Evaluation Report of the ‘Make Healthy Normal In-store Promotional Campaign’ at Vinnies stores

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Executive Summary

Western Sydney and Nepean Blue Mountains Local Health Districts (WSLHD/NBMLHD) collaborated with St Vincent de Paul Society, Parramatta Central Council (SVdP) on an innovative project to improve health outcomes in populations experiencing the most disadvantaged – ‘Make Health Normal In-Store Promotional Campaign’ at SVdP stores (colloquially termed ‘Vinnies’ stores). This initiative was in response to a health inequality issue; people who experience the most socio-economic disadvantage are more likely to be overweight or obese, and less likely to participate in universal health promotion strategies, greatly increasing their risk of heart disease, stroke, type two diabetes and some cancers later in life.

Targeted promotion of health messages and provision of health support programs is shown to be effective in improving the health outcomes in populations. Phase 1 of this partnership developed a project that promoted the Make Healthy Normal (MHN) campaign and Get Healthy Information and Coaching Service (GHS) across 21 SVdP retail stores in western Sydney and Nepean Blue Mountain area from November 2016 to April 2017. The aim of this project was twofold - (1) to increase the level of awareness of healthy eating and active living behaviours from the MHN campaign and (2) increase the uptake of the Get Healthy Information and Coaching Service by SVdP staff, volunteers and customers.

The project was evaluated using a descriptive cross-sectional approach to measure campaign awareness and any changes in health behaviours from pre-to-post. The total number of GHS referrals was calculated over the six-month project. Strategies employed included:

- Tailoring the state-wide MHN and GHS to the SVdP community
- Case study profiling SVdP staff and volunteers who made practical health behaviour changes
- Integrating the campaign into retail stores and providing targeted community engagement activities to increase project ownership

Key Findings:

**Campaign Reach**

- 248, 137 retail customers and 560 staff and volunteers were exposed to the strategy
- 11 articles in local papers
- 6 internal articles from SVdP, WSLHD and NBMLHD.
- Social media - 1 Twitter post and 4 Facebook posts.
Key Findings:

Campaign Impact

41 GHS referrals, with 23 engaging in the first phone call and 74% of this group enrolling in the 6-month program.

Awareness of healthy eating and active living behaviours from the MHN campaign increasing from 22% to 83% in SVdP staff and volunteers.

Self-reported trend increases in daily fruit, vegetable and water consumption in SVdP staff and volunteers.

Increasing conversations about health, however the role of promoting health to customers was not seen as part of SVdP staff and volunteers’ role.

Increase of 62% of overall sales compared to the previous year.

This in-store promotional campaign made a positive difference in increasing awareness of the MHN campaign and healthy eating and active living behaviour messages. It also motivated positive health behaviour changes in SVdP staff and volunteers. Importantly, this was a unique opportunity for the SVdP community where health was put on the agenda. The need to continue to work with this unique population is evident and sustainable methods will be explored.

Key Recommendations

- Develop a Phase 2 of the project incorporating results of this evaluation to inform planning, implementation and evaluation.
- Ensure there is an increased focus on proactive engagement with staff and volunteers through testing the implementation of a dedicated and trained volunteer health promotion position based at main stores.
- Keep promotions relevant with shorter, sharper campaigns so messages are noticed.
- Build on existing cobranded messaging with practical information that assists people to put health messages into action. E.g. Seasonal and simple recipe cards.
- Incorporate new Make Healthy Normal collateral into the campaign (e.g. mini challenges).
- Nominate SVdP volunteer for the working group to assist with sharing information, campaign planning and build ownership at a grass roots level.
- Continue extending the project to all SVdP stores, including those that recently opened to ensure uniformity.
Introduction

Western Sydney and Nepean Blue Mountains Local Health Districts (WSLHD/NBMLHD) collaborated with St Vincent de Paul Society, Parramatta Central Council (SVdP) on an innovative project to improve health outcomes in populations experiencing the most disadvantaged – ‘Make Health Normal In-Store Promotional Campaign’ at Vinnies stores. This initiative was in response to a health inequality issue; people who experience the most socio-economic disadvantage are more likely to be overweight or obese and less likely to participate in universal health promotion strategies, greatly increasing their risk of heart disease, stroke, type two diabetes and some cancers later in life.

The purpose of this report is to present the evaluation results of Phase 1 Make Healthy Normal in-store Promotional Campaign and provide recommendations for progressing a Phase 2.

Background

NSW Context

In 2016, 53.3% of the NSW adult population was overweight or obese (NSW Ministry of Health, 2016). Overweight and obesity largely contributes to the burden of chronic diseases, such as type 2 diabetes, hypertension, heart disease and some cancers (NSW Ministry of Health, 2013). Importantly, overweight and obesity are preventable risk factors for chronic diseases.

The NSW Healthy Eating and Active Living (HEAL) Strategy, (NSW Ministry of Health, 2013) highlights the need to encourage the people of NSW to make healthy lifestyle choices and support people to make these choices. The Make Healthy Normal (MHN) campaign and the Get Healthy Information and Coaching Service (GHS) are two state-wide initiatives that support the HEAL Strategy and aim to reduce the burden of preventable ill health.

‘Make Healthy Normal In-Store Promotional Campaign’ western Sydney Project

People living on the margins of society who experience social inequalities have a greater risk of developing chronic diseases and are less likely to engage in health promotion programs (Wen et al., 2003). In an effort to improve the health outcomes for some of the most disadvantaged groups, WSLHD collaborated with NBMLHD and SVdP, which is a non-for-profit organisation that assists people experiencing poverty and inequality. This collaboration aimed to:

1. Increase awareness of healthy eating and active living behaviours from the MHN campaign and;
2. Drive referrals to the GHS, targeting SVdP staff, volunteers and customers.
Project Objectives included:

1. To increase awareness of the MHN key messages among SVdP staff, volunteers and retail customers.
2. To promote and encourage SVdP staff, volunteers and retail customers to register with GHS.
3. To strengthen the capacity of SVdP staff and volunteers to role model positive behaviour outcomes.
4. To increase sales of SVdP household and leisure items that support healthier lifestyles.
5. To build a partnership between WSLHD, NBMLHD and SVdP. The partnership would move towards a development of a formal agreement and further co-develop a suite of projects promoting MHN/GHS.
6. To co-design a suite of resources and promotional materials for the project with SVdP in partnership with the following teams: WSLHD, NBMLHD, NSW Ministry of Health (MoH) and the Office of Preventive Health (OPH).

The MHN campaign and the GHS were tailored for the local SVdP community, which is an innovative way of taking a state-wide Health campaign to some of the most socio-economically disadvantaged groups. The tailoring of key MHN messages and providing the opportunity for anyone to sign-up in-store to the GHS was piloted in 21 SVdP stores (13 in western Sydney and eight in the Nepean area) over a six-month period from November 2016 to April 2017. Strategies to promote the project involved marketing and communication channels, SVdP staff and volunteer engagement activities and collaboration from WSLHD with NBMLHD to enhance project reach and impact.

The key message on the tailored collateral was ‘step into Vinnies for your free health coach’ (the branding of SVdP stores use the name ‘Vinnies’). The MHN campaign has five key messages about healthy eating and active living behaviours: ‘make water your drink’, ‘sit less move more’, ‘be active every day’, ‘eat more fruit and veg’ and ‘choose smaller portions and less kilojoules’. These five key messages were promoted in each store and the opportunity to integrate the messages in merchandising displays was encouraged e.g. ‘be active everyday’ message was highlighted amongst active clothing and shoes. A GHS sign-up area display was promoted within each store, which provided the opportunity that anyone can sign-up to the GHS in a SVdP store.

SVdP stores were identified as large, medium and small stores to categorise store designs that could support free-standing GHS displays or counter-top GHS displays. Various types of collateral and the amount of collateral differed across the categories. Larger stores were able to display more collateral such as outside banners, whereas smaller stores were limited to one A3 posters, three A4 key message posters and a counter-top display. A list was made in collaboration with the SVdP Retail Manager to classify each store and allocate collateral as appropriate.

Pre-implementation involved a meeting with the Retail Area Management Team to inform their stores about this project and provide an opportunity for any questions. Simple information fact sheets and flowcharts about what the MHN campaign and GHS program. These were distributed to all SVdP stores.

Prior to the launch of the project, all collateral was delivered to the stores and set up by the staff and volunteers. The launch of the project was held at a main flagship store. A photo opportunity was provided for local media stakeholders to showcase a local resident and SVdP volunteer as the first individual signing up in-store to the GHS. At two months of project implementation, each store received a fruit basket from the LHD Health Promotion officer to encourage and motivate staff and
volunteers to promote and engage with the project (Appendix J). At three months of project implementation, the promotional content was re-launched to leverage off the New Year health resolution message. A process review was also conducted at this time point. Over the six-month period, the opportunity to have case studies was provided to increase promotion, awareness and engagement with the project.

Project Evaluation

Evaluation Aim

The project evaluation aimed to:

- determine whether the in-store promotional project increased awareness of healthy eating and active living behaviours from the MHN campaign and
- identify if the campaign drove SVdP staff, volunteers and customer referrals to the GHS

Evaluation Questions

1. Did the project increase awareness of the MHN key messages amongst staff, volunteers and retail customers?
2. How appropriate were the co-design of tailored MHN key messages among SVDP staff, volunteers and retail customers?
3. How many registrations did the GHS receive from SVdP stores staff, volunteers and retail customers?
4. What level of engagement was there from staff and volunteers with the campaign?
5. Was there an increase in monthly sales in SVDP stores during the project?
6. How smooth was the implementation of the project?
7. Did WSLHD, NBMLHD and SVdP work towards the development and signing of a MOU?

1. Methods

The evaluation used a mixed method approach and a descriptive cross-sectional analysis. Data collection was through observational audits, SVdP staff and volunteer pre and post project surveys and facilitator led focus groups at post implementation.

1.1 Study Design and Participants

The pilot project involved 21 SVdP stores, 13 within WSLHD boundaries and eight in NBMLHD boundaries. The total number of SVdP staff and volunteers across all stores was approximately 560. All SVdP staff and volunteers were eligible to participate. The project also targeted SVdP retail customers at each store. Project implementation occurred over a six-month period from November 2016 to April 2017. Baseline and post-implementation data were collected from the 560 SVdP staff and volunteers. Participation was voluntary and anonymous. Focus group data was collected from selected SVdP stores involving both SVdP staff and volunteers. Stores were selected based on a higher number of SVdP staff and volunteers at that store as well as ensuring a spread of stores from across
the geographic area. Follow-up data on the GHS participants were collected via phone calls to SVdP customers, staff and volunteers that consented to follow-up on the tailored GHS referral form.

GHS referrals were collated and sent from each SVdP store to SVdP head office where the WSLHD Health Promotion Officer collected and recorded the number referrals from each store. These were then sent to the GHS provider.

2. Measures
2.2 Pre and Post Surveys

The pre and post paper based surveys were designed for use by SVdP staff and volunteers aged 16 years and above. The survey included 10 questions addressing age, gender, awareness of the MHN campaign and GHS, attitudes towards healthy eating and physical activity and level of healthy eating and active living behaviours. Related healthy eating and active living behaviour questions were validated using the Get Healthy at Work brief health assessment survey (NSW Ministry of Health, 2015). An additional three questions were included in the post-survey to assess:

- behaviour changes from the MHN key messages,
- if participants signed-up to the GHS and
- their view about health and SVdP collaborating.

2.3 Mini focus Groups

The mini focus groups were designed to further explore healthy eating and active living attitudes and behaviour changes in SVdP staff and volunteers aged 16 years and above. Participation in the mini focus groups was voluntary and consisted of two to twelve people. There were two moderators who led the focus groups using a focus group discussion guide. The discussion guide consisted of five topics about project awareness, changes in health behaviour, normative attitudes about health and their view about health and SVdP collaborating.

2.4 Data Collection

A total of 560 paper-based surveys were distributed to all 21 SVdP stores. SVdP staff and volunteers were asked to voluntarily complete the survey. At pre-survey collection, 103 surveys were returned providing a response rate of 23%. At post-survey collection, 46 surveys (8% response rate) were returned. The surveys collected at pre and post were coded and calculated on a confidential database.

SVdP stores with a higher amount of sales transactions and therefore more exposure of the in-store campaign, as well as stores from differing geographic areas were identified as stores to hold focus groups. A total of six SVdP stores were selected and seven mini focus groups were conducted with one mini focus group held at the same store twice, to capture staff and volunteers who worked on alternate days to ensure reliability of data collection. Two moderators led the discussion and the same moderator transcribed notes from each mini focus group and validated the findings with the other moderator. The transcribed notes were uploaded, coded and stored on a confidential database.

2.5 Data Analysis

The survey data was analysed using IBM SPSS Version 22. All surveys were included in the analysis and only questions in surveys that had no responses were coded as missing information and excluded from the analysis. The data about awareness from pre and post surveys was analysed by an Independent Samples t-test to compare scores and report significance level. Mean scores to show trends from pre
and post survey scores was compared on healthy eating and active living behaviours. Data on which MHN key messages assisted in behaviour change and view of the partnership used a basic descriptive analysis to show proportion in responses.

The mini focus group data was analysed by in-vivo coding methods. In-vivo coding methods use direct wording from the participant to help preserve the participant’s views. The first cycle of coding was conducted by line-by-line coding. The next step in the qualitative analysis coded the line-by-line coding into categories. Categories were based on the similarity of each line-by-line codes. Following this, a thematic analysis of the categories was conducted and the categories were coded into themes. These themes were conceptualised into overarching concepts. An independent reviewer assessed the final themes and concept.

### 2.6 Data Limitations

The following results should be interpreted with caution, in particular the survey results due to the small response rate from the post implementation survey (8%).

### Results

#### 1. Campaign Collateral, Saturation and Awareness

**1.1 Project Information Factsheet**

A training information factsheet was delivered pre-implementation to twenty-one SVdP stores (Appendix A). From observational site visits two-months post implementation, the majority of SVdP staff and volunteers stated they were unaware of the factsheet.

**1.2 Campaign Collateral**

In total, one-hundred and eighty-five pieces of tailored MHN and GHS collateral were distributed throughout the 21 stores. Tailored collateral included seven outside banners (Appendix B), 63 A4 posters of MHN key messages (Appendix C), 58 A2 posters (Appendix D) and 52 shelf wobblers (Appendix E). An estimated 2,100 GHS referral forms, 2,100 envelopes and 2,100 GHS brochures were delivered for the counter-top/stand-alone displays (Appendix F). Twenty-one GHS boxes were provided for each store to collect GHS sign-ups.

Observational site visits at two months of project implementation showed all stores received and displayed some of the tailored collateral. Castle Hill Victoria Road and Penrith were the only stores that had the specified amount of collateral listed. All other stores either had some collateral in over supply, under supply or missing. The majority did not have a pen at the sign-up area and one store omitted to showcase the collateral throughout the store, confining it to a singular area (Appendix V).

In-store merchandising of collateral was found at Rouse Hill (Appendix W) and an innovative GHS display was found at Castle Hill Victoria Road (Appendix X). It was found that face-to-face communication with stores provided the most valuable engagement opportunities.

**1.3 Media Coverage**

The project launch event occurred on the 8 November 2016 and the first SVdP volunteer signed up to the GHS (Appendix G). Five local newspaper articles that were produced from the 15 November – 22 November 2016 in WSLHD (Appendix H-L). Approximately 35 local stakeholders and media attended the launch. There were four Facebook Posts from SVdP, Western Sydney Health, NSW GHS and the
MHN pages promoting the campaign launch (Appendix M). Additionally, Western Sydney Health posted a series of Live Tweets from the launch in November (Appendix N).

There was further media in January 2017, achieving three local WSLHD newspaper articles (Appendix O-Q) and three NBMLHD articles, one in February and two in March 2017 (Appendix R-T). In total, 11 articles were published across local media outlets during the six-month campaign. The media releases from WSLHD and NBMLHD are shown in Appendix U.

1.4 Staff/Volunteer Incentives/Motivational Strategies

At the two-month time point, fruit baskets and a letter of thanks from the project team was successfully delivered to all 21 SVdP stores (Appendix Y). During the site visits, engagement with SVdP staff and volunteers lead to the development of four case studies (Appendix Z).

At the three-month review, a proactive engagement strategy was introduced to increase engagement with the MHN campaign and drive referrals to the GHS. The proactive engagement strategy involved two LHD Health Promotion officer in-store visits for two hours. The visits were conducted over two weeks during March. The LHD Health Promotion officers engaged with SVdP staff, volunteers and customers to promote healthy eating and active living behaviours of the MHN campaign and signing up to the GHS. To open the conversation about health, practical tools were promoted and disseminated at the Mount Druitt store e.g. healthy and simple recipe cards. During a two week period in March, results at SVdP store in Mount Druitt saw a threefold increase and results at the SVdP store Springwood saw a twofold increase in GHS referrals. The majority of participants who registered to the GHS were customers.

2. Survey Results

2.1 Make Healthy Normal Campaign Awareness

Independent Samples t-test was conducted to compare Pre-MHN campaign awareness and Post-MHN campaign awareness scores in SVdP staff and volunteers. It was found that awareness significantly increased from Pre-MHN campaign (M = 22.33%, SD = 41.84) to Post-campaign (M = 82.61%, SD = 38.32; Graph 2), t (147) = -8.617, p < .001*.

Graph 2.

2.2 Get Healthy Service Awareness

Independent Samples t-test was conducted to compare Pre-GHS campaign awareness (n = 103) and Post-GHS campaign awareness (n = 46) scores in SVdP staff and volunteers. It was found that
2.3 Healthy Eating and Active Living Behaviours and Attitudes

Serves of vegetables per day showed a trend increase in mean values from Pre-campaign (M=2.43) to Post-campaign (M=2.84) however, it was not statistically significant (see Table 4). A larger Post-campaign sample size could result in statistical significance. Serves of fruit per day and cups of water per day showed a trend increase in mean values from Pre-campaign to Post-campaign, but not statistically significant. The amount of physical activity in the last week showed a decreasing trend in mean values, again not statistically significant. Attitudes towards the importance of physical activity and importance of healthy eating was high at both Pre-campaign and Post-campaign and showed no significant change in the mean values.
Table 4. Mean values of Pre-campaign and Post-campaign of healthy behaviour and attitudes towards health. The p values indicate the statistical meaningfulness of the trends.

<table>
<thead>
<tr>
<th>Healthy behaviours</th>
<th>Pre-campaign</th>
<th>Post-campaign</th>
<th>t(p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serves of vegetables per day</td>
<td>2.43</td>
<td>2.84</td>
<td>-1.708 (.090)</td>
</tr>
<tr>
<td>Serves of fruit per day</td>
<td>1.38</td>
<td>1.49</td>
<td>-.902 (.369)</td>
</tr>
<tr>
<td>Cups of water per day</td>
<td>3.406</td>
<td>3.51</td>
<td>-.379 (.705)</td>
</tr>
<tr>
<td>Amount of physical activity in the last week</td>
<td>2.44</td>
<td>2.33</td>
<td>.345 (.730)</td>
</tr>
</tbody>
</table>

Attitudes towards health

| Importance of physical activity      | 3.85         | 3.89          | -.225 (.822)   |
| Importance of healthy eating         | 4.00         | 3.98          | .125 (.901)    |

2.4 Make Healthy Normal Key Messages

The majority of participants (74.5%) reported that the MHN campaign messages helped SVdP staff and volunteers make a positive change to their life. The key message, ‘be active everyday’ was identified as the strongest message that helped participants make healthier lifestyle changes (75.5%) when compared to the other four key messages (Graph 5).

Graph 5.

![Graph showing the percentage of participants who found different MHN key messages helpful](image-url)
2.5 View of NSW Health and St Vincent de Paul Society, Parramatta Central Council collaborating

The post-survey indicated that 70% of participants believed the partnership between Vinnies and Health was a good idea (Graph 6).

Graph 6. View of partnership as a positive idea (n=46)

2.6 Mini focus Groups

A total of 38 SVdP volunteers and staff participated across seven focus groups. These focus groups were held at six stores: Penrith, Castle Hill, Windsor, North Parramatta, Blacktown Mega Centre and Mount Druitt. A thematic analysis of their feedback was completed (Appendix Aa).

From this analysis, four main themes were identified. A summary of the main themes is provided in Table 7 below.

<table>
<thead>
<tr>
<th>Main Themes</th>
<th>Summary of themes (overarching concept)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. High level of awareness of the promotional campaign</td>
<td>The feedback suggests that volunteers and staff see this promotional campaign as important. They identify a need for health but this was the first time health was put on their agenda. Thus, it was difficult to see promoting health as part of their responsibility.</td>
</tr>
<tr>
<td>2. Low level engagement with in-store promotional campaign - not seen as part of their role</td>
<td></td>
</tr>
<tr>
<td>3. Health was considered important - it was the first time it was put on the agenda</td>
<td></td>
</tr>
<tr>
<td>4. High level of satisfaction with the partnership (i.e. SVdP and Health)</td>
<td></td>
</tr>
</tbody>
</table>

2.7 Get Healthy Service Referrals (quantitative)

The total number of GHS referrals was 41. Of the total referrals received, the majority were customers (21), and volunteers (12) and the smallest number were employees (5) and unknown participants (3) (Graph 8).
Of the total number of GHS sign-ups (41), 23 participants actively engaged with the first phone call. From this group, a larger proportion commenced the six-month program (74%) compared to those that requested one-off information (26%) (Graph 9).

2.8 Get Healthy Service Referrals (qualitative)
The majority of feedback from GHS participants who were SVdP volunteers was positive. This was demonstrated by one SVdP volunteer who said “I’ve lost 4kg and 4cm off my waist”.

The SVdP volunteers who signed up to the GHS stated that the overall campaign is “a good idea” but “no-one pays attention to it” as it is outside their normal duties.

Feedback from GHS participants who are SVdP customers stated the service was “heaven sent” and it “helps keep [them] motivated”. SVdP customers identified that they heard about the campaign through either shop front collateral and/or in-store visits from the LHD Health Promotion Officer.

2.9 Sales data
Net sales increased by 62% over the six month period from November 2016 – April 2017. In total there was $324,396 sales across the SVdP retail stores during this time period. This was compared to the previous timeframe, November 2015 – April 2016 where there was $200,105 sales.
# Achievement of Project Objectives

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Results</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Increase awareness of the MHN key messages amongst SVdP staff, volunteers and customers | ▪ Pre-and-post survey of SVdP staff and volunteers indicated a significant increase in awareness of the MHN campaign  
▪ Majority of post-survey respondents reported that the MHN key messages helped them make positive health behaviour changes.  
▪ Low level active engagement with the MHN campaign  
▪ 248, 137 sales transaction which was used as a proxy for customer reach | Achieved but needs improvement  
★★★★★  
An explanation for the low level of engagement with the MHN campaign may be because it was the first time health was placed on the agenda for SVdP Staff and volunteers. To promote health was not seen as part of the current SVdP staff and volunteer role. Future strategies should explore opportunities to incorporate health in the roles of SVdP staff and volunteers. |
| Promote and encourage staff, volunteers and retail customers to register with the GHS | ▪ A total of 41 GHS referrals received during the six-month project  
| | Achieved but needs improvement  
★★★★★  
The three month targeted proactive engagement strategy saw a higher increase in the number of in-store GHS referrals compared to the static in-store display. Strategies should include proactive engagement and use practical methods in to ensure success. |
| Strengthen the capacity of SVdP staff and volunteers to role model positive behaviour outcomes | ▪ Increased trends for daily fruit, vegetable and water consumption.  
▪ Small decreasing trend shown in physical activity.  
▪ Focus groups results highlighted that SVdP staff and volunteers found the campaign difficult to promote as part of their current role, as it was the first time health has been put on their agenda | Partially achieved  
★★★★  
Strategies to proactively increase engagement amongst SVdP staff and volunteers should be explored to help build and strengthen their capacity. |
| Increased sales of SVDP household and leisure items. | ▪ Net sales increased by 62% from November 2015 - April 2016 compared to November 2016 – April 2017 | Partially achieved but needs consideration  
★★★★  
The sales data did show an increase in overall sales from the previous timeframe. However, as this is only a correlation the increase cannot be directly linked to the MHN campaign. The weak finding between the sales data and the MHN campaign, suggests that this measure should be reconsidered. |
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Results</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build a partnership between WSLHD and SVDP PCC to co-develop a suite of projects promoting MHN /GHS and move towards a development of a MOU</td>
<td>￭ Post-survey focus groups results indicated that the majority of SVdP staff and volunteers believed that Health and SVdP collaborating was a positive initiative. ￭ However, qualitative data showed engagement of SVdP staff and volunteers with the project could be improved.</td>
<td>Achieved but needs improvement  ● ● ● ● ○  A future consideration is to actively engage SVdP staff and volunteers in project planning. A formalised partnership agreement may assist.</td>
</tr>
<tr>
<td>To co-design a suite of resources and promotional materials for the initiative in partnership with WSLHD, NBMLHD, NSW Health MHN and GHS teams</td>
<td>￭ Results indicated a numerous variety of tailored collateral was developed and delivered to all SVdP stores.</td>
<td>Achieved  ● ● ● ● ●  The success of developing tailored collateral coupled with the significance in awareness suggests the need to continue this approach across all SVdP stores.</td>
</tr>
</tbody>
</table>
Discussion

The increasing risk of preventable chronic diseases for people experiencing social inequalities led to the development of this project. The project focused on improving the health of the SVdP population, who face the most socio-economic disadvantage. To improve health, the project achieved its aim, as a significant increase in awareness of healthy eating and active living behaviours from the MHN campaign was shown amongst SVdP staff and volunteers. Further, 41 referrals to the GHS were received from SVdP staff, volunteers and customers.

Overall, a strength of this project is the triangulation of research methods to gather data. By developing a combination of research methods, this improved the validity of the data by cross verifying the information and thus strengthening the results of this project. A continued approach to capture data through the various research methods should be supported for future projects. Additional information on GHS referrals not made in-store but made by phone calls directly from this campaign could be identified as a future measure to enhance the results of this project.

In general, limitations of this project was the lack of data on customer awareness and health behaviour changes. Collecting this data from customers could strengthen the findings of this project by including an important proportion of the SVdP community. Further, the need to increase proactive engagement was identified as a significant limitation of this project. Future strategies should increase proactive engagement with the recommendation of tangible activities for the SVdP community.
**Conclusion**

In summary, the project provides an evidence base for successfully achieving its aim. Importantly, this project found it was the first time health had been placed on the agenda for this population. However, there are areas for improvement, which will be considered for future project planning and implementation. The delivery of health promotion projects in hard-to-reach populations faces inevitable challenges. Yet the increasing need for such projects in these populations to tackle the burden of ill-health is only increasing. The continued work of health promotion projects could explore the long-term outcomes for this hard to reach group.

**Recommendations**

**Strategies for Project Phase 2**

- Develop a Phase 2 of the project incorporating results of this evaluation to inform planning, implementation and evaluation.
- Conduct Phase 2 of the project over a 12 month period with a mid-point review.
- Ensure there is an increased focus on proactive engagement with staff and volunteers through testing the implementation of a dedicated and trained volunteer health promotion position based at main stores to promote healthy eating and active living behaviours and drive in-store referrals to the GHS.
- Look for opportunities to integrate the MHN campaign in-store to keep it new and relevant e.g. Promote local MHN activations/health events through targeted stores.
- Keep promotions relevant with shorter, sharper campaigns so messages are noticed.
- Continue to explore and understand what motivates health behaviour change in this population.
- Build on achievements from Phase 1 Project around placing health on the agenda for this population.
- Build on existing cobranded messaging with practical information that assists people to put health messages into action. E.g. Seasonal and simple recipe cards.
- Incorporate new Make Healthy Normal collateral into the campaign (e.g. mini challenges).
- Nominate SVdP staff/volunteer for working group to assist with sharing information, campaign planning and build ownership at a grass roots level.
- Continue extending the project to all SVdP stores, including those that recently opened to ensure uniformity.

**Phase 2 Monitoring and Evaluation**

- Focus GHS referrals by including a key target number.
- Increase the capture of GHS referrals from the project by recording the number of GHS referrals that come directly from phone calls (i.e. not just in-store SVdP paper-based self-referrals).
- Continue to follow up SVdP participant engagement with GHS and case study profiles.
- Continue to record the number of media and communication opportunities achieved.
- Focus group data collection to continue to ensure consumer consultation to identify enablers for healthy behaviour changes and explore the impact of the campaign.
- The project working group to continue to meet regularly to monitor, provide updates and reflect on Phase 2.
- SVdP to strengthen the engagement with the Area Management Team, Store Management Team and other staff and store based volunteers to increase ownership of the campaign.
References


Appendix

Appendix A. Information Factsheet for SVdP stores

Appendix B. Outside Banner and example at North Parramatta store

Appendix C. A4 Posters and example at Carlingford store

Appendix D. A3 Poster and example at Mount Druitt store

Appendix E. Shelf Wobbler and example at Mount Druitt store

Appendix F. GHS referral and counter-top display example at Wentworthville store
Appendix G.
Invitation to Project Launch and Rosslyn Williams, SVdP volunteer who was the first to sign-up to GHS in SVdP stores.
Appendix T. Blue Mountains Gazette

Appendix U. Media releases from WSLHD and NBMLHD

Appendix V. Baulkham Hills store
Appendix W.
Example of visual merchandising at the Rouse Hill store.
Campaign is promoted alongside active-wear shoes

Appendix X.
SVdP store at Castle Hill
Victoria Road
(28.11.2016)

Appendix Y.
Fruit basket accompanying note

Appendix Z.
Case studies
Appendix Aa.