

FOCUS *Society*

SUMMARY

From 2007 to 2014, the Food Stress Index (FSI) was measured in the census metropolitan area of Montreal and, in 2014, in the Toronto Census Metropolitan Area (CMA). Among the 1,500 respondents from 2007 to 2014, the FSI average is 9.2 out of 20. The study found that the overall gap observed between Montreal and Toronto is significant. Thus, respondents in Toronto are more affected than respondents in Montreal by information and social norms intended to change their food buying habits or intake according to their risks or benefits, perceived or real, for health; a social phenomenon which we call the Food Stress Syndrome (FSS).

FOOD AND HEALTHY CHOICE; Toronto more influenced than Montreal!

Overall, the Food Stress Index (FSI) specifies the influences of information and the social norm of "better eating for your health" about risks or benefits, real or perceived, of food on purchasing and consuming behaviors. This social norm finds its foundation on a series of behaviors related to food choice. All the studies we have conducted tells us that, on average, from 2007 to 2014, 94.7% of the 1500 respondents had at least one change in their eating habits based on the items specified in measuring scales.

Results

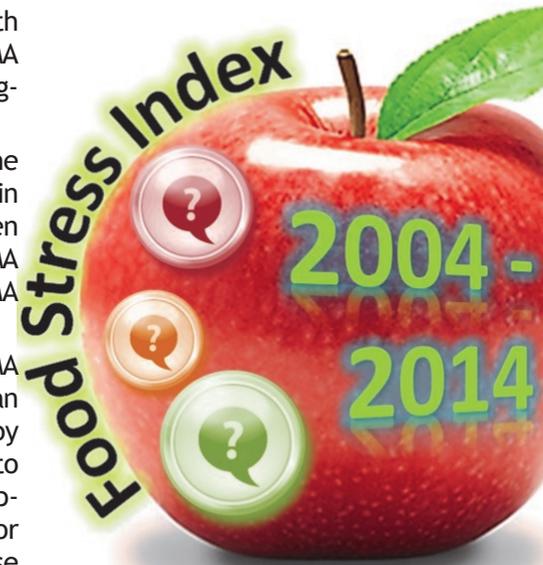
Among all 1500 respondents from 2007, 2011, 2012 and 2014, the Food Stress Index (FSI) average is 9.2. Thus, respondents have adopted an average of a little more than nine (9) changes to their dietary habits in connection with the twenty (20) components of FSIR and FSIB. The FSI average observed does not vary significantly between the different

waves of studies conducted among the Montreal CMA. However, the gap between the FSI of Montreal CMA (with 8.96, n = 1,200) and in the Toronto CMA (with 9.9, n = 300) was statistically significant.

The FSI average calculated within the framework of the survey conducted in 2014 was 9.5. The difference between the average rate from the Montreal CMA (8.9, n = 300) and in the Toronto CMA (with 9.9, n = 300) is also significant.

Respondents from the Toronto CMA would therefore be more affected than respondents from the Montreal CMA by information and social influences to change their buying habits and consumption of food according to the risks or benefits, perceived or real, that those foods represent.

In addition, some socio-demographic descriptive variables affect significantly the FSI. Thus, the average index of 9.2 (n = 1,500) was significantly lower :

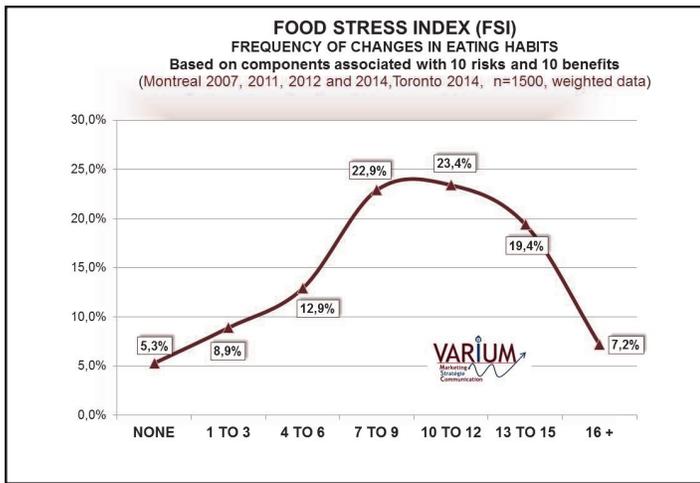


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- among respondents aged 18 to 34 (with 8.7)
- among respondents who completed at most an high school education (with 7.7)
- among those whose personal income is below \$ 15,000 (with 8.1)
- in households whose family income falls below \$ 35,000 (with 8.2)
- in households composed of three individuals (with 8.4)
- among men (with 8.4).

Conversely, the overall FSI is significantly higher :

- among respondents aged 35 to 54 (with 9.5)
- among university scholars (with 10.2)
- among those whose personal income is between \$ 35,000 and \$ 55,000 (with 9.9)
- in households whose family income is above \$ 75,000 (with 9.6)
- among households composed of 4 or more individuals (with 9.6)
- among women (10.0).

At least one change: All the studies tells us that, on average, from 2007 to 2014, 94.7% of the 1,500 respondents had at least one change in their eating habits based on the risks or benefits of foods used in measurement scales. In the Montreal CMA, this average rate was 91.9% in 2007, 95.4%, in 2011, 96.3%, in 2012, and 95.4% in 2014. In of Toronto CMA, this rate was 94.9% in 2014.

Seven (7) or more changes: Surveys conducted from 2007 to 2014 also tell us that, on average, 72.9% of the 1,500 respondents have made at least seven (7) chang-

es to their buying habits or consumption of food based on the risks or benefits presented in this study. In the Montreal CMA, this average rate was 68.7%, in 2007, 75.9%, in 2011, 74.2%, in 2012, and 66.8%, in 2014. Within the Toronto CMA, this average is 77.9% in 2014.

In conclusion

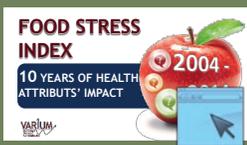
From a "psycho-sociological" point of view, the various indexes of this study claim to highlight the real influence of the social norm, in connection with "better eating for your health", which comes within the framework of food choices.

For marketing, creating foods carrying health attributes has become a center of added value for companies. These innovations are used to meet a need, as much as a social norm among consumers but specifically within certain segments of these consumers. Thus, this study demonstrates that the social norm for changing eating habits to "eat better to stay healthy" holds more influence among women, academics and households with higher incomes. According to the scale that we used, it also seems that the norm influences more respondents from the Toronto CMA than those of the Montreal CMA.

In the past 10 years, through our investigations, our studies and conferences, we measured and explained the impact of the social norm of "eating better for your health" on the choice and consumption of food. This quest has allowed us to establish the impact of a twenty health attributes and specified their evolution in time. But above all, this adventure has allowed us to deeply understand the behavior of eaters. We believe that a vision coming exclusively from marketing does not allow to decode all dimensions of food consumption. That's why we created psycho-social-marketing. This new discipline allows a critical multidisciplinary look to understand, predict and influence the complex eater of today.

METHODOLOGY OVERVIEW

The « Food Stress » scale and questionnaire were developed by VARIUM's marketing experts. In Montreal, the first phone survey was conducted by SOM between may 26th and June 2nd, 2004 among 400 adults, the third by Opinion du Consommateur, between January 24th and 30th, 2006, among 302 adults; the 2007's survey by Echo Sondage Inc between September 4th and 19th, 2007, among 300 adults; the 2011's survey was conducted by BIP between March 8th to 11th, among 300 adults and the 2012's survey was conducted by Tenor between September 14th and 23rd, among 300 adults all of the Metropolitan Census Area of Montréal. The survey in Toronto was conducted by BIP between November 16th and 27th 2004 among 302 adults of the Metropolitan Census area of Toronto. The 2014's phone survey was conducted by Tenor between October third and the 18th among 300 adults of the CMA of Montreal and 300 adults of the Toronto CMA. The maximum margin of error is $\pm 4,9\%$ for the first survey in Montreal, in 2006, and $\pm 5,7\%$ in Toronto and in every other survey in Montreal, 19 times out of 20.



For more information on Food Stress

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