

health

# Improving retail access to fresh fruit and vegetables

Local Government demonstration project outline and application guide



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## Background

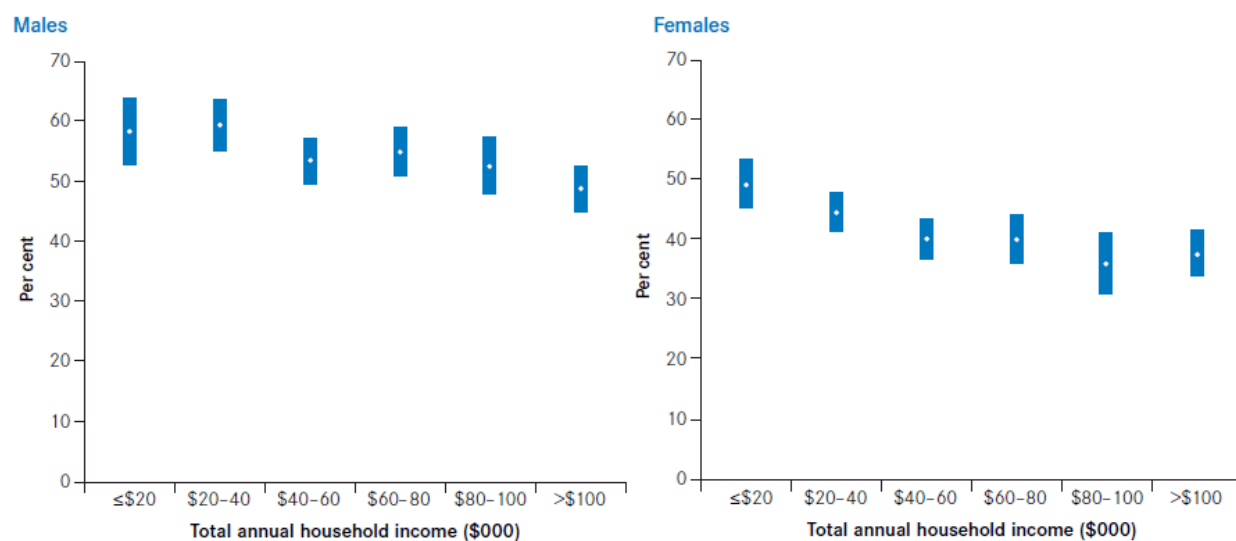
### Fruit and vegetable consumption in Gippsland

Around 87% of the Gippsland adult population fails to consume the recommended number of serves of vegetables, and around half consume the recommended amount of fruit. Overall 49.3% of the population in Gippsland did not meet the guidelines for consumption of fruit and vegetables compared to 48.2% for the rest of Victoria (Department of Health, 2010).

LGA	Did not meet guidelines								
	Fruit guidelines			Vegetable guidelines			Either fruit or vegetable guidelines		
	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI	%	Lower 95% CI	Upper 95% CI
Bass Coast	51.5	43.1	59.7	84.9 <sup>(b)</sup>	79.9	88.8	47.9	39.7	56.2
Baw Baw	51.4	45.5	57.2	89.8	86.5	92.4	49.0	43.1	54.9
East Gippsland	49.8	42.2	57.5	85.4	78.3	90.4	47.4	39.8	55.1
Latrobe	56.0	50.	61.4	87.0	83.3	90.0	52.2	46.6	57.7
South Gippsland	49.8	43.7	55.9	86.7	82.8	89.9	46.1	40.2	52.2
Wellington	52.2	46.3	58.1	86.6	82.8	89.7	47.7	41.7	53.8
<b>Gippsland</b>	<b>52.8</b>	<b>50.0</b>	<b>55.6</b>	<b>86.9<sup>(b)</sup></b>	<b>85.0</b>	<b>88.6</b>	<b>49.3</b>	<b>46.5</b>	<b>52.0</b>
<b>Victoria</b>	<b>50.5</b>	<b>49.6</b>	<b>51.3</b>	<b>90.0</b>	<b>89.5</b>	<b>90.4</b>	<b>48.2</b>	<b>47.3</b>	<b>49.1</b>

Source: Department of Health (2010), Victorian Population Health Survey report 2008: Selected Findings, Melbourne.

The charts below show the proportion of males and females who did not meet the guidelines for fruit and vegetable consumption, by household income, 2008. As with many other indicators there is a relationship between social inequalities and consumption of fruit and vegetables, with a higher proportion of people on lower incomes failing to meet the guidelines for fruit and vegetable consumption.



Source: Department of Health (2010), Victorian Population Health Survey report 2008: Selected Findings, Melbourne.

Evidence from the United Kingdom suggests that people who use their local store as the main shopping location are more likely to be lower income groups, be retired or lone householders, have limited regular access to a car and tend to report lower fruit and vegetable consumption<sup>1</sup>.

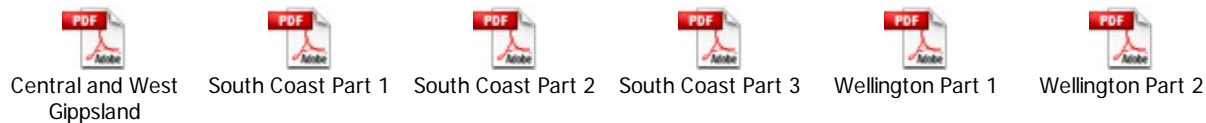
### Access to healthy food in Gippsland

Over the last few years Healthy Food Basket Surveys have been conducted in Bass Coast, South Gippsland, Baw Baw, Latrobe, Wellington and will soon occur in East Gippsland Shire. These have largely been conducted as part of the work of local health promotion partnerships, sometimes in collaboration with University partners. Each catchment, except East Gippsland, has a written report of the results of this work (see attached). South Coast and Central West Gippsland PCPs have also

<sup>1</sup> Department of Health [UK] (2010), Change4Life Convenience Stores Evaluation Report: Promoting the purchase of fresh fruit and vegetables in deprived areas, Department of Health, London.

produced a DVD which has been utilised as a learning tool for understanding what a Healthy Food Basket is and why food security is an issue.

### PCP Healthy Food Basket Reports



## International experience

In Scotland the Healthyliving Neighbourhood Shops project aimed to improve eating habits through improved availability of healthy food options, while also increasing profitability<sup>2</sup>. It engaged directly with retailers of neighbourhood convenience stores and used strategies focussing on retail positioning, promotional initiatives (deals), in store promotion and advertising, and provided incentives including improved refrigeration. The program used the healthyliving 'brand' of the Scottish Executive which had been developed through a broader social marketing effort. The program demonstrated increases in sales of fresh produce in all but one of 22 stores, with many showing large increases in sales of fresh produce, and important contributions toward growth of overall sales.

The Change4Life Convenience Stores Programme in England built on the success of the Scottish work and provides the strongest guidance for the scheme proposed for Gippsland<sup>1</sup>. Over a 6 month period every store receiving the more intensive intervention increased their sales of fresh fruit and vegetables, with increases averaging 143%. A less intensive intervention produced more variable results, with the majority of stores recording increased sales of fruit and vegetables, but the average increase was lower at 14%. Strategies focussed on retail positioning, point of sale advertising/marketing, ambient stands for impulse buying, incentives for display equipment including refrigeration, modifying the range of produce stocked and rebranding existing display equipment. A broader social marketing effort using a common brand was implemented including household marketing within a fixed radius of the participating stores, and with settings such as local schools. A number of the learnings from the Change4Life convenience stores programme have been considered in the design of the proposed scheme for Gippsland.

Schemes to provide upfront support for healthy food retailing have been implemented on a much larger scale in the United States through the Pennsylvania Fresh Food Financing Initiative. This initiative demonstrates how the use of incentives can be used to intervene in the private retail fresh fruit and vegetable markets, but has limited relevance due to the focus being on financial incentives to establish large supermarkets in low socioeconomic communities.

In Australia there has been a number of projects to support remote area stores with healthy food initiatives, but these have not involve the provision of financial or material incentives to the stores<sup>3</sup>.

## The Council

To be eligible for the demonstration project the Council must be able to show:

- That the Council or health sector stakeholders in their LGA have collected (or have short term plans to collect) detailed information about the retail availability and price of fruit and vegetables in the shire. Additional data collected from either retailers or consumers about barriers to accessing fruit and vegetables that can inform the design of the scheme will support the case of the Council.
- Partnerships with health sector stakeholders who share the objective of increasing consumption of fruit and vegetables. The ability to demonstrate that the Council or other stakeholders are undertaking, or plan to undertake, complimentary strategies to increase demand for fresh fruit and vegetables in the same communities will support the Councils case.

<sup>2</sup> Health Scotland (2007). Healthyliving Neighbourhood Shops Project, NHS Health Scotland, Edinburgh.

<sup>3</sup> <http://www.healthinonet.ecu.edu.au/health-risks/nutrition/resources/rist>

- That increasing healthy eating is a current objective of the Councils Municipal Public Health and Wellbeing Plan, or a willingness to include this objective in the MPHWP as part of the annual review process.
- A willingness to administer the scheme and openly share the results (regardless of outcome) with the Department of Health and other councils within Gippsland and across Victoria.

Councils can choose to work together with a neighbouring Council (preferably within the same Primary Care Partnership catchment) to administer the scheme across the catchment.

## Overview of the scheme

The scheme is intended to intervene in an area of market failure - that is the retail supply of fresh fruit and vegetables in some rural communities. For the purposes of the scheme, fruit and vegetables are considered a merit good - with public health advocates wanting adults to consumer 2 serves of fruit and 5 serves of vegetables each day.

It is expected that the scheme will:

1. Identify specific retail outlets which service communities that have been identified as having poor geographic access to healthy food (in particular fruit and vegetables) through healthy food basket surveys.
2. Offer a package of support to those retailers including free point of sale (POS) marketing materials and advice (possibly including training) on management of the fruit and vegetable category. Offer subsidised dedicated refrigeration display cases for the fruit and vegetable category and subsidised ambient retail displays suitable for fresh fruit and vegetables.
3. Request participating retailers to enter into non-binding commitments to increase availability, improve retail 'positioning', or decrease price of fresh fruit and vegetables. Retailers will also be asked to collect standardised sales data and make this available to the project coordinator.

It is expected that a minimum of 20 retailers will be supported over the 2½ year duration of the demonstration project.

Local Governments and Primary Care Partnership staff in Gippsland were involved in the initial design of the scheme through a workshop held 21 December 2010. Further consultation with the retailers in the selected shire will occur before the scheme is finalised.

The final design of the scheme will be subject to the approval of the Department of Health.

## Implementing the scheme

The Council funded for the demonstration project will be required to:

1. Employ a project coordinator. The coordinator must have small retail business experience (for example as a sales representative), preferably in the food and beverage sector, and also understand and be motivated to achieve the public health objectives of the program. See *Funding available* section for details on the maximum level of the budget which can be committed to the administration of the scheme.
2. Establish a project team and a meeting schedule with membership consisting at a minimum of:
  - The project coordinator (secretariat) and their line manager in the Council
  - Council's economic development/small business representative
  - Health sector representatives working specifically to increase fruit and vegetable consumption.
  - Department of Health representative.
3. Apply to the Go for 2 and 5 secretariat (WA Department of Health) to use the Go for 2 and 5 materials, and enter into a copyright agreement for same. Details of how to contact the secretariat

are contained within the attached Copyright agreement.



Go for 2 and 5  
Copyright Agreement

4. Prepare social marketing materials appropriate for use at POS including but not limited to:
  - Headers, runners and shelf strips for use on dedicated fruit and veg refrigerated displays and ambient produce stands (strips of [these](#))
  - Window vinyls for placing in shop-fronts<sup>1</sup> (colour pictures of the collateral are contained in Appendix A of the Report)
  - Re-usable price overclips<sup>1</sup> (price tags for clipping to shelves)
  - [Posters](#)
  - Seasonal [fruit](#) and [vegetable](#) charts
  - Recipe cards ([SA](#), [ACT](#), [NSW](#), [QLD](#), [WA](#))
  - [Shopping basket advertisements](#)
  - [Shelf wobblers](#)
  - [Mobiles](#)
  - [Banners](#)
  
5. In consultation with retailers, identify an appropriate set of options for dedicated fruit and vegetable refrigerated and ambient displays. Examples of refrigerated and ambient display from the UK Change4Life program are shown below<sup>1</sup>. The displays could be similar but the branding would be the Go for 2 and 5. Determine costs of these various options inclusive of permanent Go for 2 and 5 advertising. A variety of display sizes will be required given the variation in store types/space/layout.



6. Develop a written package for retailers that explains the scheme, and provides a 'menu' of available subsidised equipment, POS materials, and support services. The subsidies for displays should be set in line with the table below. An equivalent sliding scale could be used instead of this categorical scale (subject to agreement by the Department of Health).

**Table 1: Subsidy categories**

Product Cost	Subsidy	Example (prices of displays are for demonstration purposes only)
\$3,000 or more	50%	Large dedicated refrigerated display costs \$3,500. Retailer pays 50% or \$1,750, scheme funds 50% or \$1,750.
\$2,000-\$3,000	60%	Small dedicated refrigerated display costs \$2,200. Retailer pays 40% or \$880, scheme funds \$1,320.
\$1,000 - \$2,000	70%	Large ambient display costs \$1,200. Retailer pays 30% or \$360, scheme funds 70% or \$840



\$500-\$1000	80%	Small ambient display costs \$750. Retailer pays 20% or \$150, scheme funds 80% or \$600.
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Note: Once the retailer contribution is paid, the property will be owned by the retailer. The scheme does not provide for the maintenance or replacement of the equipment.

7. Develop and document an evaluation methodology. See details below in the *Evaluation* section. The evaluation plan requires the approval of the Department of Health.
8. Launch the scheme in order to build local knowledge of the Go for 2 and 5 brand, and also to try to generate enthusiasm for the scheme among retailers in scope. Utilise 'Champions' to promote fruit and vegetable consumption in the local community.
9. Visit stores of retailers in scope and, using the materials developed (Points 3, 4 and 5), recruit them for participation in the scheme. Participation may include purchasing of subsidised displays, or just 'free' program elements. Construct written agreements between the Council and the retailers that describe the commitments of each party.
10. Support participating retailers with tips on the management of the fruit and vegetable category. Retailer support should be via face-to-face visits occurring at least quarterly during the first 12 months of the scheme. Tips include
  - Choosing a prominent position near the front of the store for displaying the range
  - Using appropriate display equipment that is easy to clean and stock
  - Positioning the ambient stand near the till to support impulse purchasing
  - Advice on which fruit and vegetables should be chilled and which should not
  - Advice on appropriate grouping of items and maximising colour impact
  - Promoting seasonal items through use of POS materials
  - Avoiding overfilling of shelves
  - How to make good use of the available POS materials.
  - Promote available resources such as the [Guide to Maximising the shelf-life of fruit and vegetables](#) and [Marketing ideas for healthy food](#).
11. Prepare annual written progress reports and submit these to the Department of Health by 31 August each year. Prepare a final project report including the evaluation results

## Evaluation

The Council administering the scheme will be required to undertake a targeted evaluation within the available funding. External evaluation involving academic partners is welcome, but additional funding requirements would need to be met from other sources.

The evaluation should focus on the following three elements

1. Monitoring the retail availability, display, price and sales of fresh fruit and vegetables in the retail outlets in scope for the scheme. The monitoring should be undertaken with standardised measurement instruments and with a series of data points including as a minimum pre-intervention, and a final collection at least 12 months after implementation of the scheme. The use of a control group of non-participating retailers is desirable but not essential.
2. The retailers acceptance of the scheme. This should be measured by both rates of participation as well as surveys/interviews with retailers.
3. The enablers and barriers for councils officers in administering the scheme. This can be achieved through the project coordinator keeping a journal or writing regular reflective reports.

The sample for the evaluation should consist of all participating retail stores. Supplying data for the evaluation is a core requirement of participation in the scheme.

## Funding available

\$54,545 per annum for 3 years (2010-11, 2011-12 and 2012-13) is available to support the implementation of the scheme. Project commencement is expected in May 2011 and project finalisation is expected in December 2013.

No more than \$25,000 per annum should be used in the administration of the scheme. \$30,000 per annum should be spent on POS materials, social marketing and direct incentives to the retailers involved.

The launch of the scheme should occur within 4 months of the recruitment of the project coordinator with the first few months spent on preparing the necessary materials, consulting with retailers and finalising the design of the scheme (Implementation steps 2-7).

## Applications

Councils located in the Gippsland Region are invited to apply to pilot the scheme. Successful applicants will be required to enter into a funding and service agreement with the Victorian Department of Health, or adjust their existing funding and service agreement to incorporate this activity. Funding will be provided on a competitive basis.

Applications should complete the application form (Appendix 1) and submit electronically **no later than 5.00pm on Friday 4 March 2011** to:

[tim.owen@health.vic.gov.au](mailto:tim.owen@health.vic.gov.au)

Confirmation of receipt will be provided by return email. If receipt is not acknowledged within 48 hours, please call (contact details follow).

## Further information

Councils that would like to discuss the scheme should contact:

Tim Owen  
Manager Public Health, Primary Health and Planning  
Department of Health  
[tim.owen@health.vic.gov.au](mailto:tim.owen@health.vic.gov.au)  
Telephone: (03) 5177 2557 or 0417 524 996

or

Debbie Mitchell  
Regional Health Promotion Advisor  
Department of Health  
[debbie.mitchell@health.vic.gov.au](mailto:debbie.mitchell@health.vic.gov.au)  
Telephone: (03) 5177 2610 or 0419 584 873

## Appendix 1 – Application Form

<b>Council(s)</b>	Enter the name of the Council(s) involved in this application. If two Councils are working together, please identify the Council who will enter into the service agreement with the Department of Health
<b>Contact</b>	Enter the name, position, postal address, street address, telephone number(s) and email address for the principal point of contact for this application.
<b>Context</b>	What is the context for your application? What existing work has been done in the LGA(s) on collecting information on the retail availability and price of fruit and vegetables? What other strategies have already been implemented to increase consumption of fruit and vegetables in the area? This context should capture work by the Council and other local partners.
<b>Partnerships</b>	Describe your partnership arrangements with others in your area who share the objective of increasing consumption of fruit and vegetables.
<b>Complimentary strategies</b>	What is the Council or other local partners willing to do that will compliment the demonstration project? What social marketing strategies are partners willing to undertake within their existing resources to increase community demand for fruit and vegetables in the communities in scope for the scheme?
<b>Municipal Public Health Plan</b>	What objectives and strategies are contained within your Council Municipal Public Health Plan that relate to health eating and in particular increasing fruit and vegetable consumption? If not a current objective, how does the Council propose to incorporate the objective of increasing fruit and vegetable consumption into the Municipal Public Health Plan as part of the annual review process? Please provide details of proposed amendments.
<b>Budget and staff profile</b>	What would be the proposed FTE for the project coordinator? Please provide a high level proposed budget for the project.
<b>Scope</b>	Based on knowledge of the availability and price of fruit and vegetables in towns without supermarkets, which towns and retailers would be in scope for this demonstration project?

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