

Collaborative Evaluation & Research Group

Supporting Innovative Research and Evaluation



LATROBE HEALTHY SUPERMARKETS PROJECT EVALUATION June 2023

FEDERATION UNIVERSITY
COLLABORATIVE EVALUATION &
RESEARCH GROUP

SUPPORTING INNOVATIVE RESEARCH AND EVALUATION

**LATROBE HEALTHY SUPERMARKETS
PROJECT EVALUATION**

ACKNOWLEDGEMENTS

The Collaborative Evaluation and Research Group (CERG) Federation University Gippsland, acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land, sea and nations and pay our respect to elders, past, present and emerging. The CERG further acknowledges our commitment to working respectfully to honour their ongoing cultural and spiritual connections to this country.

The CERG would like to acknowledge the Latrobe Health Innovation Zone (LHIZ) for funding the development of the centre and for its ongoing support.

The CERG would like to thank Latrobe Community Health Service (LCHS) and the Latrobe Health Assembly (LHA) for their contribution and support. Further we would like to thank Deakin University students who took part in this evaluation.

ABOUT THE AUTHOR

The Collaborative Evaluation and Research Group (CERG) Federation University Gippsland is an innovative initiative that aims to build evaluation capacity and expertise within Gippsland. As a local provider the CERG understands the value of listening to the community and has the ability to deliver timely and sustainable evaluations that are tailored to the needs of a wide variety of organisations.

Professor Joanne Porter is the Director of the CERG. Joanne has led a number of successful research projects and evaluations in conjunction with local industry partners. She has guided the development of the CERG since its formation in 2018.

The team that evaluated the Latrobe Healthy Supermarkets Project include:

- Professor Joanne Porter
- Valerie Prokopiv
- Dr Vaughan Reimers
- Elissa Dabkowski
- Dr Daria Soldatenko
- Kaye Borgelt
- Dr Habib Forooshani



*Professor Joanne
Porter*

CONTENTS

ACKNOWLEDGEMENTS	...	4
ABOUT THE AUTHOR	...	4
CONTENTS	...	5
1. EXECUTIVE SUMMARY	...	6
1.1 Introduction	...	6
1.2 Key Findings and Implications	...	6
1.3 Recommendations	...	8
2. INTRODUCTION: LATROBE HEALTHY SUPERMARKETS	...	10
2.1 INTRODUCTION	...	10
2.2 PROJECT DELIVERY	...	10
3. THE EVALUATION OF LATROBE HEALTHY SUPERMARKETS	...	12
3.1 The Aim of the Evaluation	...	12
3.2 Evaluation Research Questions	...	12
3.3 Data Collection / Tools Used	...	12
4. EVALUATION FINDINGS	...	13
4.1 Pre-intervention Customer Survey	...	12
4.2 Post-intervention Customer Survey	...	19
4.3 Customer Interviews	...	35
4.4 Monash University Store Scout	...	37
4.5 Store Sales Data	...	48
4.6 Interviews with Store Managers	...	54
4.7 Stakeholder Focus Group	...	54
5. DISCUSSION AND RECOMMENDATIONS	...	57
5.1 Discussion	...	57
5.2 Recommendations	...	59
6. LIMITATIONS	...	59
7. ETHICAL APPROVAL AND PRACTICE	...	60
8. ABBREVIATIONS	...	60
9. LIST OF FIGURES AND TABLES	...	61
10. APPENDICES	...	63
10.1 Human Research and Ethics Approval		

1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

Latrobe Community Health Service (LCHS), Latrobe Health Assembly (LHA) and participating supermarkets worked in partnership with the flagship Healthy Supermarkets Project – Reach for the Stars. Reach for the Stars is a promotional campaign designed to encourage supermarket shoppers to make healthier buying choices when it comes to their food shopping. An eight-week trial of the Reach for the Stars ran during August 2022 at IGA supermarkets in Morwell, Glengarry and Moe, displaying a variety of promotional messages in-store (e.g. via store posters, shelf labels, messaging on staff uniforms, shopping trolley signage etc.) designed to encourage healthier food choices. Data was collected from Churchill initially however the store later declined to participate in the program. The Collaborative Evaluation & Research Group (CERG) worked in partnership with LCHS and LHA to evaluate the project.

1.2 KEY FINDINGS AND IMPLICATIONS

Participants of the pre intervention survey (female 66.7%, n=62, males 30.1%, n=28) highlighted that how food tastes (84.9%, n=79) how healthy (61.3%, n=57) and how much it cost (64.5%, n=60) were important to consumers. Only 38.7% (n=36) stated that before buying any food or drink they looked at the health star rating. The majority 83.9% (n=78) felt that they knew which food or drink to buy based on their own knowledge. In response to the question “How often do you check the Health Star Rating of a product?”, “Sometimes” (31.2%, n=29) and “Often” (28.0%, n=26) were the most common responses (Figure 6). A small percentage (8.6%, n=8) “always” checked the Health Star Rating. Participants were able to identify which items had a higher health star rating such as the carrot (87.1%, n=81) and banana (81.7%, n=76). A total of 79.6% (n=74) had one to two serves of fruit each day while 61.3% (n=57) had one to two serves of vegetables per day. The results indicated a good awareness of healthy foods and healthy shopping behaviours and attitudes amongst the majority of participants. However, in some areas such as knowledge of the Health Star Rating system, and checking ingredients and health messages, participants’ attitudes could be improved.

There were 111 post intervention surveys completed of which 75 were located where the intervention took place and 36 in the control group. It was decided to do data collection in Churchill despite the closure of the IGA to establish a control data set to compare the other three data sets against. There was an even split between female and male participants with 47.7% (n=55) aged over 55 years. Over half of the respondents had a Health Care or a Pension card (58.6%, n=65). Participants were asked about their familiarity with the Health Star Rating System. The majority of participants (76.6%, n= 85) were familiar with it, with 19.8% (n=22) saying they were not. There were no statistically significant differences pre or post intervention related to the influence the health star rating had on purchasing healthy options across the four stores. To the question “*Did you buy healthier foods as a result of this material?*”, more participants replied “No” (42.7%, n=32) (Figure 26). Only in Moe, did more participants choose “Yes” rather than “No” in comparison with other sites. These results indicate that Reach for Star Materials had an impact on customers’ thinking about buying healthier foods but had not changed their behaviour when buying. However, Moe showed positive results in terms of both questions.

The post survey asked if participants were more or less likely to shop at this particular store because of the Reach for the Stars campaign. The majority of participants chose “More likely” (48.0%, n=36), followed by no change (45.3%, n=34) and 2.7% (n=2) were less likely. The majority of participants at all four sites also agreed that the displays at the end of supermarket aisles should display healthier foods and offer discounts.

Overall, compared to the results of the pre-intervention survey, a statistically significant improvement in the outcomes of interest was not demonstrated. Potentially, this could be due to the participants’ prior awareness of the health rating star system and their awareness of healthy shopping behaviours. When asked directly about the perceived impact of the campaign, the results confirmed the effectiveness of the campaign in improving further awareness towards healthier shopping behaviours. The vast majority of participants suggested that these campaigns must continue, and it could be associated with some changes in supermarket settings such as price discounts and more shelf space for healthy foods. These findings were further confirmed by the customer interviews who identified that the most important thing when purchasing food were price and brand. A total of 9 in 10 participants were aware of Health Star Ratings, however only two interviewees stated that it would influence their purchase.

“I always look at the ingredients, how much salt, fats and sugars, I don’t take much notice of a star rating”.

The Store Scout is a mobile application (app) that enables the rapid appraisal of store customer food environment (retail choice architecture) using the 4P’s of marketing, product availability, placement, promotion and price promotion across seven categories of food and drinks. The results indicate an improvement in Store Scout scores following the Reach for the Stars intervention. The post-intervention overall score demonstrated an average improvement of 3.7%. The largest growth was observed in the categories of: Meat and Seafood (+8.3%), Fruit and Vegetables (+7.2%) and Price (+7.0%). Fruits and vegetables remained consistent during both appraisals with a score of 92%, indicating a 6.0% increase at the Moe Store. This is a notable finding given that pre-intervention scores for this category were initially at a high standard (86%).

Two stores provided raw sales data, which listed all items stocked and the number of individual items sold. Store A (Glengarry) provided information for July 2022 to September 2022 inclusive. Store B (Morwell) provided two sets of information, one relating to July 2022 and the other for a five-week period from late August 2022 to early October 2022. The very low volume of sales of 4.5 and 5-health star rated products at each of the stores analysed precludes drawing any conclusions regarding changes in consumer purchasing habits during the Reach for the Stars campaign. Given that in many instances the local IGA performs a function similar to a local corner/general store it is very likely that consumers would not be looking to purchase 4.5-5-health star rated item at these locations, instead would look to buy such items as part of their ‘major’ shop at a larger supermarket, with greater choice and cost saving potential.

A thematic analysis of interviews of the key project stakeholders generated four themes including, ‘The impact of collaboration’; ‘Creating a balance’; ‘Lessons learnt for sustainability’; and ‘Moving healthy eating forward’. Collaboration was acknowledged to be the key to the success of the project. Collaboration occurred in many forms, including in the partnership between (LCHS and LHA) and community consultation. It was acknowledged that the Reach for the Stars campaign was a ‘flagship

project' and the first of its kind to directly target a large food retail outlet, supermarkets, to encourage healthier eating.

"I think it was really successful that we had such community involvement in the planning and design of the project. So you could say it was for Latrobe residents, by Latrobe residents."

The Reach for the Stars project was considered to be an important contribution for public health, particularly from a health equity perspective. The campaign was intended to promote healthier eating options for all community members. The participants considered the conceptualisation phase to be an inclusive process,

"In the co-design, we worked with priority populations, so those from a more disadvantaged background."

The participants reflected on the barriers they encountered during the project. One particular observation was the need to develop a relationship with supermarket owners/managers, mostly around time and deadlines. As one participant noted,

"We definitely had to have flexibility because they are incredibly busy running their stores, doing those day-to-day operations, so lots of patience was required or working with their time that they had available."

Ideas for progressing the Reach for the Stars campaign was discussed by the participants. Using a 'blue-sky thinking' approach, one participant reflected on the potential of the campaign to impact the public on a national level.

"I would love to see this in all supermarkets everywhere. I would love to see the health star rating mandatory for all packaged foods in Australia. If the health star rating system was mandatory for all for all foods, we actually wouldn't need a campaign like this."

1.3 RECOMMENDATIONS

1. The campaign is worthy of continuing as it influences customer thinking about healthier foods
 - a. A longer and broader campaign is needed to establish a change in customer behaviour
 - b. Visibility of Reach for the Stars materials remains present
 - c. Explore the benefits of including recipes available to customers as a way to encourage a change in behaviour
2. The co-design process should include store managers/senior staff to ensure they support the concept of the campaign.
 - a. Encourage customers to help design resources, recipes and promotional items to ensure the campaign is relatable to the target population.
 - b. Provide opportunities for enhancement of the intervention phase which may include incentives
3. Measuring impact of the Reach for the Stars intervention requires a longitudinal methodology which incorporates the ability to extract store data of individual items.
 - a. A targeted approach to extraction of store data with the focus on fresh fruit and vegetables and easily identifiable items in the store data codes.



REACH FOR THE STARS



Survey

Before the campaign

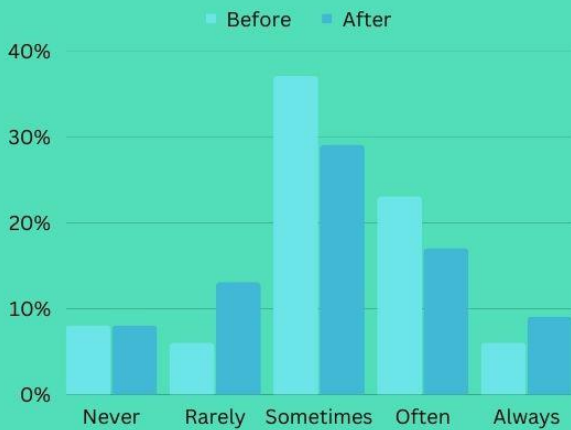
93 participants



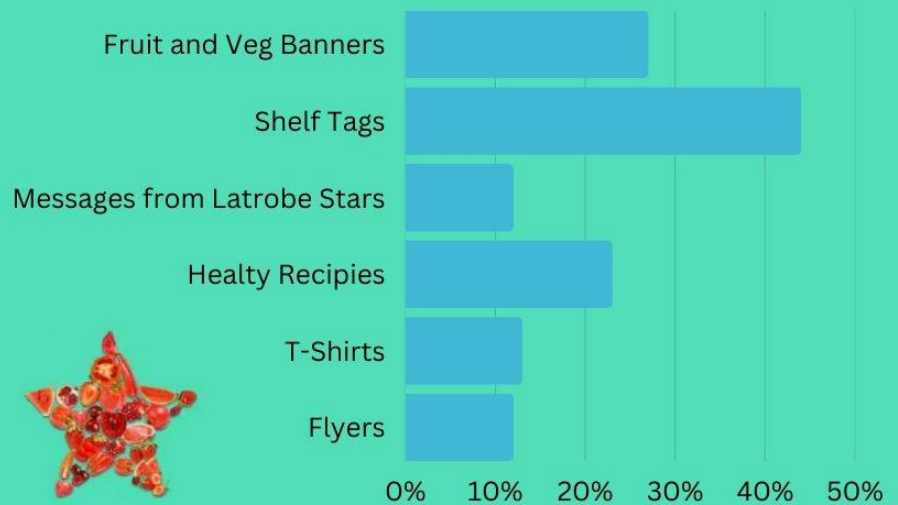
After the campaign

75

How often does the Health Star Rating **influence** what you buy?



What did you **notice**?



Said supermarkets should continue to encourage healthy eating



Wanted more shelf space for healthy foods

Interviews 10 participants

Comments

"You can't afford to do a big healthy shop sometimes"

"It's possible to shop healthy, but it's so expensive"

"I tend to stick with the products that I know"



Felt Latrobe has healthy options

Main Influence When Purchasing Food



Aware of the 'Health Star Rating'



Latrobe Health Assembly



Collaborative Evaluation and Research Group

2. INTRODUCTION: LATROBE HEALTHY SUPERMARKETS

2.1 INTRODUCTION

Latrobe Community Health Service (LCHS), Latrobe Health Assembly (LHA) and participating supermarkets worked in partnership with the flagship Healthy Supermarkets Project – Reach for the Stars. Reach for the Stars is a promotional campaign designed to encourage supermarket shoppers to make healthier buying choices when it comes to their food shopping. Inspired by the successful Eat Well @ IGA Bendigo project, Reach for the Stars uses a range of interventions based on the Australian Dietary Guidelines and Health Star Rating system. The Health Star Rating system is an interpretive front-of-pack labelling system that rates overall nutritional information of packaged foods and assigns a rating from ½ star to 5 stars. The higher the rating, the healthier the product. The campaign also generated local messages from ‘Latrobe Stars’. The Latrobe Stars were local residents sharing how they shop, cook and eat healthy foods.

An eight-week trial of the Reach for the Stars ran during August 2022 at IGA supermarkets in Morwell Glengarry and Moe, displaying a variety of promotional messages in-store (e.g. via store posters, shelf labels, messaging on staff uniforms, shopping trolley signage etc.) designed to encourage healthier food choices. The partnership worked with supermarkets and the community to co-design the campaign. Data was collected from Churchill initially however the store later declined to participate in the program.

The CERG is worked in partnership with LCHS and LHA to evaluate the project. The CERG developed tools to measure the impact of the initiatives in collaboration with the project partners. The tools included a customer survey, supermarket staff survey, interview questions for supermarket management staff and members of the project team and an analysis of Monash University’s Store Scout food retail healthiness assessment tool.

2.2 PROJECT DELIVERY

Making use of marketing and promotional techniques in stores, Reach for the Stars utilised a number of strategies to highlight healthy eating, and purchase products with high health star ratings. Interventions included the following marketing materials:

- Posters – ‘All fresh fruit and veg are 5 stars!’
- Health Star Rating shelf tags
- Healthy eating messages from ‘Latrobe Stars’
- Other healthy eating messages
- Healthy recipes

A social marketing campaign and communication plan complimented the strategy. Pictured below is a selection of the campaign materials used.

REACH FOR THE STARS



REACH FOR THE STARS



"I buy in-season fruits and vegetables in a variety of colours – colours of the rainbow."

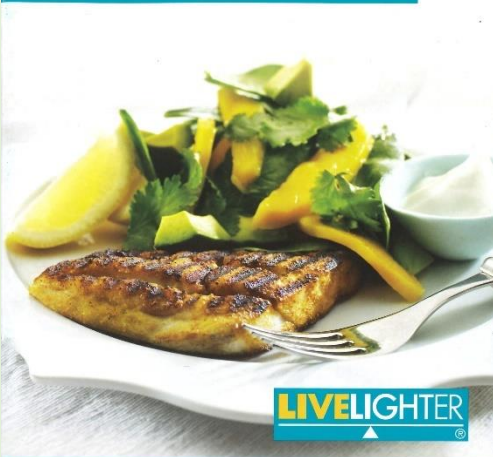
- Belinda, Traralgon



A Latrobe Health Innovation Zone Initiative



SUMMER RECIPES 1



"I cook extra portions of healthy meals and freeze the leftovers. It's my fake-away meal."

- Jackie, Morwell



A Latrobe Health Innovation Zone Initiative

3. THE EVALUATION OF LATROBE HEALTHY SUPERMARKETS

3.1 AIM OF THE EVALUATION

The aim of the project is to evaluate the effectiveness of a health campaign designed to positively influence the attitude and buying behaviour of supermarket shoppers, and to gain insight into the perceptions of stakeholders who play a key role in delivering the campaign (e.g. store managers and staff).

3.2 EVALUATION RESEARCH QUESTIONS

The key research questions surrounding shoppers will be:

1. Did shoppers notice the campaign messaging?
2. If so, what elements of it (e.g. posters, shelf labels etc.) did they notice?
3. Did these campaign elements change the way they think or feel towards healthier eating?
4. Did these campaign elements change actual behaviour (as measured by the increased purchase of healthier foods)?

The proposed evaluation strategy comprised of both a demand-side (e.g. the shopper) and a supply-side perspective (e.g. supermarket managers and staff). The key research questions will be:

5. What insights can staff, and managers provide into the success and impact of the Campaign?
6. What perceived benefits were there to the supermarket in participating in the Campaign?
7. Would the supermarket participate in such a Campaign if it were to run again in the future? If so, what aspects of the Campaign worked well, and what aspects could be improved?
8. What other strategies might supermarkets use to encourage healthier diets amongst their customer base?

3.3 DATA COLLECTION / TOOLS USED

The evaluation of the project utilised a variety of data collection tools in a mixed methods approach which provided information about the process, outcomes, and impact. Quantitative and qualitative data was collected as shown in Figure 1 below

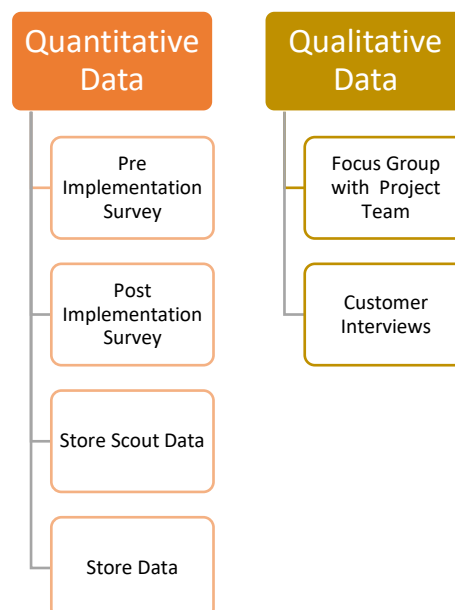


Figure 1: Data Collected

4. EVALUATION FINDINGS

4.1 PRE-INTERVENTION CUSTOMER SURVEY

INTRODUCTION

A random sample of 93 participants completed a pre-intervention survey at IGA stores in Morwell, Glengarry, Moe, and Churchill in August 2022. The highest number of participants were shoppers from Moe (32%, n=32) and Churchill (33%, n= 21) (Figure 2).

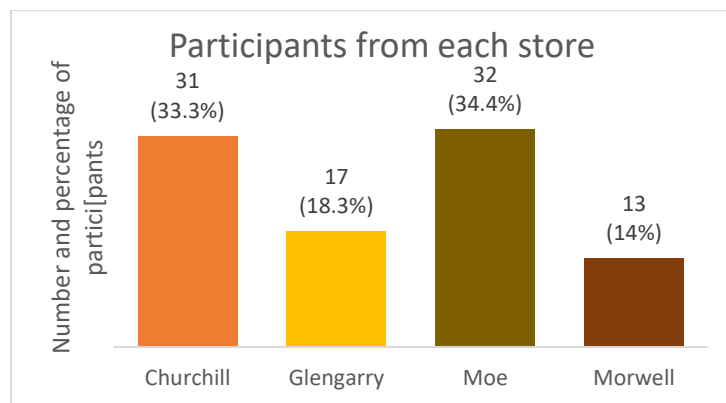


Figure 2. Number of participants from each store

DEMOGRAPHIC INFORMATION

The majority of participants were female (66.7%, n=62), and 30.1% (n=28) were male. Three participants did not state their gender. All participants were over 18 and with a high proportion of aged over 55 (59.1%, n=55), followed by 35-54 years old (28.0%, n=26) and those 18-34 (12.9%, n=12). The number of participants for each age category is shown in Figure 3 below. Almost all participants (96%, n=87) do most of the grocery shopping for their households.

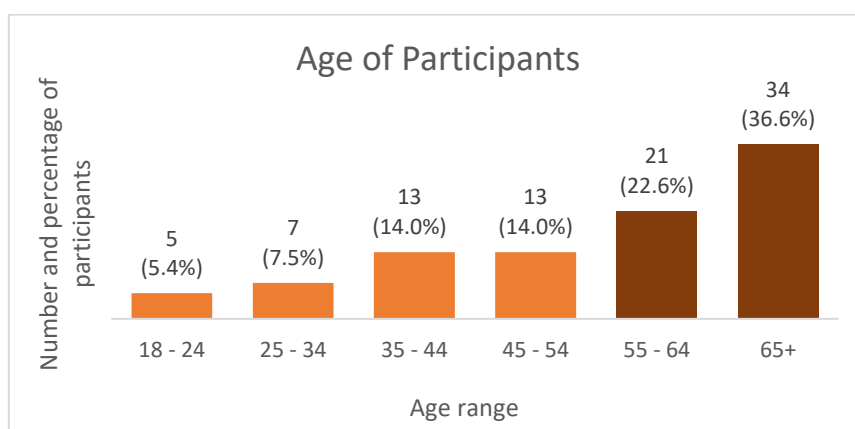


Figure 3. The age range of participants

GROCERY CHOICES AND SHOPPING PATTERNS

Participants were asked about the importance of various features of grocery items when they were choosing what to buy. They were asked about the “*The brand name*”, “*How it tastes*”, “*How healthy it is*”, and “*How much it costs*” with their responses rated on a scale of 1 – 5, from *Not at all important* to *Extremally important*. For reporting purposes, *Extremally important* and *Important* have been combined in the positive and *Not at all important* and *Slightly important* have been combined in the negative throughout this report. Thus, the results will be presented using a 3-point Likert scale.

As shown in Figure4, “*the brand name*” was not important for the just over half of the participants (52.7%, n=49) when shopping. Most participants (84.9%, n= 79) said that “*how it tastes*” was highly important. “*How healthy it is*” and “*How much it costs*” were also perceived as highly important (61.3%, n=57 and 64.5%, n=60 respectively).

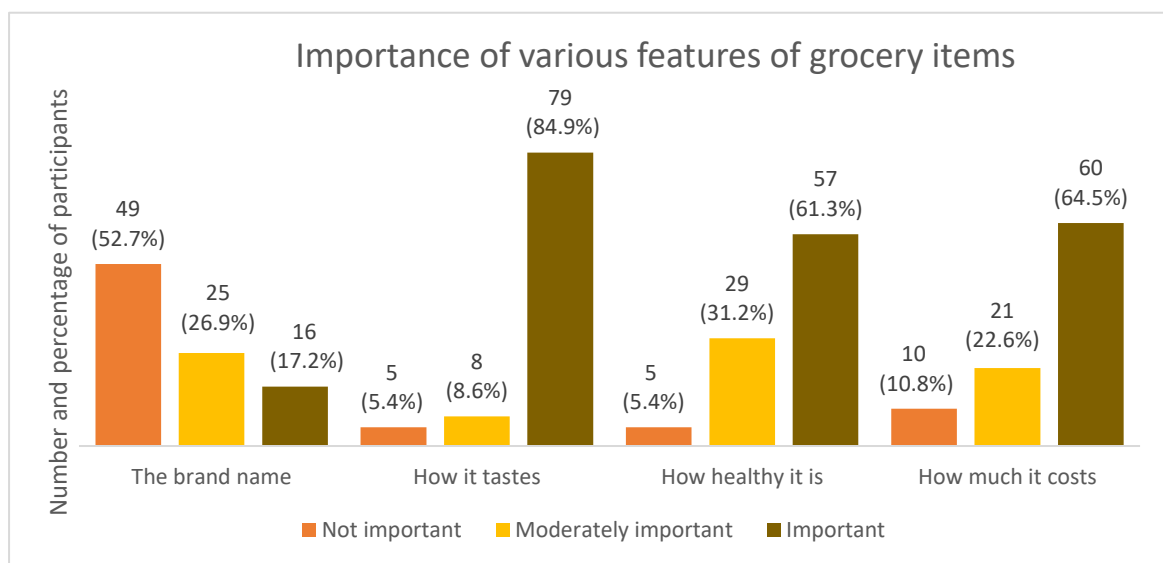


Figure 4. Importance of various features when purchasing grocery items

Participants were given a series of six statements related to their grocery choices and asked to rate each one from *Strongly Agree* to *Strongly Disagree*. For reporting purposes, *Strongly Agree* and *Agree* have been combined in the positive and *Strongly Disagree* and *Disagree* have been combined in the negative throughout this report. The results are presented using a 3-point Likert scale. The results are shown in Figure 5 below

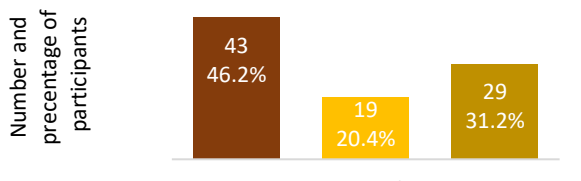
Statements	Responses												
I know which food or drink to buy based on my own knowledge.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Agree</td> <td>78</td> <td>83.9%</td> </tr> <tr> <td>Neutral</td> <td>7</td> <td>7.5%</td> </tr> <tr> <td>Disagree</td> <td>2</td> <td>2.2%</td> </tr> </tbody> </table>	Response	Number	Percentage	Agree	78	83.9%	Neutral	7	7.5%	Disagree	2	2.2%
Response	Number	Percentage											
Agree	78	83.9%											
Neutral	7	7.5%											
Disagree	2	2.2%											
Before buying any food or drink, I look to see if there is any health messaging on the product (e.g., “good source of vitamins and minerals” or “no added sugar”).	 <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Agree</td> <td>39</td> <td>41.9%</td> </tr> <tr> <td>Neutral</td> <td>26</td> <td>28%</td> </tr> <tr> <td>Disagree</td> <td>25</td> <td>26.9%</td> </tr> </tbody> </table>	Response	Number	Percentage	Agree	39	41.9%	Neutral	26	28%	Disagree	25	26.9%
Response	Number	Percentage											
Agree	39	41.9%											
Neutral	26	28%											
Disagree	25	26.9%											
Before buying any food or drink, I always look at the health star rating.	 <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Agree</td> <td>36</td> <td>38.7%</td> </tr> <tr> <td>Neutral</td> <td>22</td> <td>23.7%</td> </tr> <tr> <td>Disagree</td> <td>32</td> <td>34.4%</td> </tr> </tbody> </table>	Response	Number	Percentage	Agree	36	38.7%	Neutral	22	23.7%	Disagree	32	34.4%
Response	Number	Percentage											
Agree	36	38.7%											
Neutral	22	23.7%											
Disagree	32	34.4%											
Before buying any food or drink, I check the ingredients and nutrition information on the back of the pack	 <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Agree</td> <td>43</td> <td>46.2%</td> </tr> <tr> <td>Neutral</td> <td>19</td> <td>20.4%</td> </tr> <tr> <td>Disagree</td> <td>29</td> <td>31.2%</td> </tr> </tbody> </table>	Response	Number	Percentage	Agree	43	46.2%	Neutral	19	20.4%	Disagree	29	31.2%
Response	Number	Percentage											
Agree	43	46.2%											
Neutral	19	20.4%											
Disagree	29	31.2%											
I always choose the healthiest products available when shopping	 <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Agree</td> <td>52</td> <td>55.9%</td> </tr> <tr> <td>Neutral</td> <td>27</td> <td>29%</td> </tr> <tr> <td>Disagree</td> <td>11</td> <td>11.8%</td> </tr> </tbody> </table>	Response	Number	Percentage	Agree	52	55.9%	Neutral	27	29%	Disagree	11	11.8%
Response	Number	Percentage											
Agree	52	55.9%											
Neutral	27	29%											
Disagree	11	11.8%											
I find it easy to know which foods are the healthiest when shopping	 <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Agree</td> <td>65</td> <td>69.9%</td> </tr> <tr> <td>Neutral</td> <td>15</td> <td>16.1%</td> </tr> <tr> <td>Disagree</td> <td>10</td> <td>10.8%</td> </tr> </tbody> </table>	Response	Number	Percentage	Agree	65	69.9%	Neutral	15	16.1%	Disagree	10	10.8%
Response	Number	Percentage											
Agree	65	69.9%											
Neutral	15	16.1%											
Disagree	10	10.8%											

Figure 5. Shopping patterns

The majority of participants (83.9%, n=78) relied on personal knowledge when shopping. In addition, a significant proportion of participants (69.9%, n=65) found it easy to know which foods were the healthiest when making choices. More than half of participants (55.9%, n=52) reported that they always choose the healthiest products available. For the three statements relating to looking at

ingredients, healthy massaging on the products and the health star rating, 2 out of 5 participants expressed their agreement.

HEALTH STAR RATING SYSTEM

Participants were asked about their knowledge and behaviours related to the Health Star Rating system. They were asked if they were familiar with the Health Star Rating information on packaged foods. Of the 85 participants who responded, 77.6% (n=66) said “Yes” while 19 (22.4%) do not know about it. In response to the question “How often do you check the Health Star Rating of a product?”, “Sometimes” (31.2%, n=29) and “Often” (28.0%, n=26) were the most common responses (Figure 6). A small percentage (8.6%, n=8) “always” checked the Health Star Rating. Twelve participants (12.9%) did not respond to this question.

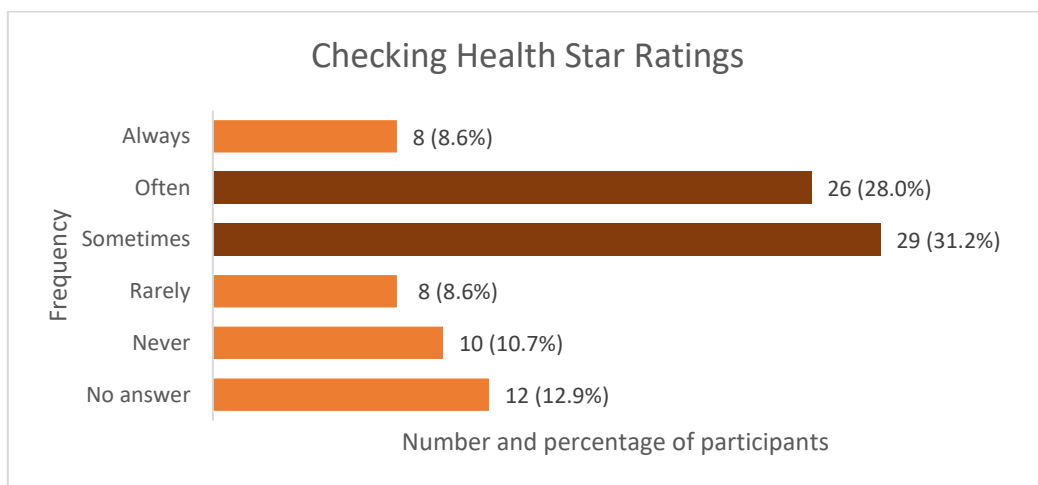


Figure 6: Frequency of checking Health Star Ratings

Participants were asked how often the Health Star Rating influences what they buy. Although there was no one option chosen by the majority of participants, 59 participants (63.4%) reported a medium-to-high impact through choosing the options of “Sometimes” and “Often” (Figure 7).

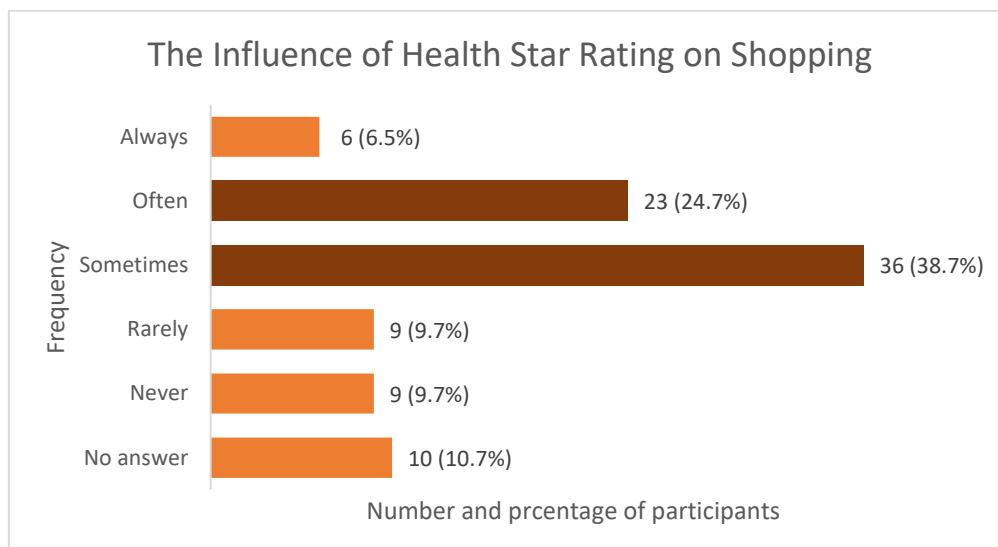


Figure 7: Frequency of purchasing due to Health Star Ratings

For the final question of this section, the participants were presented with pictures of bananas, a carrot, a cola soft drink, milk chocolate, and wholegrain cereal, and were asked which of these products they thought had a high Health Star Rating (4.5 or 5) (Figure 8).



Figure 8: Survey question relating to Health Star Ratings

The participants were able to choose more than one option. The majority of participants rated carrot (87.1%, n=81), banana (81.7%, n=76) and wholegrain cereal (62.4%, n=58) as the items that had the highest Health Star Rating (Figure 9).

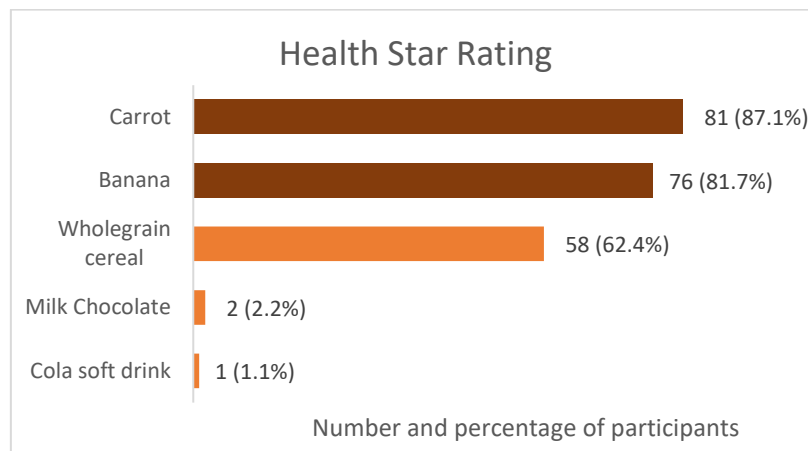


Figure 9: Rating of healthy items

DAILY CONSUMPTION OF FRUITS AND VEGETABLES

In this section of the survey, the participants were asked “On average, how many serves of fruit do you eat each day?”. This was an open-ended question, and the participants could provide any number that would represent their daily consumption of fruits. As shown in Figure 10, the majority of participants (79.6%, n=74) reported that on average, they had one to two serves of fruits each day.

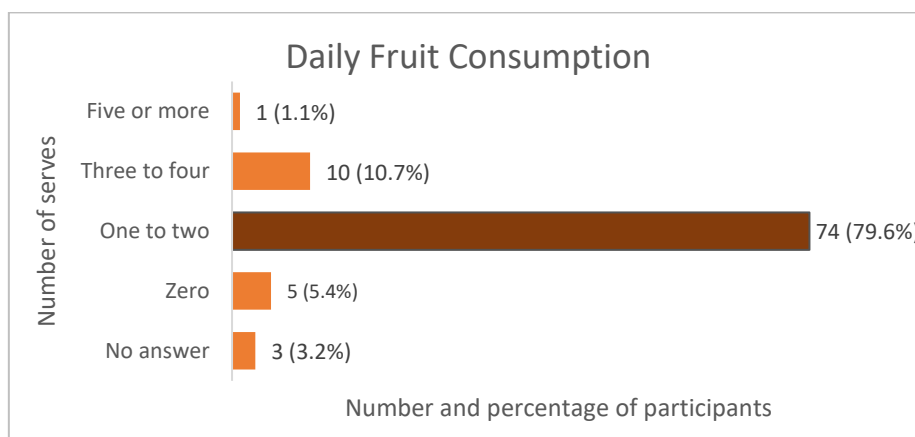


Figure 10: Daily consumption of fruit

This question was repeated for daily consumption of vegetables, with participants asked: “On average, how many serves of vegetables do you eat each day?”. The participants’ responses were coded in a

similar way as for the previous question. According to the results, the majority of participants (61.3%, n=57) had one or two daily serves of vegetables (Figure 11).

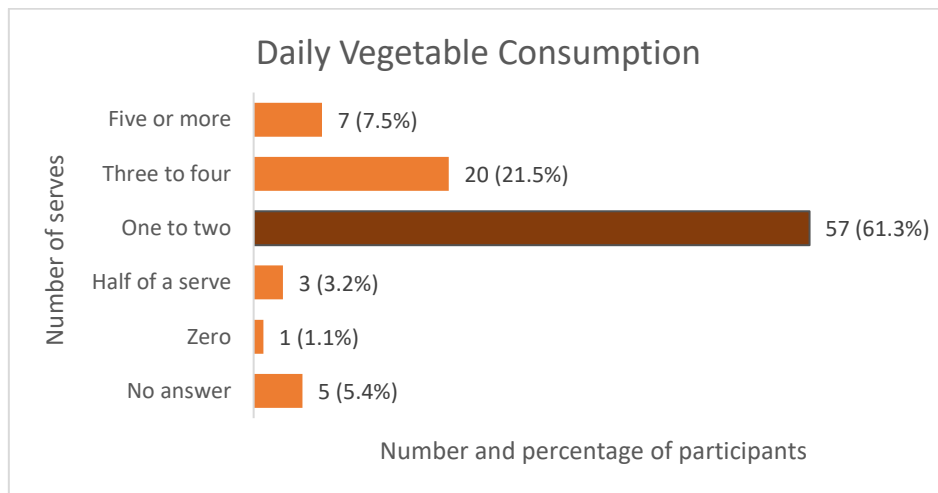


Figure 11: Daily consumption of vegetables

In conclusion, the results indicated a good awareness of healthy foods and healthy shopping behaviours and attitudes amongst the majority of participants. However, in some areas such as knowledge of the Health Star Rating system, and checking ingredients and health messages, participants' attitudes could be improved. The results also highlighted that the consumption of fruits and vegetables at the recommended level of least five serves of vegetables and two serves of fruit every day according to the Australian Heart Foundation is not being met by a high percentage of participants, particularly vegetable consumption.¹

¹ Heart Foundation: Fruit, vegetables and heart health: <https://www.heartfoundation.org.au/bundles/healthy-living-and-eating/fruit-vegetables-and-heart-health>

4.2 POST-IMPLEMENTATION SURVEY FINDINGS

INTRODUCTION

A post-intervention survey was conducted between October and November. As shown in Figure 12, 75 people completed the post-intervention survey at IGA supermarkets in Morwell, Glengarry and Moe and 36 people completed the customer survey in Churchill at the local shopping centre, where there was no intervention a total overall of 111.

The analysis of the results of this survey includes comparisons between post- and pre-intervention surveys where they can be made. In addition, the comparison between four sites (three sites with intervention and one without) is provided where appropriate.

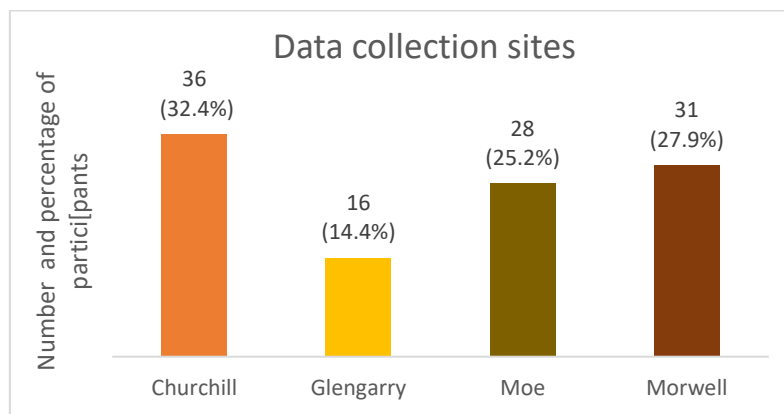


Figure 12: Data collection sites

DEMOGRAPHIC INFORMATION

The number of female and male participants who filled out the survey was equal: n=51 (45.9%), 1 participant (0.1%) stated non-binary and 8 (7.2%) did not mention their gender. This compares to 93 participants in the pre-implementation survey, which, unlike the post-implementation survey, female participants were in the majority (67.6%, n=62).

In terms of age, similar to the results of the pre-intervention survey, the proportion of people aged over 55 (47.7%, n=55) was high. The comparison of participants' age is shown in Figure 13 below. Over half of the respondents had a Health Care or a Pension card (58.6%, n=65).

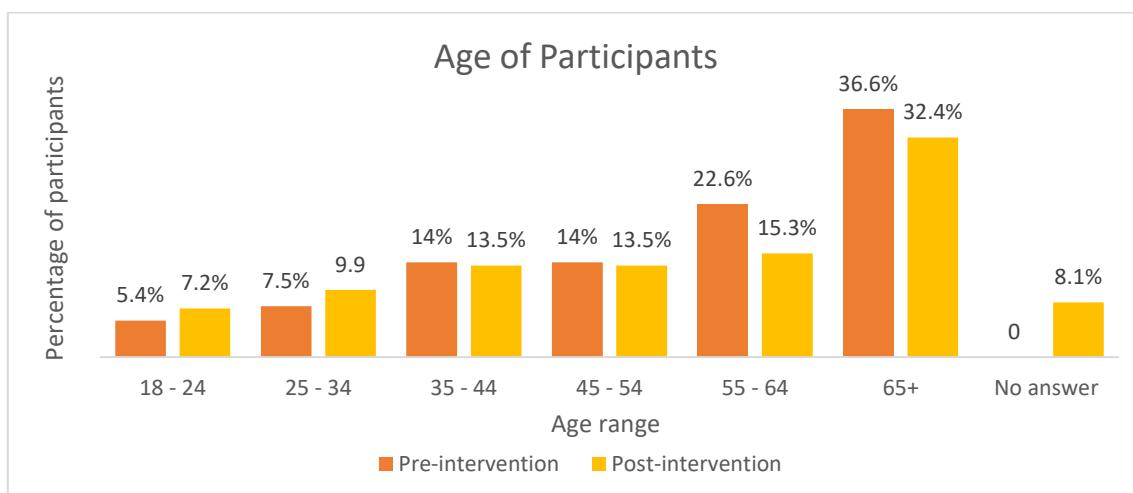


Figure 13: The age range of participants

Participants were asked how often shopped, from once-a-week to less than a month. Figure 14 below shows the total number of participants as well as for each site. The majority of participants shopped once a week or more.

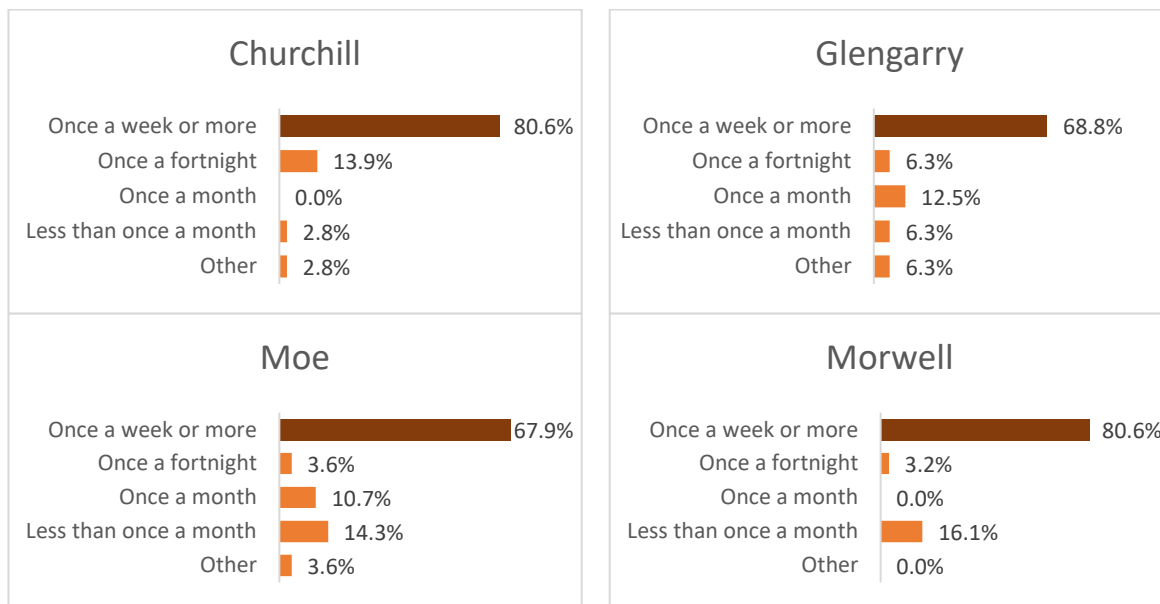
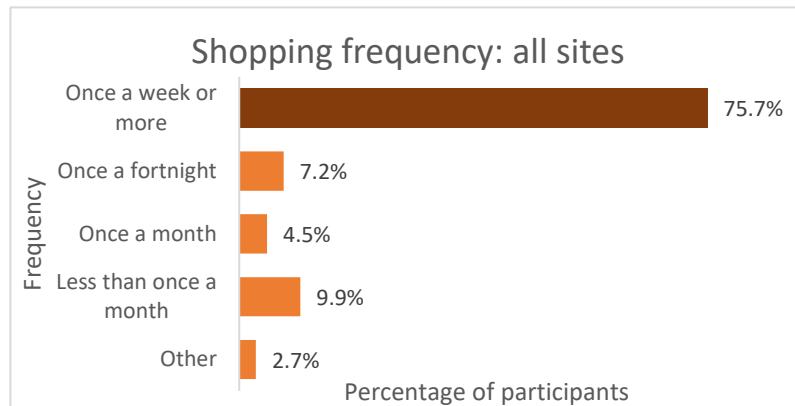


Figure 14: Shopping frequency

Health Star Rating System

Participants were asked about their familiarity with the Health Star Rating System. The majority of participants (76.6%, n= 85) were familiar with it, with 19.8% (n=22) saying they were not. Four participants (3.6%) did not respond.

The pre-intervention survey showed similar results: 71.0% (n=66) were familiar with the system and 20.4% (n=19) were not. The results of pre-intervention and post-intervention surveys are presented in Figure 15 below.

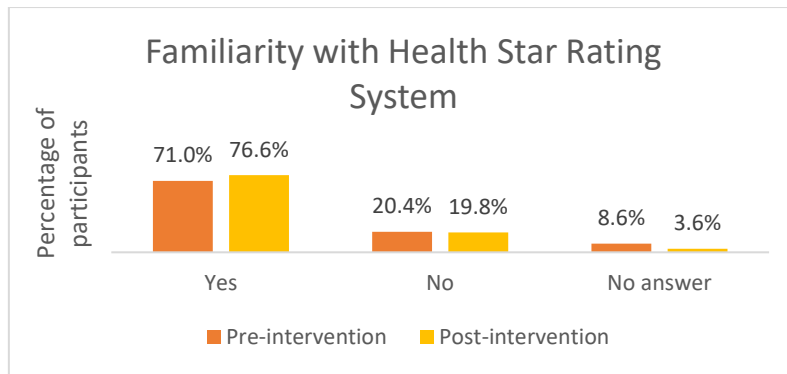


Figure 15: Familiarity of participants with Health Star Rating, pre and post-intervention

In regard to the comparison of the four sites in the post-intervention survey, the proportion of participants who were not aware of the Health Star Rating system was slightly higher for Moe and Morwell, as shown in Figure 16.

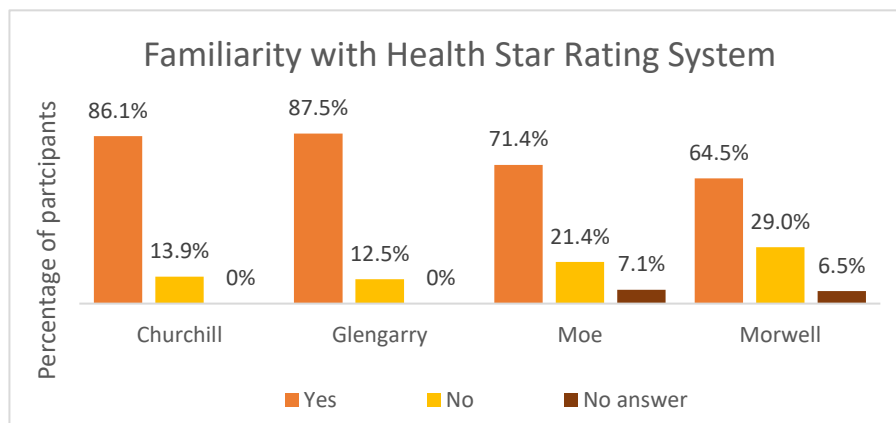


Figure 16. Familiarity of participants with Health Star Ratings across the four sites

Participants were asked how often they checked the Health Star Rating on a product. The majority of participants (56.7%, n=63) chose the options of “Sometimes”, “Often”, and “Always”. This was slightly lower in comparison to the pre-intervention survey (67.8%, n=63). The results of the participants’ responses across pre-intervention and post-intervention surveys are presented in Figure 17 below.

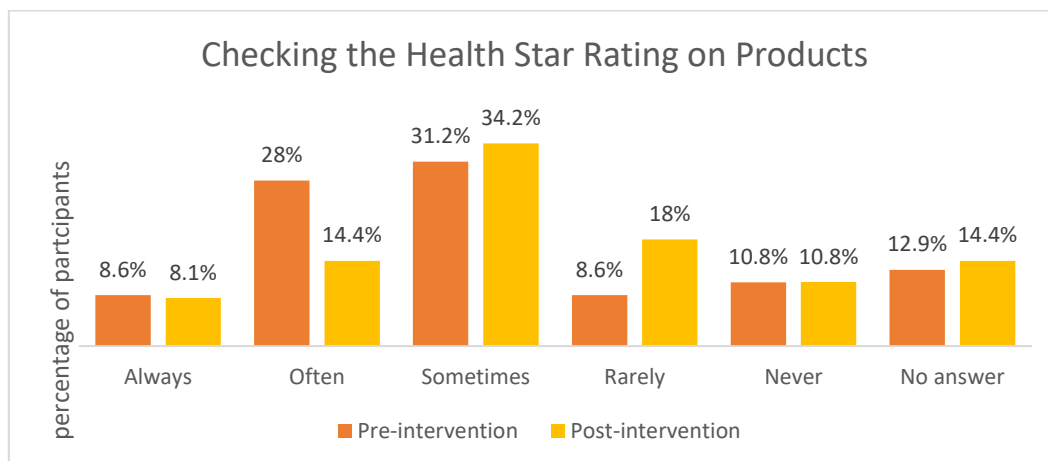


Figure 17. Frequency of checking Health Star Ratings pre and post-intervention

Across the four sites, as presented in Figure 18, the most popular response to the question about the frequency of checking the Health Star Rating was “Sometimes”. If responses “Sometimes”, “Often” and “Always” are combined together, the results indicate that Glengarry and Moe had a higher percentage of participants (68.8% and 67.9% respectively), while for Churchill and Morwell around half of the respondents chose these responses (50.1% and 48.4% respectively). In addition, the response “Rarely” was selected more often in Churchill and Morwell in comparison with the other two sites.

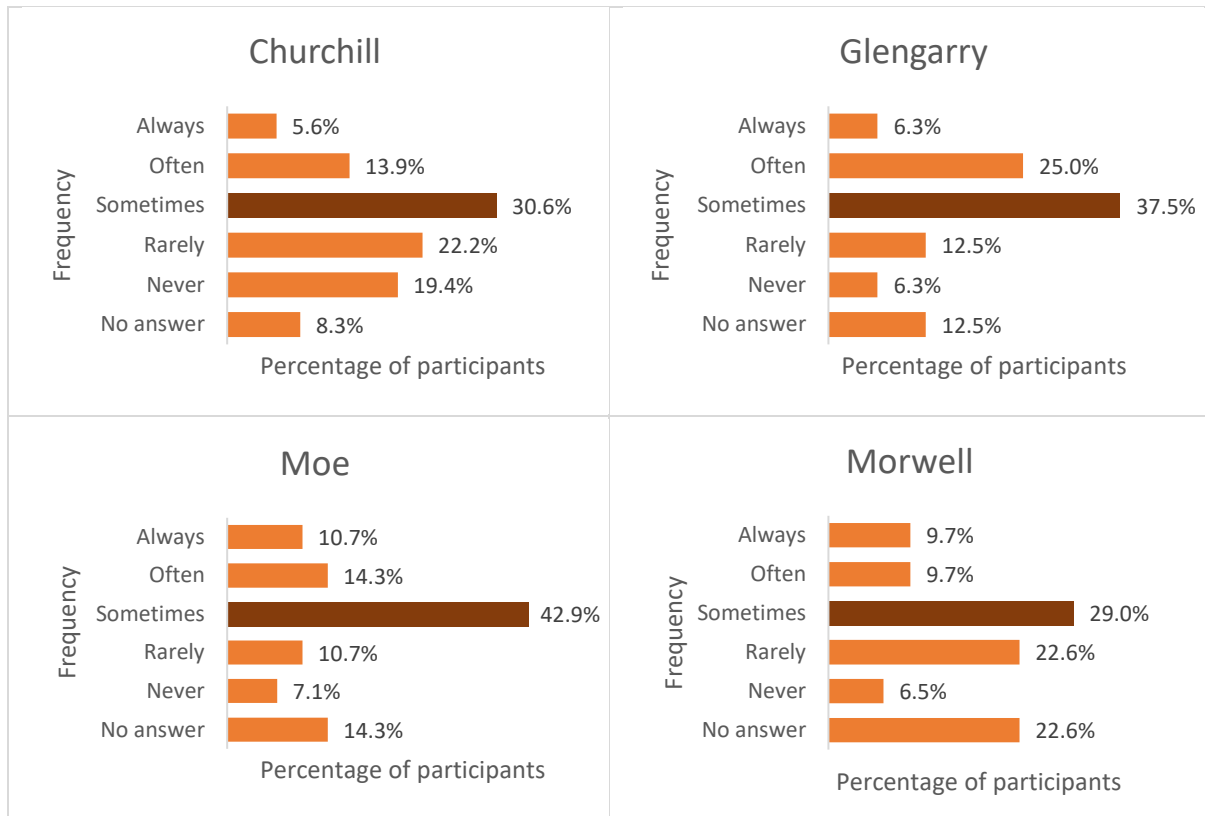


Figure 18. Frequency of checking Health Star Ratings across the four sites

Participants were asked: “How often does the Health Star Rating influence what you buy?”. The majority of participants (57.6%, n= 64), chose the options of “Sometimes”, “Often”, and “Always”. This was slightly lower in comparison with the results of the pre-intervention survey where 69.9% (n=65) of the participants chose the same options. The results are presented in Figure 19 below.

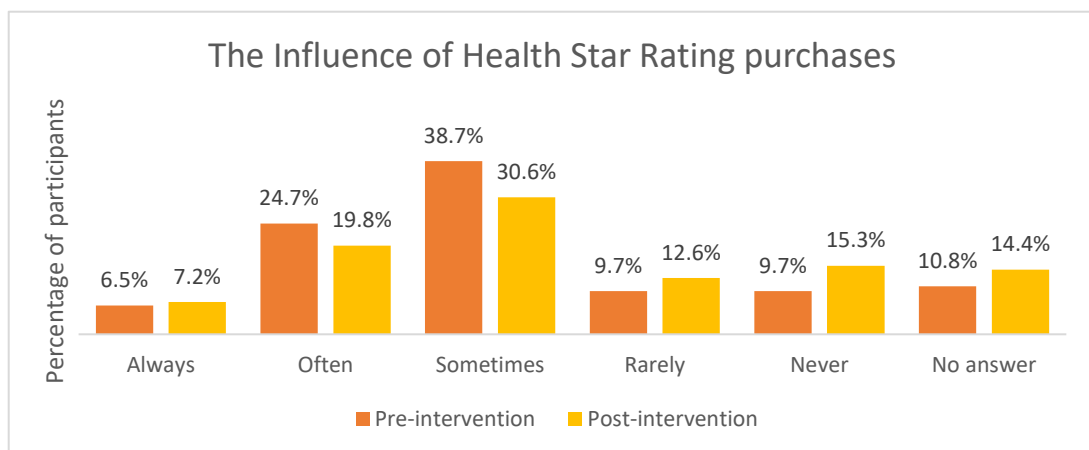


Figure 19. The influence of Health Star Ratings on purchases pre and post-intervention

Across the four sites, as shown in Figure 20, the most popular response to the question about the influence of the Health Star Rating on shopping was “Sometimes” for all sites except Glengarry. If responses “Sometimes”, “Often” and “Always” are combined together, the results indicate that Moe had a higher percentage of participants (67.9%), followed by Churchill (58.4%), Glengarry (56.4%), and Morwell (48.4%).

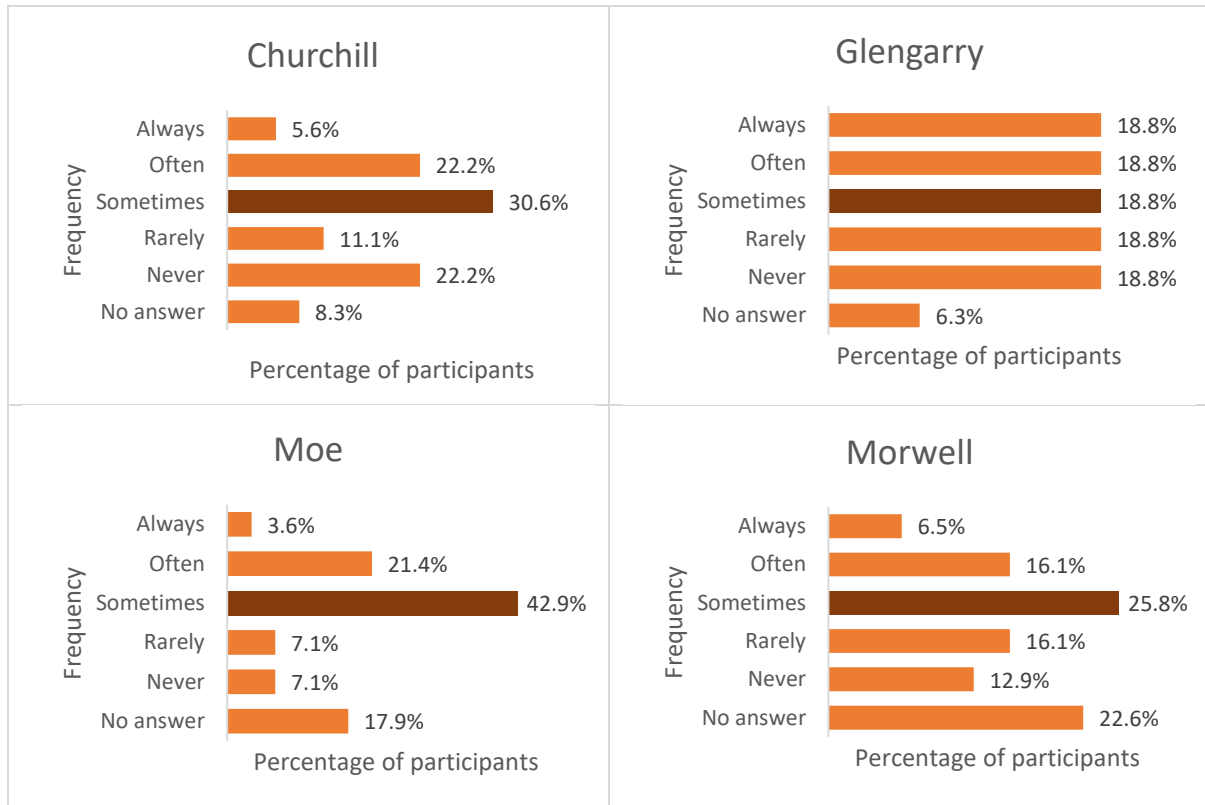


Figure 20: Influence of Health Star Rating on shopping across four sites

Participants were presented with pictures of a banana, carrot, cola soft drink, milk chocolate, and wholegrain cereal, and asked to identify which had a high Health Star Rating (4.5 or 5). The majority of participants rated banana (82.9%, n=92), carrot (82%, n=91) and wholegrain cereal (62.2%, n=69) as the items that had the highest Health Star Rating. As shown in Figure 21, these results are similar to the results of the pre-intervention survey.

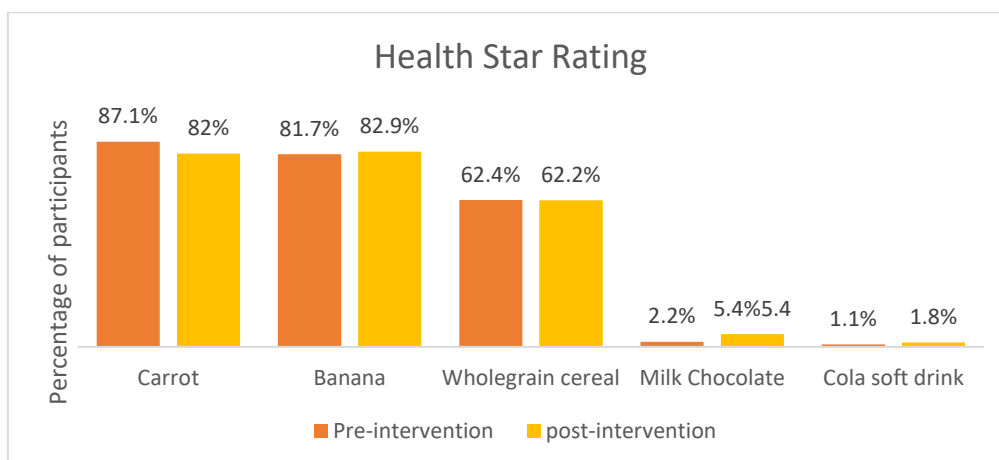


Figure 21: Identifying High Health Star Ratings pre and post-intervention

REACH FOR THE STARS CAMPAIGN MATERIALS

Participants were asked if they had noticed anything that encouraged them to purchase healthier food and drinks while they were shopping. As shown in Figure 22, a total of 46.8% (n=52) said that they had not noticed signs or messaging to encourage buying healthier foods and drinks while 29.7% (n=32) were not sure. Across four sites, Churchill demonstrated a significantly higher proportion of respondents who replied “No” to this question, which is explained by the absence of the campaign at this site. Glengarry had more “Yes” responses than “No” or “Not sure” in comparison with other sites.

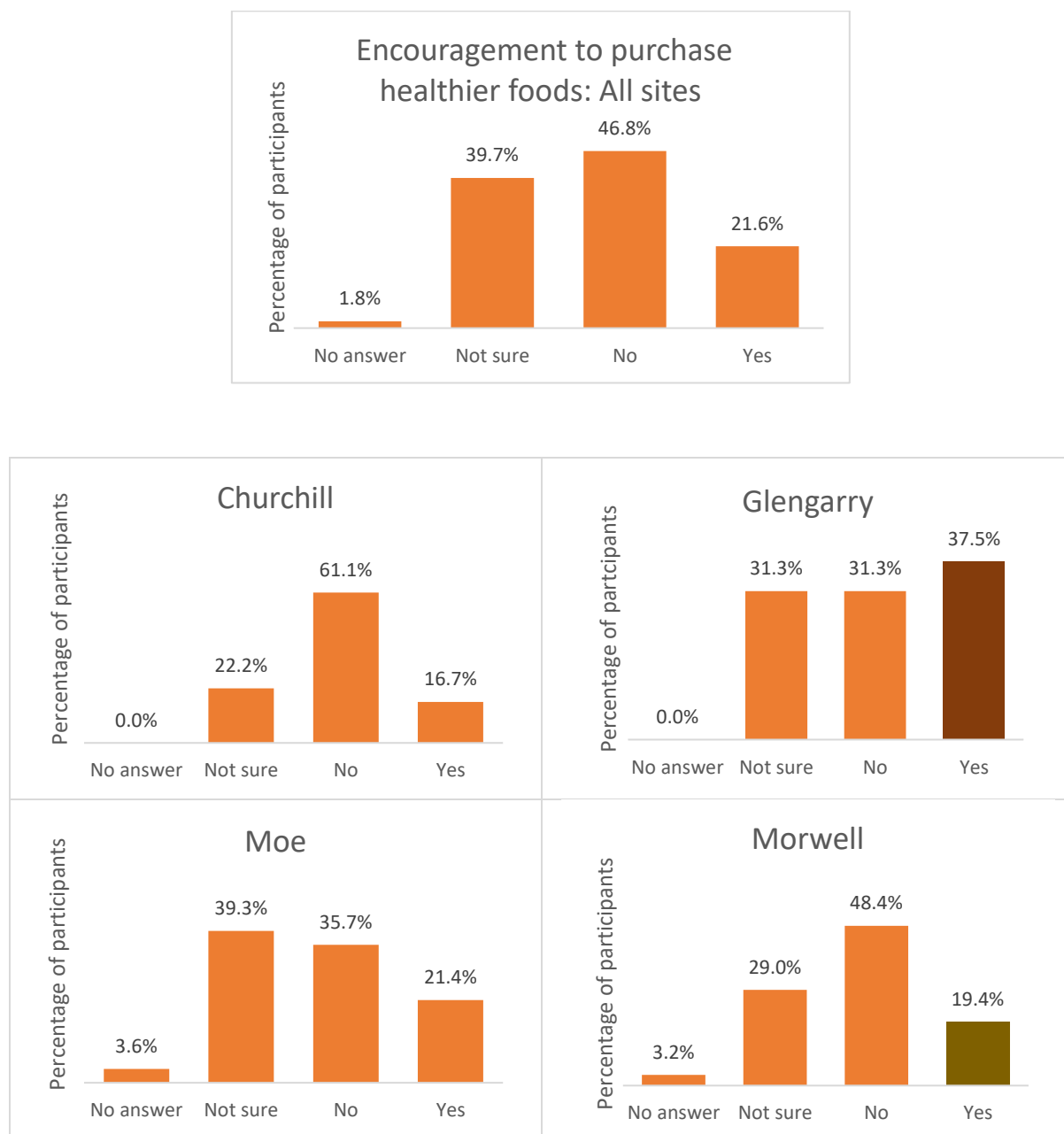


Figure 22. Encouragement to purchase healthier foods

Participants in Glengarry, Moe and Morwell who had noticed the Reach for the Stars materials in the store were asked to identify which of the listed promotional materials they saw. Multiple options were provided including “Fruit and vegetable banners/posters”, “Health Star Rating shelf tags”, “Healthy eating messages from Latrobe Stars”, “Healthy recipes”, “Reach for the Stars t-shirts”, and “Reach for

the Stars flyer”. The participants could choose more than one option. As shown in Figure 23, the most common answer was “Health Star Rating shelf tags” with 41.3% of participants (n=31) choosing this option.

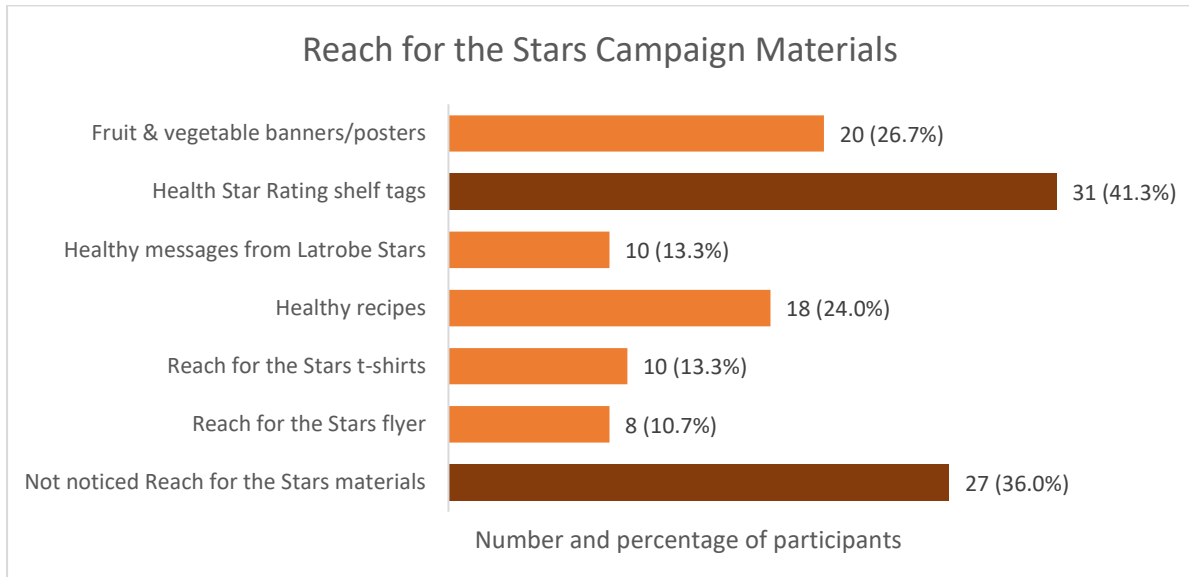


Figure 23. Reach for the Stars campaign materials

Similarly to the total results, for each of the three sites, the most often noticed Reach for the Stars Materials were “Health Star Rating shelf tags”, “Fruit and vegetable banners/posters”, and “Healthy recipes” (Figure 24).

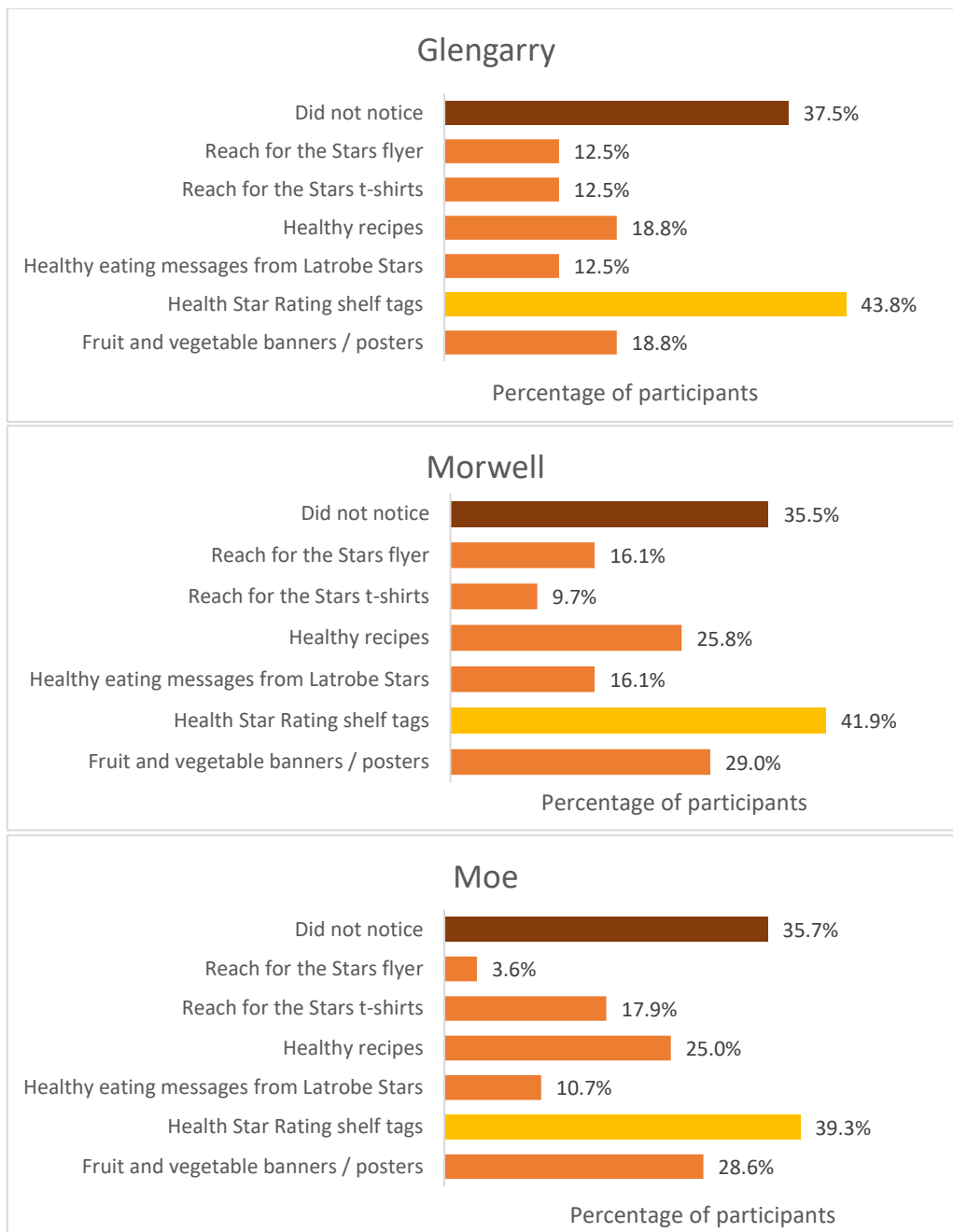


Figure 24. Reach for the Stars materials that were noticed at each site

In Churchill, the participants had an open-ended question to explain what materials they noticed. Some responses were as follows: *Promotions on health food products, protein shakes, protein bars, cereal, fruit and vegetables allocated right out the front, the slogan “the fresh food people”, free fruit basket for kids, placards, coloured signs, and healthy vegan section.*

Participants in Glengarry, Moe and Morwell were asked about the impact of Reach for the Stars Materials on their thinking about buying healthier foods and on their buying of healthier foods. As shown in Figure 25, the most common answer to the first question was “Yes” with 41.3% (n=31) choosing this option, and “No” was selected by slightly less than one-third of participants (26.7%, n=20). Across three sites with intervention, Moe had a higher proportion with more than half of the participants replying “Yes” (56.6%, n=52), followed by Glengarry (43.7%, n=7) and Morwell (29.0%, n=9).

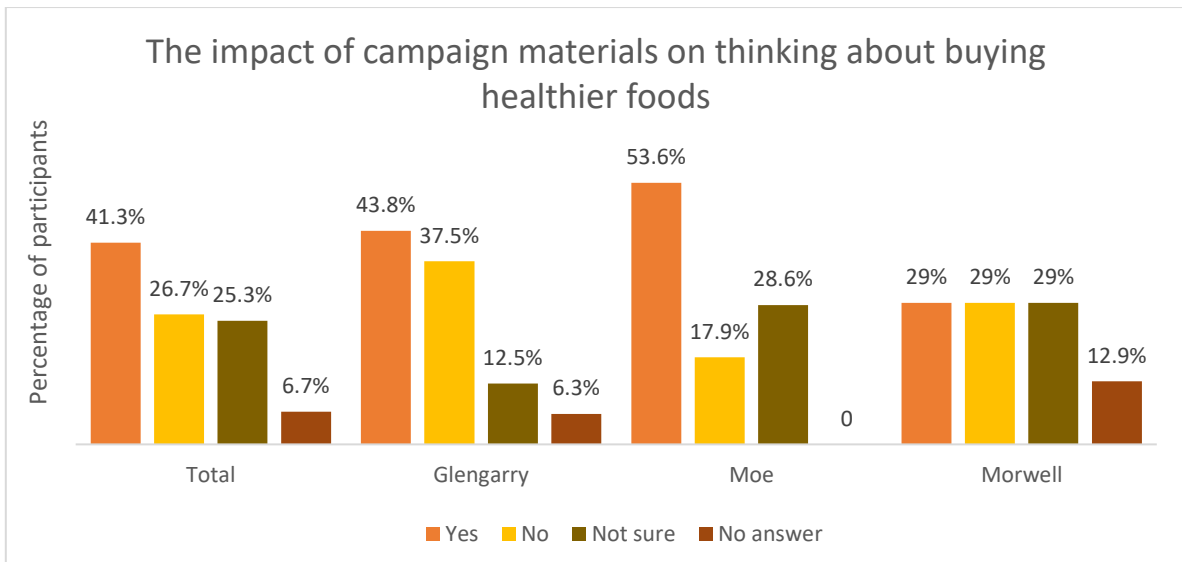


Figure 25. The impact of Reach for the Star Materials on “thinking” about buying healthier foods

To the question “*Did you buy healthier foods as a result of this material?*”, the results were the opposite, with more participants who replied “No” (42.7%, n=32) (Figure 26). Only in Moe, did more participants choose “Yes” rather than “No” in comparison with other sites. These results indicate that Reach for Star Materials had an impact on customers’ thinking about buying healthier foods but had not changed their behaviour when buying. However, Moe showed positive results in terms of both questions.

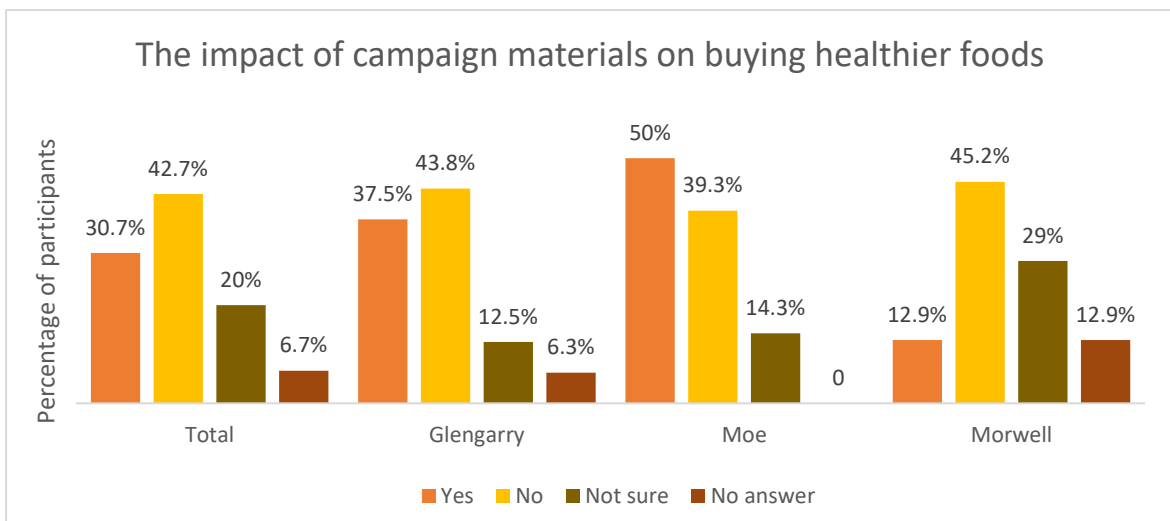


Figure 26. The impact of Reach for the Star Materials on “buying” healthier foods

For those participants who answered “Yes” a follow-up open-ended question asked which materials had the greatest impact and why. Most participants did not answer this question, however, “*Bright signage*”, “*Information on the product*”, “*Advertising*” and “*Signs*” were mentioned.

SHOPPING PATTERNS

In both the pre and post-intervention surveys, participants were asked about the way they shopped. Three statements were given and participants were asked if they agreed or disagreed with each. For reporting purposes, *Strongly Agree* and *Agree* have been combined in the positive and *Strongly Disagree* and *Disagree* have been combined in the negative. For all three statements, the proportion of participants who agreed in the post-intervention survey was lower than the proportion of participants in the pre-intervention survey (Figure 27).

The first statement was *“I find it easy to know which foods are the healthiest when shopping”*. As shown in Figure 26 below, the majority of participants in the post-intervention survey (57.7%, n=64) agreed with this statement. However, this proportion is lower in comparison with the pre-intervention survey (68.4%, n=64). Figure 28 shows the differences across the four sites. For all sites, more participants agreed with the statement, however there were significant differences between each site.

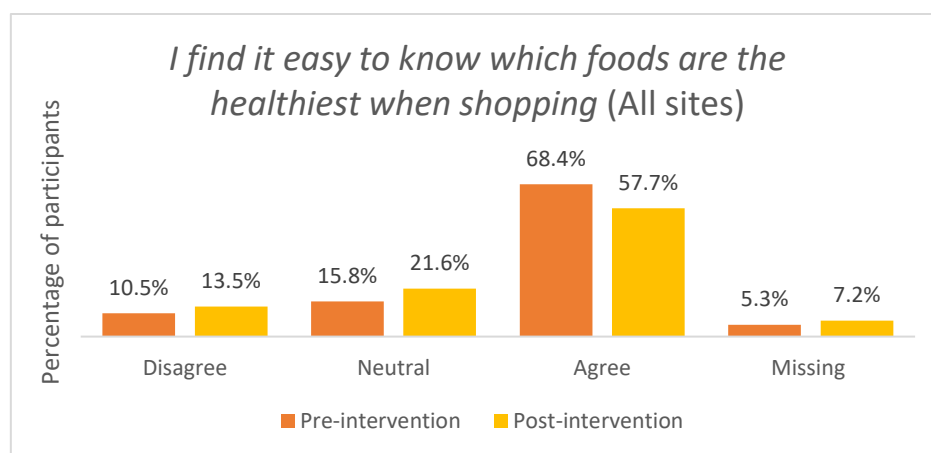


Figure 27. Knowledge of healthy foods – all sites – pre and post-intervention

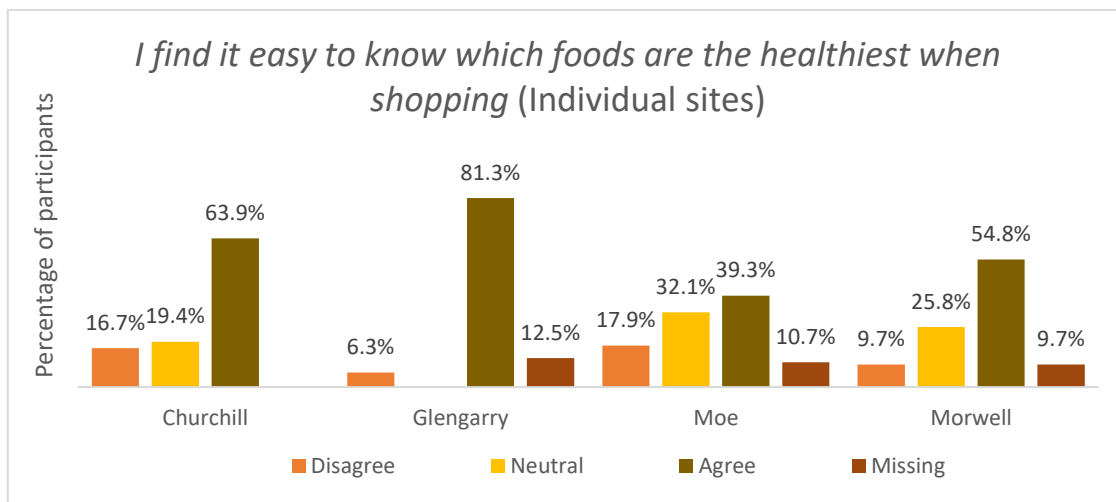


Figure 28. Knowledge of healthy foods – individual sites

The statement, *“I always choose the healthiest products available when shopping”* saw more people in the pre-intervention survey who agreed (50.9%, n=51) than in the post-intervention survey (41.4%, n=46) (Figure 29). As shown in Figure 30, the majority of participants at all sites agreed with the statement.

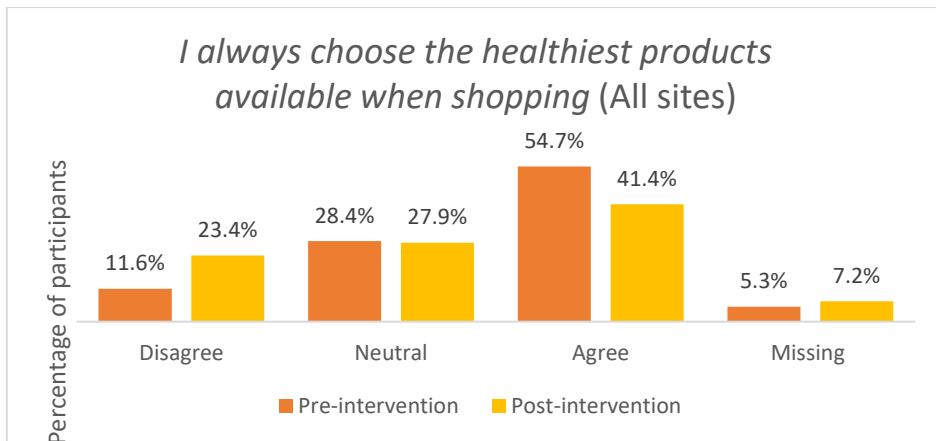


Figure 29. Choosing healthy foods at all sites, pre and post-intervention

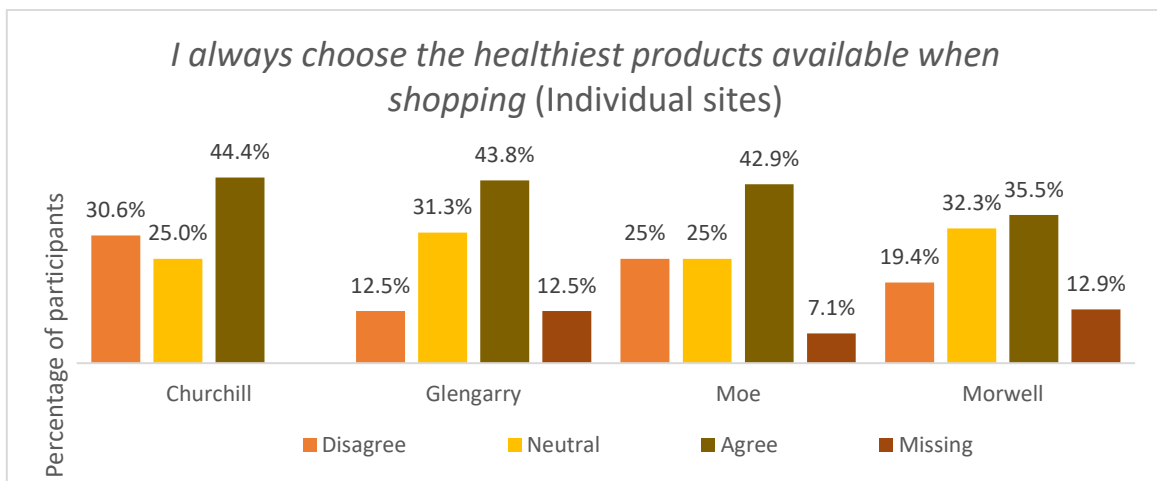


Figure 30. Choosing healthy foods – individual sites

The responses to the statement, *“Before buying any food or drink, I always look at the Health Star Rating”*, were similar to the first two statements, a lower number agreed in the post-intervention survey (27.9%, n=31) in comparison with the pre-intervention survey (37.9%, n=35) (Figure 31). Across four sites, the results are inconsistent showing more participants disagreed with the statement in Churchill and Glengarry, more neutral in Moe and more agreed in Morwell (Figure 32).

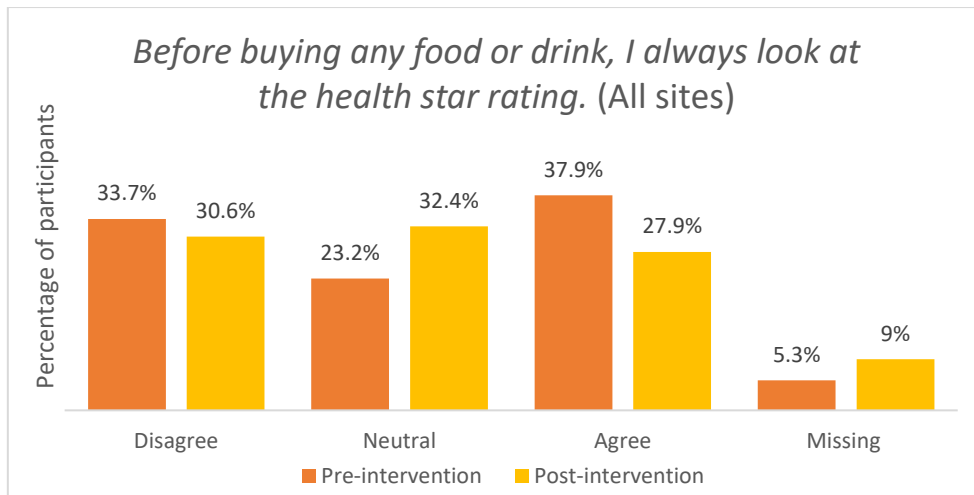


Figure 31: Checking health star ratings – all sites – pre and post-intervention

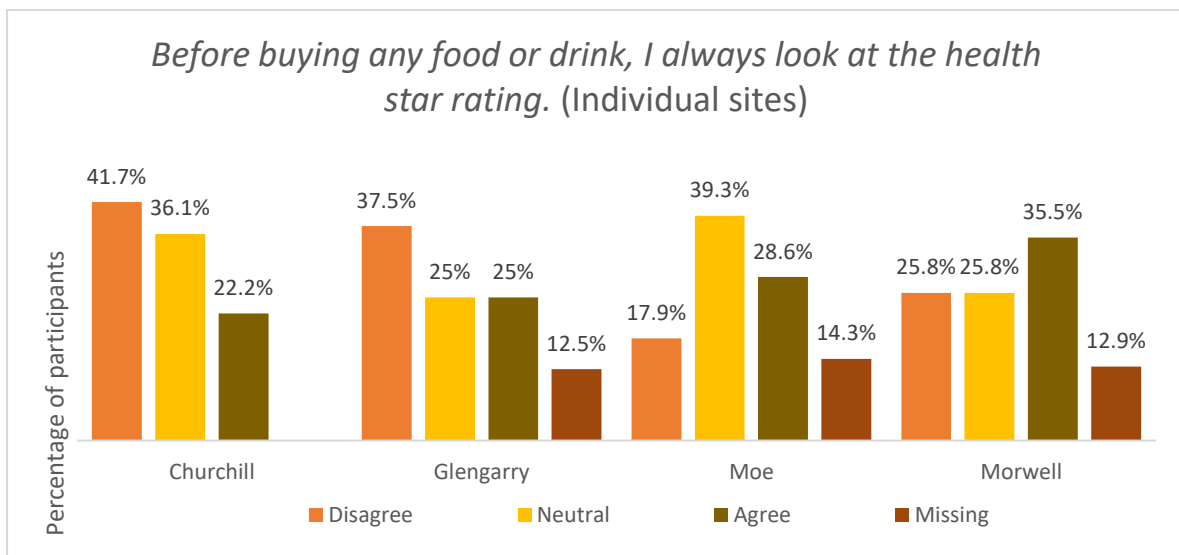


Figure 32. Checking health star ratings at individual sites

The survey asked if participants were more or less likely to shop at this particular store because of the Reach for the Stars campaign. The majority of participants chose “More likely” (48.0%, n=36), followed by no change (45.3%, n=34) and 2.7% (n=2) were less likely. The majority of participants (61.3%, n=46) had not heard about the campaign prior to their visit, as shown in Figure 33 below.

Churchill respondents were also asked if they had heard about Reach for the Stars. The percentage of respondents who had not heard about the campaign in Churchill was much higher (77.8%, n=28) in comparison with three other sites where the campaign had been implemented (Figure 33).

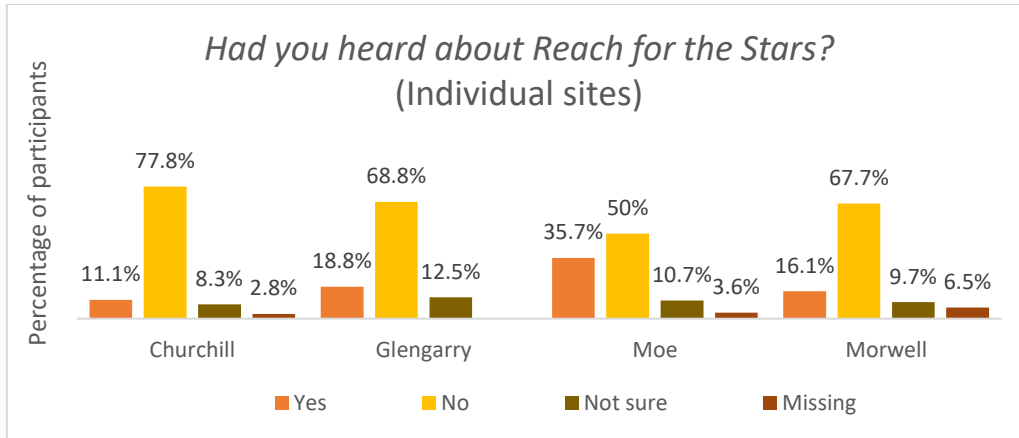


Figure 33. Responses to “Had you heard about Reach for the Stars?”

Those who had previously heard about the campaign were asked where they received the information. Of the 24 (36.6%) of participants who responded to this question, as shown in Figure 34 below, the most common answer was through visiting the store (18.7%, n=14). For Churchill supermarket where there was no campaign, 6 participants replied to this question noting the source of information was social media and word of mouth.

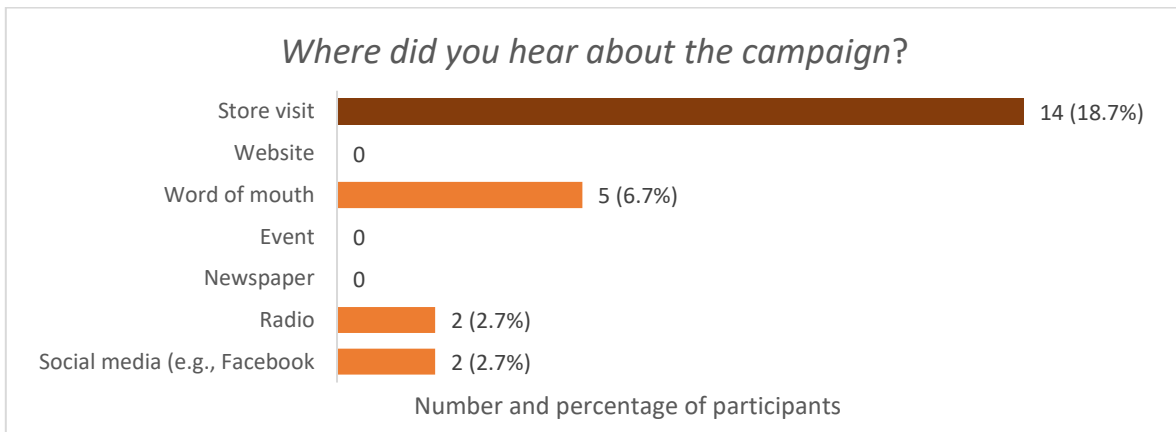


Figure 34. Source of information about the campaign

STRATEGIES FOR SUPERMARKETS

The last section of the post-intervention survey included questions about the strategies that could be used by stores to encourage customers to buy more healthy foods. The majority of participants (86.5%, n=96) agreed they should continue to encourage healthy eating. In the following question with five statements, participants were asked if they agreed or disagreed with each. For reporting purposes, *Strongly Agree* and *Agree* have been combined in the positive and *Strongly Disagree* and *Disagree* have been combined in the negative throughout this report.

As shown in Figure 35 below, at all four sites, participants agreed that stores should have at least one checkout that did not display unhealthy foods.

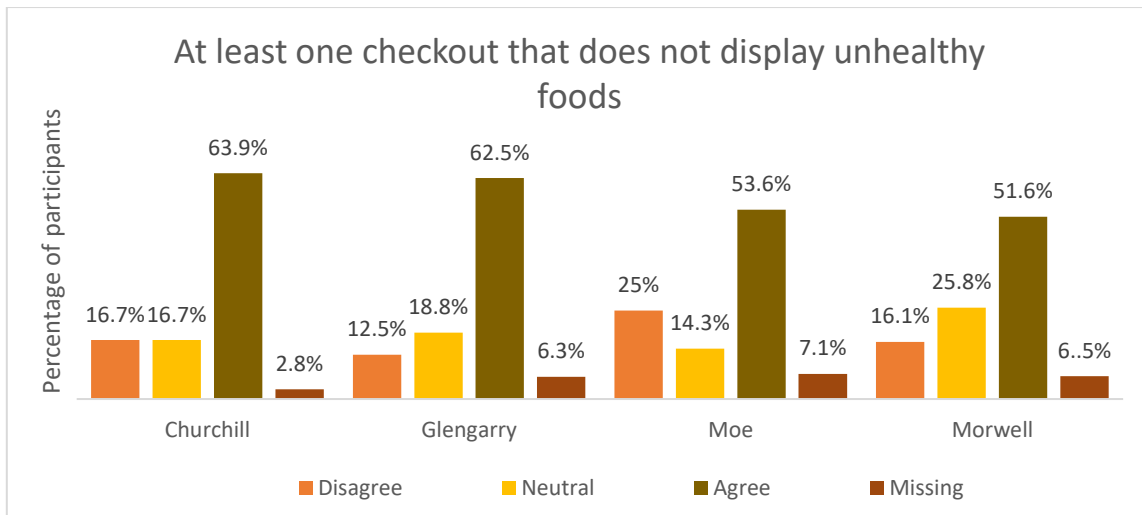


Figure 35. Display of foods at checkouts

However, fewer participants agreed that there should be no checkouts that display healthy foods as shown in Figure 36 below. The responses varied across the sites.

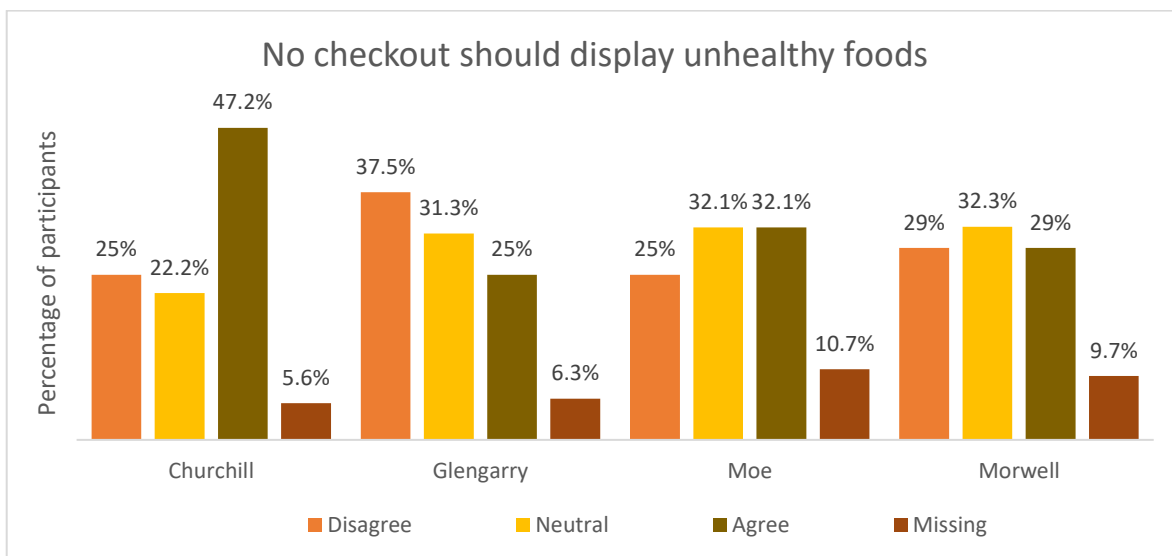


Figure 36: Display of unhealthy foods

The majority of participants at all four sites also agreed that the displays at the end of supermarket aisles should display healthier foods (Figure 37).

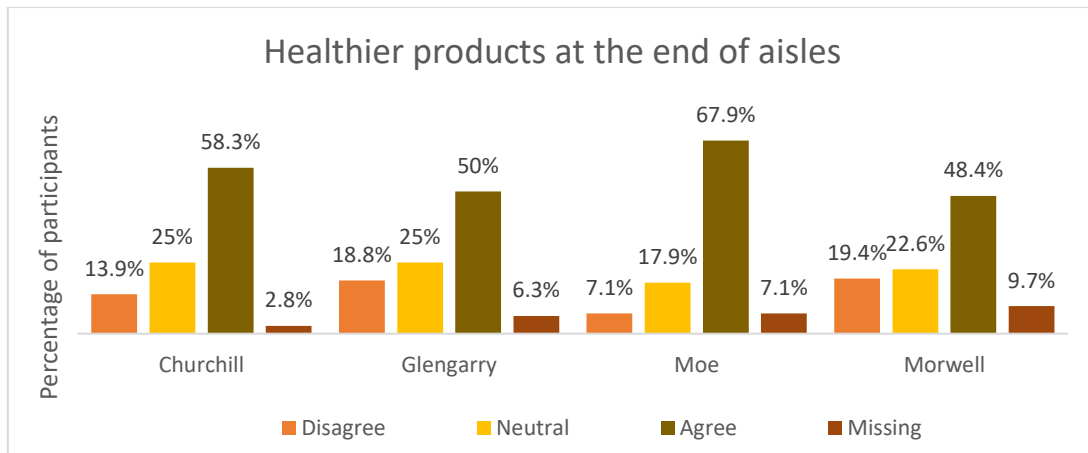


Figure 37: Display of healthier products at the end of aisles

The majority of participants agreed that supermarkets should offer price discounts on healthy foods (Figure 38).

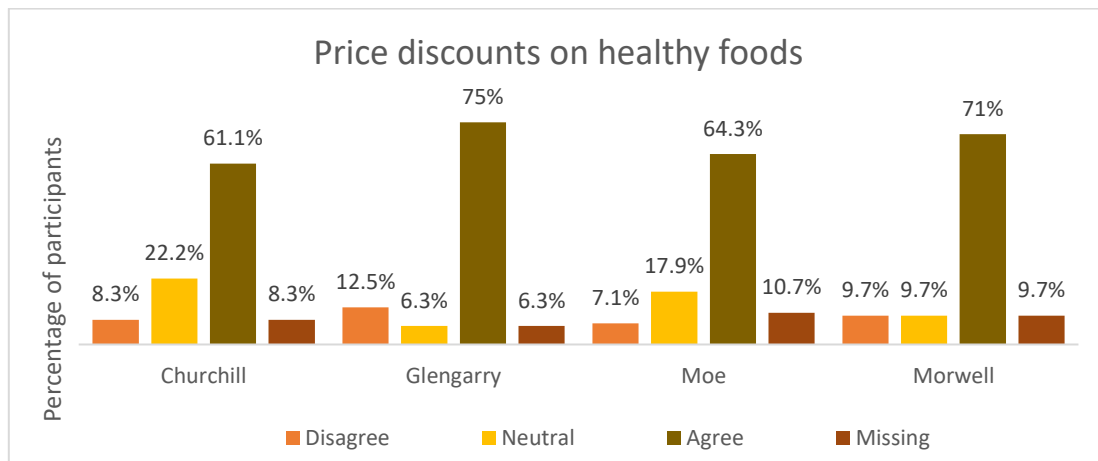


Figure 38: Price discounts on healthy foods

The majority of participants at all sites agreed with the statement “Supermarkets should have more shelf space for healthy foods” (Figure 39).

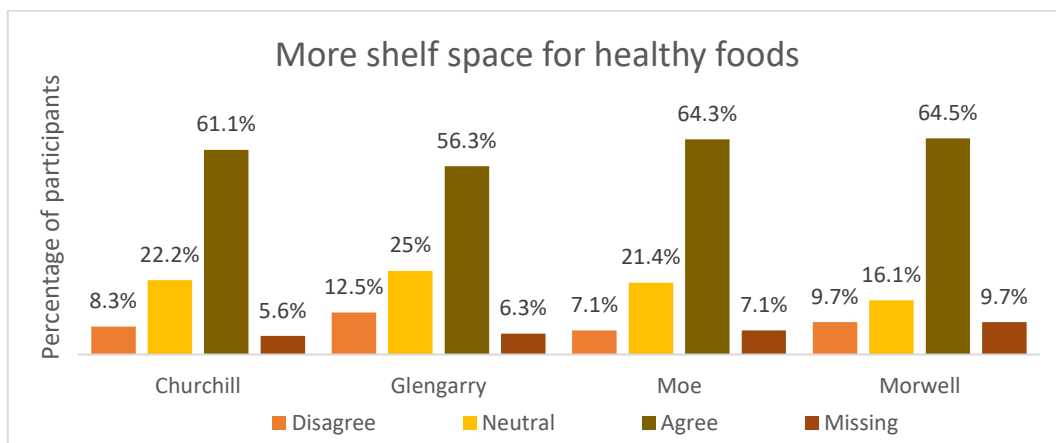


Figure 39: Shelf space for healthy foods

When asked for suggestions as to how the campaign could be improved, seven participants commented. Australian branding was important to two participants, with another wanting more advertising of healthy foods and making sure they were within people's price range. For one participant the stars could be bigger and for two others the campaign was seen as positive and should continue.

SUMMARY AND CONCLUSION

Overall, compared to the results of the pre-intervention survey, a statistically significant improvement in the outcomes of interest was not demonstrated. Potentially, this could be due to the participants' prior awareness of the health rating star system and their awareness of healthy shopping behaviours. When asked directly about the perceived impact of the campaign, the results confirmed the effectiveness of the campaign in improving further awareness towards healthier shopping behaviours. The vast majority of participants suggested that these campaigns must continue, and it could be associated with some changes in supermarket settings such as price discounts and more shelf space for healthy foods.

In addition, there are no significant differences across the four sites. Only for one question about the influence of Reach for Star Materials on customers' thinking about buying healthier foods and their existing shopping patterns, Moe showed better positive results in comparison with the other two sights with the implemented campaign.

Unintended findings

The post-intervention survey highlighted a consistent difference between the Morwell site and the others, with Morwell figures indicating lower health literacy. For example the number of respondents who answered 'yes' when asked if they were familiar with health star ratings was over 20% lower for the Morwell (64.5%) site than Churchill (86.1%), and Glengarry (87.5%)



4.3 CUSTOMER INTERVIEWS



Customers who completed surveys during October 2022 at stores taking part in the Reach for the Stars campaign were asked to if they would like to be interviewed. Ten participants agreed to be interviewed as part of the project evaluation. All interviewees stated that they were the person responsible for grocery shopping in their household.

Shop at a single store

"It's very sad. I actually broke down when they [IGA] closed." **70%**

A total of seven participants said that they completed all of their grocery shopping at a single store, while the remaining three interviewees shopped at more than one store. The main reason provided for shopping at more than one store was *"because they don't all have the same stock."* A number of interviewees had recently changed to a different grocery provider as their local IGA recently closed down *"the community members were pretty upset about it."* The main reasons provided by interviewees for selecting to use a single store was *"the products"*, *"continuity"*, and *"better service"*.

Consumed a healthy diet

"It's possible to shop healthy, but it's so expensive" **90%**

A total 90% of the participants identified that they consumed a healthy, or relatively healthy diet. When asked to describe what food they normally ate, the most popular response was *"fruit, veggies, meat."* The concept of a balance diet was mentioned by a number of participants, and different perspectives of balance were mentioned, from balancing the number of nights that pasta, rice and vegetables are eaten, or balancing the amount of processed food in the trolley at the time of purchase.

Main Influence When Purchasing Food



Participants identified that most important thing when purchasing food were price and brand, with 40% stating one or the other. The perception of food as healthy was the lowest priority. When discussing brand, interviewees identified *"I tend to stick to products that I know I'm comfortable with"*, this included the ingredients in the products.

A total of 9 in 10 participants were aware of Health Star Ratings, however only two interviewees stated that it would influence their purchase. *"I don't take notice of it"* was the most common response provided by participants. Another common response was *"I know what's healthy"*. Most participants were more likely to review the ingredients of the product to decide if it was healthy; *"I always look at the ingredients, how much salt, fats and sugars, I don't take much notice of a star rating"*. Price was a topic of discussion by participants, noting *'you can't afford to do a big healthy shop sometimes'*.



Felt Latrobe has healthy options

*"It's possible to shop healthy,
but it's so expensive"*

90%

The majority of participants felt that there were healthy food options available in Latrobe City with Traralgon being perceived as the town with the healthiest food options available. Affordability was said to be the main barrier to purchasing healthy foods; *"It's a lot cheaper to go to McDonalds"*.



4.4 MONASH UNIVERSITY STORE SCOUT

The Store Scout is a mobile application (app) that enables the rapid appraisal of store customer food environment (retail choice architecture) using the 4P's of marketing, product availability, placement, promotion and price promotion across seven categories of food and drinks:

- Fruit and vegetables
- Drinks
- Snacks
- Meals and convenience foods
- Breads and cereals
- Dairy products
- Eggs, meat, seafood

When an assessment is completed using the app, an overall practice score is generated. A previous study reported that the Store Scout mobile app demonstrated good inter-rater reliability of measurement items and internal consistency (McMahon et al., 2020). Using the Store Scout mobile app, two experienced evaluators independently assessed the above categories.

A pre-intervention appraisal was completed for IGA Moe on the 8th August 2022 and the 15th August 2022 for both IGA Glengarry and IGA Morwell. The Reach for the Stars intervention was implemented in IGA Moe from the 8th of August 2022 until the 2nd of October 2022. The intervention was also implemented in IGA Glengarry and IGA Morwell from the 22nd of August 2022 until the 16th of October 2022. The eight-week intervention comprised of a variety of promotional material designed to encourage healthier food choices for customers. The Moe, Glengarry and Morwell stores were each appraised twice during the intervention. Although the appraisals occurred during the intervention period, this analysis will refer to these scores as 'post-intervention'. Table 2 displays the overall Store Scout average results for the three stores.

	Pre-Intervention (n = 3) Scores (%)	Post-Intervention (n = 6) Scores (%)	Differences in Scores (%)
Overall Score	60.0	63.7	+ 3.7%
Product	55.3	61.3	+ 6.0%
Placement	56.7	58.7	+ 2.0%
Price	46.0	53.0	+ 7.0%
Promotion	44.3	39.8	- 4.5%
Fruits & Vegetables	86.3	93.5	+ 7.2%
Drinks	58.7	46.2	- 12.8%
Snack Foods	27.7	33.3	+ 5.6%
Meals/Convenience Foods	45.3	51.5	+ 6.2%
Breads & Cereals	77.7	84.2	+ 6.5%
Meat & Seafood	49.7	58.0	+ 8.3%
Dairy & Eggs	74.0	79.2	+ 5.2%

Table 1: Overall Store Scout Results for the three stores.

Overall, the results indicate an improvement in Store Scout scores following the Reach for the Stars intervention. The post-intervention overall score demonstrated an average improvement of 3.7%. The largest growth was observed in the categories of: Meat and Seafood (+8.3%), Fruit and Vegetables (+7.2%) and Price (+7.0%). The pre-intervention scores were higher in two categories, indicating a decrease in Store Scout scores following the intervention. These categories are Drinks (-12.8%) and Promotion (-4.5%). Figure 40 displays the visual representation of the pre- and post-intervention scores of the three stores.

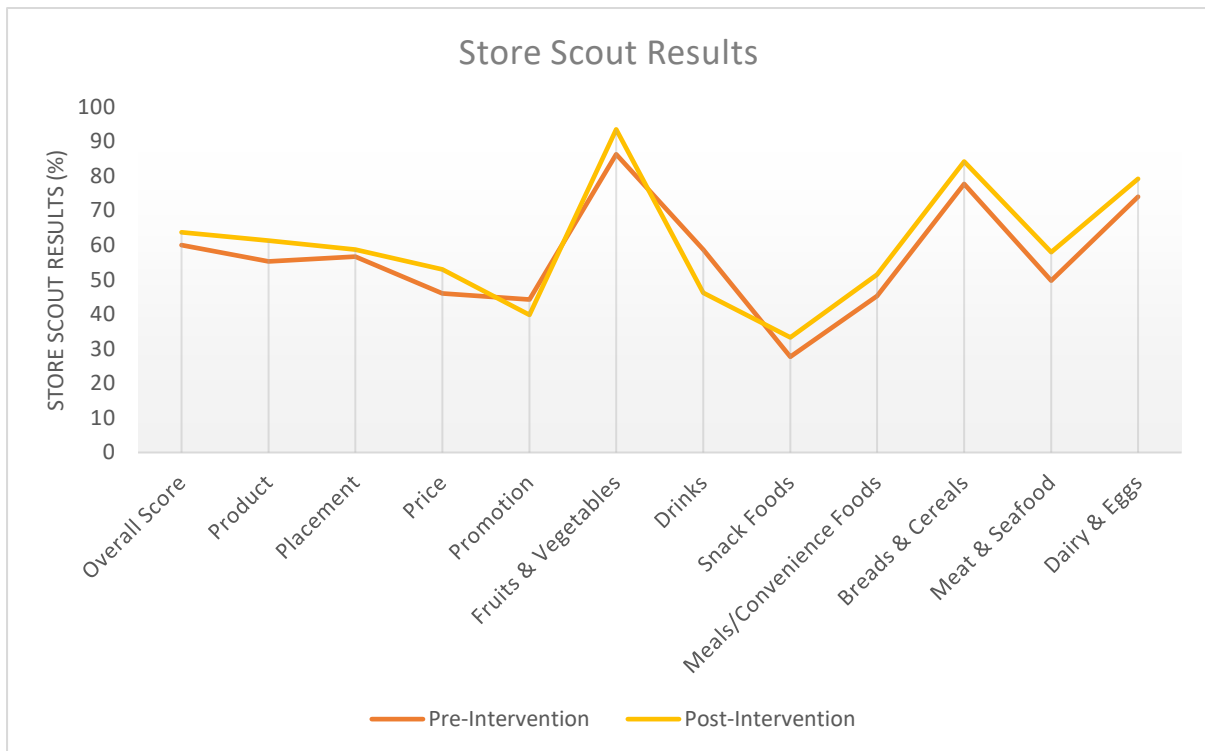


Figure 40: Pre- and post-intervention scores of the three stores.

4.4.1 INDIVIDUAL STORE ANALYSIS

Each store was analysed separately using the pre and post-intervention store data. The post-intervention results are displayed individually in a box and whisker plot and in graph format.

MOE

A 4.0% improvement was observed in the overall score of the Store Scout data for the Moe store. Improvements were discerned in eight of the categories. The largest growth was observed in the categories of Dairy and Eggs (+16.0%), Meat and Seafood (+14.5%) and Snack Foods (+12.0%). These results are displayed in Table 2.

	Pre- Intervention Scores (%) (8/8/22)	First Appraisal (%) (06/09/22)	Second Appraisal (%) (12/09/22)	Average Post- Intervention Scores (%)	Differences in Pre- & Post- Scores (%)
Overall Score	57	62	60	61	+ 4.0%
Product	52	59	57	58	+ 6.0%
Placement	47	56	56	56	+ 9.0%
Price	66	48	59	53.5	- 12.5%
Promotion	52	52	42	47	- 5.0%
Fruits & Vegetables	86	92	92	92	+ 6.0%
Drinks	64	43	47	45	-19.0%
Snack Foods	22	32	36	34	+ 12.0%
Meals/Convenience Foods	41	59	41	50	+ 9.0%
Breads & Cereals	83	67	83	75	-8.0%
Meat & Seafood	35	57	42	49.5	+ 14.5%
Dairy & Eggs	68	87	81	84	+ 16.0%

Table 2: Pre- and post-intervention scores for the Moe store.

There was a large reduction in the categories of Drinks (-19.0%), Price (-12.5%) and Breads and Cereals (-8.0%), in which the pre-intervention scores were higher. Interestingly, there was an initial increase in scores for Meals/Convenience Foods by 18.0% during the first appraisal, however this had reduced to pre-intervention levels by the second appraisal (41%). Another salient finding is the reduction in scores for the Price category at the first appraisal. Although there was a difference of 12.5% between pre- and post-intervention scores for this category, this is mostly attributed to the scores from the first appraisal, which showed a decrease in Price scores of 18.0%. Similarly, a reduction in the Promotion category by 10.0% was observed between the first and second appraisal. Figure 41 depicts the comparison between the pre-intervention scores and the subsequent appraisals for the Moe store.

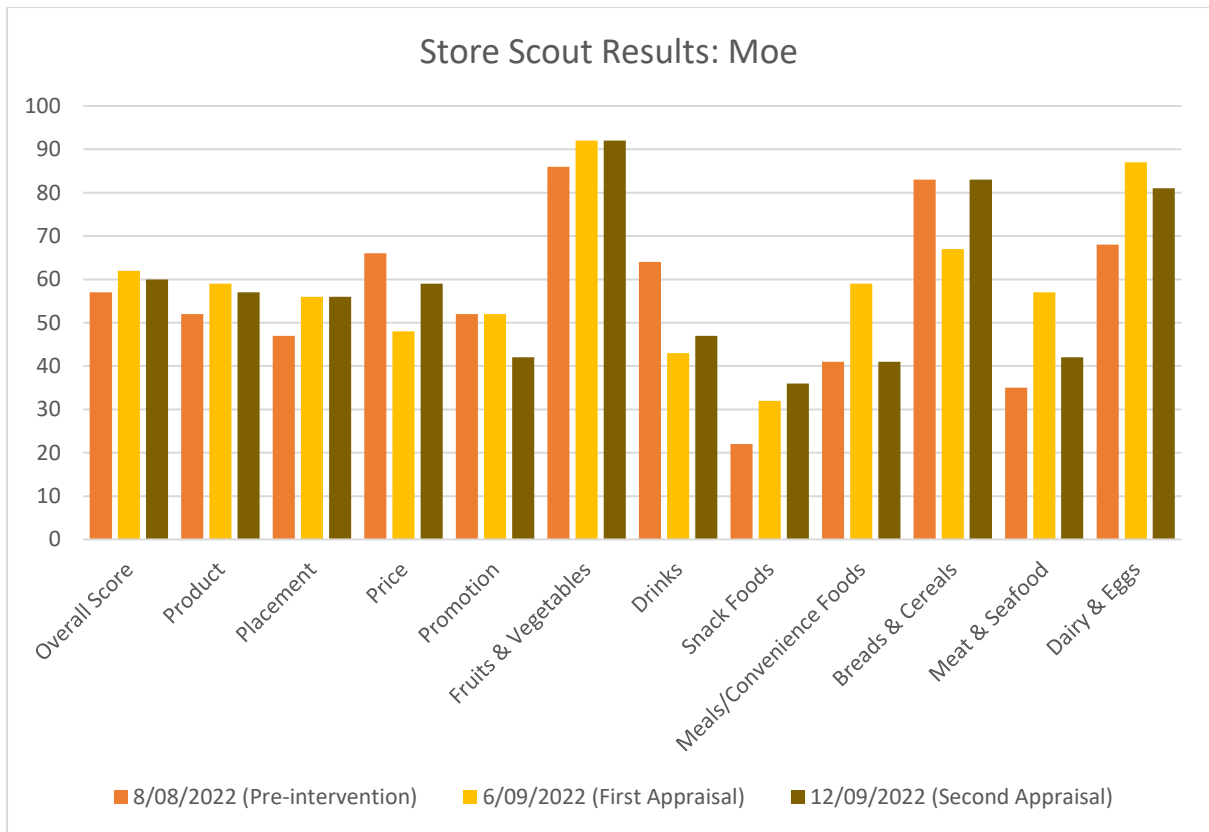


Figure 41: Pre- intervention scores and Appraisals for the Moe store.

Fruits and vegetables remained consistent during both appraisals with a score of 92%, indicating a 6.0% increase. This is a notable finding given that pre-intervention scores for this category were initially at a high standard (86%).

Figure 42 details the post-intervention scores for each category for the Moe store. As observed in the box and whisker plot, there is room for improvement for the categories: Snack Foods, Drinks and Promotion.

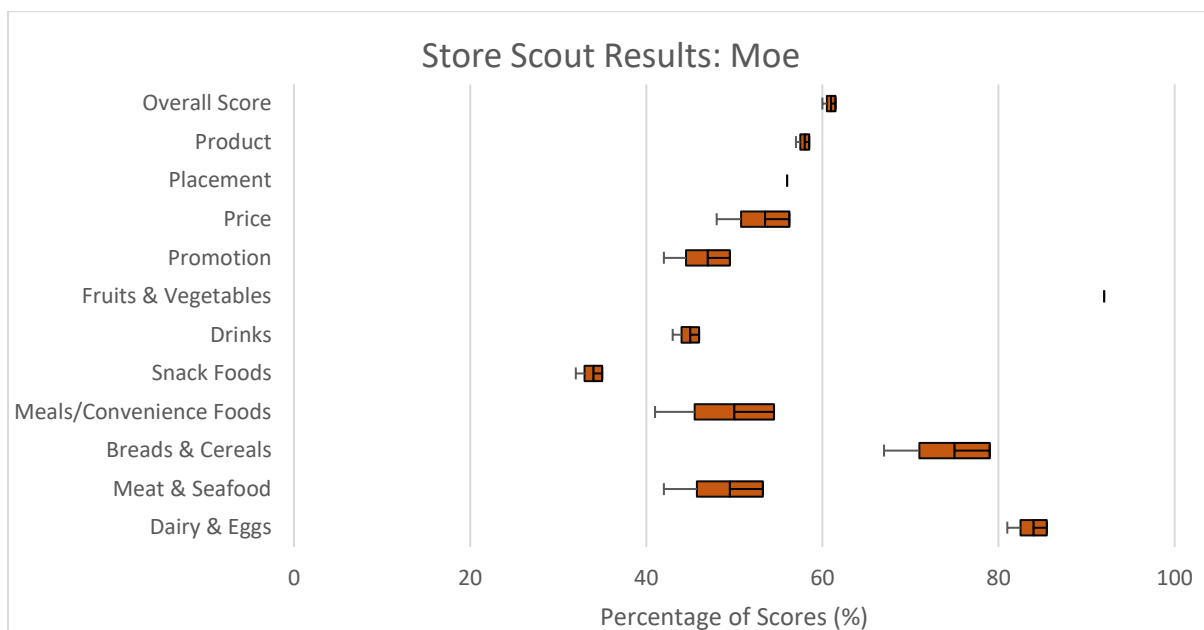


Figure 42: Post-intervention scores for the Moe store

GLENGARRY

The Glengarry store demonstrated the largest overall improvement following the Reach for the Stars intervention with a 5.5% improvement in the overall scores. The largest growth was observed in the categories of Price (+29.5%), Breads and Cereals (+16.5%) and Fruits and Vegetables (+14.5%). Table 3 displays these results.

	Pre- Intervention Scores (%) (15/8/22)	First Appraisal (%) (23/08/22)	Second Appraisal (%) (19/09/22)	Average Post- Intervention Scores (%)	Differences in Pre- & Post- Scores (%)
Overall Score	60	67	64	65.5	+ 5.5%
Product	58	63	65	64	+ 6.0%
Placement	62	62	55	58.5	- 3.5%
Price	24	55	52	53.5	+ 29.5%
Promotion	42	45	35	40	-2.0%
Fruits & Vegetables	81	94	97	95.5	+ 14.5%
Drinks	55	57	36	46.5	-8.5%
Snack Foods	33	33	32	32.5	-0.5%
Meals/Convenience Foods	47	50	47	48.5	+1.5%
Breads & Cereals	71	83	92	87.5	+ 16.5%
Meat & Seafood	57	70	61	65.5	+ 8.5%
Dairy & Eggs	77	81	81	81	+ 4.0%

Table 3: Pre- and post-intervention scores for the Glengarry store.

There were four categories which showed a reduction in scores from pre- to post-intervention. This was notable in the Drinks category (-8.5%) and the Placement category (-3.5%). Notably, there was a 10.0% reduction in the Promotion category between the first and second appraisals. Figures 37 and 38 display these results in graphical formats.

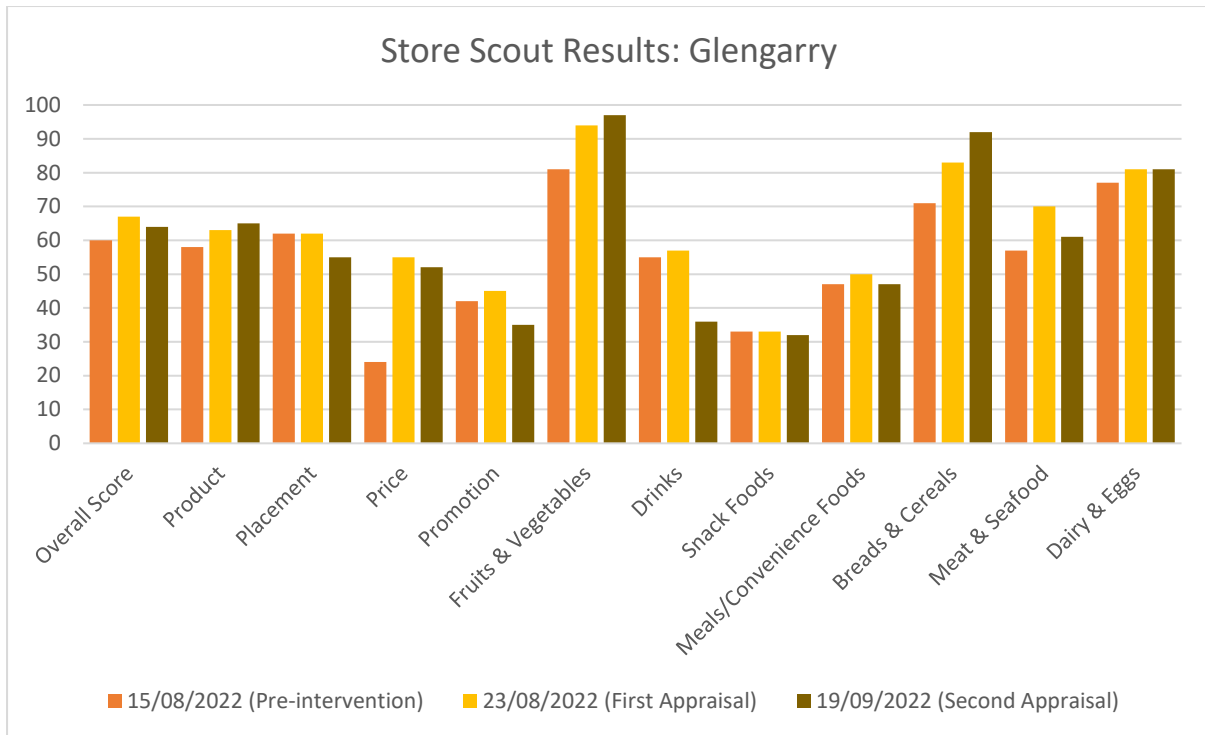


Figure 43: Pre- intervention scores and Appraisals for the Glengarry store.

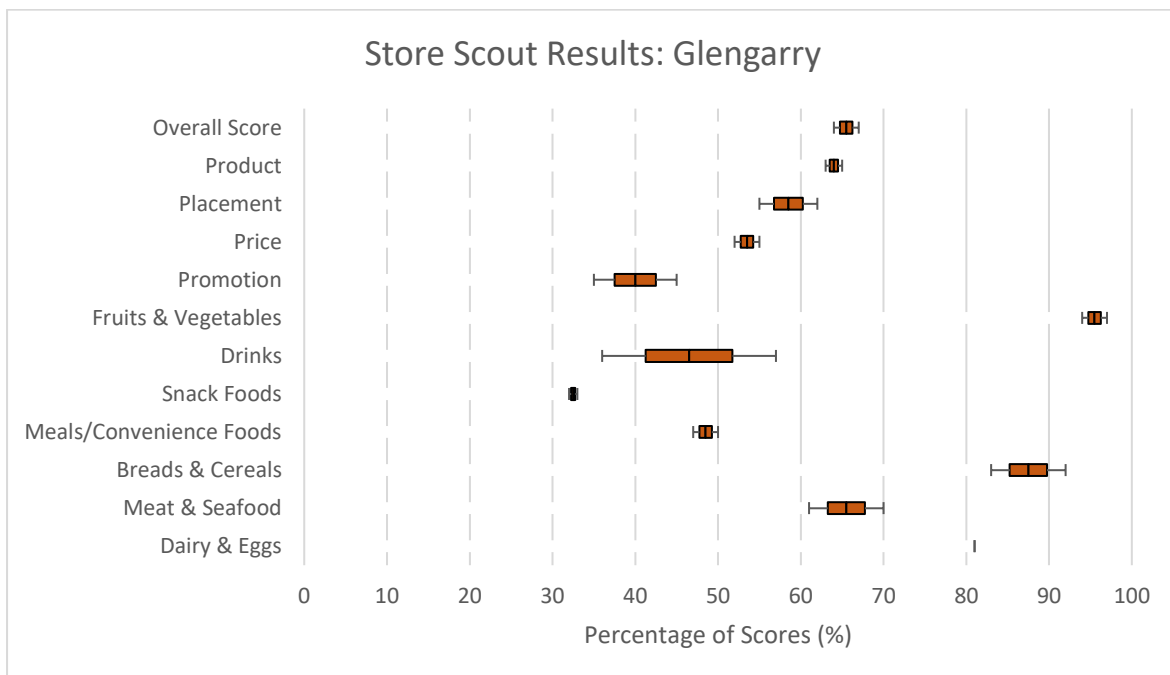


Figure 44: Post-intervention scores for the Glengarry store.

MORWELL

The Morwell store demonstrated an improvement of 1.5% following the Reach for the Stars intervention. An increase in scores was observed in the categories of Breads and Cereals (+11%), Meal/Convenience foods (+8.0%) and Product (+6.0%). There was a decrease in scores from pre-intervention to post intervention in the categories of Drinks (-10.0%) and Promotion (-6.5%).

These results are displayed in Table4.

	Pre- Intervention Scores (%) (15/8/22)	First Appraisal (%) (23/08/22)	Second Appraisal (%) (12/09/22)	Average Post- Intervention Scores (%)	Differences in Pre- & Post- Scores (%)
Overall Score	63	66	63	64.5	+ 1.5%
Product	56	61	63	62	+ 6.0%
Placement	61	63	60	61.5	+ 0.5%
Price	48	52	52	52	+ 4.0%
Promotion	39	42	23	32.5	- 6.5%
Fruits & Vegetables	92	92	94	93	+ 1.0%
Drinks	57	51	43	47	-10.0%
Snack Foods	28	34	33	33.5	+5.5%
Meals/Convenience Foods	48	56	56	56	+ 8.0%
Breads & Cereals	79	92	88	90	+ 11.0%
Meat & Seafood	57	61	57	59	+ 2.0%
Dairy & Eggs	77	77	68	72.5	-4.5%

Table 4: Pre- and post-intervention scores for the Morwell store.

Interestingly, there was a decrease in scores between the first and second appraisals for most categories for the Morwell store. A large reduction in the Promotion category was noted between the first and second appraisals of 19.0%. These are noted in Figure 45.

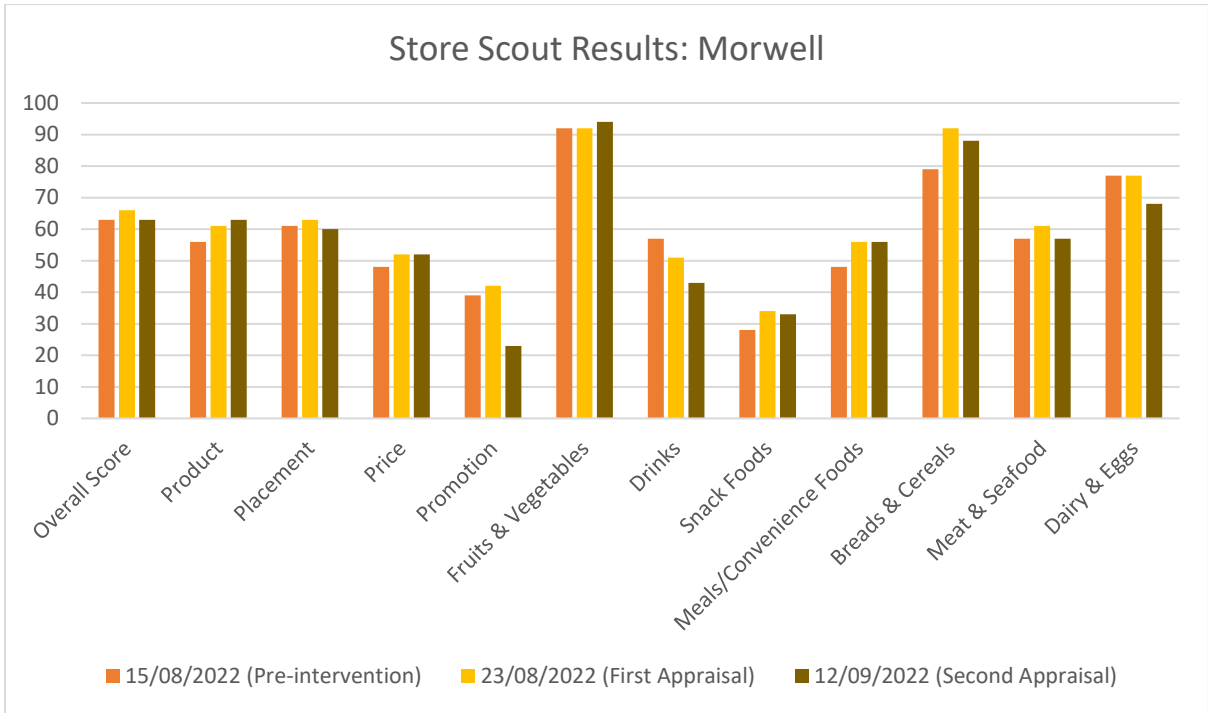


Figure 45: Pre- intervention scores and Appraisals for the Morwell store

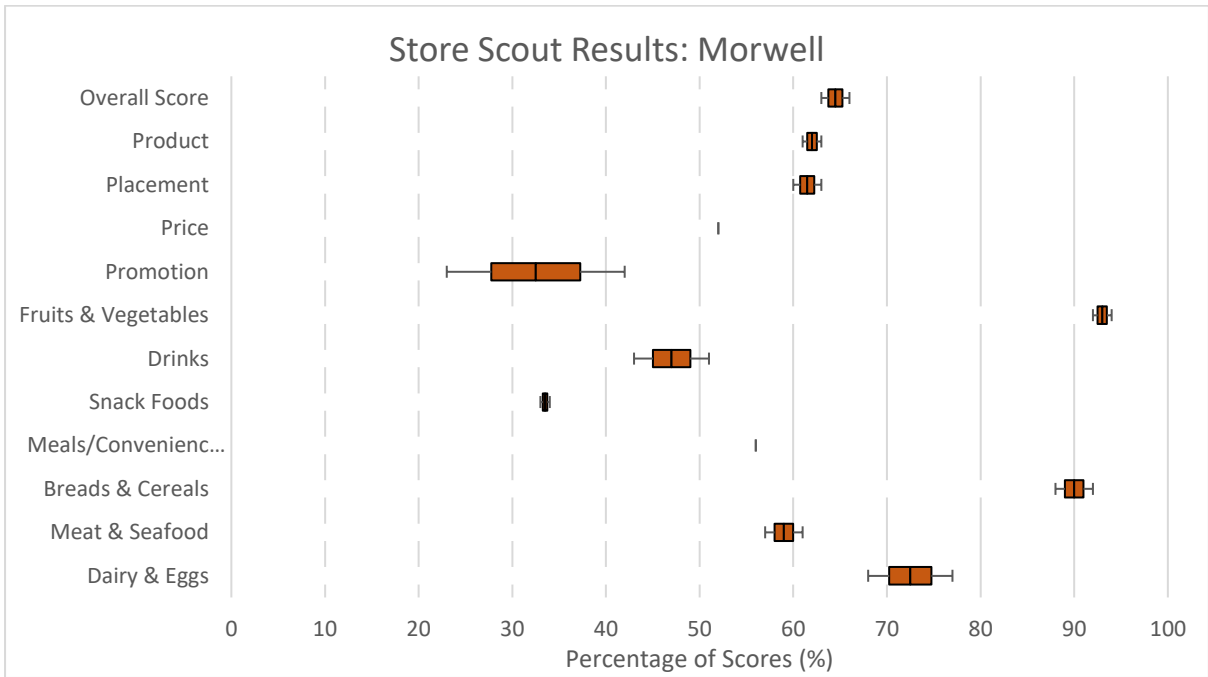


Figure 46: Post-intervention scores for the Morwell store.

4.4.2 COMPARATIVE STORE ANALYSIS

Table 5 details the average post-intervention scores for the individual stores. The highest scores for each category are highlighted in red.

	Moe Average Post- Intervention Scores (%)	Glengarry Average Post- Intervention Scores (%)	Morwell Average Post- Intervention Scores (%)	Three Stores Average Post- Intervention Scores (%)
Overall Score	61	65.5	64.5	63.7
Product	58	64	62	61.3
Placement	56	58.5	61.5	58.7
Price	53.5	53.5	52	53
Promotion	47	40	32.5	39.8
Fruits & Vegetables	92	95.5	93	93.5
Drinks	45	46.5	47	46.2
Snack Foods	34	32.5	33.5	33.3
Meals/Convenience Foods	50	48.5	56	51.5
Breads & Cereals	75	87.5	90	84.2
Meat & Seafood	49.5	65.5	59	58
Dairy & Eggs	84	81	72.5	79.2

Table 5: Individual Stores Post-intervention scores.

As observed, the highest average scores for each of the categories were shared between the three stores. The Moe store received the highest average rating for the categories of Price (53.5%), Promotion (47%), Snack Foods (34%) and Dairy and Eggs (84%). The Glengarry store received the highest average rating for the Overall Score of 65.5%, Product (64%), Price (53.5%) and an extremely high rating for Fruits and Vegetables of 95.5%. The Morwell store scored the highest in the categories of Placement (61.5%), Drinks (47%), Meals/Convenience Foods (56%) and Breads and Cereals (90%). Figure 41 depicts the average ratings for each individual store following the intervention.

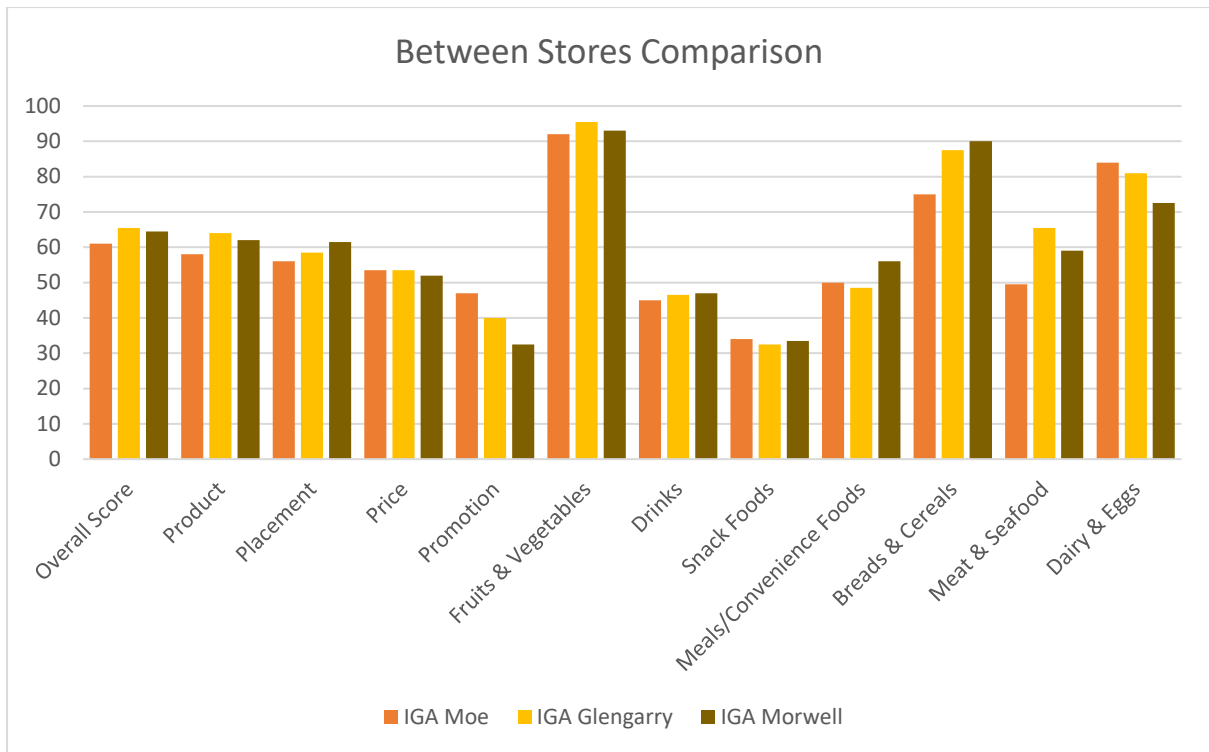


Figure 47: Between stores comparison.

COMPARISON BETWEEN THE STORES IN THE STUDY AND OTHER MAJOR STORES

Additional appraisals were conducted at two major stores on the 23rd of January 2023 for comparative purposes. The Reach for the Stars Campaign was not implemented in any of these stores. The differing time appraisal period for the comparison stores is a recognised limitation of this analysis. Table 6 shows a side-by-side comparison of the post-intervention scores between the three stores and the comparative data. The highest scores are highlighted in red.

	Three Stores Studied Average Post- Intervention Scores (%)	Comparative Stores Average Scores (%)	Differences between Studied and Comparative Store Data (%)
Overall Score	63.7	66	-2.3%
Product	61.3	73.5	-12.2%
Placement	58.7	55	+3.7%
Price	53.0	55.5	-2.5%
Promotion	39.8	34.5	+5.3%
Fruits & Vegetables	93.5	87.5	+6.0%
Drinks	46.2	47	-0.8%
Snack Foods	33.3	38.5	-5.2%
Meals/Convenience Foods	51.5	54	-2.5%
Breads & Cereals	84.2	79.5	+4.7%
Meat & Seafood	58.0	74	-16.0%
Dairy & Eggs	79.2	79	+0.2%

Table 6: Post-intervention scores for both appraised and Comparative Stores.

As observed, the studied stores scored higher in the categories of Placement, Promotion, Fruits and Vegetables, Breads and Cereals and Dairy and Eggs. These findings are meaningful, especially when considering the larger size of the comparative stores.

4.5 STORE SALES DATA

Two stores provided raw sales data, which listed all items stocked and the number of individual items sold. Store A (Glengarry) provided information for July 2022 to September 2022 inclusive. Store B (Morwell) provided two sets of information, one relating to July 2022 and the other for a five-week period from late August 2022 to early October 2022.

4.5.1 METHODOLOGY

1. A CERG Data Analyst visited a store to find items that were clearly marked with a health-star rating. This was much more difficult than expected with very few items having health-star ratings clearly identified on packaging.
2. Items with a 4.5-5 health star rating were selected and the volume of sales at each of the stores were then counted as per the sales data sheets.

4.5.2 LIMITATIONS

There were a number of limitations with the data supplied:

1. All items were counted as one item with no differentiation between items of different size, for example; The sale of a one litre bottle of skim milk was counted the same as the sale of a two litre bottle of skim milk.
2. Store A did not provide data for fresh fruit and vegetables.
3. Store B provided fruit and vegetable information that was only able to be analysed using gross units of measure (per kilogram or individual item).

4.5.3 OBSERVATIONS

1. Only skim and light milk scored a 5-health star rating, therefore all whole milk was excluded.
2. Penne and spirals pasta scored a 4.5-health star rating, all other types of pasta scored lower and were excluded, which could be confusing and problematic for consumers. This grocery staple was excluded from summary information.
3. It is likely that most customers do not use the local IGA for their 'major' shop, which is usually undertaken at a larger supermarket where there is greater choice and potentially cost savings. Many items with a 5-star health rating are likely to be purchased as part of the 'major' shop, including breakfast cereals and canned vegetables (tomatoes). It could be surmised therefore, that the number of 4.5 and 5-star health rated items of produce sold at the respective stores has been quite low, making meaningful analysis very difficult.
4. Stores such as those represented in this study carry an extraordinary range of stock items, ranging from batteries, cleaning products, pet food, confectionary, health and beauty, cigarettes and alcohol.

4.5.4 Results

The total Number of 4.5 and 5-Health Star Rated Items compared to the total sales for each stores are shown in Table 7 below.

Store	Time Period	Total Number Sales Data Items exc. Fruit/Vegetables	4.5 & 5-Health Star Rated Items Identified for Analysis	Percentage of Total Items For Sale
A	July/Aug 2022	4103	14	0.37%
A	Sept 2022	3212	13	0.40%
B	July 2022	3857	7	0.18%
B	Aug - Oct 2022	4263	7	0.16%

Table 7 - Percentage of 4.5 and 5-Health Star Rated Items

A negligible percentage of sales data was identified and counted as having a 4.5 or 5 health star rating.

Fruit and Vegetables (Store B)

Table 8 below compares the average amount (per kilogram or per individual item) of fruit and vegetables sold per week across the time periods at store B. The relatively small amount of produce sold in each category meant it was not possible to draw any conclusions.

Product	July per week average	Aug_Oct per week average	% Variance
Alfafa Sprouts & Salad	1.00	0.83	-16.7%
Apples Golden Delicious Med	0.10	0.18	76.6%
Apples Granny Smith	2.35	1.55	-34.0%
Apples Pink Lady 1Kg	0.75	0.50	-33.3%
Apples Pink Lady Med	7.63	5.28	-30.7%
Apples Royal Gala Med	2.52	1.42	-43.5%
Apricots Med	0.00	0.05	-
Avocado	6.25	5.17	-17.3%
Baby Spinach Bunch	0.25	0.00	-100.0%
Bananas	23.91	21.83	-8.7%
Basil Green	4.50	4.00	-11.1%
Bean per Kg	0.51	0.69	35.2%
Broccoli per Kg	1.85	1.77	-4.5%
Brussel Sprouts	0.19	0.04	-79.8%
Capsicum Green Kg	8.28	7.27	-12.2%
Capsicum Red	0.84	1.42	69.6%
Carrots Dutch (Bunch)	0.25	0.00	-100.0%
Cauliflower Half	3.34	3.56	6.7%
Celery Half	6.25	4.17	-33.3%
Cucumber Seedless each	9.25	10.33	11.7%
Dill p/p	0.25	0.17	-33.3%
Garlic Spanish	0.30	0.10	-65.4%

Product	July per week average	Aug_Oct per week average	% Variance
Kiwi Fruit each	1.00	1.83	83.3%
Leek each	2.00	0.50	-75.0%
Lettuce	4.00	8.00	100.0%
Lettuce Cos Baby Twin Pack	1.25	1.17	-6.7%
Limes each	1.25	2.67	113.3%
Mandarins	2.38	2.18	-8.5%
Onions 1Kg pre pack	2.25	5.50	144.4%
Onions Brown	3.77	2.10	-44.2%
Onions Red Med	2.99	1.74	-41.9%
Oranges Premium	1.90	2.24	17.8%
Parsley each	1.00	2.00	100.0%
Parsnip each	0.50	1.33	166.7%
Pear per Kg	1.97	2.12	7.7%
Potatoes Brushed p/p 2.5Kg	6.25	0.00	-100.0%
Potatoes Brushed per Kg	10.54	11.47	8.8%
Potatoes Washed 2.5kg	4.50	6.33	40.7%
Pumpkin Grey	1.16	1.00	-14.0%
Pumpkin Butternut per Kg	1.07	2.96	176.6%
Pumpkin Jap	5.07	4.90	-3.4%
Spring Onions	4.50	4.17	-7.4%
Swedes Loose	0.00	0.11	-
Sweet Potato Gold	4.26	3.51	-17.6%
Tomatoes Cherry 250gm	10.25	6.83	-33.3%
Tomatoes Gourmet Med Loose	10.78	8.14	-24.4%
Tomatoes Mini Roma 250gm	0.00	0.17	-
Water Melon Seedless	3.06	6.44	110.6%
Zucchini	0.68	0.67	-0.2%

Table 8 - Sales of Fresh Fruit and Vegetables

Milk (Fresh and Long Life)

Skim and Light milk have a 5-health star rating. These are items that are regularly purchased at local shops, including IGAs. Long life milks have been included, although it is likely that these products are more commonly purchased as part of a 'major' shop at a larger retailer.

The average amount of fresh light and skim milk purchased at both stores remained fairly constant across the time periods.

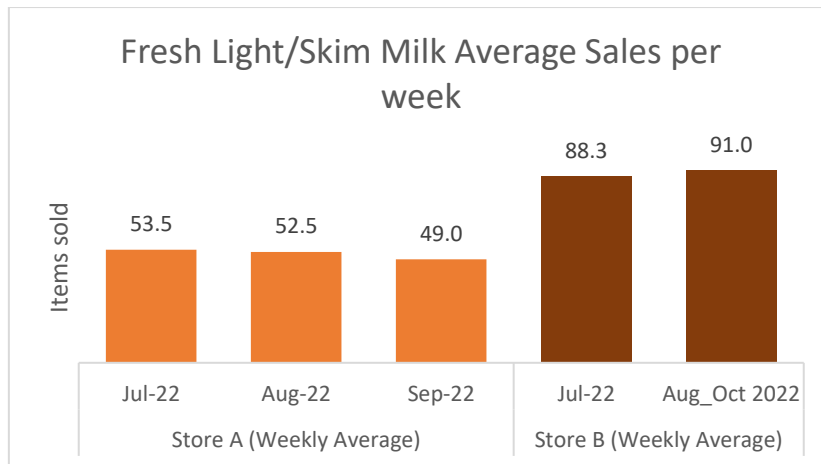


Figure 48- Fresh Milk Sales (Light & Skim)

The average amount of long life light and skim milk decreased at both stores, although with such small volumes it is not possible to draw any conclusions.

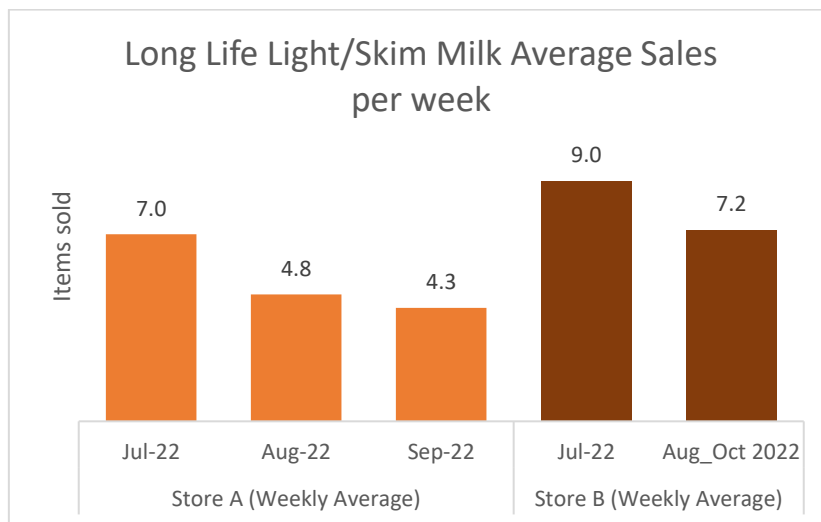


Figure 49 - Long Life Milk Sales (Light & Skim)

Canned Foods

Baked beans in tomato sauce with no added sugar and canned tomatoes both have a 4.5-health star rating. As with previous examples the small volumes purchased on average each week meant it is not possible to draw any conclusions.

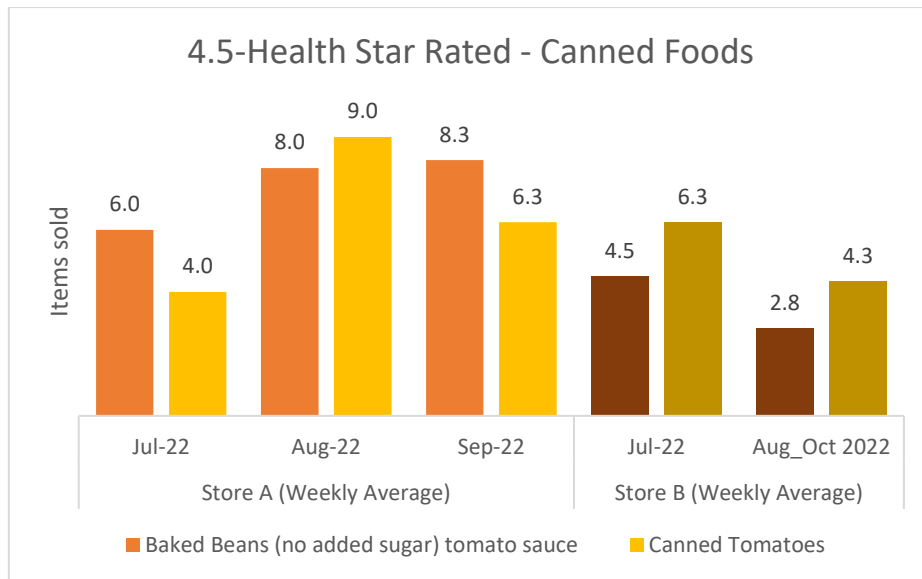


Figure 50 - Canned Food Sales

Breakfast Cereals

Breakfast cereals are arguably one of the more easily recognisable uses of the health star rating system.

Traditional rolled oats score a 5-health star rating, however these were sold in only one store and a total of nine products were sold across the three-month period.

Weetbix also has a 5-health star rating. While they are again only small numbers the average amount of Weetbix sold increased across the time periods at both stores. It could be worth exploring if this increase was due to more prominent product placement encouraging consumers to choose the healthier product. It is noted however that Froot Loops, which scores a health star rating of 2 also experienced an increase in purchases at Store B, but declined at store A.

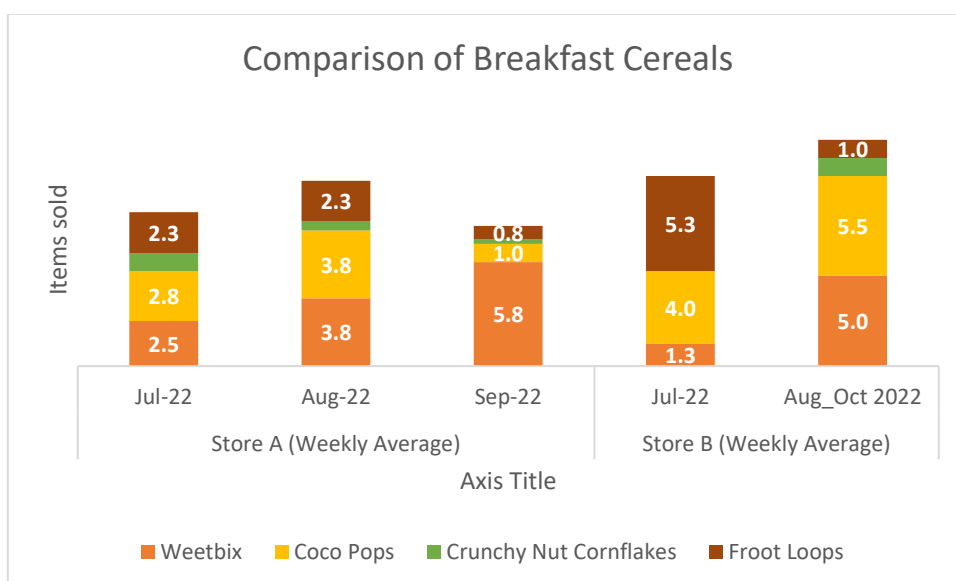


Figure 51 - Breakfast Cereal Sales

4.5.4 CONCLUSION

The very low volume of sales of 4.5 and 5-health star rated products at each of the stores analysed precludes drawing any conclusions regarding changes in consumer purchasing habits during the Reach for the Stars campaign.

Given that in many instances the local IGA performs a function similar to a local corner/general store it is very likely that consumers would not be looking to purchase 4.5-5-health star rated item at these locations, instead would look to buy such items as part of their 'major' shop at a larger supermarket, with greater choice and cost saving potential.



4.6 INTERVIEWS WITH STORE MANAGERS

Store managers were invited to participate in an individual interview to share their insights into the Reach for the Stars campaign. The store managers, however, declined their invitations to participate in this evaluation. Although their insights would have provided a valuable contribution to this evaluation, one store generously provided store sales data for the duration of the Reach for the Stars Campaign.

4.7 STAKEHOLDER FOCUS GROUP

A focus group involving three key project stakeholders' representatives was conducted on the 12th of April 2023 at the LCHS office in Morwell. The participants from the LHA and LCHS had been actively involved with the project from conceptualisation and project design through to implementation and evaluation. Three members of the CERG team were present during this semi-structured interview, which lasted for 28 minutes. The interview questions were developed iteratively prior to the interview and consisted of the following questions:

- How do you think the project went?
- What are the lessons learnt from this project?
- How do you see this project affecting behaviour change within the community?
- What would you like to happen in the future?
- What would you do differently, knowing what you know now?
- What advice would you have for another healthcare organisation or service who are going to commit to a similar campaign?

The focus group was audio-recorded and transcribed verbatim. A content analysis of the transcripts was conducted and presented as a narrative synthesis. Four themes resulted and are presented; The impact of collaboration; Creating a balance; Lessons learnt for sustainability; and Moving healthy eating forward.

The impact of collaboration

Collaboration was acknowledged to be the key to the success of the project. Collaboration occurred in many forms, including in the partnership between (LCHS and LHA) and community consultation. It was acknowledged that the Reach for the Stars campaign was a 'flagship project' and the first of its kind to directly target a large food retail outlet, supermarkets, to encourage healthier eating. The collaboration between the LCHS and LHA was recognised as an important step forward for this project and for future projects. It was acknowledged that the campaign could not have been implemented without the partnership model which benefited from the project team members individual strengths. The project also built capacity within the team.

"I think that's been really beneficial because not only has it raised the skill sets within the teams, but it's also given the project far more depth and breadth across the community as well."

Community consultations and co-design strategies were considered an important element of the project. One participant reflected,

"I think it was really successful that we had such community involvement in the planning and design of the project. So you could say it was for Latrobe residents, by Latrobe residents."

The participants agreed that the community 'buy-in' was an important part of the design process, which also extended to commitment from the organisation's executive level. This successful buy-in from the ground level up to the executive level has inspired the possibility of future collaborations for health campaigns.

"I think the partnership has really extended what we can potentially do in the future as well because of this project."

Creating a balance

The Reach for the Stars project was considered to be an important contribution for public health, particularly from a health equity perspective. The campaign was intended to promote healthier eating options for all community members. The participants considered the conceptualisation phase to be an inclusive process,

"In the co-design, we worked with priority populations, so those from a more disadvantaged background."

This was an important consideration given that the three stores are situated in lower socioeconomic indexes for areas (SEIFA) towns. The participants discussed the importance of providing health education and creating a balance for customers.

"We're trying to not fight back against the other marketing that exists in the store, but also make sure that there's some equality or some balance within a store so that you're not just bombarded with unhealthy marketing"

This campaign aimed to facilitating a seamless shopping experience for the customer and encourage them to select healthier foods.

Lessons learnt for sustainability

The participants reflected on the barriers they encountered during the project. One particular observation was the need to develop a relationship with supermarket owners/managers, mostly around time and deadlines. As one participant noted,

"We definitely had to have flexibility because they are incredibly busy running their stores, doing those day-to-day operations, so lots of patience was required or working with their time that they had available."

Although collaboration was an important part of the design stage, the participants acknowledged that the Reach for the Stars campaign would have benefitted more from the supermarket owners' input.

"It would have been valuable to have an even stronger relationship at this point in time, and potentially they had other perspectives that weren't necessarily considered or explored to their full potential."

Additional input from supermarket owners or their regional co-ordinators may have facilitated a seamless transition during the implementation phase. This was agreed by another participant, who noted, *"If we're doing something in the supermarket, they need to have ownership of that to make sure it's maintained long term."* Further suggestions from the participants included the need to gain the perspectives of retail assistants, given their close contact with customers. Overall, the participants were complimentary about the contribution by the supermarket owners and their commitment to the

campaign. Furthermore, the need for adequate time and resources, especially a longer pilot time was highlighted as paramount to the sustainability of the program.

Moving healthy eating forward

Ideas for progressing the Reach for the Stars campaign was discussed by the participants. Using a 'blue-sky thinking' approach, one participant reflected on the potential of the campaign to impact the public on a national level.

"I would love to see this in all supermarkets everywhere. I would love to see the health star rating mandatory for all packaged foods in Australia. If the health star rating system was mandatory for all for all foods, we actually wouldn't need a campaign like this."

For the participants the advantage of the campaign was that it built upon existing knowledge within the community and was informed by evidence-based practice. The Reach for the Stars campaign provided an educational component, as well as simplifying the process of identifying healthy food options.

"I would hope that this is providing all the community members with education about what healthy foods are and just makes it really easy for customers to be able to find healthy foods in the supermarket when they're doing their shopping."

The participants acknowledged the continuation of the project would benefit the community, however this would require further work in developing and investing in relationships with supermarket owners.

5. DISCUSSION AND RECOMMENDATIONS

5.1 DISCUSSION

This discussion will look at each of the research questions, and from the discussion and project findings recommendations will be proposed.

1. Did shoppers' notice the campaign messaging?

The post-intervention survey conducted showed that 76.5% of participants either did not notice the campaign messaging or were not sure that they had.

2. If so, what elements of it (e.g. posters, shelf labels etc.) did they notice?

For those who did notice, it was the Health Star Rating shelf tags that were most popular. Bright signage was also mentioned.

3. Did these campaign elements change the way they think or feel towards healthier eating?

The majority of the participants indicated that they knew what was healthy and as such the Reach for the Stars materials did not further their knowledge about the rating of foods. There was however a number of times that the importance of the need to increase awareness and rating was deemed to be worthy of further implementation and exploration.

4. Did these campaign elements change actual behaviour (as measured by the increased purchase of healthier foods)?

There was a positive result regarding the change in the way participants felt about healthier eating, however this did not translate in to a change of behaviour when making purchases. Participants also agreed that these types of campaigns should continue. From the results it can be concluded that the campaign improved awareness of healthier food, and though it did not translate into a change in behaviour it there is a strong possibility that a lengthier campaign that encompassed a broad number of points of sale would lead to a change, for example, in larger supermarkets, smaller 'milk bars', in school canteens. With regard to measuring the increase in purchasing of healthier foods, data supplied was insufficient to draw conclusions. The data suggested that literacy around health star ratings was consistently lower in the Morwell store and this could be a consideration for future campaigns with the possibility of targetting a specific area to increase literacy.

5. What insights can staff and managers provide into the success and impact of the Campaign?

The store staff and managers declined the invitation to participate in an interview and therefore no insights were able to be collected.

6. What perceived benefits were there to the supermarket in participating in the Campaign?

It was not possible to see any direct benefits to the supermarkets as measured in store item sales as the length of the intervention and the complexity of the store data made it difficult to make direct correlations with impact of Reach for the Stars materials. Indirectly stores benefited from

participating in a community social equity project that promoted healthy shopping habits and behaviours.

7. Would the supermarket participate in such a Campaign if it were to run again in the future? If so, what aspects of the Campaign worked well, and what aspects could be improved?

It is not possible to answer whether supermarkets would participate in such a campaign in the future without directly speaking with store managers and staff. The incentives that were offered were not substantial enough to warrant full involvement in the program with store managers difficult to contact, access to store data complex and a general reluctance to be interviewed. These research questions were problematic when answering due the inability to secure interviews with staff and managers. For the managers and staff the issue of being able to find time to spend being interviewed was highlighted.

8. What other strategies might supermarkets use to encourage healthier diets amongst their customer base?

The inclusion of meal recipes in addition to meal packages were identified as possible strategies to increase the purchasing of healthy food options. Further discussion and planning is needed to explore ways to further encourage healthier diets for regional communities.

Co-design and relationships

The relationship with store owners was highlighted as being crucial to a campaign of this type. The collaborative approach that included members of the community worked well in the design of the campaign, however the inclusion of store owners and or senior staff would have been of benefit.

Effectiveness of the Store Scout App

The Store Scout App provided useful data on the placement and price of items and has great potential to be used in future campaigns. The collection of data using the app needs close coordination between different stores and times of data collection, as well as continuity of people collecting the data.

5.2 RECOMMENDATIONS

From the analysis of the data collected the following recommendations are made:

2. The campaign is worthy of continuing as it influences customer thinking about healthier foods
 - a. A longer and broader campaign is needed to establish a change in customer behaviour
 - b. Visibility of Reach for the Stars materials remains present
 - c. Explore the benefits of including recipes available to customers as a way to encourage a change in behaviour

4. The co-design process should include store managers/senior staff to ensure they support the concept of the campaign.
 - a. Encourage customers to help design resources, recipes and promotional items to ensure the campaign is relatable to the target population.
 - b. Provide opportunities for enhancement of the intervention phase which may include incentives

5. Measuring impact of the Reach for the Stars intervention requires a longitudinal methodology which incorporates the ability to extract store data of individual items.
 - a. A targeted approach to extraction of store data with the focus on fresh fruit and vegetables and easily identifiable items in the store data codes.

6. LIMITATIONS

There were limitations related to this evaluation that must be considered. These include:

- The inability to interview store managers and staff
- The extended delays for the extraction of store data and the complex nature of the store data inhibited the ability to analyse the data.
- The pre survey participants were different from the post survey participants making it only possible to compare cohorts and not individuals. Pre / post data collection would elicit more reliable data to measure changes in behaviour.

Despite these limitations, the evaluation is considered to present a credible assessment of the project.

7. ETHICAL APPROVAL AND PRACTICE

Federation University aims to promote and support responsible research practices by providing resources and guidance to our researchers. We aim to maintain a strong research culture which incorporates:

- Honesty and integrity;
- Respect for human research participants, animals and the environment;
- Respect for the resources used to conduct research;
- Appropriate acknowledgement of contributors to research; and
- Responsible communication of research findings.

Human Research and Ethics applications, *Evaluating the “Eat Well @ IGA” campaign*, was approved by Federation University Human Research Ethics Committee prior to data collection and analysis (A22-031).

8. ABBREVIATIONS

CERG	Collaborative Evaluation & Research Group
LCHS	Latrobe Community Health Service
LHA	Latrobe Health Assembly
SEIFA	Socioeconomic Indexes for Areas

9. LIST OF FIGURES AND TABLES

FIGURES

Figure 1: Data collected	...	12
Figure 2: Number of participants from each store	...	13
Figure 3: The age range of participants	...	13
Figure 4: Importance of various features when purchasing grocery items	...	14
Figure 5: Shopping patterns	...	15
Figure 6: Frequency of checking Health Star Ratings	...	16
Figure 7: Frequency of purchasing due to Health Star Ratings	...	16
Figure 8: Survey question relating to Health Star Ratings	...	17
Figure 9: Rating of healthy items	...	17
Figure 10: Daily consumption of fruit	...	17
Figure 11: Daily consumption of vegetables	...	18
Figure 12: Data collection sites	...	19
Figure 13: The age range of participants	...	19
Figure 14: Shopping frequency	...	20
Figure 15: Familiarity of participants with Health Star Rating, pre and post intervention	...	21
Figure 16: Familiarity of Participants with Health Star Ratings across the four sites	...	21
Figure 17: Frequency of checking Health Star Ratings, pre and post intervention	...	21
Figure 18: Frequency of checking Health Star Ratings across the four sites	...	22
Figure 19: The influence of Health Star Ratings on purchases, pre and post intervention	...	22
Figure 20: Influence of Health Star Rating on shopping across four sites	...	23
Figure 21: Identifying Health Star Ratings pre and post intervention	...	23
Figure 22: Encouragement to purchase healthier foods	...	24
Figure 23: Reach for the Stars campaign materials	...	25
Figure 24: Reach for the Stars materials that were noticed at each site	...	26
Figure 25: The impact of Reach for the Stars on 'thinking' about buying healthier foods	...	27
Figure 26: The impact of Reach for the Stars on 'buying' healthier foods	...	27
Figure 27: Knowledge of healthy foods – all sites – pre and post intervention	...	28
Figure 28: Knowledge of healthy foods – individual sites	...	28
Figure 29: Choosing healthy foods at all sites, pre and post intervention	...	29
Figure 30: Choosing health foods – individual sites	...	29
Figure 31: Checking Health star Ratings – all sites – pre and post intervention	...	30
Figure 32: Checking Health Star Ratings at individual sites	...	30
Figure 33: Responses to "Have you heard about Reach for the Stars?"	...	31
Figure 34: Source of information about the campaign	...	31
Figure 35: Display of foods at checkouts	...	32
Figure 36: Display of unhealthy foods	...	32
Figure 37: Display of healthier products at ends of aisles	...	33
Figure 38: Price discounts on healthy foods	...	33
Figure 39: Shelf space for health foods	...	33
Figure 40: Pre and post intervention scores of the three stores	...	38
Figure 41: Pre intervention scores and appraisals for the Moe store	...	40
Figure 42: Post intervention scores for the Moe store	...	41
Figure 43: Pre intervention scores and appraisals for the Glengarry store	...	42
Figure 44: Post intervention scores for the Glengarry store	...	42
Figure 45: pre intervention scores and appraisals for the Morwell Store	...	44
Figure 46: Post intervention scores for the Morwell store	...	44
Figure 47: Between stores comparison	...	46

Figure 48: Fresh milk sales (light and skim)	...	51
Figure 49: Long life milk sales (light and skim)	...	51
Figure 50: Canned food sales	...	52
Figure 51: Breakfast cereal sales	...	52

TABLES

Table 1: Overall Store Scout results for the three stores	...	37
Table 2: Pre and post intervention scores for the Moe store	...	39
Table 3: Pre and post intervention scores for the Glengarry store	...	41
Table 4: Pre and post intervention scores for the Morwell store	...	43
Table 5: Individual stores post intervention scores	...	45
Table 6: Post intervention scores for IGA stores and comparative stores	...	47
Table 7: percentage of 4.5 and 5 Health Star Rated items	...	49
Table 8: Sales of fresh fruit and vegetables	...	49

10. APPENDICES

10.1 Human Research and Ethics Approval

Principal Researcher:	Associate Professor Joanne Porter
Co-Researcher/s:	Valerie Prokopiv Dr Vaughan Reimers
School/Section:	School of Health
Project Number:	A22-031
Project Title:	Evaluating the “Eat Well @ IGA” campaign.
For the period:	21/04/2022 to 21/04/2027 (standard 5-year project approval has been introduced)

Quote the Project No: A22-031 in all correspondence regarding this application.

Approval has been granted to undertake this project in accordance with the proposal submitted for the period listed above.

Please note: It is the responsibility of the Principal Researcher to ensure the Ethics Office is contacted immediately regarding any proposed change or any serious or unexpected adverse effect on participants during the life of this project.

In Addition: Maintaining Ethics Approval is contingent upon adherence to all Standard Conditions of Approval as listed on the final page of this notification.

COMPLIANCE REPORTING DATES TO HREC:

Annual project report:

21 April 2023

21 April 2024

21 April 2025

21 April 2026

Final project report:

21 May 2027

A final report must be submitted within six months of the project completion, which may be prior to the date noted above. Submission of a final report will close off the project.

The combined annual/final report template is available at:
HREC Forms



Fiona Koop
Coordinator, Research Ethics
21 April 2022



Collaborative Evaluation
and Research Group

Office 5N189 | Building 5N | Gippsland Campus
PO Box 3191 Gippsland Mail Centre Vic 3841
T +61 3 51 226440 | M 0412 1420 55
CERGroup@federation.edu.au

CRICOS Provider No. 00103D | RTO Code 4909

Federation University Australia acknowledges the Traditional Custodians of the lands and waters where its campuses are located, and we pay our respects to Elders past and present, and extend our respect to all Aboriginal and Torres Strait Islander and First Nations Peoples.

