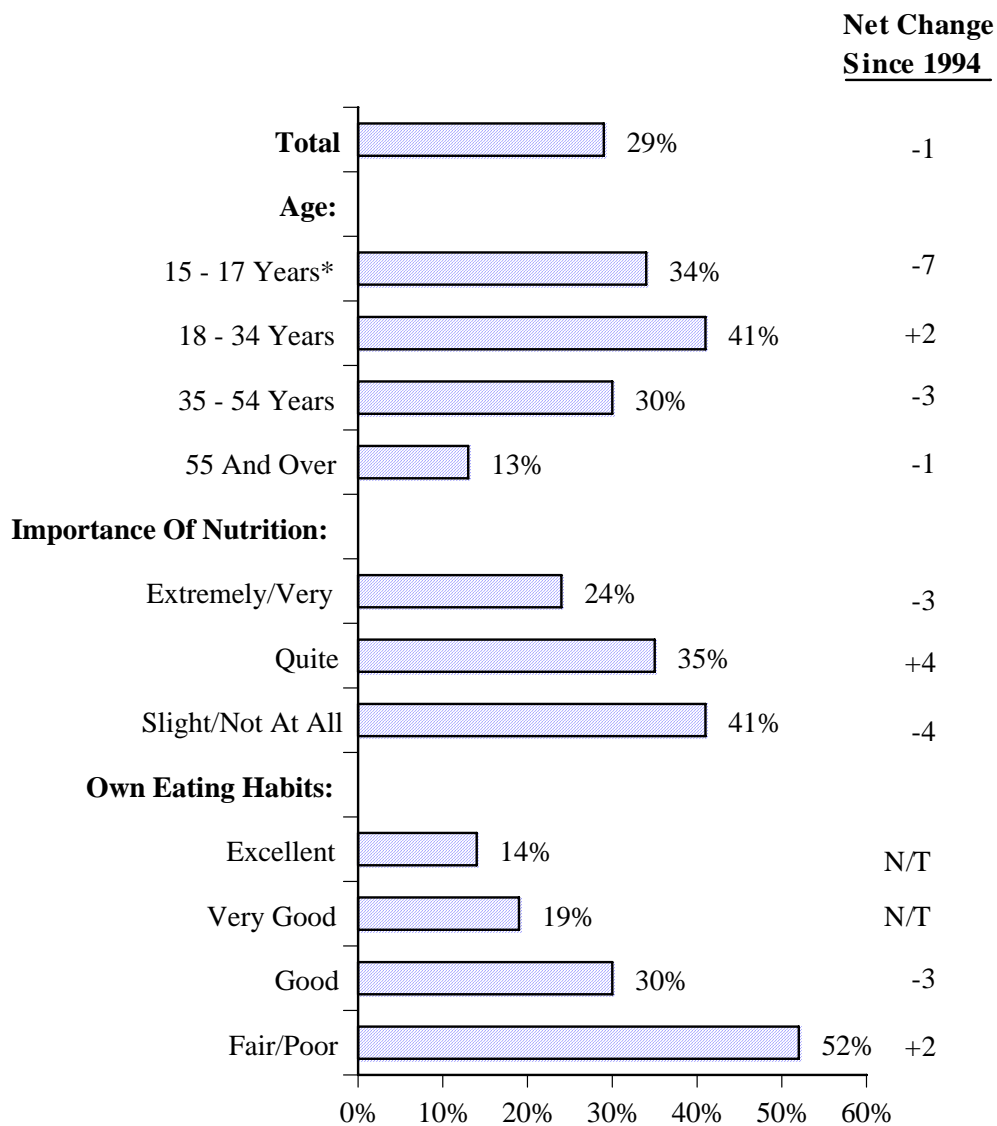
* Figures percentaged on a base of less than 100 should be interpreted with caution.
Source: *Detailed Tables — Page 229.*

Females are more likely than males (14% versus 9%) to be following a special diet. The likelihood of following a special diet also increases as respondents age (from 8% among those aged under 35 years to 17% among those aged 55 years or older).

4. How Do Canadians Describe Their Eating Habits? (Continued)

As they have done since 1989, approximately three out of ten Canadians say they rarely eat breakfast; the proportion ranges from a low of 18% in Quebec to 34% in Ontario and the Prairies. Younger Canadians are also particularly likely to skip breakfast. Those who ascribe little importance to nutrition and those who describe their eating habits as either *fair* or *poor* are the most likely to rarely eat breakfast.

EXHIBIT A: 4-c)
Percent Saying The Statement “I Rarely Eat Breakfast” Applies To Them



* Not included in total or any other sub-groups.

N/T Not tabulated separately in 1994. The change for the two groups combined is -4.

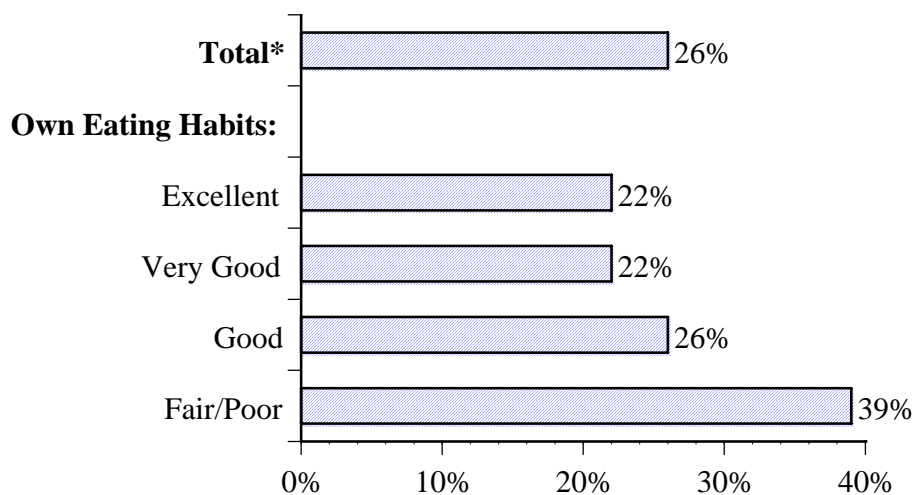
Source: Detailed Tables — Pages 222 And 228.

4. How Do Canadians Describe Their Eating Habits? (Continued)

One quarter of Canadians living in multi-person households (26%) continue to agree that members of their household seem to have little time to eat together; the proportion is lowest in Quebec and B.C. (13%) and highest in Ontario (32%).

Those describing their eating habits as only *fair* or *poor* are particularly likely to agree with this statement. (The chart which follows is based on a sample from which one-person households have been excluded.)

EXHIBIT A: 4-d)
Percent Saying The Statement “Members Of My Household Seem To Have Little Time To Eat Together” Applies To Them*
(Among Multi-Person Households)



* One-person households excluded.
Source: Special Tabulation.

Eight percent of the total sample (7% in 1994) believe that their household does not have enough money for a healthy diet. However, this increases to 21% of the student and unemployed occupation category, to 20% among those with household incomes under \$25,000 and to 14% among those who describe their eating habits as fair or poor who believe they do not have enough money for a healthy diet. (Comparable figures for 1994 were 17%, 14% and 14% respectively. The increase is statistically significant only among those reporting household incomes of under \$25,000.)

(See Detailed Tables, Pages 224 And 227.)

5. What Changes, If Any, Have Canadians Made In The Past Year To Improve Their Eating Habits?

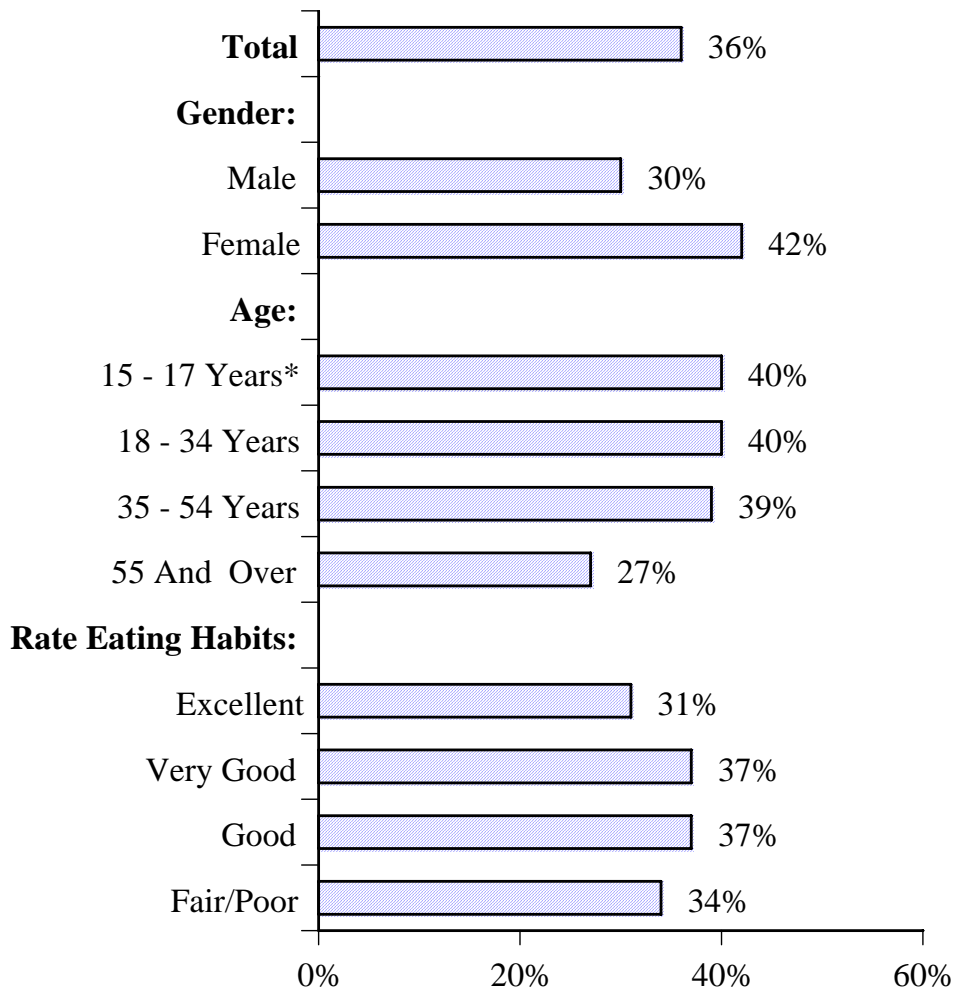
Approximately one-in-three Canadians have made some changes in the past year to improve their eating habits.

Females are somewhat more likely than males to have made any changes; younger respondents are also more likely to have made changes than those aged 55 years or older.

The propensity to have made recent changes to improve one's eating habits is as high among those who describe their eating habits as only fair or poor as it is among those who think their eating habits are good or even excellent. This may be because many of those who report better eating habits may have already made changes prior to this time; those with poor habits may only now be contemplating change or, indeed, in other cases, may have little inclination to change them.

(See Exhibit A: 5-a)

EXHIBIT A: 5-a)
**Percent Who Have Made Changes
Over The Past Year To Improve Eating Habits**



* Not included in any other sub-groups.

Source: Detailed Tables — Pages 22 And 30.

5. What Changes, If Any, Have Canadians Made In The Past Year To Improve Their Eating Habits? (Continued)

The main changes made have been either to reduce the amount of fat intake, directly or by choosing low or lower fat products, or to eat more vegetables and/or fruits. Others are cutting back on products perceived as less healthy, such as (red) meat, junk food, sugar, desserts, pop, salt and caffeine.

Females are more likely than males to have made any changes; they are more likely to be increasing their vegetable intake and to be reducing their fat intake.

**EXHIBIT A: 5-b)
Most Significant (Main) Change Made
To Improve Eating Habits In Past Year - 1997**

(Actual Base)	Total (1,956) %	Gender:	
		Male (803) %	Female (1,153) %
Made Any Changes	36	30	42
Most Significant Change:			
Reduced Fat Intake	12	10	15
• Eat Less/Cut Back On Fats	7	6	9
• Choose Low (Lower) Fat Products	2	2	2
• Switch To Lower Fat Milk	2	1	2
• Less Frying	1	1	1
Eat More Vegetables/Fruits/Grains/Fibre	11	8	14
• Eating More Vegetables	8	5	10
• Eating More Fruit	6	4	7
• Eating More Grains	2	1	2
• Eating More Fibre	1	2	1
Cut Back On Various Types Of Goods (E.g., Junk Food, Sugar, Salt, Etc.)	8	7	9
• Cut Back Junk Food	3	3	3
• Watch Sugar Intake	2	1	2
• Less/No Salt	2	1	2
• Cut Back On Sweets/Desserts/Chocolate	2	1	2
Changed Consumption Of Meat/Alternatives	5	4	6
• Eat Less Meat	4	3	4
• Eat Less Red Meat	2	1	2

Better Eating Habits (Smaller Portions/Less Snacking/Regular Meals)	4	4	3
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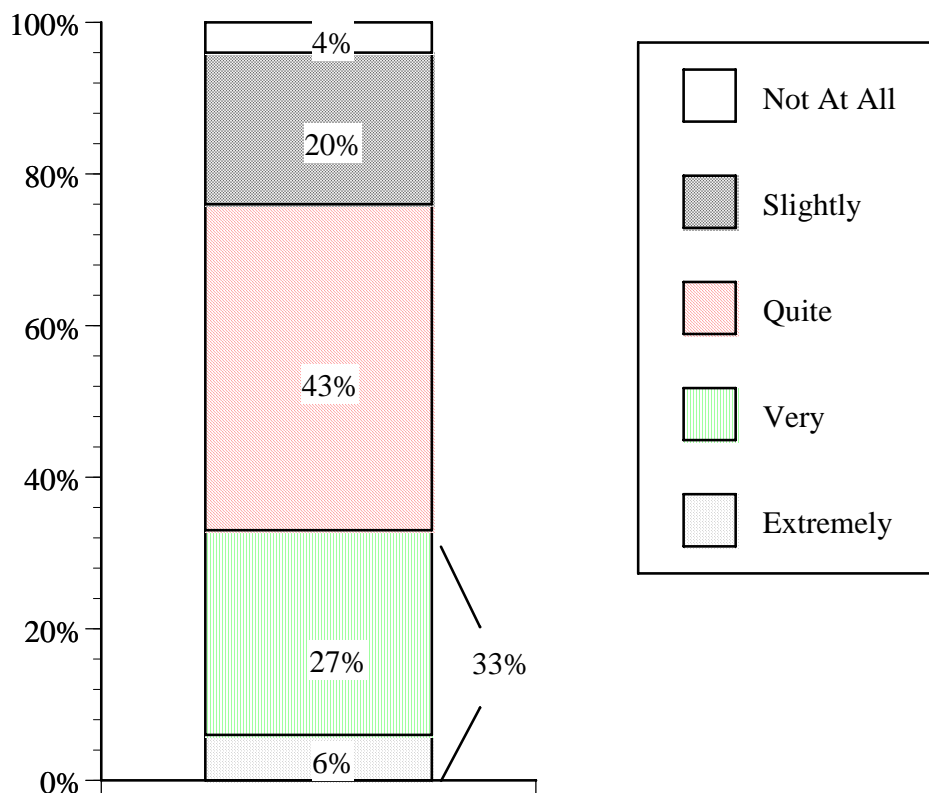
Source: For More Details, See Detailed Tables — Pages 22 To 25.

6. How Knowledgeable Do Canadians Consider Themselves To Be About Nutrition?

Before being prompted by questions about specific nutritionally related topics, Canadians were asked “*How knowledgeable would you say you are about nutrition?*”

One-in-three consider themselves to be *extremely* or (predominantly) “*very*” knowledgeable about nutrition.

EXHIBIT A: 6-a)
Self-Rating Of Knowledge About Nutrition - 1997



Source: Detailed Tables — Page 34.

6. How Knowledgeable Do Canadians Consider Themselves To Be About Nutrition? (Continued)

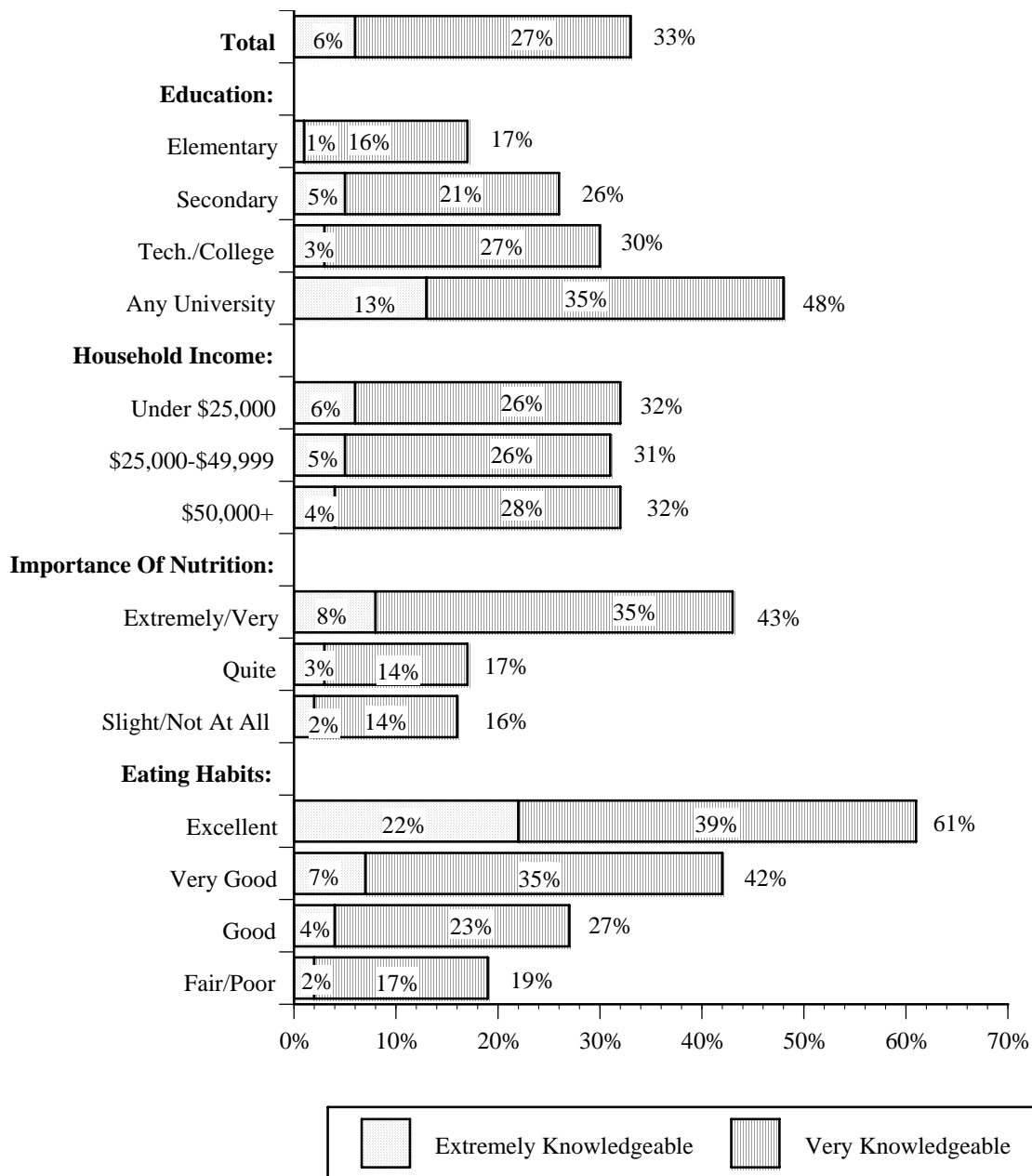
The higher their educational attainment, the more likely Canadians are to consider themselves knowledgeable about nutrition. Little variation is noted, however, across household income levels.

Not surprisingly, perceived knowledge (or lack of knowledge) about nutrition is closely correlated with the importance ascribed to nutrition and with eating habits self-evaluation.

Those who recall ever *seeing* the rainbow design from Canada's Food Guide consider themselves more knowledgeable than those who do not recall it (38% and 24%, respectively). However, even among those who recall seeing the rainbow, one-in-five say they are, at best, only slightly knowledgeable.

(See Exhibit A: 6-b)

EXHIBIT A: 6-b)
Percent Rating Themselves As “Extremely”
Or “Very” Knowledgeable About Nutrition - 1997



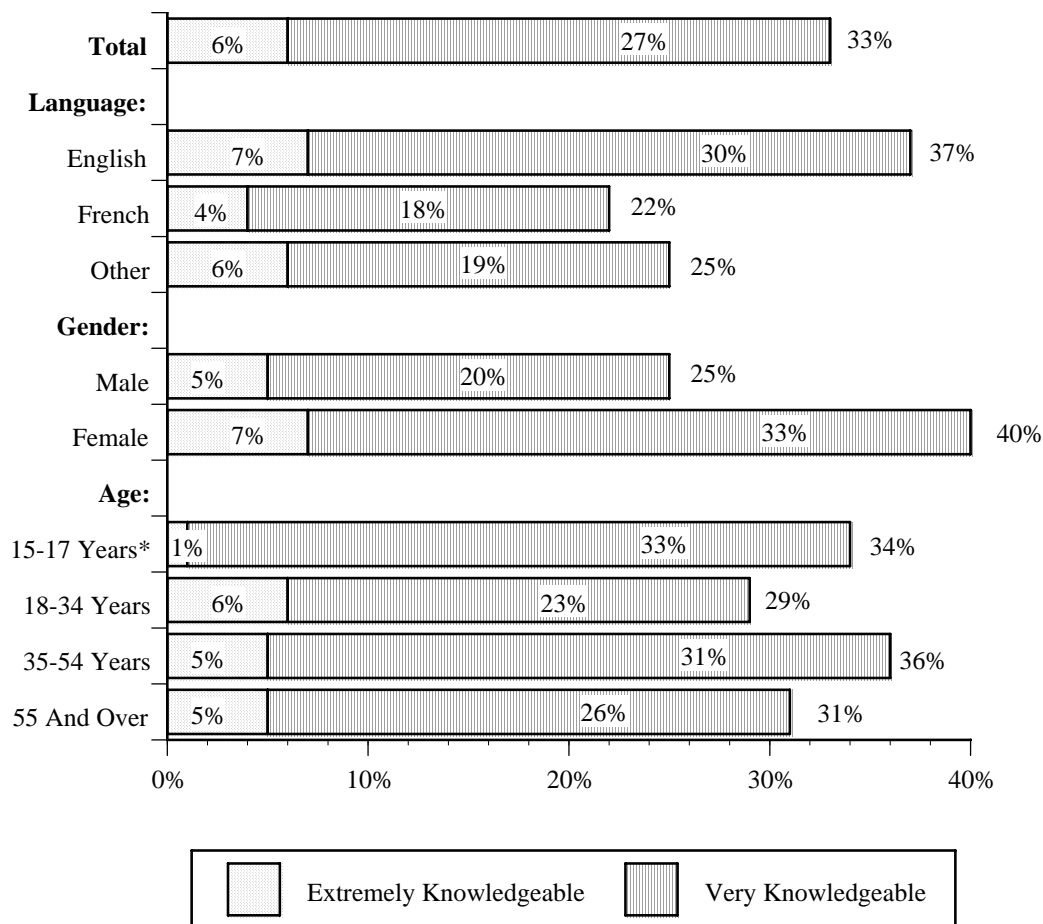
Source: Detailed Tables — Pages 34 To 36.

6. How Knowledgeable Do Canadians Consider Themselves To Be About Nutrition? (Continued)

Those speaking English at home are more likely to consider themselves *extremely* or *very* knowledgeable about nutrition than those speaking French or other languages.

Women are more likely to consider themselves knowledgeable than men. Those aged 35 to 54 years may be somewhat more knowledgeable (or at least consider themselves to be) than those 18 to 34 years or those aged 55 years and older. (As will be seen subsequently, those aged 15 to 17 years appear to be obtaining information from teachers or from the Internet in addition to many of the other sources listed by Canadians 18 years and older.)

EXHIBIT A: 6-c)
**Percent Rating Themselves As “Extremely”
 Or “Very” Knowledgeable About Nutrition - 1997**



* Not included in any other sub-groups.

Source: Detailed Tables — Pages 34 And 35.

7. Which Food Or Nutrition-Related Topics Are Of Concern To Canadians?

Respondents were asked to indicate the degree of concern they felt about various food or nutrition-related topics which were read to them. In total, 82% expressed themselves as *very concerned* about at least one of the topics. Topics about which at least one-third of the population claim to be *very concerned* are food poisoning, fat, chemical residues in or on food and saturated fats.⁵

There appears to have been a general decline in extreme concern about most of these topics.

(See Exhibit A: 7-a)

Females continue to express more concern (i.e., are *very* or *somewhat* concerned) about all these topics than males. The gap between the two is particularly marked for calcium and iron. *(See Detailed Tables, pages 37 - 45.)*

Respondents aged 18 to 34 years of age appear somewhat less concerned than older respondents about most topics; exceptions include vitamins and food poisoning. *(See Detailed Tables, pages 37 - 45.)*

Even many of those with limited nutritional knowledge express concern about the majority of these topics; fat and food poisoning are particularly widespread concerns. *(See Detailed Tables, pages 37 - 45.)* Approximately half of those who consider nutrition to be of only slight or no importance are at least somewhat concerned about food poisoning, fat, chemical residues and calcium. *(See Detailed Tables, pages 55 - 62.)*

⁵ In reviewing the figures which follow, readers should keep in mind that respondents may not always be aware of or understand the topics discussed. As will be discussed in detail in a subsequent section (C-1), only 46% claim to know the meaning of *Saturated Fats*, only 54% claim to know the meaning of *Blood Cholesterol* while 39% report knowing the meaning of *Dietary Cholesterol*.

7. Which Food Or Nutrition-Related Topics Are Of Concern To Canadians?
(Continued)

EXHIBIT A: 7-a)
**Degree Of Concern Expressed About
Food/Nutrition-Related Topics**

(Actual Base)	Percent of Canadians Who Are "Very Concerned" About ...				
	1989 (1,980) %	1994 (1,953) %	1997 (1,956) %	Net Change Since 1994	Net Change Since 1989
Food Poisoning ϕ	ϕ	ϕ	51	ϕ	ϕ
Fat	38	50	44	-6	+6
Chemical Residues In Or On Food	40	48	37	-11	-3
Saturated Fats***	***	40	35	-5	***
Cholesterol	29	41	32	-9	+3
Fibre	35	38	31	-7	-4
Vitamins	30	37	31	-6	+1
Calcium	28	36	31	-5	+3
Salt/Sodium*	32	33	27	-6	-5
Calories/Energy**	26	32	24	-8	-2
Sugar	27	27	21	-6	-6
Iron***	***	25	19	-6	***
Preservatives	25	26	18	-8	-7
Caffeine	18	20	15	-5	-3
Trans Fatty Acids ϕ	ϕ	ϕ	15	ϕ	ϕ
Hydrogenation	11	14	12	-2	+1

* In 1989, *Salt* and *Sodium* were measured separately. The figure shown is for *Salt*.

** In 1989, was shown only as *Calories*.

*** New in 1994.

ϕ New in 1997.

Source: Detailed Tables — Pages 37 To 45.

When asked whether there were any other nutrition issues they were *very concerned* about, 12% volunteer a concern of some kind. The concerns, however, cover

a wide range of topics and no topics stand out. (*For Details, see Detailed Tables, pages 64 - 67.*)

7. Which Food Or Nutrition-Related Topics Are Of Concern To Canadians?
(Continued)

Of the sixteen topics discussed in 1997, all but three (caffeine, trans fatty acids and hydrogenation) are of at least *some* concern to one out of every two Canadians. “Fat” continues to head this list of concerns. Four issues have even dropped below 1989 levels of concern: salt/sodium, sugar, caffeine and preservatives.

EXHIBIT A: 7-b)
**Degree Of Concern Expressed About
Food/Nutrition-Related Topics**

(Actual Base)	Percent Of Canadians Who Are “Very/Somewhat Concerned” About...				
	1989 (1,980) %	1994 (1,953) %	1997 (1,956) %	Net Change Since 1994	Net Change Since 1989
Fat	71	82	79	-3	+8
Food Poisoning ϕ	ϕ	ϕ	70	ϕ	ϕ
Vitamins	62	73	70	-3	+8
Chemical Residues In Or On Food	68	76	67	-9	-1
Calcium	63	72	67	-5	+4
Fibre	67	73	66	-7	-1
Saturated Fats	***	71	66	-5	***
Calories/Energy**	59	69	62	-7	+3
Cholesterol	60	70	61	-9	+1
Salt/Sodium*	66	71	60	-11	-6
Sugar	62	65	57	-8	-5
Iron***	***	62	53	-9	***
Preservatives	54	62	52	-10	-2
Caffeine	50	48	43	-5	-7
Trans Fatty Acids ϕ	ϕ	ϕ	40	ϕ	ϕ
Hydrogenation	28	37	34	-3	+6

* In 1989, *Salt* and *Sodium* were measured separately. The figure shown is for *Salt*.

** In 1989, was shown only as *Calories*.

*** New in 1994.

φ New in 1997.

Source: *Detailed Tables — Pages 37 To 45.*

7. Which Food Or Nutrition-Related Topics Are Of Concern To Canadians?
(Continued)

Almost identical proportions of those speaking English and those speaking French at home (83%, 82%) say they are *very* concerned about at least one item on the list.

English-speaking Canadians continue to be much more concerned than French-speaking Canadians about chemical residues in or on food and about food poisoning. They are much less concerned than French-speaking Canadians about sugar, vitamins and caffeine.

Concerns about fat are widespread in both communities.

EXHIBIT A: 7-c)
**Degree Of Concern Expressed About
Food/Nutrition-Related Topics - 1997**

(Actual Base)	Percent Who Are "Very Concerned" About...			
	Language Spoken At Home			
	English		French	
	(1,349) %	Net Change Since 1994	(475) %	Net Change Since 1994
Food Poisoning ϕ	56	ϕ	35	ϕ
Fat	44	-5	48	-8
Chemical Residues In Or On Food	42	-10	27	-8
Saturated Fats	36	-5	35	-4
Cholesterol	31	-10	37	± 0
Fibre	29	-6	36	-8
Vitamins	28	-8	39	+1
Calcium	30	-4	34	-7
Salt/Sodium*	25	-8	32	-2
Calories/Energy**	22	-9	28	-7
Sugar	17	-6	33	-4
Iron	17	-4	24	-8
Preservatives	17	-9	22	-4
Caffeine	13	-5	22	-6
Trans Fatty Acids ϕ	15	ϕ	17	ϕ
Hydrogenation	13	-1	8	-6

* In 1989, *Salt* and *Sodium* were measured separately. The figure shown is for *Salt*.

** In 1989 was shown only as *Calories*.

φ New in 1997.

Source: *Detailed Tables — Pages 46 To 54.*

B. MEASURES TAKEN OR ANTICIPATED BY CANADIANS TO ADDRESS THEIR CONCERNS

1. What Measures Are Canadians Currently Taking To Address Their Concerns About Fat, Cholesterol, Fibre And Calcium?

As noted in the previous section, the proportions of respondents *very* or *somewhat* concerned about fat, cholesterol, fibre and calcium are 79%, 61%, 66% and 67% respectively.

Most of those who express some concern claim to be responding to this concern in some way.⁶

**EXHIBIT B: 1
The Extent to Which Those Who
Are Concerned About Issues Are Doing Anything - 1997**

(Actual Base)	Percent Of Those Who Are "Very" Or "Somewhat" Concerned About:			
	Fat (1,542) %	Cholesterol (1,201) %	Fibre (1,326) %	Calcium (1,350) %
Doing Something Because Of Concern	95	86	91	88

Source: Detailed Tables — Pages 79, 95, 108 And 117.

⁶ "You indicated that you are concerned about _____ in your diet. What, if anything, are you doing because of this concern?"

2. What Measures Are Taken To Address Concerns About Fat?

Those concerned about *fat* say they are consuming lower fat products (e.g., lean meats, lower fat milk, cheese, etc.), reducing use of fat in cooking and preparing foods, avoiding fried foods and foods with high fat content and changing the fats/oils they use. They are also eating less (red) meat and consuming more fresh fruit and vegetables. These ways of addressing their concerns are similar to those named in 1994, although the proportion claiming to be trying *to avoid* fatty or fried foods or foods known to have a high fat content appears to be growing, as is consumption of low fat foods in general. Consumers discussing the steps they are taking may also be somewhat more general, talking, for example, about “low fat foods”, rather than about *specific types* of low fat foods.

The types of “meat” purchased and the way food such as meat and chicken is handled before and during cooking continue to be major areas consumers address when they have a fat concern.

The measures taken by those who are concerned about fat appear to be generally very similar, regardless of whether they are “very” or only “somewhat” concerned. (*See Detailed Tables, pages 86 to 90.*)

As the table which follows illustrates, the things done to address concerns about *fat* vary somewhat between English and French-speaking respondents and between younger and older respondents.

English-speaking respondents are particularly likely to avoid foods known to have a high fat content; the French-speaking respondents are more likely to mention trimming fat off meat, using less fat in food preparation (for example, draining cooking fats) and eating less butter/margarine.

Younger respondents are less likely to specify reduction of fat usage when preparing foods (for example, trimming fat of meat). They are more likely to say they are trying to avoid fried foods.

(*See Exhibit B: 2*)

EXHIBIT B: 2
Measures Taken Over Concerns About Fat

(Actual Base)	Percent Of Those Who Are "Very" Or "Somewhat" Concerned About Fat						
	Total		Language		Age		
	1994 (1,610)	1997 (1,542)	English (1,064)	French (387)	18 - 34 (443)	35 - 54 (642)	55+ (457)
	%	%	%	%	%	%	%
Main Things Done:							
Buy/Eat Lower Fat Products	47	39	38	44	38	40	39
• Buy/Eat Lean Meats/No Processed Meat	25	20	19	23	18	20	20
• Buy/Eat Low Fat Foods (Unspecified)	13	16	16	16	17	16	15
• Buy/Eat Low Fat Milk	8	8	8	9	7	10	6
• Buy/Eat Low Fat Cheese/Ice Cream Yogurt	6	5	5	4	4	5	4
• Eating Low Fat Salad Dressings/ Mayonnaise	2	3	3	1	3	4	1
Use Less Fat In Food Preparation	44	39	36	49	32	40	48
• Trim Fat Off Meat	22	19	17	23	13	18	26
• Don't Fry/Use Non-Stick Pan	15	14	13	16	10	16	16
• Use Less/No Animal Fat In Cooking	9	9	9	8	10	7	11
• Take Skin Off Chicken, Etc.	9	7	7	6	6	6	9
• Drain Cooking Fat	4	6	4	10	5	6	7
Eat Less/Avoid Fatty/Fried Foods	**	26	29	17	32	24	22
• Eat Less/Avoid Fatty Foods	*	14	18	1	16	12	15
• Eat Less Fried Foods	11	12	11	16	17	12	7
Modify Use Of Different Fats/Oils	25	21	17	32	17	21	25
• Use Less/No Butter/Margarine	12	10	7	21	8	10	13
• Use Low/Non-Saturated Fats/Oils/ Margarine	3	7	9	1	7	6	10
• Use Margarine Instead Of Butter	4	3	2	7	2	5	3
• Use Vegetable Oils	6	1	†	6	1	2	1
Change Consumption Of Meat/ Alternatives	**	16	18	11	12	17	18
• Eat Less Meat	8	8	9	6	7	9	9
• Substitute Chicken/Fish	11	4	4	5	4	5	4
• Don't Eat/Avoid Pork, Beef, Red Meat	*	2	3	†	1	3	4
Read Labels/Obtain Information	12	9	10	7	10	11	5
Eat More Fresh Vegetables/Fruit/Grains	**	8	9	6	8	9	6
• Eat More Vegetables/Fruit	8	7	7	5	7	8	5
• Eat More High Fibre Products	1	1	1	†	1	1	1
• Eat More Grain Products	1	1	1	1	1	1	†
Eat Less/Avoid Specific Foods (Other Than Fats/Oils)	**	8	8	10	10	9	5
• Eat Less/Avoid Desserts/Candy Bars	4	5	5	6	8	5	3
• Eat Less Dairy Products	3	2	2	2	2	3	1
Exercise More/Watch Weight/Diet	8	7	9	2	8	8	7

† Less Than 0.5%.

* New Code in 1997.

** Different categorization in 1994.
Source: Detailed Tables — Pages 76 To 84.

3. What Measures Are Taken To Address Concerns About Cholesterol?

Those concerned about *cholesterol* are doing many of the same things as those concerned about *fat*; in addition they are particularly likely to be eating fewer, or avoiding egg yolks, avoiding high cholesterol foods and exercising/dieting/watching weight more.

Although those who are concerned about cholesterol are particularly likely to be reducing their egg intake, the proportion doing so declined from 20% to 13% between 1994 and 1997. Mention of using lower/no cholesterol dressings also declined (from 12% to 2%).

There are more generic references this year to, for example, avoiding high cholesterol food (unspecified) or using low fat products (unspecified), etc. rather than references to particular specific individual food products.

There are few differences in the actions taken in response to concerns about *cholesterol* between the English and French-speaking respondents; the former may, however, be slightly more likely to cite avoiding high fat content foods and exercising more or watching their weight. French speakers, on the other hand, are somewhat more likely to claim to avoid eggs, to buy low fat products, to watch their use of fried foods and to use vegetable or olive oils.

Those in the 18 to 34 year age bracket who are concerned about cholesterol cite using lower fat products less than older groups.

(See Exhibit B: 3)

EXHIBIT B: 3
Measures Taken Over Concerns About Cholesterol

(Actual Base)	Percent Of Those Who Are "Very" Or "Somewhat" Concerned About Cholesterol						
	Total		Language		Age		
	1994	1997	English	French	18 - 34	35 - 54	55+
	(1,355)	(1,201)	(851)	(274)	(318)	(514)	(369)
	%	%	%	%	%	%	
Main Things Done:							
Change Meat/Alternatives Consumption	**	19	18	23	18	19	20
• Eat Less/Avoid Eggs	20	13	12	19	13	12	16
• Eat Less/Avoid Meat	4	6	5	6	4	6	6
• Substitute Chicken/Fish	8	2	2	3	2	2	2
Buy/Eat Lower Fat Products	26	18	16	23	12	21	19
• Buy/Eat Low Fat Products	9	9	7	13	7	10	9
• Buy/Eat Lean Meats	10	5	4	7	4	6	5
• Buy/Eat Lower Fat Milk Products	6	4	5	3	1	6	6
• Buy/Eat Lower Fat Cheese/Yogurt, Etc.	4	2	2	2	1	4	1
• Buy/Eat Low Fat Dressings	2	1	2	1	2	2	†
Eat Less/Avoid Fried Fatty/Foods	**	17	19	16	20	15	16
• Eat Less/Avoid Fatty Foods	*	9	12	2	8	8	11
• Avoid Fried Foods	8	7	6	13	11	7	4
Modify Use Of Different Fats/Oils	29	16	14	21	10	20	16
• Use Less/No Butter/Margarine	9	6	6	7	4	6	8
• Use Low/Non-Saturated Fats/Oils/ Margarine	4	6	7	2	4	8	3
• Use Lower/No Cholesterol Dressing/ Spreads	12	2	1	4	2	3	1
• Use Margarine Instead Of Butter	2	2	2	4	†	4	2
• Use Vegetable Oils/Olive Oils	5	1	†	5	1	1	2
Exercise More/Watch Weight/Diet	12	14	17	7	14	16	12
Use Less Fat In Food Preparation	13	12	11	16	10	13	13
Eat Less/Avoid Specific Foods (Other Than Fats/Oils)	**	11	9	16	7	11	14
• Eat Less Desserts/Junk Food	5	5	3	9	5	4	5
• Eat Less Milk-Based Product	7	4	4	4	1	6	6
Eat More Fresh Vegetables/Fruit/Grains	**	11	11	12	8	13	13
• Eat More Fruit/Vegetables	7	9	9	9	7	10	10
Read Labels/Obtain Information	16	10	10	13	13	10	7
Avoid High Cholesterol Food/Control The Cholesterol	*	10	10	6	11	8	10

Medication/Regular Check-Up	8	6	5	8	1	6	11
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† Less than 0.5%.

* New Code in 1997.

** Different categorization in 1994.

Source: For More Details, See Detailed Tables — Pages 91 To 100.

4. What Measures Are Being Taken To Address Concerns About Calcium?

Canadians who are very or somewhat concerned about calcium in their diet and are doing something about this are predominantly drinking milk or consuming other dairy products. One-in-three are taking supplements (mainly calcium pills/tablets).

Those who speak French at home are particularly likely to be eating cheese or yogurt, while those speaking English are somewhat more likely to be drinking milk. This latter group are also more likely to be taking calcium supplements and less likely to mention calcium-rich vegetables.

Younger respondents (under 35 years) are particularly likely to be drinking more milk. Those 55 and over are the most likely to be taking calcium supplements.

(See Exhibit B: 4)

More women than men are concerned about calcium in their diet; they are also more likely than concerned men to mention eating yogurt or taking calcium supplements. *(See Detailed Tables, pages 115 - 117.)*

EXHIBIT B: 4
Measures Taken Over Concerns About Calcium - 1977

(Actual Base)	Percent Of Those Who Are "Very" Or "Somewhat" Concerned About Calcium					
	Total (1,350) %	Language		Age		
		English (955) %	French (309) %	18 - 34 (309) %	35 - 54 (554) 554%	55+ (406) %
Main Things Done:						
Drink (More) Milk	55	59	49	67	49	51
• Drink Milk	28	27	29	25	26	32
• Drink More Milk	23	26	17	35	19	15
• Drink Milk Daily	5	5	3	6	4	4
Consume Other Dairy Products	36	31	58	37	38	32
• Eat Cheese/Low Fat Cheese	19	15	35	20	19	19
• Eat Yogurt	11	8	21	12	11	9
• Eat/Use Dairy Products	8	6	13	8	9	5
• Eat/Use More Dairy Products	5	4	10	7	5	3
• Eat More Cheese	3	4	3	4	3	3
Take Supplements	32	34	28	20	33	45
• Take Calcium Pills	27	31	18	16	27	40
• Take Multi-Vitamins	6	5	12	6	7	6
Eat Calcium-Rich Foods (Vegetables/ Fruit/Salmon, Etc.)	16	13	24	11	18	18
• Eat More Green Vegetables	9	7	17	6	12	8

Source: Detailed Tables — Pages 115 To 120.

5. What Measures Are Taken To Address Concerns About Fibre?

Virtually, everyone, regardless of age or language, who is doing something to address their concern about fibre appears to be attempting to eat more high fibre foods, including fresh fruit and vegetables. (Those living in Quebec and older respondents are particularly likely to mention fresh fruit and vegetables.)

EXHIBIT B: 5
Measures Taken Over Concerns About Fibre

	Percent Of Those Who Are "Very" Or "Somewhat" Concerned About Fibre						
	Total		Language		Age		
	1994 (1,427) %	1997 (1,326) %	English (939) %	French (313) %	18 - 34 (332) %	35 - 54 (569) %	55+ (425) %
(Actual Base)							
Main Things Done:							
Eat More High Fibre Food	91	88	88	92	85	89	89
• Eat More Bran, High Fibre Cereals, Muffins, Porridge, Etc.	61	62	62	73	59	64	62
• Eat More Fresh Fruit, Vegetables, Salads	42	39	36	50	32	40	46
• Eat More Whole Grain, Whole Wheat, High Fibre Bread, Roughage, Fibre	42	36	37	40	32	40	36
• Eat More Grain Products (Rice, Pasta, Etc.)	9	7	8	5	5	8	7
• Eat More High Fibre Products (General)	11	10	11	8	12	9	11
Watch Weight/Diet/Exercise More	2	2	2	1	†	3	1

† Less than 0.5%.

Source: Detailed Tables — Pages 106 And 109.

C. CHANGES LIKELY TO BE MADE BY CANADIANS, IN THE COMING MONTHS, IN THEIR CONSUMPTION OF FIBRE AND FAT

1. Are Canadians Likely, In The Coming Months, To Increase Or Further Increase Their Fibre Intake And, If Not, Why Not?

Canadians are less likely now than in 1994 to be considering increasing their fibre intake in the coming months. Only 5% is *very* likely to do so; one-quarter is *very* or *somewhat* likely to do so. As in previous waves, these proportions are somewhat lower than those very or somewhat likely to change (i.e., reduce) their fat intake (33% - see Section C-2).

EXHIBIT C: 1-a)
**Likelihood Of Increasing Amount
 Of Fibre In Diet In Coming Months**

(Actual Base)	All Respondents			Net Change Since 1994
	1989 (1,980) %	1994 (1,953) %	1997 (1,956) %	
Very Likely To Increase	5	10	5	-5
Somewhat Likely	15	23	18	-5
Very/Somewhat Likely	20	33	23	-10
Not Too Likely	50	38	38	±0
Not Likely At All	26	23	30	+7

Source: Detailed Tables — Page 142.

Again, as might be expected, those who are *very* concerned about fibre intake are somewhat more likely to anticipate making changes in their fibre intake. Again, however, some in this group have presumably already addressed their fibre concerns.

1. Are Canadians Likely, In The Coming Months, To Increase Or Further Increase Their Fibre Intake And, If Not, Why Not? (Continued)

The changes that Canadians plan to make in order to increase their fibre intake are to eat more vegetables and fruit and to eat more cereal, more whole wheat, more bran, more grains and more fibre-rich foods. Older respondents are more likely than younger ones to specify specific types of foods that they would use to increase intake (e.g., vegetables, fruit and, among those 55 and older, cereal). Younger respondents, including those aged 15 to 17 years, are, however, particularly likely to mention eating whole wheat/grain bread.

French-speaking Canadians are somewhat more likely than English-speaking Canadians to mention planning to eat more cereals and whole wheat/grain bread. Those who claim to be the least knowledgeable about nutrition are also particularly likely to mention eating more cereal with fibre.

**EXHIBIT C: 1-b)
Changes Planned In Order To Increase
Fibre Intake In The Coming Months - 1977**

(Actual Base)	Those Who Are Very/Somewhat Likely To Increase Fibre Intake			
	Total (414) %	Age		
		18 - 34 Years (125) %	35 - 54 Years (197) %	55+ Years (92)* %
Main Changes:				
More Vegetables/Fruit	43	35	49	45
• Eat More Vegetables	35	29	38	36
• Eat More Fruit	30	19	36	34
Eat Whole Grain Products	40	37	40	46
• Eat More Cereal With Fibre/Whole Grain	20	18	17	28
• Eat Whole Wheat/Grain Bread	13	19	11	8
• Eat More Bran	10	7	12	10
• Eat More Grain Products	7	6	8	4
Eat More Fibre/Foods With Fibre	19	29	16	12
Get More Information	4	3	3	6
Monitor Food Intake	3	1	5	-
Take Vitamins/Supplements	3	1	5	-

* Figures percentaged on a base of less than 100 should be interpreted with caution.

Source: Detailed Tables — Page 145.

1. Are Canadians Likely, In The Coming Months, To Increase Or Further Increase Their Fibre Intake And, If Not, Why Not? (Continued)

As in 1994, over three-quarters of those who say they are unlikely to increase their fibre intake say it is because they are already taking care of any fibre intake needs or have no need to change. These Canadians account for 51% of the total sample.

**EXHIBIT C: 1-c)
Volunteered Reasons Why Not
Planning To Increase Fibre Intake - 1997**

(Actual Base)	Percent Of Those Not Too/Not At All Likely To Increase Intake Of Fibre
	(1,335) %
Main Reasons:	
Already Do It In My Eating Habits/Diet	55
No Need; Not On A Diet; Already Healthy	20
Don't Worry/Have No Reason To Change	16
Dislike Fibre; Does Not Agree With Me	2

Source: For More Details, See Detailed Tables — Page 151.

2. Are Canadians Likely, In The Coming Months, To Reduce Or Further Reduce Their Fat Intake And, If Not, Why Not?

Canadians in general are less likely than was the case in 1994 (but still slightly more likely than in 1989) to think that they might, in the coming months, reduce or further reduce their intake of fat.

One-in-three Canadians say they are *very* or *somewhat* likely to reduce their fat intake.

EXHIBIT C: 2-a)
**Likelihood Of Reducing Or Further Reducing
 The Amount Of Fat In Diet Over The Coming Months**

(Actual Base)	All Respondents			Net Change Since 1994
	1989 (1,980) %	1994 (1,953) %	1997 (1,956) %	
Very Likely To Reduce	10	17	11	-6
Somewhat Likely	19	29	22	-7
Very/Somewhat Likely	29	46	33	-13
Not Too Likely	41	32	36	+4
Not Likely At All	26	19	24	+5

Source: Detailed Tables — Page 124.

Younger respondents (under 55 years of age), those living in the Atlantic Provinces and those speaking English at home are particularly likely to say they are likely to reduce their consumption of fat in the coming months. (*See Detailed Tables, pages 118 - 120*). It is encouraging to see those who describe their eating habits as only good, fair or poor say they are going to make changes.

EXHIBIT C: 2-b)
**Percentage “Very” Or “Somewhat” Likely To Reduce
 Amount Of Fat Intake Over The Coming Months**

(Actual Base)	Total (1,956) %	Describe Eating Habits As:			
		Excellent (139) %	Very Good (642) %	Good (868) %	Fair/Poor (303) %
Very/Somewhat Likely	33	20	26	35	48

Source: Detailed Tables — Page 126.

2. Are Canadians Likely, In The Coming Months, To Reduce Or Further Reduce Their Fat Intake And, If Not, Why Not? (Continued)

The main changes Canadians are planning to make to reduce their fat intake include consuming less fat, directly or by switching to lower fat products, and (particularly among those speaking French at home) changing food preparation, especially frying less. Canadians are also planning to adopt better healthier eating habits, including more vegetables and fruit and better monitoring of their food intake.

**EXHIBIT C: 2-c)
Changes Planned In Order To Reduce
Fat Intake In The Coming Months - 1997**

(Actual Base)	Those Very/Somewhat Likely To Reduce Fat		
	Total (647)	Language At Home	
		English (480)	French (132)
	%	%	%
Main Changes:			
Reduce Fat Intake	34	33	37
Follow Healthier Diet	20	22	17
• Monitor Food Intake	15	16	14
• Healthier Eating	6	6	5
Change Food Preparation Methods	17	14	30
• Don't Cook In Fat/Fry	14	12	27
Eat More Vegetables/Fruit/Grains	16	16	12
• Eat More Vegetables	15	15	11
• Eat More Fruit	8	8	4
Change Meat/Alternatives Consumption	14	13	9
• Eat Less Meat	10	11	5
• Eat (More) Chicken/Fish	5	4	4
Have Less "Junk Food"	12	12	14
Choose Lower Fat Alternatives (Including Leaner Meat)	11	11	10
Exercise More	9	10	7
Read Labels/Check Contents	4	5	4

Source: For More Details, See Detailed Tables — Pages 130 To 132.

2. Are Canadians Likely, In The Coming Months, To Reduce Or Further Reduce Their Fat Intake And, If Not, Why Not? (Continued)

Among those who are unlikely to reduce their fat intake over the coming months, nearly half already describe their eating habits as *excellent* or *very good*.

**EXHIBIT C: 2-d)
Self-Described Eating Habits**

(Weighted Base)	Percent Of Those Not Too/Not At All Likely To Reduce Intake Of Fat (1,121) %
Describe Eating Habits As:	
Excellent	8
Very Good	38
Good	42
Fair/Poor	12

Source: Calculated From Detailed Tables — Page 126.

Indeed, when those who said they were unlikely to reduce their fat intake in the coming months were asked their reasons, over three-quarters, as in 1994, claim to be already eating well or to have no need to change.

**EXHIBIT C: 2-e)
Volunteered Reasons Why Not Planning To Reduce Intake - 1997**

(Actual Base)	Percent Of Those Not Too/Not At All Likely To Reduce Intake of Fat (1,158) %
Main Reasons:	
Already Do It In My Eating Habits/Diet	58
No Need; Not On A Diet; Already Healthy	18
Don't Worry/Have No Reason To Change	16

Source: For More Details, See Detailed Tables — Pages 136 And 137.

D. UNDERSTANDING OF AND OPINIONS REGARDING NUTRITION-RELATED ISSUES

1. How Informed Are Canadians About Various Food Or Nutrition-Related Terms?

When shown a list of various dietary or nutrition-related terms, almost all respondents claim to have at least some awareness of the terms blood cholesterol and saturated fats. The least recognized terms are functional food/nutraceuticals and omega - 3 fatty acids. However, for all terms measured, the extent to which people understand or “know” the meaning of the terms is much lower than the level of familiarity with the terms themselves.

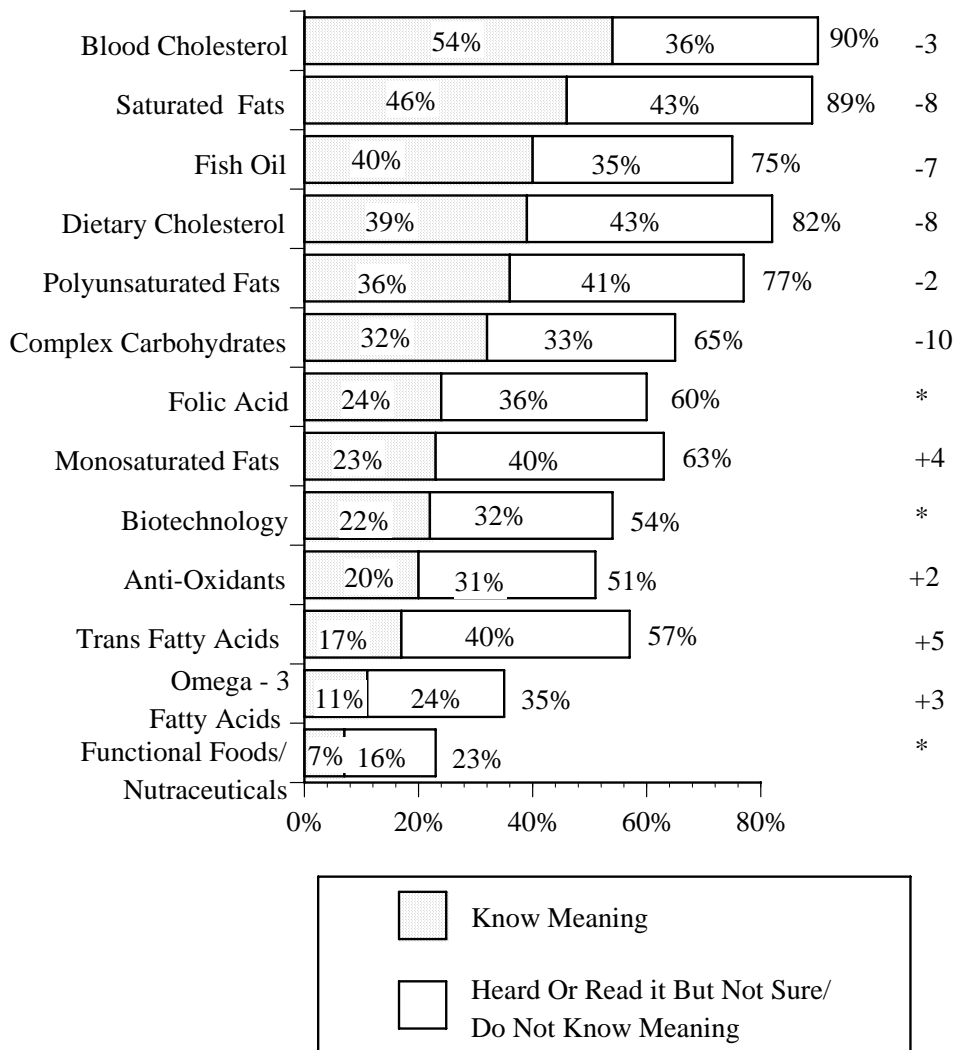
Approximately, half of all Canadians claim to actually know the meaning of the terms blood cholesterol and saturated fats. Actual claimed comprehension of the other terms is at a much lower level. Indeed, less than half those aware of the terms claim to know the meaning of anti-oxidants, folic acid, biotechnology, monosaturated fats, omega - 3 fatty acids, functional foods/nutraceuticals and trans fatty acids.

Since 1994, the proportion of Canadians who claim to know the meaning of the terms has increased slightly for trans fatty acids, monosaturated fats, omega-3 fatty acids and anti-oxidants. It has, however, declined for complex carbohydrates, saturated fats, dietary cholesterol, fish oil, blood cholesterol and polyunsaturated fats.

(See Exhibit D: 1-a)

**EXHIBIT D: 1-a)
Awareness Of Term And Degree Of Claimed Comprehension - 1997⁷**

**Change Since 1994 In
Proportion Who Claim To
"Know Meaning"**



* New in 1997.
Source: Detailed Tables 157 To 161.

⁷ The proportion of those who have heard of the term who claim to know the meaning is as follows: blood cholesterol: 60%; fish oil: 54%; saturated fats: 51%; complex carbohydrates: 49%; dietary cholesterol: 48%; polyunsaturated fats: 47%; anti-oxidants: 40%; folic acid: 40%; biotechnology: 40%; monosaturated fats: 36%; omega-3 fatty acids: 33%; functional foods/nutraceuticals: 30%; trans fatty acids: 29%.

1. How Informed Are Canadians About Various Food Or Nutrition-Related Terms? (Continued)

French-speaking Canadians continue to claim to be better informed about *cholesterol* than English-speaking Canadians. English-speaking Canadians report greater comprehension of *complex carbohydrates*, *polyunsaturated fats*, *fish oil*, *folic acid* and *omega-3 fatty acids*.

As might be expected, all terms are reported to be better understood by those with than by those without university education.

EXHIBIT D: 1-b)
Claimed Comprehension Of Terms - 1997

	Percent Of Respondents Who Claim To Know Meaning Of Terms					
	Language		Education			
	English (1,349) %	French (475) %	Elem- entry (174) %	Second- any (465) %	Tech./ Coll. (840) %	Univer- sity (460) %
(Actual Base)						
Blood Cholesterol	49	70	37	51	51	68
Saturated Fats	49	40	19	35	45	67
Fish Oil	43	31	26	34	38	54
Dietary Cholesterol	34	58	32	36	34	54
Polyunsaturated Fats	40	28	15	23	35	56
Complex Carbohydrates	39	16	6	15	31	58
Folic Acid	28	17	6	14	24	41
Monounsaturated Fats	25	19	8	11	22	40
Biotechnology	22	22	2	8	19	44
Anti-Oxidants	22	17	5	8	19	39
Trans Fatty Acids	18	14	8	10	16	28
Omega-3 Fatty Acids	13	6	7	6	9	22
Functional Foods/Nutraceuticals	8	5	3	6	6	10

Source: Detailed Tables — Pages 162 To 166.

Generally speaking, those aged 35 to 54 years are somewhat more likely to claim to know the meaning of the various terms than those who are younger or those who are older. Those 55 years and older are, however, somewhat more likely to claim to know the meaning of *fish oil*, and those under 35 years are the most likely to think they comprehend the term *complex carbohydrates*. (See Detailed Tables, pages 158 - 161.)

2. What Do Canadians Believe To Be The Meaning Of “Saturated Fats”?

Those who claimed to know the meaning of “saturated fats” were asked to give their understanding of this phrase.

Over two-thirds (69%, or 32% of *all* adult Canadians) give what have been classified as correct and meaningful answers. Of those making a “correct” description, approximately one-third describe it as a *bad* or *unhealthy* fat.

(See Exhibit D: 2)

Those with any university education (76%) and those who describe their eating habits as “excellent” (83%) or “very good” (73%) are the most likely to provide correct interpretations. *(See Detailed Tables, pages 172 - 180.)*

EXHIBIT D: 2
**Understanding Of The Meaning Of “Saturated Fats”
(Among Those Who Claimed To Know The Meaning)**

(Actual Base)	Total Claiming To Know Meaning Of Saturated Fats (907) %
Correct Meaningful Definition:	69
• Correctly Described As Unhealthy Or Associated With Disease	33
• Bad For You, Unhealthy Fat	22
• Clog Arteries, Narrows Arteries To Heart	7
• Fat That Raises Cholesterol Level	7
• Bad For Your Heart Fat	2
• The Fat In Meats/Butter/Milk/Cheese/Yogurt/Dairy Products/Chicken Skin	21
• Animal Fat	13
• Fat In Shortening/Hard/Margarine/Tropical Oils/Coconut Palm Oil/Chocolate	12
• Description Of Chemical Structure Of Molecules	7
• Hard Fat, Solid Fat	6
• Avoid/Don't Need In Our Lives/Eliminate	4
• Hydrogenated Fat/Vegetable Oil	2
Major Other Descriptors:	
From Fried Food/Cooked In Fat	6
Fat Found In Many Kinds Of Food	6
Fat Not Absorbed In Body/Hard To Break Down	5
Full Of Fat	5
Fat That's Absorbed Straight Into System	3
Heavy Fat/High In Fat	2
Not Easy To Digest	2

Source: For More Details, See Detailed Tables — Pages 172 To 174.

3. What Opinions Do Canadians Hold About Health And Nutritional Issues?

Most Canadians continue to be in general agreement that *Reducing Fat In The Diet Can Lower Cholesterol In Your Blood* and that *A High Fibre Diet May Help Prevent Colon Cancer*.

The majority of Canadians also continue to agree, at least somewhat, that *Some Types Of Dietary Fibre Can Help Reduce Cholesterol In Your Blood*. Although the levels of total agreement/disagreement have changed little since 1989, there was a significant decline between 1994 and 1997 in the proportion who agree completely.

There has been a significant decline since 1994 in the proportion who agree completely with the statement that *The Amount Of Cholesterol People Eat Is The Major Factor That Affects Their Blood Cholesterol*. Even so, many more people continue to agree than disagree with this statement.

As in 1994, Canadians are almost equally divided between agreement and disagreement about whether *Margarine Contains The Same Amount Of Fat As Butter*. A slightly larger group continues to agree rather than disagree.

Most Canadians able to respond continue to agree that *Complex Carbohydrate Foods Contain Starch Or Fibre*; one-third, however, are unable to give an opinion.

Approximately three out of five English-speaking Canadians continue to be unable to give an opinion about whether *Trans Fatty Acids Have About The Same Role In The Diet As Do Saturated Fats*. Among those who do respond, more agree than disagree.

Approximately half of all Canadians continue to have no knowledge about whether or not *Most Canadians Have Enough Anti-Oxidant Vitamins In Their Diets*. The majority of those with an opinion disagree with this statement.

(See Exhibits D: 3-a And 3-b)

EXHIBIT D: 3-a)
Opinions On Issues Concerning Health & Nutrition
1989 Vs. 1994 Vs. 1997

(Actual Base)	1989 (1,980) %	1994 (1,953) %	1997 (1,956) %	Net Change Since 1994
<i>Reducing Fat In The Diet Can Lower Cholesterol In The Blood</i>				
Agree Completely	57	63	56	
Agree Completely/Somewhat	86	91	89	-2
Disagree Completely/Somewhat	5	5	5	±0
Don't Know/Not Stated	9	4	6	
<i>A High Fibre Diet May Help Prevent Colon Cancer</i>				
Agree Completely	50	57	51	
Agree Completely/Somewhat	75	80	77	-3
Disagree Completely/Somewhat	5	5	4	-1
Don't Know/Not Stated	20	15	19	
<i>Some Types Of Dietary Fibre Can Help Reduce Cholesterol In Your Blood</i>				
Agree Completely	37	35	29	
Agree Completely/Somewhat	74	76	73	-3
Disagree Completely/Somewhat	6	8	8	±0
Don't Know/Not Stated	20	16	19	
<i>The Amount Of Cholesterol People Eat Is The Major Factor That Affects Their Blood Cholesterol</i>				
Agree Completely	40	36	28	
Agree Completely/Somewhat	73	69	66	-3
Disagree Completely	9	8	8	
Disagree Completely/Somewhat	12	22	20	-2
Don't Know/Not Stated	15	9	14	

Source: Detailed Tables — Pages 181 To 187.

EXHIBIT D: 3-b)
Opinions On Issues Concerning Health And Nutrition - 1994 Vs 1997

(Actual Base)	1994 (1,953) %	1997 (1,956) %	Net Change Since 1994
<i>Margarine Contains The Same Amount Of Fat As Butter</i>			
Agree Completely	29	25	
Agree Completely/Somewhat	50	47	-3
Disagree Completely	20	18	
Disagree Completely/Somewhat	42	40	-2
Don't Know/Not Stated	8	13	
<i>Complex Carbohydrate Foods Contain Starch Or Fibre</i>			
Agree Completely	24	23	
Agree Completely/Somewhat	54	57	+3
Disagree Completely/Somewhat	9	8	-1
Don't Know/Not Stated	37	35	
<i>Trans Fatty Acids Have About The Same Role In The Diet As Do Saturated Fats</i>			
Agree Completely	4*	6	
Agree Completely/Somewhat	22	25	*
Disagree Completely/Somewhat	16	17	*
Don't Know/Not Stated	62	58	
<i>Most Canadians Have Enough Anti-Oxidant Vitamins In Their Diets</i>			
Agree Completely	7	4	
Agree Completely/Somewhat	20	21	+1
Disagree Completely	15	14	
Disagree Completely/Somewhat	34	34	±0
Don't Know/Not Stated	46	45	

* 1994 figures shown are based only on the sample of English-speaking respondents. Unfortunately, the word "trans" was omitted from the French translation of this phrase.

Source: Detailed Tables — Pages 181 To 188.

3. What Opinions Do Canadians Hold About Health And Nutritional Issues? (Continued)

English-speaking Canadians continue to be somewhat more likely than French-speaking Canadians (who are less able to respond at all to most statements) to agree with the statements about *fibres* (particularly about its relationship to colon cancer). French-speaking Canadians, by contrast, are somewhat more likely to agree with the statements about *fat* and *cholesterol* issues.

EXHIBIT D: 3-c) Opinions On Issues Concerning Health And Nutrition - 1997

(Actual Base)	Language Spoken At Home	
	English (1,349) %	French (475) %
<i>Reducing Fat In The Diet Can Lower Cholesterol In The Blood</i>		
Agree Completely	53	66
Agree Completely/Somewhat	88	93
Disagree Completely/Somewhat	6	3
Don't Know/Not Stated	6	4
<i>A High Fibre Diet May Help Prevent Colon Cancer</i>		
Agree Completely	55	43
Agree Completely/Somewhat	81	71
Disagree Completely/Somewhat	3	6
Don't Know/Not Stated	16	23
<i>Some Types Of Dietary Fibre Can Help Reduce Cholesterol In Your Blood</i>		
Agree Completely	28	31
Agree Completely/Somewhat	75	69
Disagree Completely/Somewhat	7	9
Don't Know/Not Stated	18	22
<i>The Amount Of Cholesterol People Eat Is The Major Factor That Affects Their Blood Cholesterol</i>		
Agree Completely	28	27
Agree Completely/Somewhat	64	70
Disagree Completely	9	4
Disagree Completely/Somewhat	23	16
Don't Know/Not Stated	13	14

Source: Detailed Tables — Page 189 To 197.

3. What Opinions Do Canadians Hold About Health And Nutritional Issues? (Continued)

As in 1994, English-speaking Canadians are more informed about complex carbohydrate foods but are less informed than French-speaking Canadians about the fat content of margarine versus butter.⁸ French-speaking Canadians are somewhat more inclined to think most Canadians have sufficient anti-oxidant vitamins than to think they do not; English-speaking Canadians are more inclined to disagree. French-speaking Canadians are slightly less informed about trans fatty acids than English-speaking Canadians.

EXHIBIT D: 3-d) Opinions On Issues Concerning Health And Nutrition - 1997

(Actual Base)	Language Spoken At Home	
	English (1,349) %	French (475) %
<i>Margarine Contains The Same Amount Of Fat As Butter</i>		
Agree Completely	20	41
Agree Completely/Somewhat	41	70
Disagree Completely	22	8
Disagree Completely/Somewhat	46	22
Don't Know/Not Stated	13	8
<i>Complex Carbohydrate Foods Contain Starch Or Fibre</i>		
Agree Completely	29	10
Agree Completely/Somewhat	67	35
Disagree Completely/Somewhat	7	9
Don't Know/Not Stated	26	56
<i>Most Canadians Have Enough Anti-Oxidant Vitamins In Their Diets</i>		
Agree Completely	3	8
Agree Completely/Somewhat	17	31
Disagree Completely	16	8
Disagree Completely/Somewhat	39	22
Don't Know/Not Stated	44	47
<i>Trans Fatty Acids Have About The Same Role In The Diet As Do Saturated Fats</i>		
Agree Completely	6	6
Agree Completely/Somewhat	27	23
Disagree Completely/Somewhat	20	11
Don't Know/Not Stated	53	66

⁸ The book "Bon Gras, Mauvais Gras Une question de santé" by Louise Lambert - Legacé et Michelle Laflamme, published in 1993, which received wide media coverage in Quebec, may have influenced these findings.

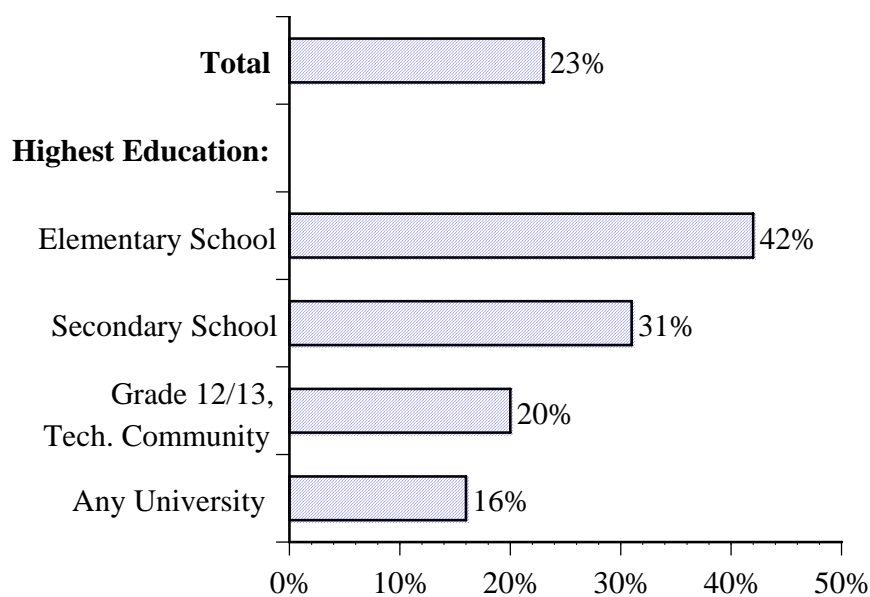
Source: Detailed Tables — Pages 189 To 197.

4. Do Canadians Understand The Nutritional Information On Labels?

Although product labels are an important source of information, nearly one-in-four Canadians say the statement “I have difficulty understanding the nutritional information on labels” applies to them. This is particularly true (applying to 35%) among those who say they have only slight or no knowledge about nutrition.

As might be expected, those with higher education are less likely to say this statement applies to them. Even so, 16% of those with University education says the statement applies.

EXHIBIT D: 4
Percent Saying The Statement “I Have Difficulty Understanding The Nutritional Information On Labels” Applies To Them



Source: Detailed Tables — Page 225.

E. NUTRITIONAL INFORMATION SOURCES

1. Where Do Canadian Adults Obtain Information On Nutrition?

The most widely identified source of information about nutrition over the past year, from among those specifically asked about, continues to be product labels, mentioned by 71%.⁹ Radio/TV programs continue to be the next most frequently identified sources. Magazines are also widely mentioned, as are friends/relatives/colleagues. Books, however, are somewhat less widely noted than in previous waves.

Most mentions are lower than in previous years, perhaps due to the time frame introduced in 1997. Indeed, the only source to be mentioned more widely than in 1994 is food advertisements (54% in 1994, 58% in 1997). Declines are particularly noticeable for government materials (45% in 1989, 44% in 1994, 28% in 1997) and Health Association materials (57% in 1994, 43% in 1997).

The Internet is mentioned by 6%.

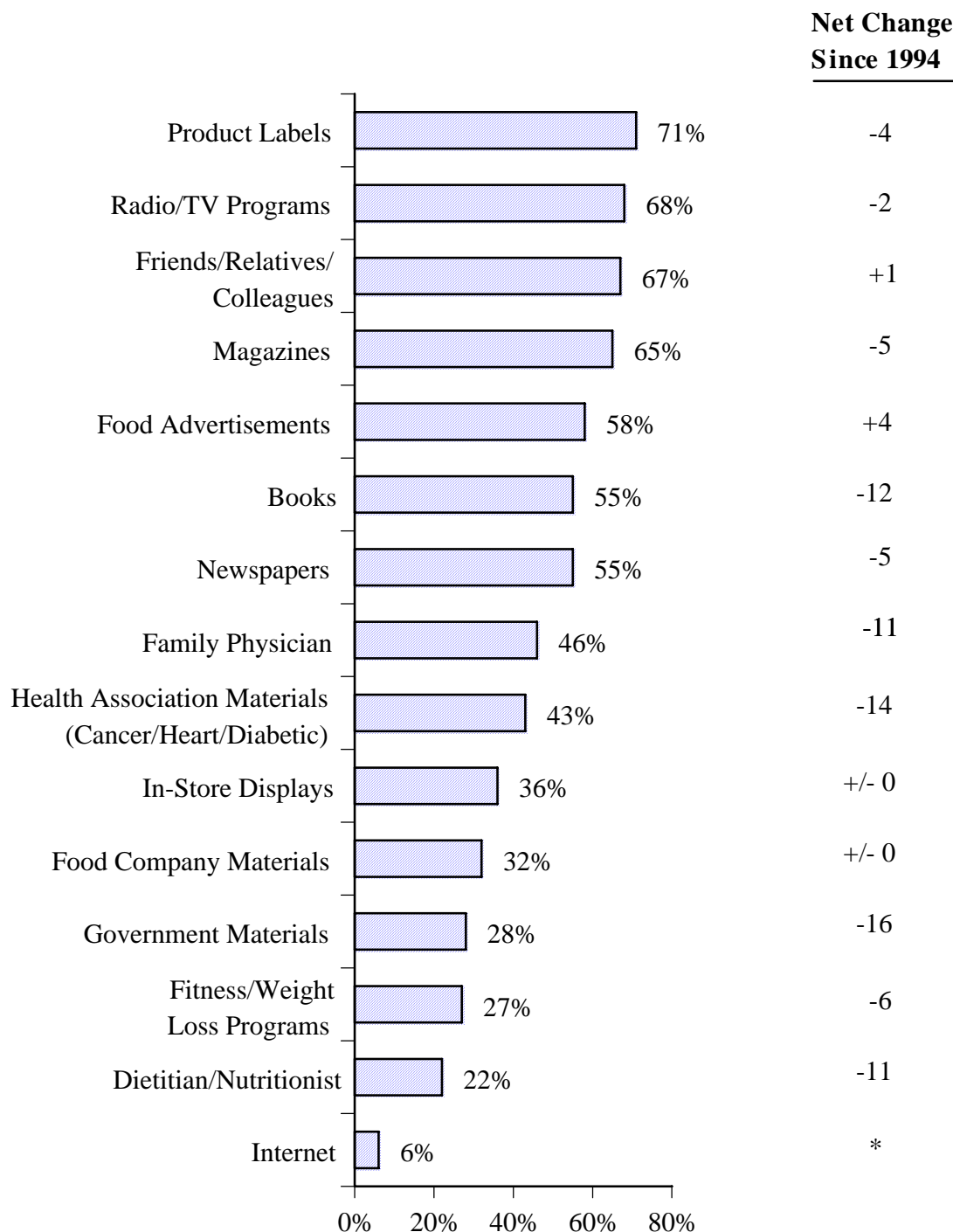
(See Exhibit E: 1-a)

When respondents were asked whether they obtained information from other health professionals or other sources, 6% volunteered other health professions (predominantly physicians other than family doctors and school/health nurses, homeopaths/naturopaths and pharmacists). Other sources named include their school and/or teachers. *(See Detailed Tables, pages 208 to 210.)*

Females are more likely than males to identify most sources of nutritional information. In particular, women are more likely to cite product labels, magazines, books, family physicians and health association materials. *(See Detailed Tables, page 205.)*

9 The question was changed somewhat in 1997 to specify sources *over the past year*. Figures are, therefore, not directly comparable with previous years when, for example, product labels were mentioned as a source (ever) by 61% in 1989 and 75% in 1994.

EXHIBIT E: 1-a)
Sources Of Information On Nutrition In Past Year - 1997
(Aided)



* Not measured in 1994.
 Source: Detailed Tables — Page 205.

1. Where Do Canadian Adults Obtain Information On Nutrition? (Continued)

French-speaking Canadians, as when questioned in 1994, generally are less likely to cite most sources of nutrition information than English-speaking Canadians. In particular, print materials such as books, health association materials and magazines are much less likely to be mentioned by French Canadians. They do, however, mention food company materials, government materials, dietitian/nutritionists and food labels at least as frequently as English-speaking Canadians.

EXHIBIT E: 1-b)
Nutrition Information Sources Over Past Year - 1997

(Actual Base)	Total (1,956) %	English- Speaking (1,349) %	French- Speaking (475) %	Margin For French-Speaking
Information Source:				
Product Labels	71	73	71	-2
Radio/TV Programs	68	70	64	-6
Friends/Relatives/Colleagues	67	69	63	-6
Magazines	65	70	53	-17
Food Advertisements	58	60	54	-6
Books	55	61	42	-19
Newspapers	55	56	51	-5
Family Physician	46	47	41	-6
Health Association Materials (Cancer/Heart/Diabetic Associations)	43	49	31	-18
In-Store Displays	36	39	28	-11
Food Company Materials	32	31	34	+3
Government Materials	28	28	30	+2
Fitness/Weight Loss Programs	27	29	25	-4
Dietitian/Nutritionist	22	22	23	+1
Internet	6	7	2	-5

Source: Detailed Tables — Page 206.

1. Where Do Canadian Adults Obtain Information On Nutrition? (Continued)

Those who claim to be extremely or very knowledgeable about nutrition are much more likely than other Canadians to mention, as recent sources of information, books, magazines, health association materials and dietitians/nutritionists. (See *Detailed Tables, page 205.*)

The main sources of information for those who ascribe only limited, if any, importance to nutrition in their choice of foods are no longer predominantly audio visual sources (radio and TV programs); recent major sources now include friends/relatives and product labels. However, these respondents are still much less likely to obtain information from product labels than those who consider nutrition important. These respondents who place limited importance on nutrition when choosing food to eat are also much less likely to have obtained information from printed materials such as books and magazines or from health association materials and newspapers than those who place greater importance. The former are also less likely to have received information from a family physician.

EXHIBIT E: 1-c) Nutrition Information Sources

(Actual Base)	Importance Of Nutrition When Choosing Foods To Eat		
	Extremely/ Very (1,224)	Quite (454)	Slight/ Not At All (270)
	%	%	%
Information Source:			
Product Labels	77	69	49
Radio/TV Programs	71	71	51
Friends/Relatives/Colleagues	70	69	54
Magazines	72	62	39
Food Advertisements	61	59	43
Books	64	51	26
Newspapers	58	56	42
Family Physician	53	38	29
Health Association Materials (Cancer/Heart/Diabetic Associations)	48	42	25
In-Store Displays	37	38	26
Food Company Materials	36	29	15
Government Materials	31	30	16
Fitness/Weight Loss Programs	33	23	11
Dietitian/Nutritionist	27	17	7
Internet	8	2	3

Source: Detailed Tables — Page 207.

1. Where Do Canadian Adults Obtain Information On Nutrition? (Continued)

As in 1994, those with below Grade 12 education are less likely to identify product labels as a major source of nutritional information than better educated Canadians. Even so, labels are a major source of information for this group, as are radio/TV programs, friends/relatives/colleagues and their family physician.

Those with more limited education (who are also currently less likely to consider nutrition important) rely to a much greater degree on their family physician, relative to other information sources, than those with, for example, university education, who are much more likely than those with less education to gain information from *print* (e.g., magazines, newspapers, books, Health Association and Government materials). (*See Detailed Tables, page 206.*)

Those aged 15 to 17 years are particularly likely to volunteer school and/or teachers as an additional source (mentioned by 23% of this group but by only 1% of those 18 years or older). These young Canadians are also more likely than adult Canadians to have identified the Internet (15%) and in-store displays (49%) as sources of information. Some other sources such as newspapers, Health Association materials and family physicians or nutritionists/dietitians are mentioned less frequently by these younger Canadians than by adults.

Older Canadians (55 years or older) are less likely to identify many sources of information, especially friends, relatives or colleagues, food advertisements and product labels. They are, however, particularly likely to mention their family physician and, at least when compared with the under 35s, Health Association materials and dietitians/nutritionists.

Although still at a relatively low level, the Internet is a much more important source for younger than for older adults.

(*See Exhibit E: 1-d*)

EXHIBIT E: 1-d)
Nutrition Information Sources Over Past year - 1997

(Actual Base)	Total (1,956)* %	Age			
		15 - 17 (100) %	18 - 34 (583) %	35 - 54 (756) %	55+ (617) %
Information Sources:					
Product Labels	71	63	73	75	62
Radio/TV Programs	68	71	67	72	64
Friends, Relatives, Colleagues	67	84	75	72	53
Magazines	65	68	64	72	56
Books	55	53	51	61	53
Food Advertisements	58	65	60	62	49
Newspapers	55	37	47	61	55
Family Physician	46	37	39	47	53
Health Association Materials	43	29	31	49	49
In-Store Displays	36	49	39	38	28
Food Company Materials	32	17	31	35	28
Government Materials	28	23	27	31	27
Fitness/Weight Loss Programs	27	33	31	28	22
Dietitian/Nutritionist	22	13	14	25	26
Internet	6	15	8	7	1

* Excluding 15 to 17 year olds.

Source: Detailed Tables — Page 205.

F. RECALL OF CANADA'S FOOD GUIDE TO HEALTHY EATING'S RAINBOW DESIGN AND KNOWLEDGE ABOUT THE FOUR FOOD GROUPS

1. How Many Canadians Recall Seeing The Rainbow Design Of Canada's Food Guide To Healthy Eating?

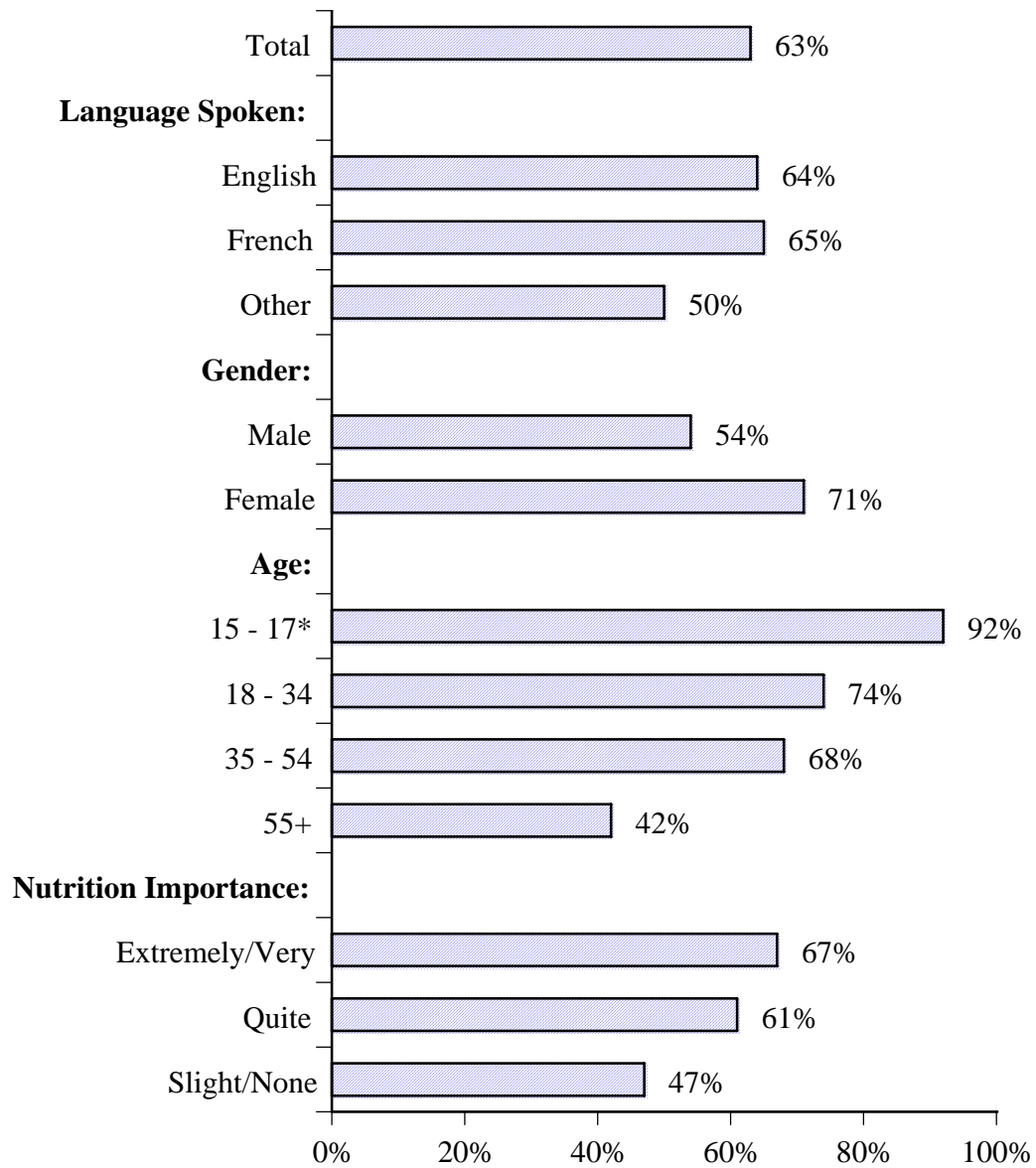
All participants in the study were shown the Food Guide rainbow (in colour) and asked whether they recalled ever seeing this design.

Nearly two out of three recall seeing the rainbow, with recall being at similar levels among English and French-speaking Canadians.

Younger Canadians, especially those under 18 years, are the most likely to recall seeing the rainbow. Indeed, among Canadians 65 years and older, only 34% remember ever seeing the rainbow. Females are also more likely to recall it than males.

(See Exhibit F: 1-a)

EXHIBIT F: 1-a)
Percent Recalling Seeing
Rainbow Design Of Canada's Food Guide
To Healthy Eating



* Not included in other sub-groups or total.

Source: Detailed Tables — Pages 217 To 221.

1. How Many Canadians Recall Seeing The Rainbow Design Of Canada's Food Guide To Healthy Eating? (Continued)

Although, as illustrated in the previous chart, 62% of those who regard nutrition as at least quite important recall having, at some time, seen the rainbow design so do 47% of those who regard nutrition as only slightly or not at all important.

Those who recall the rainbow are somewhat more likely to consider themselves extremely or very knowledgeable about nutrition. This is supported by their somewhat greater likelihood of saying they know the meaning of various dietary terms. (*See Detailed Tables, pages 156 - 168.*) They are not, however, likely to rate their own eating habits as much better than those who do not recall the rainbow. However, as will be seen in the next section, they do appear to be better able to identify the four food groupings which are illustrated on the rainbow. Those who recall seeing the rainbow are also less likely to say they have difficulty understanding nutritional information on labels.

Those who recall seeing the rainbow are only somewhat more likely than those who do not to regard themselves as extremely or very concerned about specific nutrition related issues; the biggest differences reported relate to calories/energy, chemical residues, calcium and trans fatty acids.

(See Exhibit F: 1-b)

EXHIBIT F: 1-b)
**A Comparison Of Opinions Held By Those Who Recall Seeing
The Rainbow Design Of Canada's Food Guide To
Healthy Eating And Those Who Do Not**

(Actual Base)	Recall Rainbow			Margin For Those Recalling Rainbow
	All Canadians (1,956)	Yes (1,219) %	No (733) %	
Extremely/Very Knowledgeable About Nutrition	33	38	24	+14
Rates Own Eating Habits As "Excellent" Or "Very Good"	39	41	35	+6
Very Concerned About:				
Calories/Energy	24	28	16	+12
Chemical Residues On Food	37	41	31	+10
Trans Fatty Acids	15	18	11	+7
Food Poisoning	51	53	46	+7
Iron	19	21	14	+7
Calcium	31	34	26	+6
Fibre	31	33	27	+6
Caffeine	15	17	12	+5
Hydrogenation	12	13	9	+4
Cholesterol	32	34	30	+4
Preservatives	18	19	16	+3
Vitamins	31	32	29	+3
Sugar	21	22	20	+2
Fat	44	45	43	+2
Saturated Fat	35	35	34	+1
Salt/Sodium	27	26	27	-1
Statement "I Have Difficulty Understanding Nutritional Information On Labels" Applies	23	19	31	-12
Over Coming Months:				
Very Likely To Reduce Amount Of Fat Intake	11	13	8	+5
Very Likely To Increase Amount Of Fibre Intake	5	6	3	+3

Source: Detailed Tables — Pages 35, 46 To 54, 125, 143, 225 And 234.

2. To What Extent Can Canadians Identify The Names Of The Four Food Groups That Are Promoted In Canada’s Food Guide To Healthy Eating?

Before being shown a copy of the rainbow design of “Canada’s Food Guide To Healthy Eating”, study participants were asked to provide the names of the four food groups that are promoted in the Guide.

Over half of all Canadians are able to identify foods from all groups. (See descriptions accepted below.) The ability to identify all four of these groups is clearly higher among those who recall seeing the rainbow than among those who do not. However, even among this latter category, 45% identify all four and 77% identify at least one food group.

The Meat and the Vegetables And Fruit groups are the most widely identified. The Grain group is the least widely mentioned, especially by those who do not recall seeing the rainbow.

EXHIBIT F: 2-a)
Identification Of Four Food Groups

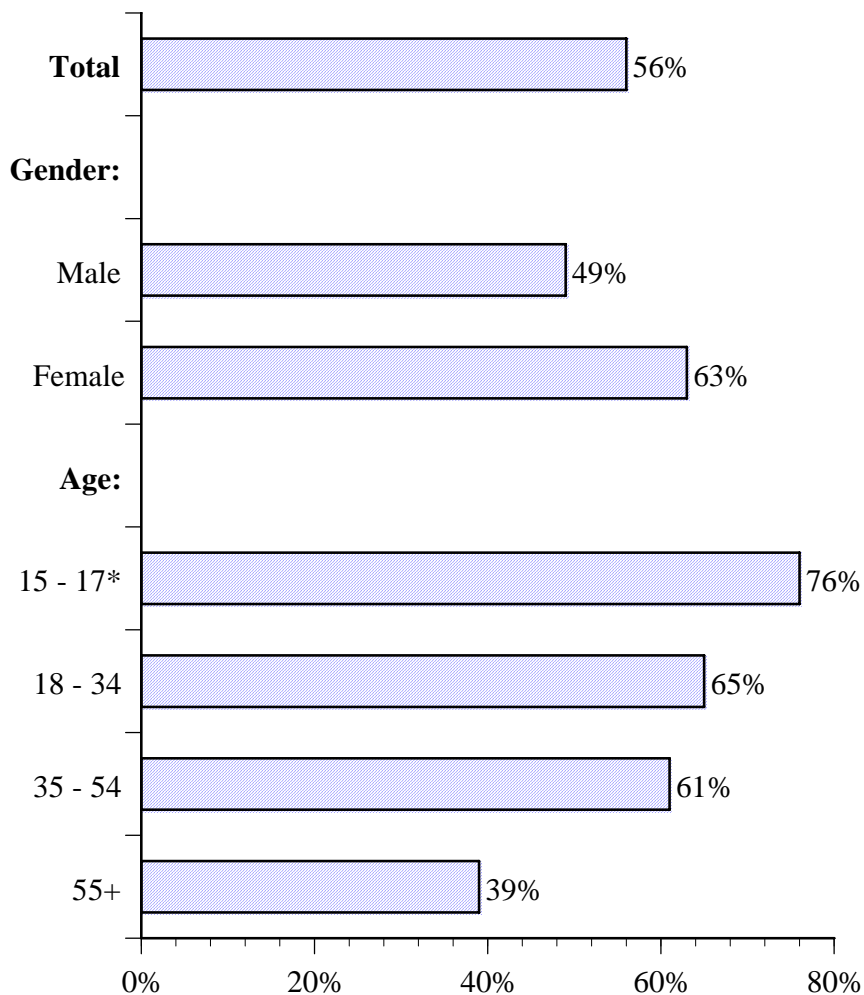
(Actual Sample)	All Canadians (1,956) %	Recall Rainbow	
		Yes (1,219) %	No (733) %
Identified All Four Groups (A - D) As Described Below	56	63	45
Identified At Least One Of Four Food Groups	87	93	77
<hr style="border-top: 1px dashed black;"/>			
(A) Grain/Starch	71	80	57
• Grain Products (Bread, Cereals, Pasta, Rice)	69	77	56
• Starch	6	7	5
(B) Meat/Protein	81	87	73
• Meat & Alternatives Or Substitutes (Fish, Poultry, Eggs, Beans, Legumes, Nuts, Seeds)	77	82	67
• Protein	11	11	13
(C) Milk Products (Milk Or Dairy, Cheese, Yogurt, Ice Cream)	75	82	62
(D) Vegetables & Fruit	80	86	69
Nothing/Don’t Know/Not Stated*	12	7	21

Source: See Detailed Tables, Pages 213 And 214 For Other Miscellaneous Mentions.

2. To What Extent Can Canadians Identify The Names Of The Four Food Groups That Are Promoted In Canada’s Food Guide To Healthy Eating?
(Continued)

Younger respondents (especially those under 18 years) are much more likely to be able to identify all four groups than those aged 55 years or older. Women are also better able to name all four groupings than men.

**EXHIBIT F: 2-b)
Percent Able To Identify All Four Groups**



* Not included in other sub-groups or total.
Source: Detailed Tables — Page 212.

THE CF MONITOR SAMPLE — SELECTION AND WEIGHTING PROCEDURES

1. Universe Covered

The universe for Canadian Facts' Monitor survey is the population of Canada aged 15 years and over, with the following exceptions:

- ↗ The Northwest Territories and Yukon.
- ↗ Some inaccessible and sparsely populated areas in each province.
- ↗ Inmates of institutions and inhabitants of lumber and mining camps.
- ↗ Members of the armed forces not living at home.
- ↗ Persons living on Indian reservations.

The various groups excluded account for about 3% of the people aged 15 and over.

2. Selection Of Sample

A four-stage sample selection procedure is employed.

-a) Stage I: Selection Of Localities

All localities, except those in excluded areas, were stratified by locality size within geographic area. Geographic areas were defined as the ten provinces. Locality size consisted of five classifications:

- ↗ Urban centres over 500,000 population.
- ↗ Urban centres 100,000 to 500,000 population.
- ↗ Urban centres 30,000 to 100,000 population.
- ↗ Urban centres 10,000 to 30,000 population.
- ↗ Rural and urban areas of 10,000 population or less.

The strata were set up in such a manner as to group together all localities that were similar on the basis of the above criteria, that is, locality size, geographic area, and in the case of rural areas, degree of urbanization. Using cumulative stratified population listings, 245 localities were selected as the master sample.

Each month, the Monitor sample is selected on a probability basis from the master sample. Thus, each month's sample is a random sample, and any combination of months is also a random sample of the universe. The sub-samples picked are a selection of localities within the master sample. The number of localities out of 245 included each month is dependent upon cluster size.

-b) Stage II: Selection Of Primary Sampling Units

The primary sampling unit is the Enumeration Area (EA). Further stratification is employed within the localities for selection of the clusters or primary sampling units. EAs are randomly selected from a list of stratified EA populations. In large Metropolitan areas, this is usually income within geographic quadrants. In rural areas the stratification is basically geographical. At this stage, the number of primary sampling units to be visited in each locality is determined. For example, 16 in Toronto or 6 in London.

-c) Stage III: Selecting Households Within Each EA

Within each selected EA a block is selected at random. For each block selected, the interviewer is supplied with a detailed map showing the block, the road segments containing the block and a starting point. Interviewers begin at the designated starting point and follow a fixed procedure for selecting the assigned households at which to interview.

-d) Stage IV: Selecting Individuals Within Households

Respondents are selected at random from all household members 15 years of age and over, who are at home at the time of the interviewer's call. A modified Trolldahl-Carter selection procedure is used for this purpose.

3. Weighting Procedures

Three stages of weighting are applied to the data.

-a) Stage I

The first stage is the application of Politz Not-At-Home weighting to correct for the differential likelihood of people being available or not available for interview by virtue of the frequency with which they are not at home. The basic procedure is to obtain the extent to which the person was at home at the time of call on the two previous week-days for week-day interviewing. For Saturday interviewing the respondent is asked about the previous Saturday.

-b) Stage II

To allow for better regional analysis the sample selection is disproportionate in favour of the less populated regions. A weight scheme is added to restore the sample to the correct overall regional proportions. At the same time data are computed as an age within sex within region matrix and compared with Statistics Canada data in the same format. Adjustment weighting is applied to bring the data in line with the most recent Statistics Canada information available.

-c) Stage III

Then an individual's household weight is computed because only one person per household is interviewed. The household weighting compensates for the varying likelihood of respondent selection according to the number of people who are at home at the time of the interview.

The following table details the disposition of contacts of the April, 1997 Monitor (door-to-door) interviewing with individuals 15 years and older:

Record of Contacts - MONITOR April, 1997 Interviews

	#	%
Total Contacts	9,517	100
No One At Home	4,619	48
No One At Home 15 Years+	103	1
Language Problem	193	2
Household Refusal	2,149	23
Selected Respondent Refusal	396	4
Incomplete Interview	1	†
Completed Interview	2,056	22

† Less than 0.5%.

STATISTICS CANADA 1991 CENSUS

	Total 15 Years And Over (100) %	Total 18 Years And Over (100) %
Region:		
Atlantic	8.5	8.4
Quebec	25.7	25.6
Ontario	37.1	37.4
Prairies	16.5	16.4
British Columbia	12.2	12.2
 Community Size:		
Total Urban	77.6	77.9
Over 500M	44.2	44.5
100 To 500M	10.7	10.7
30 To 100M	9.2	9.2
10 To 30M	5.5	5.5
1 To 10M	8.0	8.0
Total Rural	22.4	22.1

Sample Sizes And Maximum Margin Of Error

Note: The margin of error around a particular figure is a function of that particular figure itself. The table which follows shows the maximum margin of error which would occur within identified sample sub-groups (i.e., on a statistic reporting 50% of the specified population did or did not have a certain characteristic).

	Actual, Not Weighted, Sample	Margin Of Error (95% Confidence Level)
	#	(±%)
Total 18 Years & Over	1,956	2
Total 15 Years & Over	2,056	2
Gender:		
Female	1,153	3
Male	803	3
Age:		
15 - 17 Years	100	10
18 - 34 Years	583	4
35 - 54 Years	756	4
55 Years And Over	617	4
Region:		
Atlantic	290	6
Quebec	508	4
Ontario	533	4
Prairies	328	5
British Columbia	297	6
Community Size:		
500M And Over	790	4
100M - 499M	212	7
Under 100M	954	3
Education:		
Elementary	174	7
Secondary	465	5
Technical/Community College	840	3
University	460	5
Household Income:		
Under \$25,000	576	4
\$25,000 - \$49,999	748	4

\$50,000 And Over

519

4

(Continued)

	Actual, Not Weighted Sample	Margin Of Error (95% Confidence Level)
	#	(±%)
Occupation Of Respondent:		
Professional/Executive	244	6
White Collar	278	6
Blue Collar	449	5
Homemaker	258	6
Retired	444	5
Other	283	6
Language Spoken At Home:		
English	1,349	3
French	475	4
Other	132	9
Household Size:		
One	293	6
Two	655	4
Three Or More	1,008	3
Family Composition:		
Adults Only	1,215	3
Children Under 18 Years	741	4
Children Under 5 Years	293	6
Importance Ascribed To Nutrition In Choice Of Foods To Eat:		
Extremely/Very	1,224	3
Quite	454	5
Slight/Not At All	270	6
Eating Habits Described As:		
Excellent/Very Good	781	4
Good	868	3
Fair/Poor	303	6
Very Concerned About:		
Fat	855	3
Cholesterol	636	4
Calcium	636	4
Fibre	622	4
Recalling Seeing Food Guide Rainbow		
Yes	1,219	3
No	733	3