



Supermarkets as a setting to promote healthy eating: some lessons learned in Victoria

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Issue addressed

Supermarkets are a potential setting in which to deliver nutrition promotion to the community. A pilot project was able to examine the requirements for health authorities to form partnerships with other sectors and opportunities and limitations of using industry-based communication strategies to promote healthy eating messages.

Methods

Pre-intervention interviews helped determine communication strategies. Post-intervention interviews were used to assess content and appropriateness of nutrition resources, collaboration between key participants, satisfaction with training and barriers/promoters to implementation. An intercept survey with consumers measured the impact of the intervention.

Results

The survey of more than 1,120 women indicated only limited success. 12% of respondents from the intervention supermarkets had watched demonstrations and 20% had noticed the recipe leaflets, with only 5% able to name the promotion. Supermarket owners, representatives from participating food companies and demonstrators were supportive of the concept and content used in the promotion and qualitative analysis provides indicators for similar promotions.

Conclusions

Health authorities considering 'partnerships' with the food/supermarket industry should recognise the diversity of roles and responsibilities of the organisations involved in the supply of food through the retail market and allow for long-term planning when working with them. Head office of the supermarket group has a key co-ordinating role, however, individual supermarkets will be driven by financial returns.

So what?

The recognition and trust in the name of health authorities by consumers means that organisations value an association with them.

Keywords

Supermarkets, healthy eating communication.

Background

Supermarkets are a potential setting for nutrition promotion.¹ Australians make several food-shopping trips per week and so are frequently exposed to nutrition messages. Research has shown that shoppers' interest in food and health issues is high.^{2,3} Further-more, up to 80% of buying decisions are made in supermarkets, making them a key site to influence food purchasing.⁴ A number of programs have used supermarkets to promote improvements in food selection and eating behaviours using point-of-sale promotion, store merchandising, mass media advertising and printed resources. These have met with mixed success.^{3,5-10}

Following advice on capacity building from Crisp et al.¹¹ to look for long-term sustainability of programs through training, and Nutbeam¹² to develop working partnerships, independent supermarkets were selected as a setting to pilot Victoria's healthy eating communication strategy.¹ Consultation with key informants indicated that supermarket interventions should link promotional activities with supermarket resources and capacity, utilise existing activities, and capitalise on manufacturers', producers' and store managers' interest in sales. In-store tastings and cooking demonstrations, recipes, cooking and nutrition tips and training programs for supermarket staff and demonstrators were strategies identified.¹

The National Heart Foundation of Australia (NHFA) (Victorian Division) won the tender to implement the pilot project. The resources and demonstrations were developed and produced for approximately \$35,000, with industry contributing a further \$10,000. This paper will describe the project and examine the opportunities and limitations of this approach to promoting healthy eating messages in supermarkets.

Methods

The supermarket intervention

The Master Grocers' Association helped identify independent supermarket banners. Agreement was reached with one to participate in the project. Pilot store selection was based on geographic location, store size and owner interest. Five intervention stores were selected from metropolitan and regional

Victoria. The intervention was conducted over five months. It involved the following elements:

1. Development of communication materials.
2. Recipe development.
3. In-store food demonstrations.
4. Training of supermarket staff.
5. Development of linkages with the community.

These are described briefly below.

Development of communication materials

Communication materials were discussed with the supermarket banner, pilot supermarket owners, the demonstration company, food consultant and a promotions company. The supermarket banner produced and paid for handbills and window posters. The handbills featured special price promotions for products and were distributed weekly. Individual supermarkets decided which communication materials they used. Although not all pilot supermarket owners elected to use the handbills, all used the posters. The project produced recipe leaflets and a two-colour poster with logos from all participating organisations for display on demonstration stands. Nutrition materials produced by participating food manufacturers were reviewed for consistency with the nutrition messages being promoted and were used where appropriate. A nutrition logo, 'Shop Well, Eat Well, Live Well', was used in the promotional material to brand the project.

Strategy development

From suggestions of participating organisations, food manufacturers and producers were invited to participate and contribute financially to the 'healthy eating' demonstration program. Of 19 food manufacturers approached, 10 participated. The range of 25 products included fruit, vegetables, legumes, lean meat, reduced fat dairy products, breads and cereal products, and 10 different herbs and spices. Companies selected products scheduled for special price promotion in the supermarkets. Once food manufacturers were confirmed and products selected, 20 recipes combining a number of products were developed and tested by a home economist. Recipes used a variety of ingredients each week, limited ingredients per recipe, and were quick and easy to prepare. The NHFA provided healthy eating tips that were included on recipe leaflets.

In-store food demonstrations

Four companies were invited to tender to provide cooking demonstrations for eight hours per week in the five supermarkets, for demonstrators to attend five training sessions and to participate in evaluation. Training for demonstrators, conducted by a home economist and the project manager,

included nutrition information, product information, key selling messages and the opportunity to practise the recipes. Seven demonstrators took part, mostly returning to the same supermarket each week. Four-hour demonstrations were conducted twice weekly on days selected by the supermarket owner. A new recipe was featured each week and leaflets available at the time of the demonstration remained on display for a month. Where appropriate, additional material from the food manufacturers was also available.

Training of supermarket staff

A needs assessment of training requirements and commitment to training was undertaken through interviews with supermarket managers, the retail industry training council, and the supermarket banner training co-ordinator. Training modules based on industry competencies were prepared. However, training did not eventuate mainly due to large numbers of casual staff, which created problems in scheduling, and owners were not prepared to cover wage costs.

Links to the community

With agreement from four of the five pilot supermarket owners, dietitians from community health centres closest to the supermarkets were asked to contact the owners to discuss opportunities for involvement. Supermarket tours occurred at two of the pilot supermarkets.

Evaluation

Pre-intervention interviews were held with four head office staff and the five pilot supermarket owners to explore their views on the intervention. Discussion included type and use of communication methods and materials, demonstrations, staff training and involvement. Post-intervention interviews were held with the five pilot supermarket owners, nine account managers of participating food companies, dietitians from three community health centres, and with six demonstrators. Information was used to assess: content and appropriateness of nutrition resources; collaboration between food companies, demonstration company, supermarkets and community links; satisfaction with training; and barriers/promoters to the implementation of a healthy eating communication strategy in supermarkets.

To measure the impact of the promotion, an intercept survey with consumers was conducted at the pilot and control supermarkets prior to the promotion and one month after completion. A questionnaire included items on frequency and place of shopping, awareness of healthy eating promotions and demonstrations, awareness of recipe leaflets, and demographics. Interviews were conducted during a four-hour

period on Wednesday evenings, and Thursday and Saturday mornings over two weeks. Adult women were randomly selected while shopping in the supermarkets. The pre-intervention survey included 1,101 women (690 in the intervention stores and 411 in the control stores), and 1,123 women participated in the post-intervention survey (707 in the intervention stores and 416 in the control stores). Data from the consumer survey were analysed to examine differences between control and intervention supermarkets in the proportion of participants who were aware of healthy eating promotions in the supermarket and who had watched demonstrations and noticed recipe leaflets. A profile of the participants in the surveys is included in Table 1.

Results

The response from supermarket owners, food company representatives and demonstrators supported the demonstration strategy, indicating that it created interest in the stores and provided opportunities for customer communication that was enhanced by working in small supermarkets. The recipe ideas and scope of the recipes and ingredients supported the healthy eating campaign. Combined promotions diffused costs and assisted in overall promotion.

The barriers to the strategies related mostly to organisational

Table 1. Post-implementation consumer survey participant profile

		n	% ^a
Age	45+	423	25
	<45	698	75
	No response	2	
	Total	1,123	100
Level of education	Primary school	36	3
	Some secondary school	280	25
	Completed secondary	403	36
	Apprenticeship/TAFE	85	8
	Tertiary education	317	29
	No response	2	
	Total	1,123	101
Household description	Single adult	96	9
	Adults only	414	37
	Single parent + children	88	8
	Couple + children	513	46
	Other	12	1
	Total	1,123	101
Employment status	Full-time	327	29
	Part-time	354	32
	Full-time homemaker	201	18
	Student	31	3
	Not employed	210	19
		Total	1,123
Country of birth	Australian born	850	76
	Non-Australian born	272	24
	No response	1	
	Total	1,122	100

(a) Decimal point rounded up to whole number

factors. Small supermarkets operating independently decide the amount and range of stock, which affects availability of ingredients for the promotional recipes. Additional staff costs incurred in a special promotion by both supermarkets and food manufacturers can inhibit participation.

Table 2 provides a summary of comments that indicate supports/barriers to the strategies tried in the pilot program.

The information provided from interviews is summarised and reported from the perspective of the supermarket owners, the food manufacturers and the demonstrators.

Table 2. Supports and barriers for a supermarket healthy eating communication strategy

Demonstrations
Demonstrations create an interest in-store
Same demonstrator 2 days/week increased recognition for campaign
Smaller stores allowed greater client focus
Demonstrations allow face-to-face and two-way communication
Repeat visits meant demonstrators got to know customers
Recipes
Alternatives on recipes were a good idea
Meal solutions, a growing area
Scope of recipes and add-on products good
Combined promotions
Combined promotion helps reduce costs of demonstrations
Less hard sell, people willing to stop, listen and try recipe
Merchandising/marketing plan
Suggest merchandising around the recipes
Need more in-store support – highlight ingredients, more signage
Needs an in-store sales team to respond quickly
Could hold demonstrations at particular times and dates and advertise
Could link to own in-store marketing and promotions
Use banner to continue healthy eating campaign
Role of health authority
Campaign needs support of a health authority for information
Logos: people are looking for health authority symbols
Recipes need guidelines especially if health is promoted
Health authority has high credibility – people stop to listen
Training helped in discussing health issues with more confidence
Training helps with other demonstrations (normally do one item)
Staffing
Staff have to attend training on other issues, e.g. food hygiene
Large numbers of casual staff covering extensive shopping hours makes scheduling training difficult
Staff are not willing to attend training in their own time
Relationship between staff/demonstrator can take time to develop
Lack of sufficient merchandising staff to properly support all stores
Less staff change than in big stores = better customer relations/service
Staff could have been more supportive (of the demonstrators)
Product
Need back-up at head office to ensure product is ordered
Good product range, but not all carried by some stores (no demand)
There could have been more stock in some stores
Owners of independent supermarkets are responsible for products bought from the wholesaler, which can mean more work for sales representatives

The supermarket perspective

Supermarket owners reported the demonstration strategy created interest and favourable reactions from customers with positive feedback on the recipes. The same demonstrator returning each week increased customer recognition of the campaign over time. Demonstrations were thought to encourage sales, however, sustainability was unpredictable. Some owners indicated greater support for a health campaign at the individual store level was possible, but more assurance was needed that staff costs for training and promotional tasks such as ticketing and merchandising would be covered by increases in sales.

Food demonstrator perspective

Demonstrators felt that returning to the same store throughout the pilot improved customer recognition of the campaign and customer relations. Demonstrators reported training gave them confidence to discuss health messages and customers were receptive to these. They indicated the recipes encouraged people to buy, with some stores running out of the demonstrated product. Better links between supermarket head office and the intervention supermarkets were suggested to overcome this problem.

Food manufacturer perspective

Demonstrations are a marketing strategy used by all participating food manufacturers. They all saw advantages, particularly cost reductions, in linking products in demonstrations as part of meal solutions. Most recognised a need for a stronger in-store sales team, but referred to a lack of sufficient staff to cover the smaller independent supermarkets. Independent ownership means individuals are responsible for deciding which products are stocked.

Impact of the intervention on consumers

Eight per cent (n=94) of respondents to the supermarket survey were aware of new healthy eating promotions in supermarkets. Statistical testing showed a slightly greater awareness in the intervention supermarkets (10%), compared with the control supermarkets (6%). Of those 70 respondents from the intervention supermarkets who were aware of healthy eating promotions only 5% (n=4) recognised the 'Shop Well, Eat Well, Live Well' promotion. None of the control respondents named the promotion.

Twelve per cent (n=88) of respondents in intervention supermarkets and 5% (n=19) in control supermarkets indicated they had watched demonstrations in the past six months. This difference was statistically significant. There was also a significant difference in the proportion of respondents noticing 'Shop Well, Eat Well, Live Well' recipe leaflets, with 20% (n=141) of respondents from intervention supermarkets compared with 3% (n=11) from control supermarkets.

Discussion

This pilot project could claim only limited success. Twelve per cent of consumers surveyed post-implementation were aware of the in-store demonstrations and 20% were aware of the recipe leaflets. This compares with the findings of Worsley et al.³ where up to one-third of customers were aware of or used fruit and vegetable recipe leaflets used in a point-of-purchase nutrition promotion over nine months.

The customer surveys indicate the 'Shop Well, Eat Well, Live Well' promotion was not well recognised by customers. However, supermarket owners, food company representatives and demonstrators reported positive customer reactions to the demonstrations and recipe leaflets. The outcomes of this pilot project cannot be compared with large-scale industry-based marketing campaigns, which include extensive in-store merchandising, media advertising and ongoing exposure to brand names.

For health authorities promoting nutrition messages, the supermarket seems an appropriate setting for targeting people where food choices are made. This project was able to confirm the interest of food companies and supermarkets in promoting healthy eating messages as a way to promote sales. The project provided the opportunity to gain a better understanding of the business goals and likely commitment to a healthy eating campaign of the key organisations involved in the supermarket industry.

Food manufacturers expressed interest in collaborating and contributing to healthy eating promotions but pointed out that their marketing strategies are developed months in advance. Companies are currently using demonstrations and recipe leaflets to promote their products. Joint promotions can reduce costs and lend themselves to the promotion of 'meal solutions', a growing trend useful in promoting healthy meal ideas.

The head office of the supermarket banner has an important co-ordinating role in facilitating health promotion in supermarkets. Head office links food companies, wholesalers, suppliers and individual supermarkets, co-ordinates product promotions (special price deals), and the production of promotional material such as posters, handbills and corporate ticketing. However, with independent supermarkets participation will be decided by individual owners.

The supermarket owners saw value in the strategies used, some recognising that they could have done more to support the campaign. For supermarkets, a healthy eating promotion is likely to be an 'add-on' that makes a point of difference (from other supermarkets) in their relationship with the customer. Contributions, even indirectly through staff time to support merchandising or attend training, are likely to be limited unless financial return to the business can be demonstrated.

Supermarket owners reported good customer reactions to the demonstrations. The relationship between the supermarket and their customers is important in small business. Demonstrators play a role in promoting health messages through direct customer contact. Training in food and nutrition for the demonstrators was important in giving them the skills to discuss the health messages associated with the foods and recipes demonstrated.

Health authorities can contribute to the capacity of organisations and individuals to promote healthy eating through accurate health messages and information for consumers, demonstrators and staff. There is potential for health organisations at the local community level to link with promotional activities in the supermarkets. However, planning must be undertaken well in advance to ensure the various promotional and community-based activities can be co-ordinated.

Conclusion

This intervention relied on weekly cooking demonstrations, recipe handouts and training (of demonstrators) to promote healthy eating messages to customers. Supermarket owners, representatives from participating food companies and demonstrators were supportive of the concept and content used in these strategies. The following lessons learned from the pilot project could assist health authorities/government departments considering partnerships with the food/supermarket industry in future program planning.

- Consider roles and responsibilities of key organisations in food supply through the retail market.
- Allow long-term planning due to number of organisations and diversity of roles and time lines.
- Involve head office of the supermarket group, particularly in co-ordination between food suppliers and supermarkets.
- Make proposals to supermarkets to promote healthy eating in the context of financial return to their business.
- Health messages can be promoted by trained demonstrators.
- Engage health authorities to prepare accurate health messages and to train participants.

Consumer recognition and trust in the name of many health authorities means that organisations value an association with them. Such partnerships have the potential to build the capacity of commercial organisations to take an active role in health promotion.

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