Reach for the Stars Evaluation Report

Stage 2 | July 2025

Acknowledgments

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Executive Summary

Unhealthy diets (i.e., excessive intake of over-processed food and low intake of fruits and vegetables) have been recognised as a significant driver of the increase in preventable non-communicable diseases globally. Supermarkets, where 63% of food purchases occur, often promote unhealthy products.

63% of food purchases occur in supermarkets

Aim

The Reach for the Stars program aimed to improve the healthiness of supermarket environments in the Latrobe Valley to support the purchasing and consumption of healthier foods.

In 2024, **Reach for the Stars was implemented in five independent supermarkets**, with support from Latrobe Community Health Service.

The intervention included:

Eight weeks

Health Star Rating shelf tags and signage

Healthy recipe booklets

Staff training and community co-design

Six weeks

Two "nudge" trials promoting ...

Healthier drinks

Healthier snacks

E.g., eye-level placement, removal of king-size chocolates

The evaluation used a mixed-methods approach, including:

| **Store Scout audits** (pre- and post-intervention and during nudges) | **Customer exit surveys** (pre- and post-intervention, n=131) | Sustainability **survey post-intervention** to interest holders* (n=12) | **Interest holders* post-intervention interviews** (n=11) |

supermarket staff and owners, consumers and health promotion staff

Conclusions

Reach for the Stars effectively improved supermarket environments and influenced healthier consumer purchases. The program's success was driven by strong community engagement, retailer collaboration, and adaptable strategies. To ensure long-term sustainability, continued funding, supermarket-led ownership, and broader policy support, such as a mandate for healthy retail, are essential.

Executive Summary

Store Scout scores showed increased store healthiness

Post intervention **all stores improved their 'healthiness'** Store Scout scores by an **average of 8.8 points**.

IGA 1 showed the greatest improvement - increasing their overall Store Scout score by 12 points.

Fruit, vegetable, and cereal sections **saw the greatest gains**.

Improved understanding of the Healthy Star Rating System

- **Awareness** of the Health Star Rating system increased from **70% to 78%.**

- **25% more customers** correctly recognised **fruits and vegetables** as **5-star items.**

- There was a **21% increase** in customers correctly **using stars to compare the healthiness** of similar products.

Sustainability of Reach for the Stars

The program scored **an average of 5.6 out of 7 across sustainability domains**.

Strongest areas were program evaluation (6.2), environmental support (6.1), and communication (6.0).

Funding stability was the lowest (4.1).

Healthy Star Rating System influenced shopping behaviours

>50% of participants regularly checked the Health Star Rating of a product.

Most customers found the Health Star Rating system easy to recognise and **used it to choose foods that are healthiest when shopping**.

61%–71% reported that the Health Star Rating influenced their purchases.

Appreciation for the program's simplicity, community relevance, and strong partnerships

> *Retailers expressed willingness to continue promoting healthy choices with ongoing support and simplified implementation tools.*
>
> *A focus on promoting healthy foods, rather than criticising unhealthy ones, aligned with customer recommendations and mental health concerns.*

Customers strongly supported supermarkets continuing strategies to promote healthy foods

>80% of customers agree that supermarkets should ...

- ✅ continue encouraging healthy eating,
- ✅ have more shelf space for healthy foods,
- ✅ offer price discounts on healthy foods,
- ✅ offer a large range of healthy foods and drinks, including meals/snacks/ convenience foods.

Background

Introduction

Unhealthy diets (i.e., excessive intake of over-processed food and low intake of fruits and vegetables) [1] have been recognised as a significant driver of the increase of preventable non-communicable diseases globally [2]. This trend is reflected in Australia, where most people do not meet the national dietary guidelines [3]. In rural and remote areas, residents often report poor dietary intake and experience worse chronic disease profiles than their metropolitan counterparts [4, 5]. While the Australian population living outside metropolitan areas experience limited access to healthy food [6, 7] due to diverse and unique geographic location challenges [5], studies have identified the potential of the food retail environment in promoting healthier diets [8-12]. Research has shown that the places where people buy their food and drinks - known as the food retail environment - can significantly impact their diet and health [8-12]. This complex and ever-changing environment includes not only traditional grocery stores but also food service operations [13].

In Australia, supermarkets play a key role in food purchasing. Currently, 63% of all calories purchased in Australia are purchased from supermarkets [10]. Previous studies have shown the relationship between purchasing behaviours and dietary behaviours [14], with unhealthy food purchases leading to poorer dietary and health outcomes [15]. Despite Australian supermarkets offering a range of fresh fruits, vegetables, meats, and breads, recent studies have also shown that they often extensively promote unhealthy foods and drinks, with greater discounts applied to these items [16].

Additionally, Australian supermarkets also place unhealthy items in key locations in store (such as end-of-aisle displays) to further increase sales [17]. Previous studies have shown that consumers use in-store promotions when they make purchasing decisions, including discounts, product placements, and loyalty rewards [18, 19]. These marketing strategies can heavily influence consumer choices, often steering purchasing behaviours toward unhealthy options and contributing to broader public health concerns.

Due to their importance within the Australian food retail environment, many interventions have been undertaken within supermarkets, aiming to promote healthy options in-store and increase sales of these items [20-22]. However, ensuring long-term sustainability of interventions in food retail settings is difficult, as it is currently not well understood how to ensure a program continues once the intervention period is completed [23]. Despite often promising initial results, retail-based interventions are not sustained for various reasons, including the competing commercial priorities of retailers, lack of ongoing funding, limited staff engagement, and challenges in adapting interventions to changing market conditions [24]. Particularly, the dynamic and competitive nature of the food retail sector often shifts focus towards profitability and customer preferences, making it challenging to prioritise and maintain public health-focused initiatives over time [25].

Reach for the Stars program

The Reach for the Stars program (RFTS) is a Latrobe Health Innovation Zone Initiative with funding provided by the Latrobe Health Assembly (LHA) and the Victorian Government. It is a supermarket-based initiative managed by the Latrobe Community Health Service (LCHS) and the LHA, and co-designed in collaboration with participating supermarkets and the broader community [26]. The intervention was adapted from a previous supermarket-based intervention in another regional Victorian centre, the Eat Well @ IGA Bendigo program [27]. The RFTS was piloted in 2022 (Figure 1). Following the success of this pilot, it was expanded during a second phase, from 2023 to 2025, to include five local independent supermarkets.

The RFTS aims to make it easier for customers to shop, cook, and eat healthier foods and drinks by improving the healthiness of supermarkets. The program utilises the Health Star Rating (HSR) front-of-pack nutrition labelling system [28] to promote foods and drinks that are rated four to five stars out of a possible five (i.e., the healthiest foods). Intervention activities included messaging (i.e. 'All fresh fruit and vegetables are 5 stars!'), promotional materials (i.e. Health Star Rating shelf tags on products 4 stars and above and healthy recipes), a communications plan/social marketing campaign, and staff training to build the capacity of supermarket staff.

As part of Phase 2, supermarkets and project partners collaborated to assess the healthiness of the food retail environment and design and implement additional healthy retail strategies.

Other strategies included pricing, product, placement or promotion type interventions. Phase 2 involved an eight-week implementation and a Nudge trial. The Nudge trial incorporated two specific activities suitable for their business over the course of six weeks. Two stores decided to implement Nudge 1, and one store decided to amplify and implement Nudge 2.

- **Nudge 1:** healthy drinks, involved implementing 60% shelf space allocated to healthier drinks in the drink fridges in one store and ensuring bottled water was displayed in a prominent position in every fridge in two stores.
- **Nudge 2:** healthier snacks, where healthier savoury biscuits were displayed in a prominent location (eye level), healthier snacks (≥3.5 stars) were displayed in a prominent/high traffic location (near point of sale), and removal of king size/twin size chocolates.

2019 – Started

LLCHS and LHA, participating supermarkets and the community worked in partnership to co-design and implement the Healthy Supermarkets Latrobe pilot project, titled 'Reach for the Stars'.

2024 – Stage 2

Eight-week implementation of the RFTS ran between April and June 2024 at five IGA supermarkets in Moe, Morwell, Glengarry, Rosedale and Stratford.
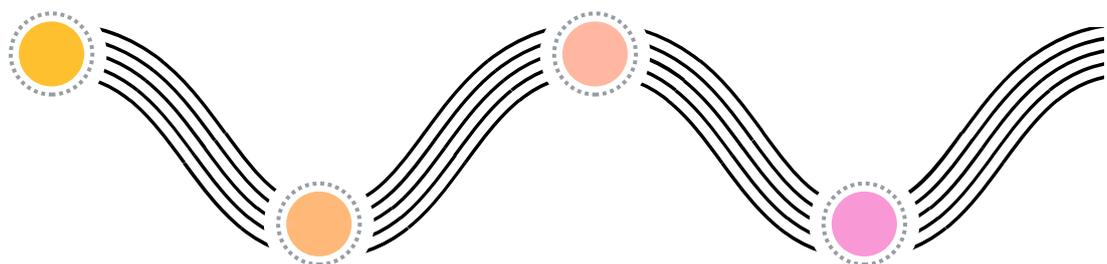
2022 – Pilot

Eight-week pilot of the RFTS ran between August and September 2022 at three IGA supermarkets in Morwell, Glengarry and Moe.

2024 – Nudge trial

Six-week implementation of the Reach for the Stars new co-design activities ran between July and December 2024 at three IGA supermarkets in Morwell, Glengarry, and Stratford.

Figure 1: Reach for the Stars activities timeline

Evaluation Plan Stage 2

Overview

Aim

To evaluate the Healthy Supermarkets Latrobe project – Reach for the Stars

Evaluation objectives

- Determine the level of effectiveness of the marketing practices at improving the healthiness of the supermarket environment, based on the *Store Scout App* food environment healthiness scores.
- Explore the perspectives and experiences of key stakeholders, such as retail store owners and staff at LCHS, regarding the successes and areas for improvement within the RFTS program.
- Identify the determinants of the program's long-term sustainability.

Research approach

To evaluate the RFS program and determine its sustainability, a multi-method approach was used to determine the effectiveness, acceptability, and perspectives on the implementation and maintenance/sustainability. guided by the effectiveness/implementation, acceptability, perspectives on implementation and maintenance/sustainability. Data was collected from customer exit surveys, staff surveys, *Store Scout App* audits and interviews (Figure 2).

Data Sources

Store Scout

Trained dietitian/public health nutritionist supervised by LCHS Project Officer conducted five supermarket food environment audits at each participating supermarket. Audits were conducted using the *Store Scout App*, a decision-support tool designed to quickly evaluate the healthiness of various retail food environments, such as supermarkets [29]. The *Store Scout App* includes seven categories (fruits and vegetables, drinks, snack foods, meals/convenience foods,

bread and cereals, meat and seafood, and dairy and eggs), each accompanied by a series of dichotomous (yes/no) questions related to the 4Ps of marketing (Promotion, Price, Product, Placement). The Store Scout App analyses all inputted data and generates an overall score along with a summary of personalised evidence-based actions to enhance the healthiness of the food retail environment (e.g., removing confectionery from the front counter). It also evaluates the supermarket across seven categories, assigning scores ranging from 0 to 100. The higher the score, the more aligned it is with best practices.

Data collection

The S*tore Scout App* was downloaded onto a mobile device and accessed with the developers' permission. Two Health Promotion Officers and students trained to use the *Store Scout App* independently conducted five supermarket food environment audits in duplicate at each participating supermarket using the *Store Scout App* before and after an eight-week implementation, and after the conclusion of each Nudge implemented. Additionally, data were collected from five major supermarket chains in the region for concurrent comparison with those collected in the participant stores. The process involved identifying products within each category on a specific day and collecting data by answering the survey regarding how products were displayed and promoted at each supermarket.

Analysis

The collected data were downloaded from the Store Scout App into an Excel spreadsheet. The two readings were averaged and tabulated in a comparative format, before and during implementation. Results are presented in a graphical form.

Customer surveys

LCHS conducted anonymous consumer exit surveys at all five participating supermarkets

Scope

Aim

To evaluate the Healthy Supermarkets Latrobe project – Reach for the Stars

Objectives

- Explore the perspectives and experiences of key stakeholders such as retail store owners and staff at LCHS, regarding the successes and areas for improvement within the RFTS program.
- Determine the level of effectiveness of the activities based on the 'Store Scout' scores.
- Identify the factors that determine the program's long-term sustainability.

Target population

- In-store shoppers at 5 stores who may wish to find healthier products in-store
- Participating supermarkets (owners, managers and staff)

Partners

- LCHS
- LHA
- Control group (LCHS, LHA and community members)
- Customers at participating supermarkets
- Victorian Department of Health
- Participating supermarkets

Implementation activities

- Staff training (n=30)
- RFTS materials displayed in-store
- RFTS media campaign
- Health eating nudge trials

Data Collection

A. Reach
- Customer surveys
- Participating stores

B. Effectiveness
- Store Scout audits
- Customer surveys

C. Adoption and Implementation
- Store Scout audits
- Interviews

D. Maintenance
- Online survey using the Program Sustainability Assessment Tool (PSAT)

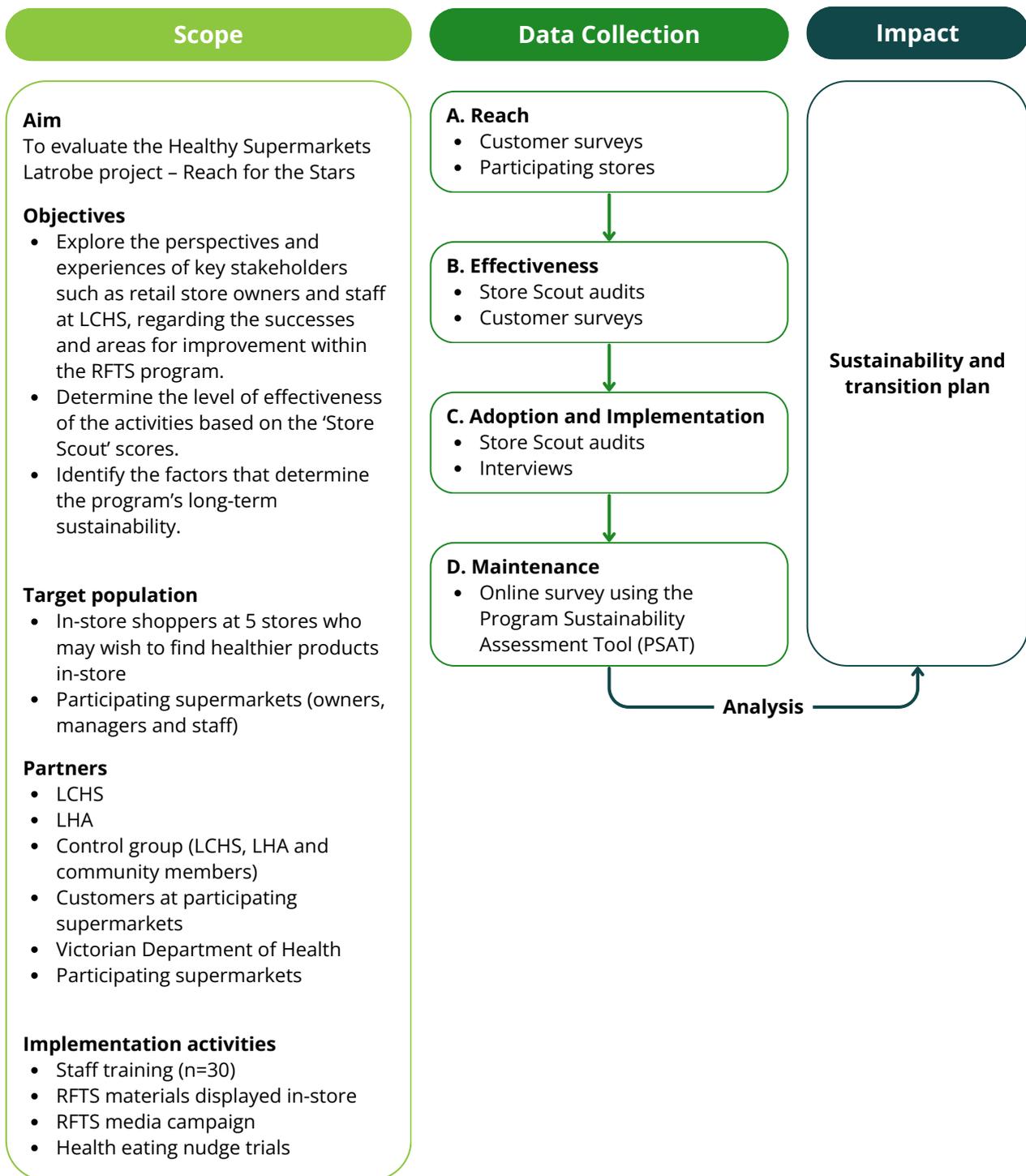**Analysis**

Impact

Sustainability and transition plan

Figure 2: Evaluation overview

before the eight-week implementation and 4 weeks into the intervention. The surveys were adapted from the Eat Well @ IGA implementation questionnaire [30]. The survey consisted of 18 questions divided into five sections: i) customer demographics, ii) frequency and use of the target supermarket and competitors, iii) perceptions of the health star rating system, iv) awareness of the RFTS program, and v) supermarket practices to support healthy eating. The surveys included multiple-choice questions, 5-point Likert scale rankings, and open-ended questions.

Sampling and recruitment

Customers aged 18 and older who were the primary grocery purchasers in their households were approached as they exited the five stores to participate in an anonymous, paper-based survey that lasted approximately 10 minutes. Surveys were self-administered, and support was provided as required. Participants received a free healthy food product as a token of appreciation for their time.

Analysis

Both pre- and during-implementation surveys were analysed in the same way. Surveys did not include forced-response questions (i.e., participants could proceed to the next question without responding); therefore, questions omitted by participants were not imputed. Data was obtained only from respondents who agreed to submit their answers. Raw data were captured in an MS Excel spreadsheet for analysis. Responses from closed-ended questions were analysed using descriptive statistics (i.e., absolute and relative frequency). For reporting purposes, 'Strongly Agree' and 'Agree' were combined into the positive category, while 'Strongly Disagree' and 'Disagree' were combined into the negative category throughout this report. Open-ended answers were summarised according to key emerging concepts using a conventional content analysis [31], which were grouped and refined into categories and then summarised using descriptive statistics.

Interviews

Semi-structured interviews were conducted with key stakeholders involved with RFTS, including retail staff, retail store owners, community members, and Health Promotion staff working for LCHS and LHA. The interview questions were formulated prior to conducting the interviews and guided the conversation (Appendix A). All participants provided verbal consent before beginning the interview and were provided with a copy of the plain language statement explaining the interview and the evaluation project prior to commencement of the interviews. Interviews were conducted remotely between December 2024 and March 2025, either over the phone or using the Zoom software platform

Sampling and recruitment

Participants were identified as those involved in at least one program stage (planning, implementing, and/or data collection). This included community members, health promotion representatives, and retailers. The RFS Project Officer directly contacted 25 participants and invited them to participate in either a one-on-one or group interview via email correspondence, detailing the research aims and objectives. If participants agreed to participate, a plain language statement and consent form were provided, and an interview was conducted using Zoom [32] at a mutually convenient time.

Analysis

The interview transcript was created by the Zoom software platform and checked manually for accuracy. The interview transcripts were then coded and analysed thematically using QSR NVivo software [33]. This process involved the research team rereading the transcripts to familiarise themselves with the data, then grouping similar responses together to understand the main themes and perspectives. Key quotes from participants were used to illustrate findings.

Sustainability surveys

Anonymous online surveys using the modified Program Sustainability Assessment Tool (PSAT) [34] were applied to participants, supermarket staff and owners, and health promotion staff involved in the planning or implementation of the RFS program. The PSAT is used to evaluate the sustainability capacity of a program (defined as the ability to maintain programming and its benefits over time) [35]. For easy distribution, the survey was designed and delivered through Qualtrics [36]. The survey included two sections (Appendix B): i) participants' general characteristics and ii) PSAT survey: 24 questions across eight sustainability domains (environmental support, funding stability, partnerships, organisational capacity, program evaluation, program adaptation, communication and strategic planning). Each domain includes three items to which participants were asked to indicate the extent or their agreement using a seven-point Likert scale, with response options ranging from "strongly disagree" to "strongly agree". Participants also had the option to answer "N/A" when they felt they could not answer or if they decided not to provide an answer.

Sampling and recruitment

The target population for the survey was a convenience sample of 25 stakeholders involved in implementing the RFS program. This involved supermarket managers and staff, as well as health promotion staff from LCHS. Participants were also asked to share the survey with other people who may be interested in participating in the study. The survey was active for seven weeks (26 January to 16 March 2025), and a reminder was emailed on 7 March 2025. Participation was voluntary, and participants could enter the draw for two $50 vouchers.

Analysis

Data were obtained only from respondents who agreed to submit their answers. Raw data were exported from Qualtrics to an MS Excel spreadsheet, where they were analysed. The frequency of responses was averaged by domain to identify the elements required for future planning and the average of all domains to determine the overall sustainability of the program. As recommended by the tool, "N/A" answers were excluded [34].

Pre- and post-implementation monitoring

All stores improved their overall practice score after implementing RFTS (average score 8.8, ranging from 3 to 12). IGA 1 had the greatest improvement in the overall score (21%), followed by IGA 4 and IGA 5 (17% and 16% respectively), and IGA 3 had the smallest improvement in score (5%). The major improvements were in the

fruits and vegetables section, followed by the bread and cereals aisle. RFTS promotional materials were commonly placed in these sections (Figures 3 and 4 show the results for each supermarket). Participant stores achieved better scores in these sections than the non-participant supermarkets (Appendix C).
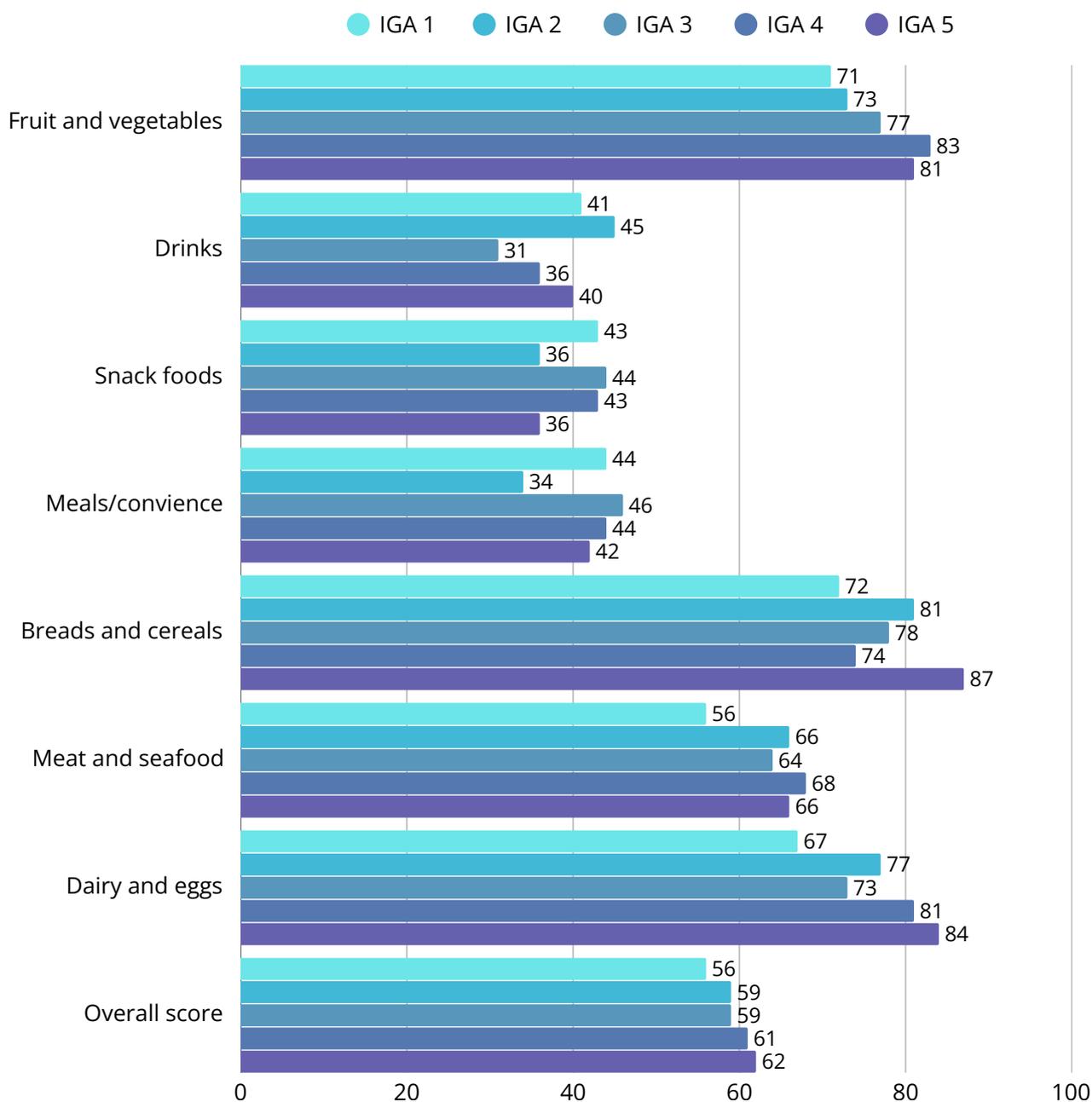
Figure 3: Scout App results from pre-implementation monitoring

Legend: IGA 1, IGA 2, IGA 3, IGA 4, IGA 5

Fruit and vegetables: 92, 89, 85, 96, 88
Drinks: 50, 48, 44, 49, 47
Snack foods: 45, 43, 44, 52, 48
Meals/convience: 60, 48, 49, 53, 55
Breads and cereals: 96, 92, 92, 88, 100
Meat and seafood: 77, 72, 61, 78, 80
Dairy and eggs: 87, 76, 75, 89, 84
Overall score: 68, 67, 62, 72, 72
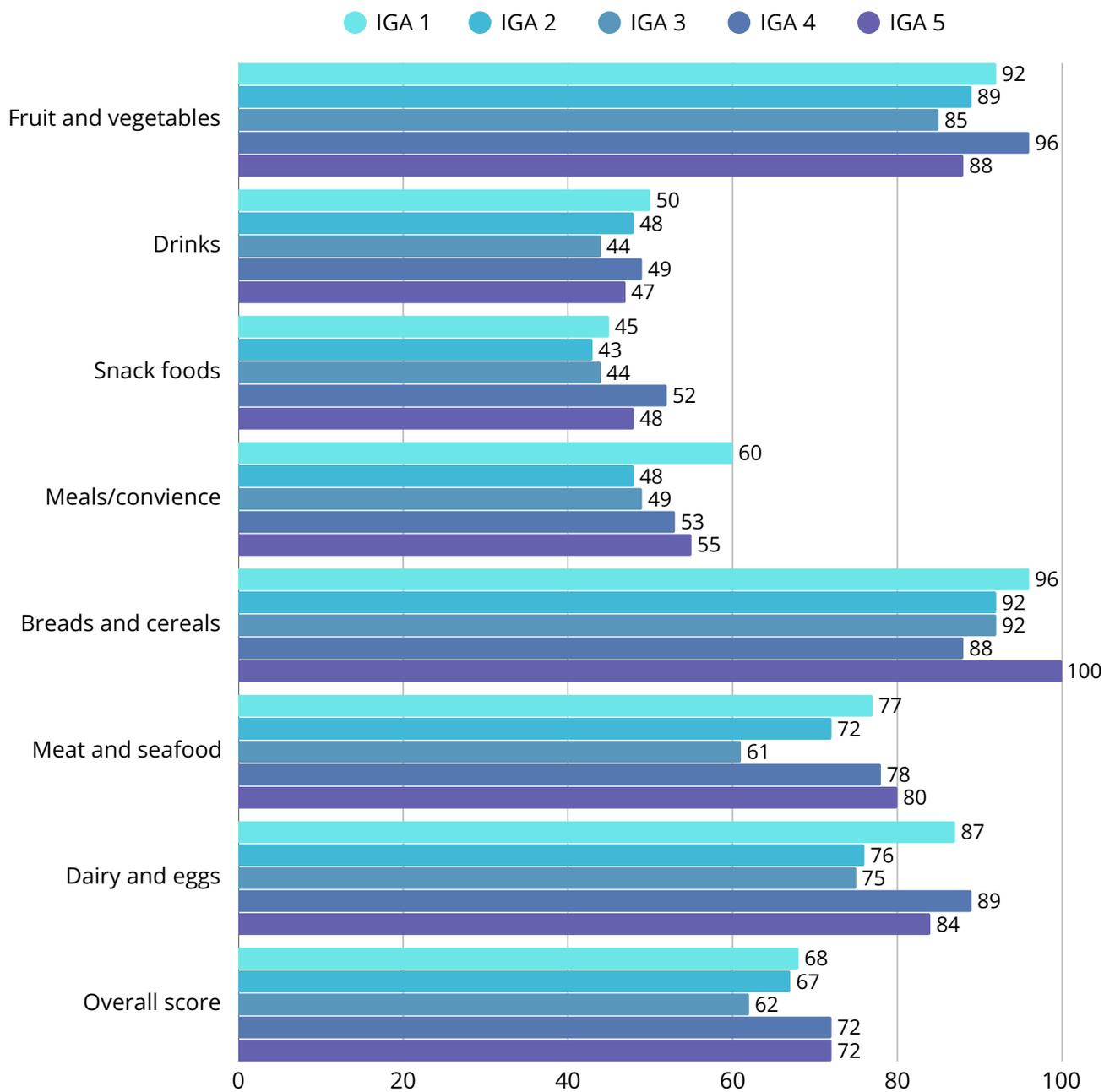
Figure 4: Scout App results from post-implementation monitoring

Evaluation Findings | Nudge trial

Three supermarkets completed the Nudge #1: Healthy drinks, and one supermarket decided to complete the Nudge #2: Healthy snacks. IGA 2 completed Nudge #1, demonstrating an 8-point improvement in the drinks section from post-intervention monitoring. While this store improved in this section, the overall score reduced from 67 to 63, although not to the baseline (pre-implementation) overall scoring of 59 (Figure 5).

● Pre-Nudge   ● Post-Nudge 1

	Pre-Nudge	Post-Nudge 1
Fruit and vegetables	92	89
Drinks	50	48
Snack foods	45	43
Meals/convience	60	48
Breads and cereals	96	92
Meat and seafood	77	72
Dairy and eggs	87	76
Overall score	68	67
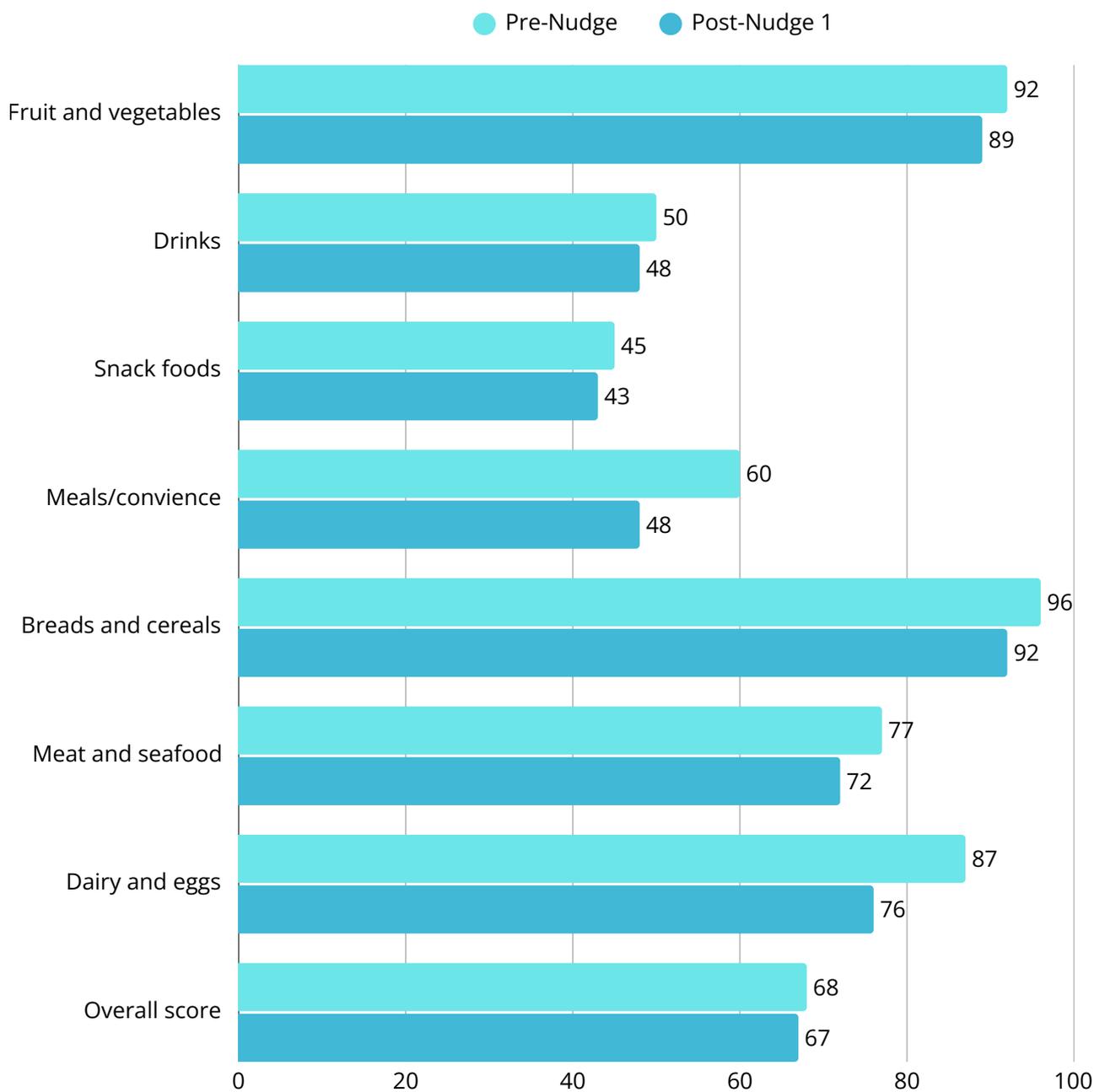
Figure 5: Results from the Nudge #1 in the IGA 2

IGA 3 completed Nudge #1, showing no improvement in the drinks section from the post-intervention monitoring. The overall score was slightly reduced from 62 to 61 but remained above the baseline (pre-implementation), with an overall score of 56 (Figure 6).

Pre-Nudge ● Post-Nudge 1

Category	Pre-Nudge	Post-Nudge 1
Fruit and vegetables	85	49
Drinks	44	42
Snack foods	44	62
Meals/convience	49	92
Breads and cereals	92	68
Meat and seafood	61	81
Dairy and eggs	75	84
Overall score	62	61
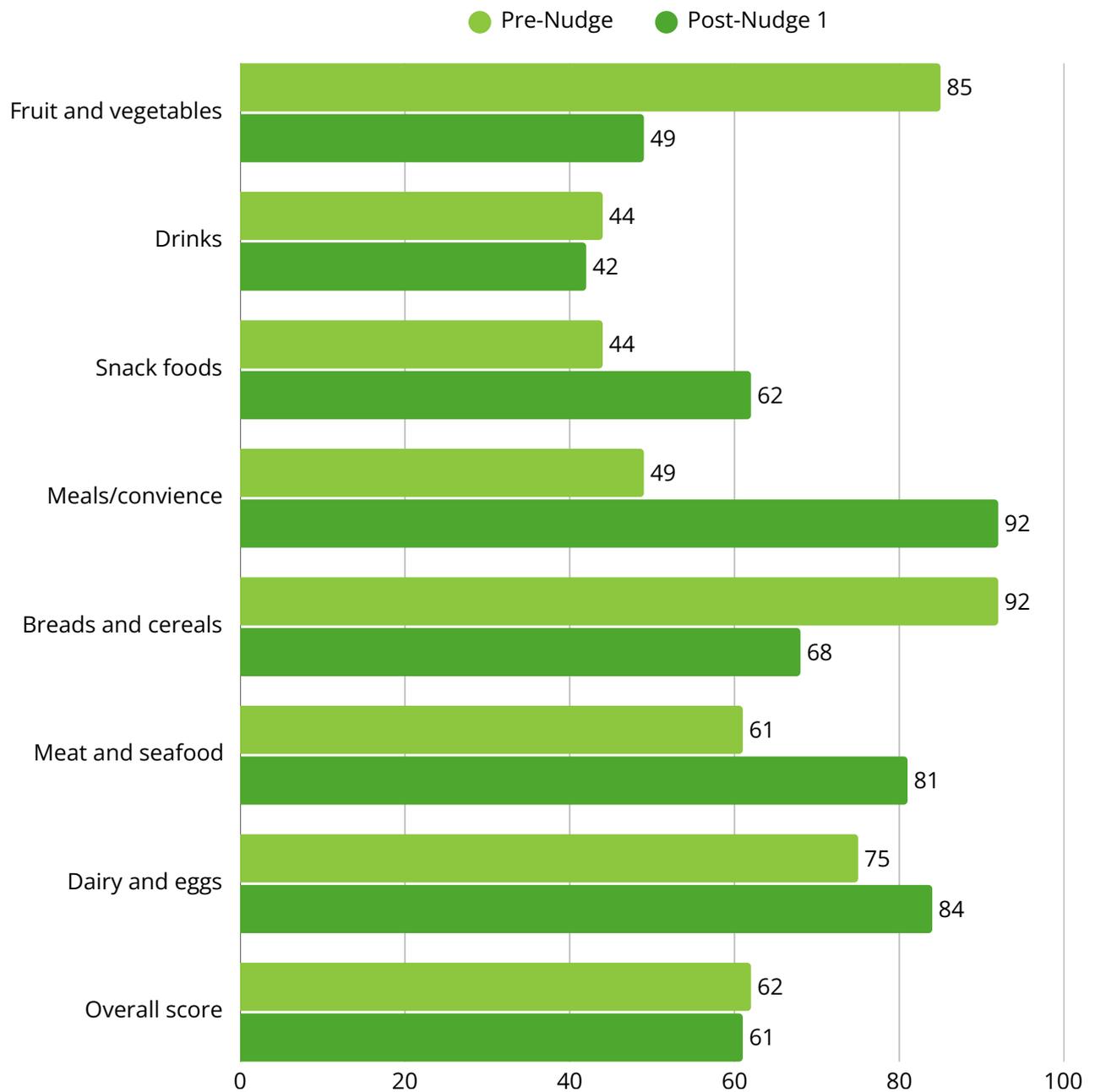
Figure 6: Results from the Nudge #1 in the IGA 3

IGA 5 completed Nudge #1 and Nudge #2, showing an improvement of 5 points in the drinks section from the post-intervention monitoring and no improvement in the snack foods. While this store improved in the drinks section, the overall score reduced from 72 to 63 and slightly improved to 64, although not to the baseline (pre-implementation) overall scoring of 62 (Figure 7).
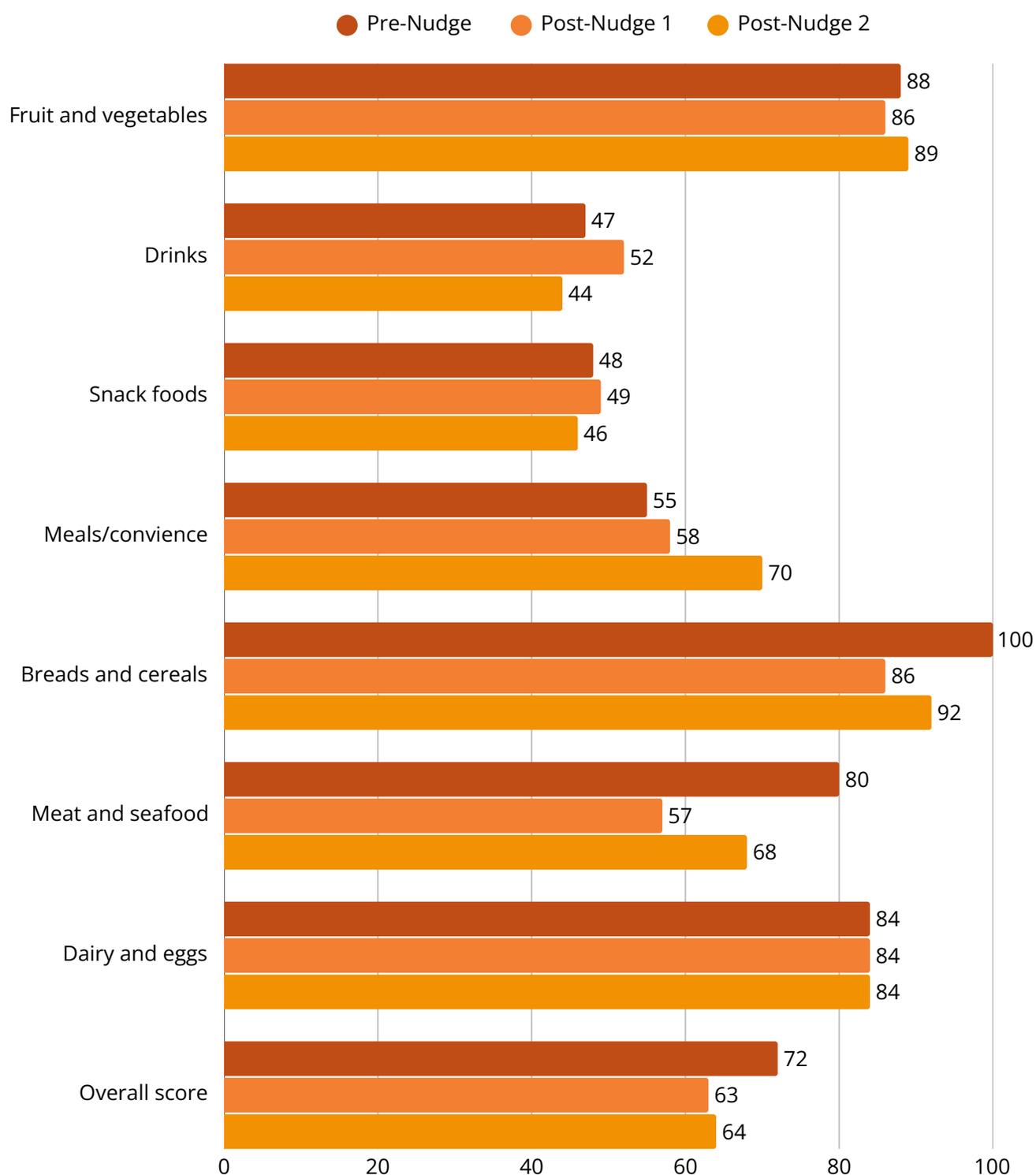
Figure 7: Results from the Nudge #1 and Nudge #2 in the IGA 5

Evaluation Findings | Customer survey

The initial survey, conducted pre-implementation, was completed by 86 customers, with 45 completing it during the implementation phase (Appendix D). Across both surveys, most participants were customers from

Glengarry (pre-intervention: n=40, 34%, and during-implementation: n=22, 10%), followed by Moe (n=17, 15% and n=16, 7%) and Rosedale (n=10, 9% and n=16, 7%) (Figure 8).
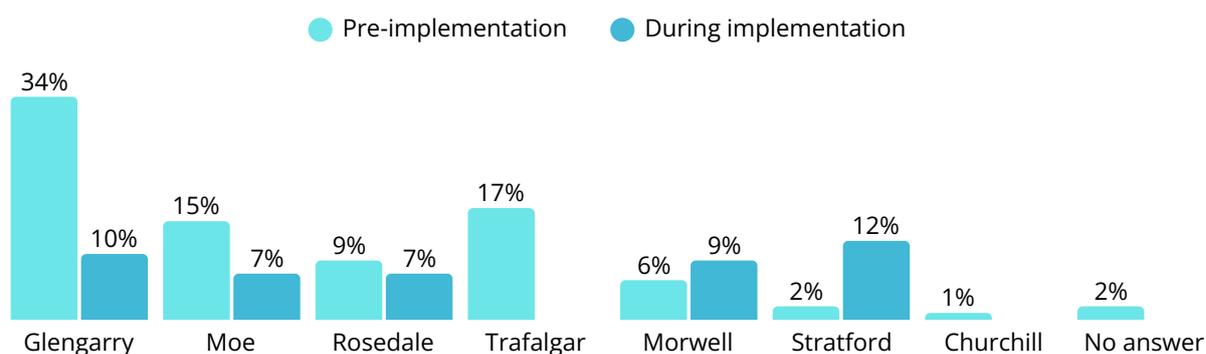
Figure 8: Number of participants from each store

Demographic information

Most participants across both surveys were female (n = 54, 63%; n = 27, 60%). A significant portion of respondents held a pension or a healthcare card (n = 46, 53%; n = 27, 60%). All participants were over 25 years old, with a high proportion aged over 65 (n=43, 50%; n=41, 14%). This was followed by 45-64 years old (n=25, 29%; n=40, 18%) and 25-34 years old (n=10, 12%; n=5, 11%). The characteristics of consumers who answered the surveys are shown in Table 1.

Table 1: Characteristics of consumers who answered the surveys

	Pre-intervention n= 86 | % (n)	During intervention n = 45 | % (n)
Gender		
Female	63% (54)	60% (27)
Pension or healthcare card holder		
Yes	53% (46)	60% (27)
Age (yrs)		
25-34	12% (10)	11% (5)
34-44	9% (8)	16% (7)
45-54	17% (15)	20% (9)
55-64	12% (10)	20% (9)
65+	50% (43)	31% (14)

Purchase practices

The pre-implementation (initial) survey included questions relating to fresh produce consumption and purchase practices. Most participants reported consuming 1-2 serves of fruits (n=53, 61%) and vegetables (n=47, 55%). When buying groceries, taste (n=75, 87%), healthiness (n=50, 58%) and cost n=48, 56%) of the products were very important for participants, while brand name (n=44, 52%) and preparation convenience (n=38, 44%) were less important. All the health-enabling considerations presented related to purchase practices were very important for participants. Figure 9 shows the results of this section of the pre-intervention survey.

Fruit & vegetable consumption
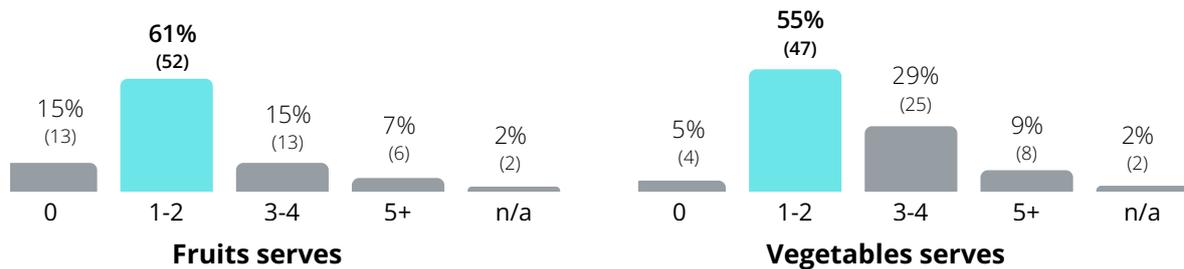
Factors when buying groceries

- Very important
- Important
- Not at all important
- NA

	Very important	Important	Not at all important
Taste	86.9%	11.1%	
Healthiness	57.6%	32.3%	9.1%
Cost	56%	35%	8%
Preparation convenience	40%	45%	15%
Brand name	16%	52%	32%

Purchase practices

- Very important
- Important
- Not at all important
- NA

	Very important	Important	Not at all important
Knowing which healthy food and drinks to buy	67%	19%	13%
Looking at health messaging when choosing products	53.5%	20.8%	21.8%
Looking at ingredients when choosing products	46.5%	22.8%	25.7%
Looking at the nutritional information when choosing products	43%	24%	29%

Figure 9: Purchase practices of consumers who answered the pre-intervention survey

Understanding and knowledge of the Health Star Rating System

Participants were asked about their understanding and knowledge of the Health Star Rating System (HSR). Across both surveys, consumers were familiar with the front-of-package rating system (n=68, 70%; n=35, 78%). The pre-intervention survey showed that participants considered the meaning of the HSR system related to the healthiness of the product (n=34, 40%). In contrast, during the implementation, the main answer was related to the view of a product that is a favourable choice to buy – "good to buy" (n=17; 38%). However, in both surveys, many participants did not answer this question (n=17, 20%; n=16, 36%).

Overall, participants did not have a good view of products with 1 Star. In this question, many participants did not provide an answer (n=19, 22%; n=16, 36%). When comparing the number of stars between products in the same category and across categories, participants always considered that more stars represented a healthier option. Finally, most participants considered that fruits and vegetables are 5 stars, with the proportion of respondents agreeing to this claim being higher during the implementation (n=31, 69%) than in the pre-implementation survey (n=48, 55%). Figure 10 shows the results related to these questions.

Are you familiar with the Health Star Rating system on the front of products?
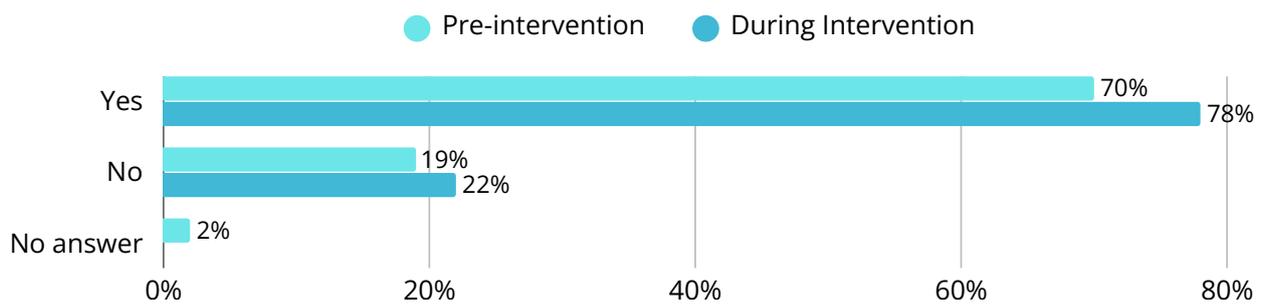
If a product has 5 stars, what does that mean to you?

Figure 10: Healthy Star Rating knowledge from consumers who answered the pre- and during-intervention surveys
*Open-ended question

Meaning of 1 star[*]

Legend: ● Pre-intervention ● During Intervention

- Not healthy: Pre-intervention 17%, During Intervention 33%
- Not the best option: Pre-intervention 37%, During Intervention 20%
- Nothing: Pre-intervention 13%
- Not buy often: Pre-intervention 7%, During Intervention 4%
- Low quality: Pre-intervention 1%, During Intervention 4%
- Other: Pre-intervention 2%, During Intervention 2%
- No answer: Pre-intervention 22%, During Intervention 36%

A biscuit with more stars is a healthier option compared to another biscuit with less stars

Legend: ● Pre-intervention ● During Intervention

- Agree: Pre-intervention 57%, During Intervention 78%
- Neither argee nor disagree: Pre-intervention 27%, During Intervention 7%
- Disagree: Pre-intervention 11%, During Intervention 9%
- No answer: Pre-intervention 5%, During Intervention 7%

A biscuit with more stars is a healthier option compared to a soft drink with less stars

Legend: ● Pre-intervention ● During Intervention

- Agree: Pre-intervention 48%, During Intervention 69%
- Neither argee nor disagree: Pre-intervention 31%, During Intervention 9%
- Disagree: Pre-intervention 15%, During Intervention 15%
- No answer: Pre-intervention 6%, During Intervention 7%

Figure 10: Healthy Star Rating knowledge from consumers who answered the pre- and during-intervention surveys
*Open-ended question
Agree included 'strongly agree' & 'agree'; Disagree included 'strongly disagree' & 'disagree'.
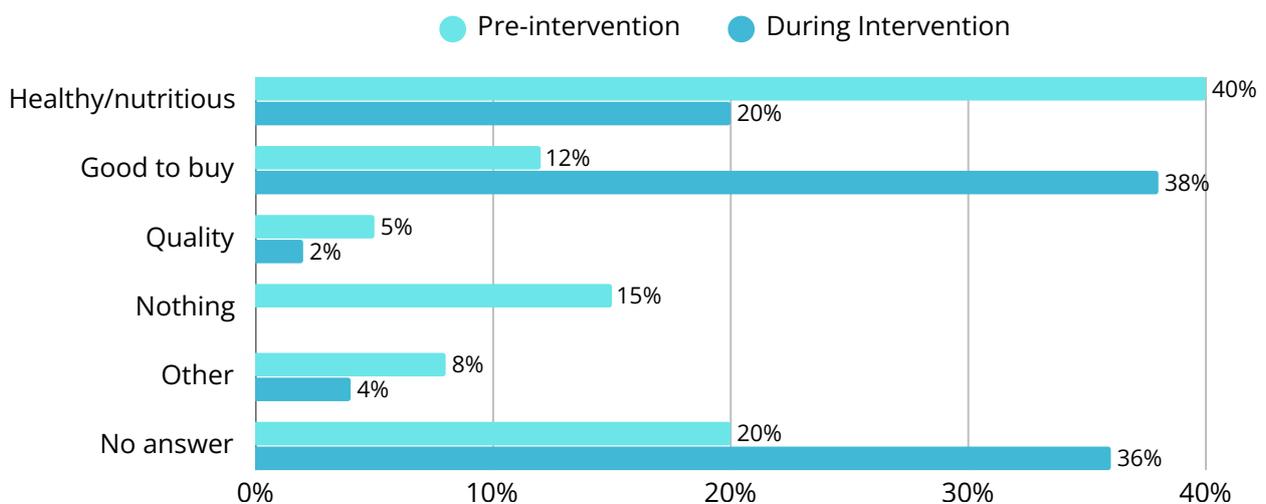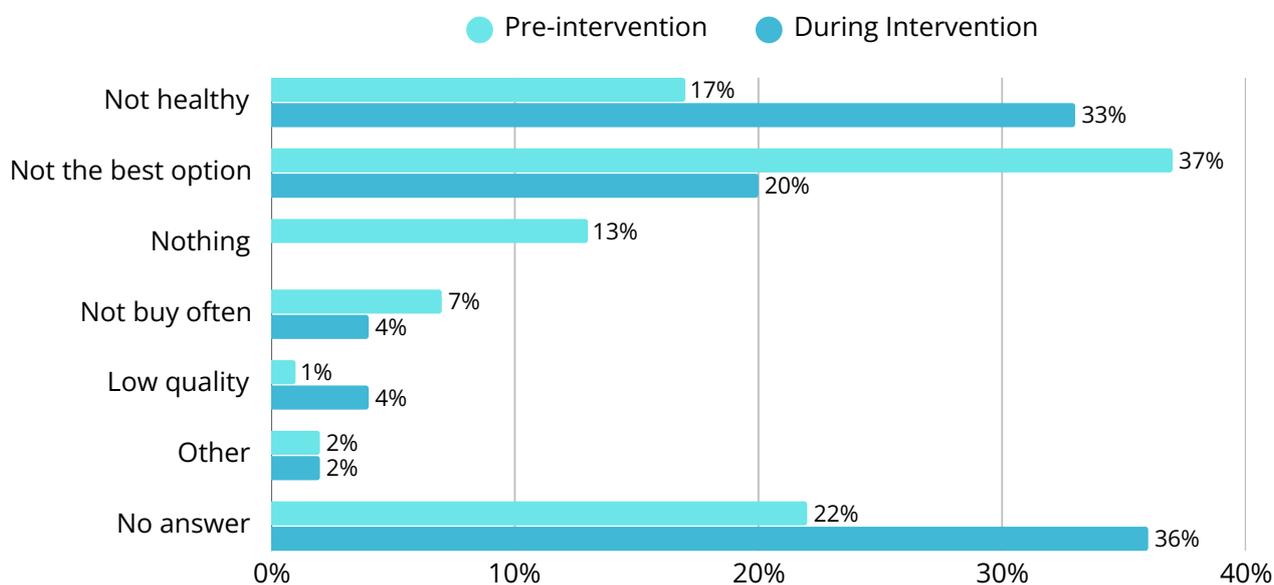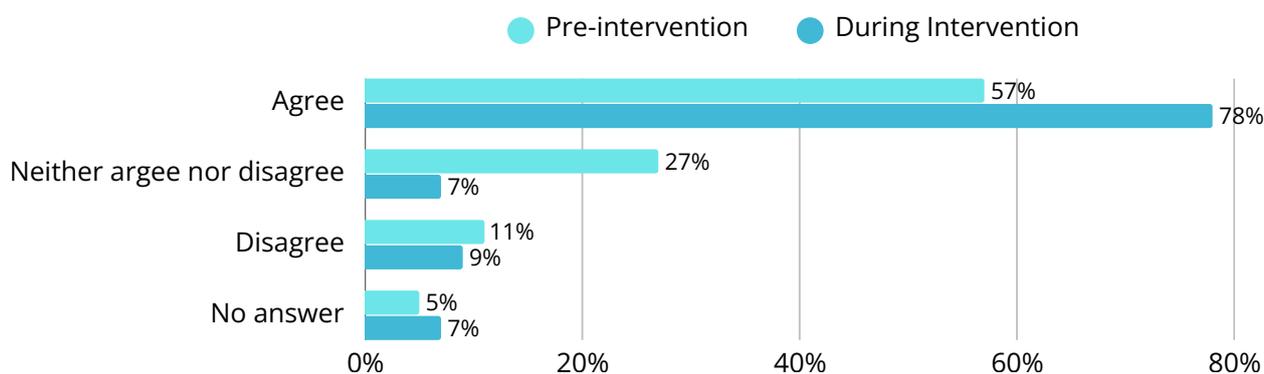
All fruit and vegetables are 5 stars

Figure 10: Healthy Star Rating knowledge from consumers who answered the pre- and during-intervention surveys

Influence of the Healthy Star Rating System on shopping behaviours

Participants were asked about the influence of the HSR on their shopping behaviours. Across both surveys, more than half of the respondents reported they (n=57, 66%; n=32, 61%) checked the HSR of a product to some extent (from sometimes to always) and consequently have a positive (from sometimes to always) influence on their purchase (n=51,60%; n=32, 71%). Most participants agreed to find it easy to recognise (n=58, 67%; n=32, 72%) or choose (n=38, 45%;

n=21, 47%) foods that are the healthiest when shopping. While some participants considered that they would use the HSR in the future as a guide to healthier options (n=22, 26%; n=9, 20%) or compare between options (n=7, 8%; n=12, 27%), some considered they would not use it (n=17, 20%; n=2, 4%). This question had many blank answers (n=29, 34%; n=17, 38%). Figure 11 shows the results related to these questions.

How often do you check the Health Star Rating of a product?

Figure 11: Healthy Star Rating knowledge from consumers who answered the pre- and during-intervention surveys

Influence of the Health Star Rating on purchases

Legend: ● Pre-intervention ● During Intervention

- **Always**: Pre-intervention 6%, During Intervention 11%
- **Often**: Pre-intervention 20%, During Intervention 24%
- **Sometimes**: Pre-intervention 34%, During Intervention 29%
- **Rarely**: Pre-intervention 8%, During Intervention 18%
- **Never**: Pre-intervention 20%
- **No answer**: Pre-intervention 13%

Do you find it easy to know which foods are the healthiest when shopping?

Legend: ● Pre-intervention ● During Intervention

- **Agree**: Pre-intervention 67%, During Intervention 72%
- **Neither agree nor disagree**: Pre-intervention 19%, During Intervention 16%
- **Disagree**: Pre-intervention 13%, During Intervention 4%
- **No answer**: Pre-intervention 1%, During Intervention 9%

Choosing the healthiest products available when shopping

Legend: ● Pre-intervention ● During Intervention

- **Agree**: Pre-intervention 45%, During Intervention 47%
- **Neither agree nor disagree**: Pre-intervention 38%, During Intervention 29%
- **Disagree**: Pre-intervention 15%, During Intervention 15%
- **No answer**: Pre-intervention 2%, During Intervention 9%

Figure 11: Healthy Star Rating knowledge from consumers who answered the pre- and during-intervention surveys Agree included 'strongly agree' & 'agree'; Disagree included 'strongly disagree' & 'disagree'.
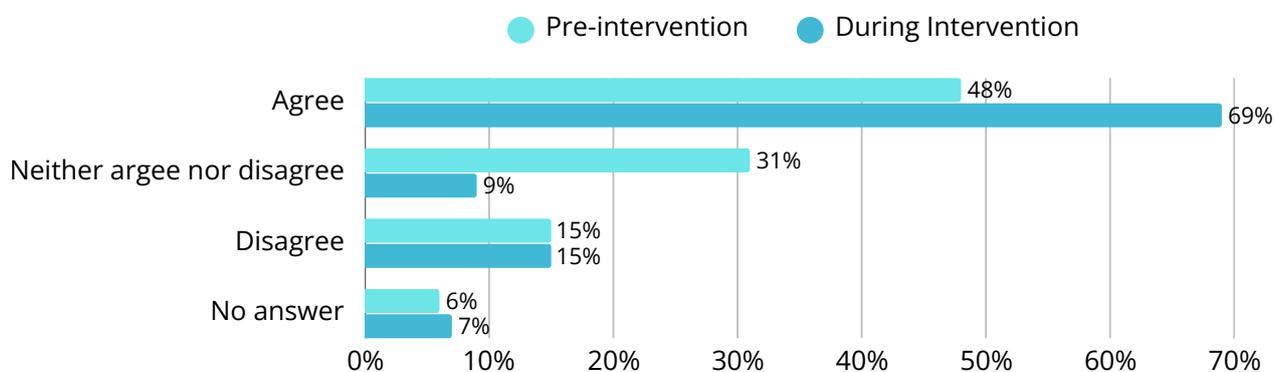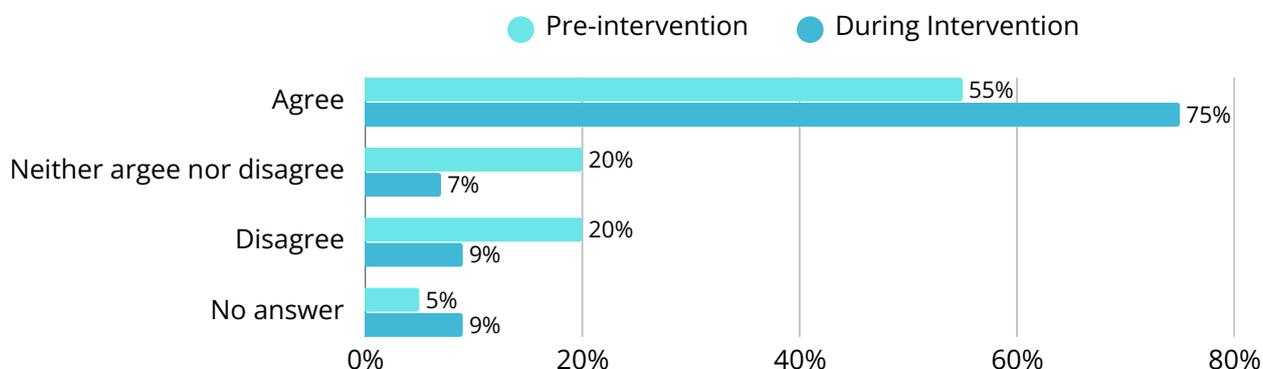
Future use of the Health Star Rating[*]
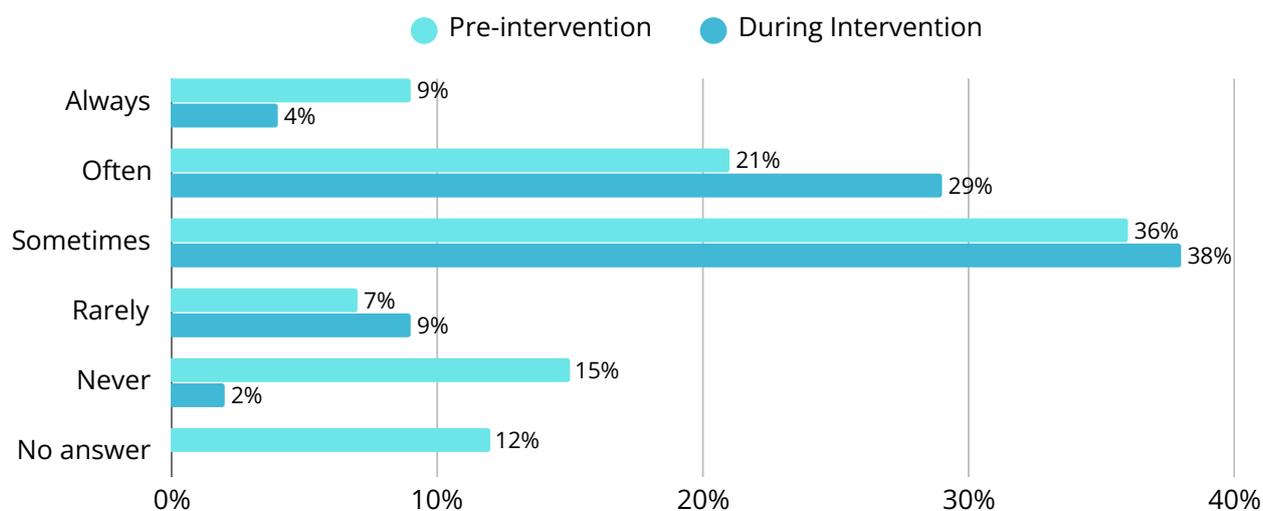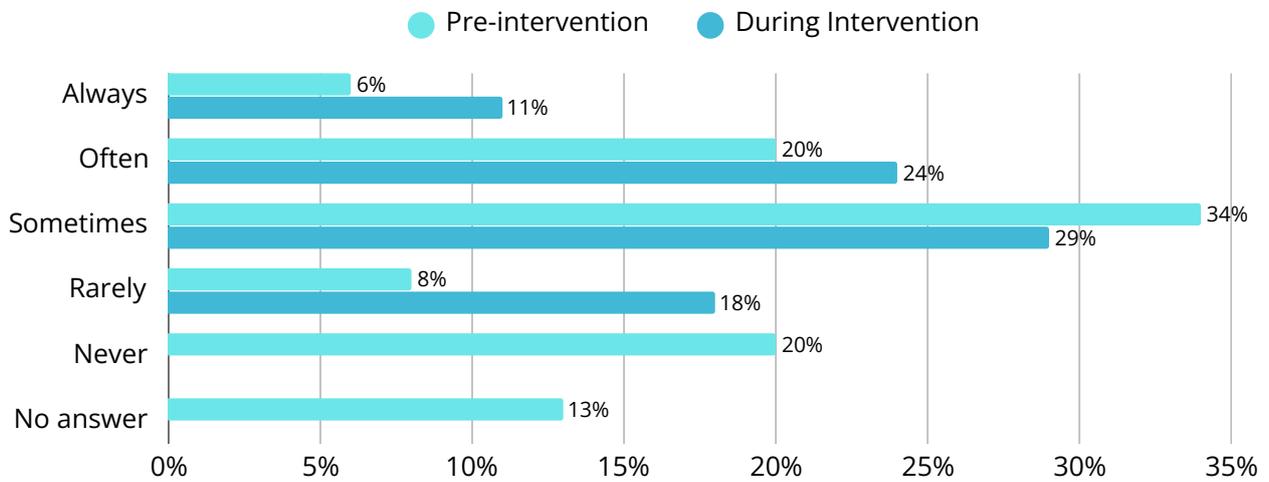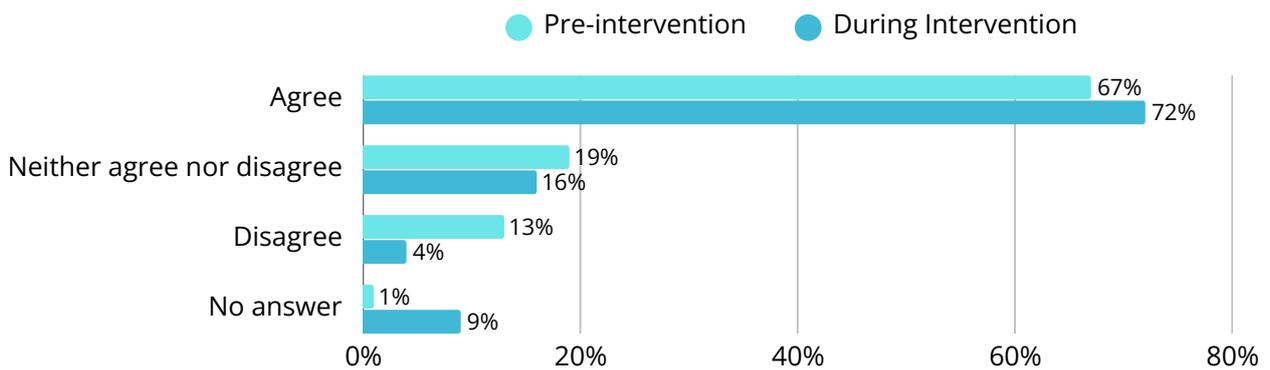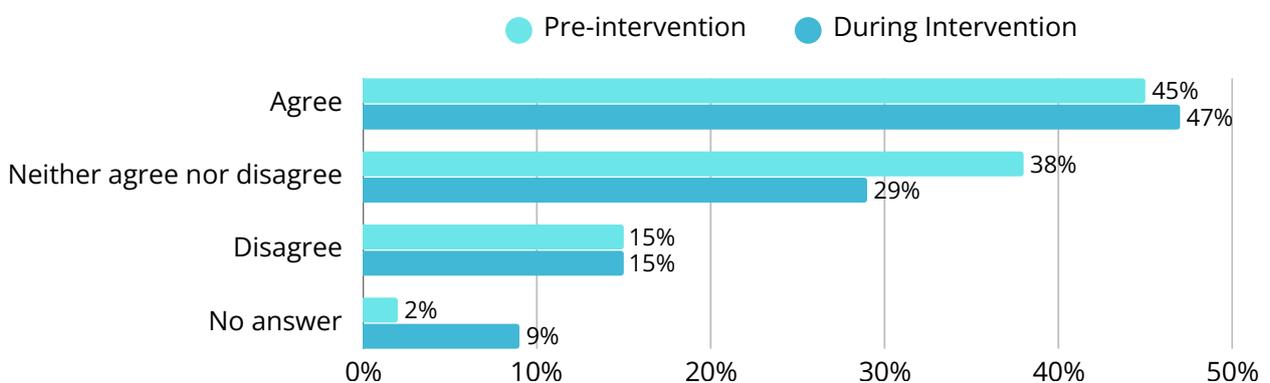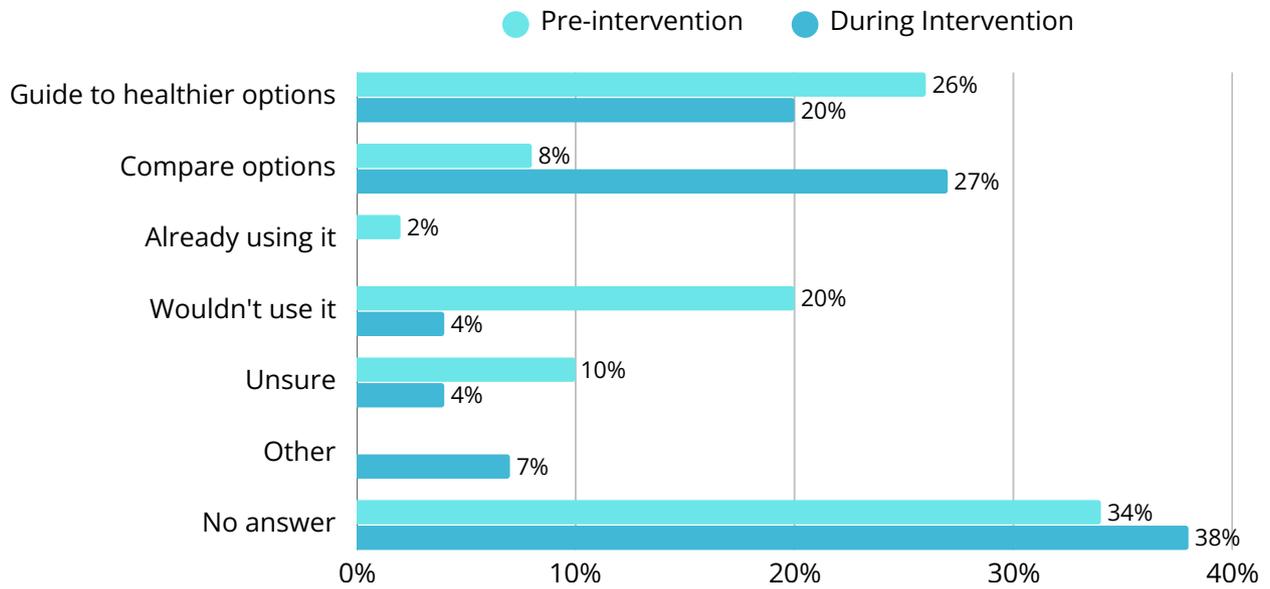

Figure 11: Healthy Star Rating knowledge from consumers who answered the pre- and during-intervention surveys
*Open-ended question

Reach For the Stars campaign recall

The survey during the implementation included questions related to the campaign and its materials (Figure 12). Most respondents were unaware of the campaign either before entering the supermarket (n=24, 53%) or while at the supermarket (49%). The material that was mainly noticed was the shelf tags (22%), followed by the flyers (20%) and fruit and vegetable banners and posters (16%). Participants considered that the promotional materials helped them to think about buying healthier options (n=17, 38%) and influenced their purchases (n=16, 36%).

Noticed anything that encouraged healthier food and drinks purchases?

✓ YES **22%** (10)　　✗ NO **49%** (22)

Not applicable = 24% (11)

Heard about the Reach for the Stars campaign before visiting the supermarket?

✓ YES **42%** (19)　　✗ NO **53%** (24)

Not applicable = 4% (2)

Thinking of buying healthier options due to the promotional materials?

✓ YES **38%** (17)　　✗ NO **15%** (7)

Not sure = 20% (9) | Not applicable = 27% (12)

Promotional materials influencing healthier purchases?

✓ YES **36%** (16)　　✗ NO **24%** (11)

Not sure = 13% (6) | Not applicable = 27% (12)

Materials noticed in the supermarket

19%
Reach for the Stars flyer

16%
Fruit & vegetable banners/posters

21%
Health Star Rating shelf tags

9%
Healthy recipes

None = 35%

Campaign likelihood of influencing purchasing in store

● More likely　　● No change　　● Less likely　　● NA

| 38% | 58% | |
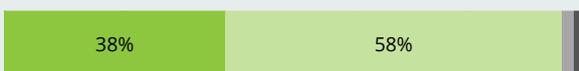
Promotional materials with greater impact

7% (3)
Health Star Rating shelf tags

4% (2)
Healthy recipes

Not applicable = 89% (40)

Figure 12: Reach for the Stars campaign recall (during-implementation survey only)

Recommendations for supermarkets

The last section of the survey during the implementation included questions about the strategies that supermarkets could implement to encourage customers to buy more healthy foods. The majority of participants (n=43, 96%) agreed that they should continue to promote healthy eating. Five statements were posted to responders to measure their level of agreement on specific strategies. As shown in Table 2, participants agreed that stores should have at least one checkout that did not display unhealthy foods (n=35, 78%); no checkout with unhealthy foods (n=24, 53%); display healthier products at the end of their aisles (n=29, 64%); offer price discounts on healthy foods (n=36, 80%); have more shelf space for healthy foods (n=37, 82%); and offer a large range of healthy foods and drinks, including meals/snacks/convenience foods (n=40, 89%).

Table 2: Recommendations for supermarkets from consumers who answered the during-intervention survey

Statements	Answers
Supermarkets should continue encouraging healthy eating	Yes 96%; No; NA 4%
Supermarkets should have at least one checkout without unhealthy foods	Agree 78%; Neutral 9%; Disagree 7%; NA 7%
No checkout with unhealthy foods	Agree 53%; Neutral 24%; Disagree 15%; NA 7%
Supermarkets should display healthier products at the end of their aisles	Agree 64%; Neutral 20%; Disagree 4%; NA 11%

Agree included 'strongly agree' & 'agree'; Disagree included 'strongly disagree' & 'disagree'. NA = No answer.

Table 2: Recommendations for supermarkets from consumers who answered the during-intervention survey

Statements	Answers
Supermarkets should offer price discounts on healthy foods	Agree 80% Neutral 11% Disagree NA 9%
Supermarkets should have more shelf space for healthy foods	Agree 82% Neutral 11% Disagree NA 7%
Supermarkets should offer a large range of healthy foods and drinks, including meals/snacks/convenience foods	Agree 89% Neutral 2% Disagree NA 9%

Agree included 'strongly agree' & 'agree'; Disagree included 'strongly disagree' & 'disagree. NA = No answer.'.

Evaluation Findings | Interviews

Overview of participants

Two focus groups (with three and four participants each), and five one-on-one interviews were conducted. The two focus groups included members of the community who were part of the project control group at LHA, as well as health promotion staff from LCHS and LHA. One-on-one interviews were conducted with retail store owners and managers at the participating stores,

and the LCHS Project Officer. The interviews ranged from 11 to 55 minutes, with an average duration of 28 minutes. Figure 13 presents a Word Cloud generated in NVivo, highlighting the most frequently occurring words across participant interviews. Larger words represent terms that appeared more often in the dataset, reflecting key themes in participants' experiences and perceptions.

Figure 13: A Word Cloud of frequently occurring words in participant interviews

Listening to the community and retailers

All participants expressed the need for a program like RFTS in the Latrobe Valley. They explained that the community had a limited understanding of what foods and drinks were and were not healthy, and low compliance with recommendations from the Australian Dietary Guidelines, especially in terms of fruit and vegetable consumption. Additionally, they recognised that the community had lower levels of education than other areas in Victoria, which presented additional challenges for communicating how to eat healthily. To address this need, participants explained how they consulted with the community to determine what would help them to improve their diets. From this consultation, a simple-to-follow

intervention was designed. Participants discussed how the community wanted healthy, easy-to-prepare recipes, which guided them to develop recipe cards that could be placed alongside other promotional materials in participating stores. Following community experiences, the intervention was also designed to highlight positively healthy foods, instead of focusing negatively on unhealthy foods, which was a concern for community mental health.

Supermarkets and retailers were identified as potential community leaders who could work to improve the health of the Latrobe Valley. Health Promotion staff discussed how they knew that supermarkets and retailers could play a key role, and wanted to work together to achieve better

community dietary health, as one staff member explained:

"Supermarkets really are interested in working in these types of projects. They're interested because they're community members themselves."

- Health Promotion staff #1

In order to work effectively with retailers, Health Promotion staff expressed the importance of listening to their feedback. Participants explained how they wanted retailers to "take ownership" of the project and feel involved in the process. This included health promotion staff empowering retailer staff through training, which one retailer explained helped staff to feel more confident to explain the benefits of Reach for the Stars to customers. Additionally, retailers explained how their own expertise and knowledge of their customer base helped them to understand how RFTS would be received and what modifications they may need to make to ensure success. Retailers highlighted that it was important to understand what customers wanted to buy, and for customers to feel supported so they could make a healthier choice.

The importance of simplicity was a key sentiment expressed by both Health Promotion and retail staff members. Health promotion staff discussed the feedback they received from retailers after the initial pilot program of Reach for the Stars. They explained that following this feedback, changes were made to how the in-store materials were presented. Retailers had expressed frustration with some aspects of the program; for example, they felt that maintaining shelf tags for individual products was too time-consuming. Health Promotion staff were then able to listen to this feedback and adapt to a single shelf strip label that streamlined the process for retail staff. Similarly, retail staff explained that they were usually very busy with the day-to-day running of their stores and didn't have time for additional tasks that were overly complicated. Promotional materials that were simpler (such as static posters) were described

as well-maintained by Health Promotion staff, and retailers perceived that they were easier to use. Simplicity in messaging was also important from the perspective of community members. They explained that when considering the unique community needs of the Latrobe Valley, they needed to ensure that their messaging was clear, as one community member explained:

"I just think it's a simple, hopefully foolproof, situation to lead and guide people to better nutrition."

- Community member

This was reflected in health promotion staff discussing how their key message, that all fruit and vegetables are five stars, was well understood and received by customers due to the purposely simple messaging used.

The importance of partnerships

All participants expressed how the relationships between retailers, LCHS, and LHA were key to the success of Reach for the Stars. All participants also described the positive outcomes of these partnerships and how working together and using the unique skills and perspectives of each group made the program stronger and more effective, as one staff member explained:

"It's been a fantastic experience for us to be involved in, particularly as a partnership project. We've all brought different strengths to this project."

- Health Promotion staff #2

The support provided by LCHS staff to retailers was also perceived as a key enabler to success. Staff members were able to build a "trusting relationship" with retailers through actions such as providing them with training, completing *Store Scout App* assessments of their progress, and encouraging them to change displays where necessary. Retailers perceived Health Promotion staff as knowledgeable, helpful, and facilitators

in their stores' efforts to meet the benchmarks set through assessment tools like the *Store Scout App*. Health Promotion staff explained how they tried to "hear those voices of the supermarkets" in their work and involve retailers in changes to the program design. They also described how providing feedback to retailers helped build trust and enabled further changes.

One retailer expressed a desire to do more work to promote healthy eating in their store and saw the partnership between themselves and the health promotion team as critical to achieving that vision. This desire for greater change was also commented on by health promotion staff, who explained that one supermarket had independently created end-of-aisle displays for four and five-star items. There were also additional healthy option nudge trials conducted at one supermarket at their request, supported by the health promotion staff. As one retailer explained, retailers also desired change because they could see the benefits:

"You need to have some retailers who take action, who can come up with the plan."

<div align="right">- Retailer</div>

Challenges with scaling up and sustainability

All health promotion staff discussed the difficulties with securing long-term sustainability for RFTS and other similar projects. Health Promotion staff expressed their enthusiasm and passion for RFTS, and their perception that the program was making a difference in the community, but they were concerned about securing ongoing funding. This was explained by one staff member:

"I don't think if there's any lack of ideas, it's who's going to fund it, and where it goes from here."

<div align="right">- Health Promotion staff #1</div>

Retailers expressed a desire to continue with Reach for the Stars despite the program finishing, explaining that they felt it was a "good thing" for the community's health. However, while this was received positively by health promotion staff, they also acknowledged that

this would mean greater funding and staffing requirements, as one staff member commented:

"We obviously have to provide a level of resourcing behind it to help continue to support the owners to deliver this project. As much as we can teach them and empower them there's still a level of resourcing that sits behind all of that."

<div align="right">- Health Promotion staff #2</div>

To mitigate this, Health Promotion staff explained how they were aiming to transition to a supermarket-led model, where they would support rather than lead future work with these stores. Additionally, the discussion included using non-traditional resources (such as university students on placements) for data collection and retailer engagement as a way to reduce the required staffing resources.

Health Promotion staff explained that they believed achieving a change in IGA policy would assist with the sustainability of the program. They perceived that endorsement and support from head office would further encourage their current retailers and may also assist in recruiting new stores to join RFTS. Retailers had explained that due to the IGA corporate structure, they were unable to make changes to their individual store policy to reflect their participation in RFTS, instead aiming to change the store's practices. Health Promotion staff explained that while this was challenging, they intended to invite the IGA head office to future workshops to involve them in the program and hopefully achieve head-office level policy change to affect all IGAs within Victoria.

Methods to scale up the program and introduce it to new stores and areas were discussed by Health Promotion staff. They perceived that a key enabler to greater program reach would be to involve more supermarkets, including if possible major chain supermarkets such as Coles and Woolworths. Involving more supermarkets would allow a greater proportion of the Latrobe Valley community to engage with Reach for the Stars, as community members discussed that

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the involved IGAs were not where they lived or bought groceries. Smaller supermarkets like IGAs were perceived by community members as not where community members did most of their grocery shopping, which reduced the overall exposure to Reach for the Stars promotional materials.

Future directions

The need for wide collaboration with new partners was highlighted by many participants. Partnering with local organisations such as food relief groups, greengrocers, schools, and sporting clubs was suggested to increase the profile of Reach for the Stars. Retailers highlighted their desire for greater publicity for the program, through possible future events at their stores or collaboration to organise prize draws. Community members also thought there was potential for collaboration between IGA stores and schools to provide fruit for children, to not only highlight RFTS but also to provide an opportunity for children to try new fruits they may not have had before. Health Promotion staff described the interest that Reach for the Stars had generated among other agencies across Victoria, and their desire to create a Community of Practice to coordinate efforts to improve healthy options within supermarket retail, and share resources, ideas and discuss challenges. As one staff member explained:

"There's a real role for someone to play, whether that's VicHealth or the Department of Health, someone at a State level to do some coordination across the State. I think that would be incredible."

- Health Promotion staff

Health promotion staff explained that they had been approached by many other local governments, local public health units, and community health promotion-funded agencies asking for advice on how to facilitate an intervention such as RFTS, including how to engage with supermarkets to "get them on board" and promote the benefits of such a program. Health Promotion staff shared their learnings and experiences with others, perceiving that there could be future potential to

formally provide materials and training on implementing a program like RFTS to other groups.

Community members described many ideas for future directions and expansions of the RFTS program. The community members perceived that while the current program was good, if it could go further and reach more people, it could have a greater impact. They suggested concepts such as "grab and go" kits for customers, where they would have all the ingredients required for a fast, healthy meal, packaged and ready for them to purchase. Additionally, they discussed new ways of appealing to customers who may be unsure about healthy foods, by highlighting other benefits of healthy products, such as their seasonality, that they were more economical or better value, and that they could prepare them in ways that used less electricity. Similarly, health promotion staff also had ideas for new ways they could expand the existing Reach for the Stars program to continue its growth "from strength to strength". They discussed the importance of collecting sales data in the future and how this could help to prove the effectiveness of Reach for the Stars from a business perspective by demonstrating that the program improved or did not affect overall sales.

Health Promotion staff perceived that RFTS was one part of a greater advocacy effort they were leading for their community. They explained how their involvement in this program had led to other advocacy efforts, such as creating submissions to government consultations regarding unhealthy food marketing to children and health star ratings. Health Promotion staff perceived that this work was the beginning of their advocacy efforts, and that they had identified a need for greater support for their community, as a staff member commented:

"We'll continue to look for opportunities to advocate, and also advocate for more healthy food retail initiatives like Reach for the Stars."

- Health Promotion staff

Evaluation Findings | Sustainability Survey

A total of 17 participants started the survey (68%), and 13 (52%) completed it. From the 17 participants who started the section on participant characteristics, the majority were female (n=12, 71%). Most participants reported their role was in health promotion (n=9, 53%) or community members (n=4, 24%). Participants primarily supported the implementation (n=11, 35%) or implemented the RFTS program (n=7, 23%); six (19%) were also involved in the planning stage. Table 3 shows the general characteristics of the survey.

Table 3: Characteristics of participants who answered the sustainability survey

Characteristic	%
Gender	
Female	71%
Male	29%
Position relevant to project	
Health promotion	53%
Community	32%
Communications	6%
Retail staff	6%
Involvement in Reach for the Stars program (question allowed for multiple answers)	
Planning	19%
Implementing	23%
Supervising implementation	10%
Supporting implementation	35%
Evaluation	3%
Other	3%

All scores for the sustainability survey were out of a possible total of 7, with 7 representing the maximum level in each domain. The average score across all domains was 5.6 (Figure 14). This indicates that the RFTS program has a strong capacity for sustainability. The lowest subscale scores were for funding stability (M=4.1), followed by organisational capacity (M=5.2), partnerships (M=5.6), and strategic planning (M=5.6). The highest average scores were for communication (M=6), environmental support (M=6.1), and program evaluation (M=6.2). Although the subscale and overall average scores are relatively high within the seven-point scale, score variabilities for funding, partnerships, and strategic planning are relatively high, indicating only minor issues with a range restriction.
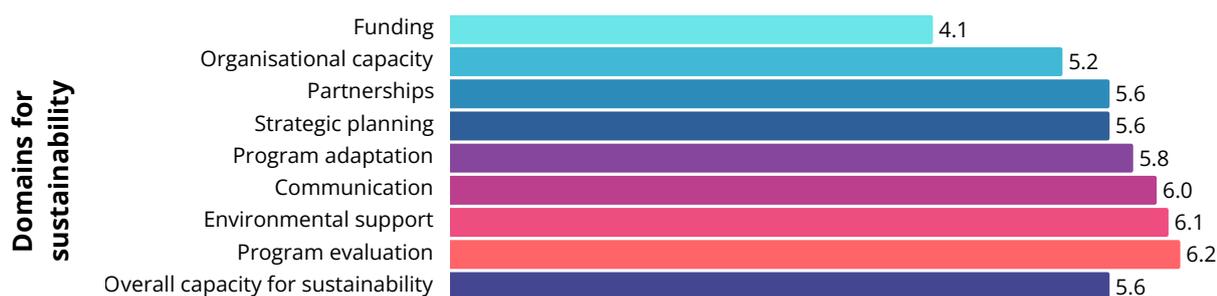
Figure 14: Characteristics of participants who answered the sustainability survey

Conclusions

The Reach for the Stars program demonstrated that targeted, community-informed interventions in supermarket environments can lead to measurable improvements in both store practices and consumer behaviour. By leveraging the Health Star Rating system, co-designed promotional materials, and strategic product placement, the program successfully increased customer awareness of healthier options and improved the healthiness of participating stores' food environments.

The evaluation revealed that customers responded positively to the intervention, with increased recognition and use of the HSR system, as well as strong support for continued healthy food promotion. Store Scout audits confirmed that all participating supermarkets improved their healthiness scores, particularly in key categories like fruits, vegetables, and cereals. Stakeholder interviews underscored the importance of simplicity, retailer engagement, and strong partnerships in driving program success.

However, the program also highlighted persistent challenges in sustaining health-promoting retail initiatives. While the sustainability assessment showed promising capacity in areas like communication and evaluation, funding stability and long-term integration into store operations remain critical barriers. Retailers expressed willingness to continue the initiative, but emphasised the need for ongoing support, simplified tools, and broader policy alignment.

Ultimately, Reach for the Stars offers a scalable model for improving public health through food retail environments. Its success underscores the value of co-design, local partnerships, and evidence-based strategies. To ensure a lasting impact, future efforts should focus on integrating such programs into retail policy, securing diverse funding streams, and expanding their reach to include larger supermarket chains and underserved communities.
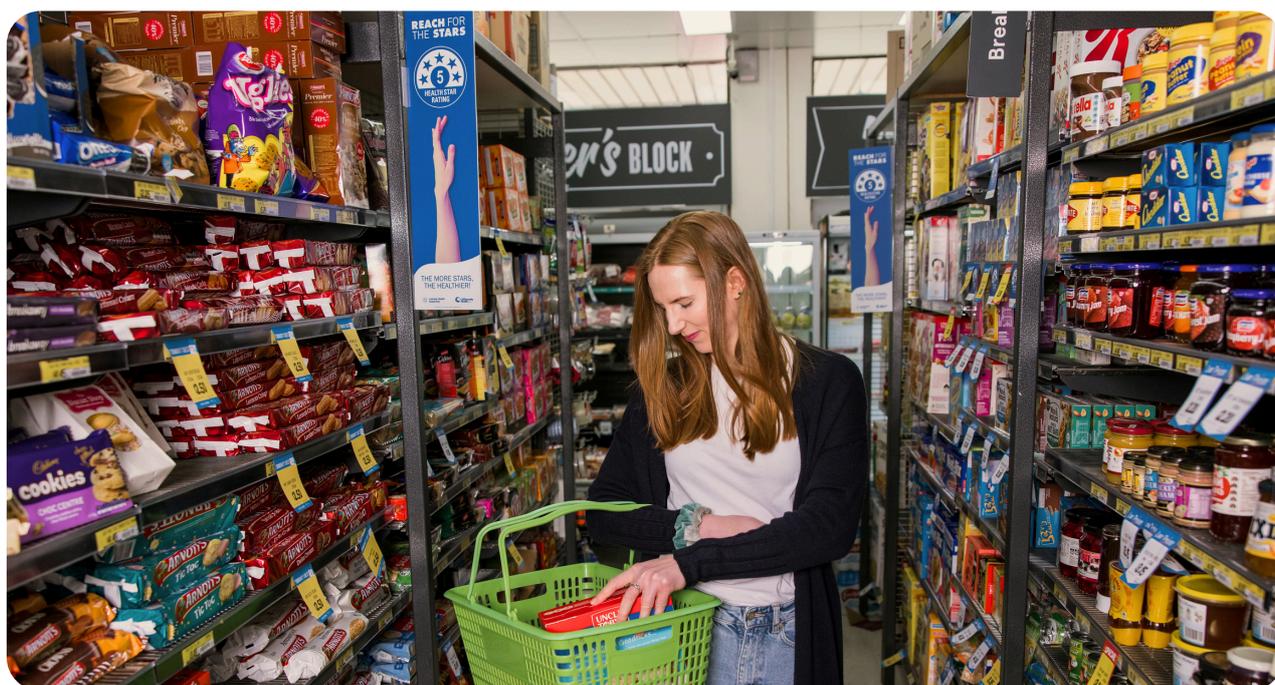
Recommendations

Enhance Funding Stability

Action: Develop a diversified funding strategy that includes local government, health agencies, and private sector partnerships.

Rationale: The sustainability survey identified funding stability as the weakest domain (average score: 4.1/7). Long-term success depends on consistent financial support.

Strengthen Organisational Integration

Action: Embed RFTS practices into store operations through formal policies, staff roles, and routine procedures.

Rationale: Retailers expressed willingness to continue the program but noted the need for clearer integration into daily workflows.

Simplify Implementation Tools

Action: Continue refining promotional materials (e.g., shelf strips instead of individual tags) and provide ready-to-use templates for signage and recipes.

Rationale: Simplicity was a key factor in success. Retailers preferred tools that were easy to maintain and implement.

Expand Retailer Engagement

Action: Engage additional supermarkets, including major chains (e.g., Coles, Woolworths), and advocate for IGA head office policy support.

Rationale: Broader participation would increase community exposure and impact. Current reach is limited to smaller, independent stores.

Leverage Community Partnerships

Action: Collaborate with schools, food relief organisations, and local clubs to extend program visibility and impact.

Rationale: Stakeholders suggested partnerships could enhance reach and reinforce healthy eating messages beyond the supermarket, such as school canteens.

Ongoing monitoring

Action: Conduct Store Scout assessments every 4-6 months.

Rationale: Regular assessments enable the timely identification of performance gaps, facilitating prompt corrective actions. This information can be integrated into store practices to ensure training efforts are effective and aligned with operational goals.

Advocate for Policy Change

Action: Collaborate with local, state, and national-level health authorities to advocate for policy changes that foster healthy food retail environments.

Rationale: Policy support could institutionalise healthy retail practices and reduce reliance on short-term funding.

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Appendix A | Interview guide

Opening

1. Self-introduction
2. Plain language explanation of the interview, objectives, session dynamics and length.
3. *Verbal confirmation of consent*
4. Collection of consent forms
5. Participant introduction

Introduction	Can you tell me a bit about your role?
	Can you talk to me about the Reach for the Starts (RFTS) program? *Prompts: how did it all get started?*
	Do you think a program like Reach for the Stars was needed in the Latrobe Valley? *Why? Why this area?*
	What was the process for preparing for Reach for the Stars in your store? *For Health Promotion officers: how did you help to prepare retailers to participate in RFTS?*
	What was your first impression when RFTS was introduced? *For retail owners: what were your staff's initial impression?*
Reflections and perceptions of Reach for the Stars	How did you find participating in the program, overall?
	Which part of the program (shelf labelling, the prominent displays, signage, etc) do you think was the most effective? *Was there one element that you think worked especially well? Why?*
	Did you notice any changes in customer behaviour or purchasing since Reach for the Stars began? *For health promotion officers: did you get feedback from retail owners about changes in customer purchasing since Reach for the Stars began?*
	What did you find difficult? *What did you find helpful to make the required changes?*
	If you could change one thing about this program, what would it be? *Why?*
	Did you receive any feedback from customers that could help the program to improve? *What was it?*
	How do you think this program is different from other promotions/campaigns/etc? *Do you think that makes it more/less successful?*
	Did Reach for the Stars have any impact on your in-store policy? Why? *For health promotion officers: do you think Reach for the Stars had any impact on in-store policy, why?*

Appendix A | Interview guide

Sustainability of Reach for the Stars	How motivated do you feel to continue to promote healthier items in your store, even beyond this program? Why is that?
	When Reach for the Stars ends, can you talk to me about what would help you to continue to promote healthier choices in your store independently? *For health promotion officers: what kind of supports do you think retailers need to maintain healthy changes?*
	Do you think this program could be financially sustainable without outside funding or support? *If so, how? If not, what would be needed?*
	Can you think of any other partnerships, initiatives or community programs that could help to sustain this in the long term?
	Do you think there are any other people we should involve in this type of initiative? *Do you think that they would help to sustain the program?*
	Are there any ways we could modify this program to better suit specific health needs in the community in the Latrobe Valley?
Closing	What lessons do you think can be learned from Reach for the Stars?
	From your perspective, can you talk to me about how programs like this might have the potential to impact the community's health?
	Do you have any advice for us about how we could scale up this program to other communities in Victoria?
	In research, we talk about "co-creating" programs and initiatives by involving people like you from the very beginning of our planning of new initiatives. Do you think that using this approach in the future might be helpful/make the initiative better? *Why?*
	Before we wrap up, was there anything else that you would like to add?

Closing
  6. Summary of the session
  7. Commitment to sending the final diagram for review and feedback

Reflection questions for the interviewer
  8. In general, how did the session go?
  9. Did it proceed as expected? Why?
  10. What is the most memorable part of the session?
  11. What do you think was the most relevant question for the participant? Why?

Appendix B | Project Sustainability Survey

Reach for the Stars: PSAT-Survey

Consent: This study is part of an evaluation of the Reach for the Stars program that you were involved in. This research is being conducted in collaboration between Deakin University, Latrobe Community Health Services and Latrobe Health Assembly. The purpose of this project is to evaluate the Healthy Supermarkets Latrobe project – Reach for the Stars.

This research involved diverse forms of data collection, and this survey aims to determine the sustainability of the Reach for the Stars program for future planning. Participation in this survey is voluntary and will take approximately 10-20 minutes of your time to complete. The survey comprises four sections (general information, environmental support, funding stability, partnership, organisational capacity, program evaluation, program adaptation, communication and strategic planning). Your contribution will be a valuable addition to this evaluation.

Please note that there is no compensation for participating in this survey, at the end you will be given the option to participate in a draw for one of two $50 vouchers. You can access more details of the project here. By completing this survey, you are agreeing for your responses to be included in the summary results. You may choose not to continue the survey at any time simply by closing this page on your computer and not submitting your answers.

- To commence the survey, click "*Accept*"
- To quit the survey, click "*Not Accept*"

The next set of questions will help us to analyse our results. We will not ask any personal information and your identity will always remain anonymous. You can stop answering this survey at any time.

Q1. What is your gender?
- Male (1)
- Female (2)
- Non-binary / third gender (3)
- Prefer not to say (4)

Q2. Which of the following positions best describes your work?
- Food supply (producer/ wholesale) (1)
- Health promotion (2)
- Retailer – Management (3)
- Retailer – Staff (4)
- Community development (5)
- Communications (6)
- Other (please write the position) (7) _____

Q3. How many years have you been working in this position?
- 0-1 (1)
- 1-3 (2)
- 3-5 (3)
- 5+ (4)
- Prefer not to answer (5)

Appendix B | Project Sustainability Survey

Q4. When were you involved in the Reach for the Stars project? (select as many as relevant)
- Planning (1)
- Implementing (2)
- Supervising implementation (3)
- Supporting implementation (4)
- Other (please describe) (5) _____

Main survey

In the following questions, you will rate the Reach for the Stars program across a range of specific factors that could affect its maintenance. Please respond to as many items as possible. If you truly feel you are not able to answer an item, you may select "Not Applicable." For each statement, select the number that best indicates the extent to which your program has or does the following things (1 = To little or no extent and 7 = To a very great extent).

Q1. Environmental Support: Having a supportive internal and external environment for your program.

	1	2	3	4	5	6	7	Not applicable
1. Champions exist who strongly support the program.								
2. The program has strong champions with the ability to garner resources.								
3. The program has leadership support from outside of the organization.								
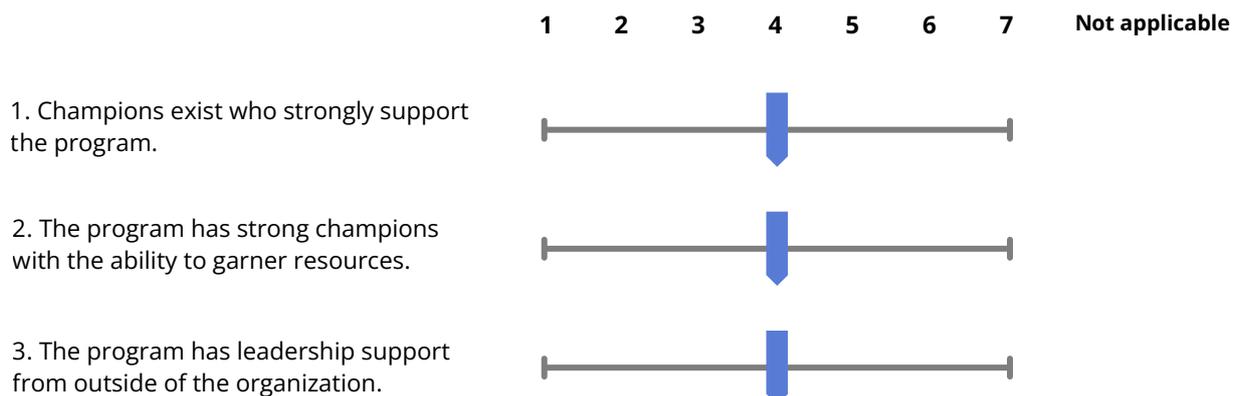
Q2. Funding Stability: Establishing a consistent financial base for your program.

	1	2	3	4	5	6	7	Not applicable
1. The program is funded through a variety of sources.								
2. The program has a combination of stable and flexible funding.								
3. The program has sustained funding								
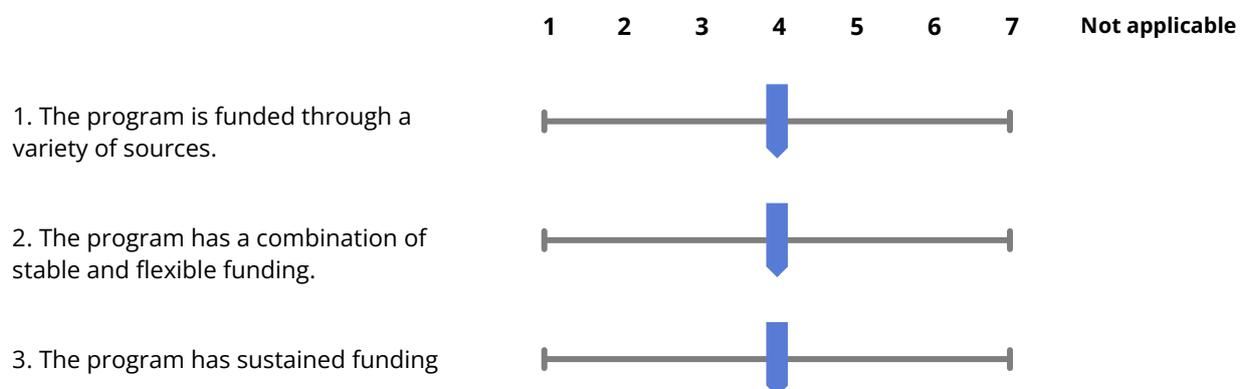
Appendix B | Project Sustainability Survey

Q3. Partnerships: Cultivating connections between your program and its partners.

	1	2	3	4	5	6	7	Not applicable

1. The program communicates with community leaders.

2. Community leaders are involved with the program.

3. The community is engaged in the development of program goals.
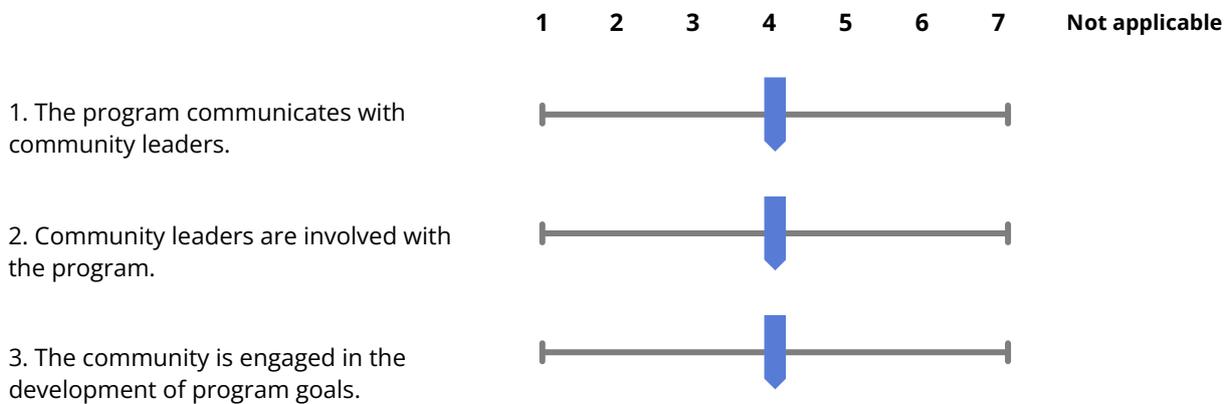
Q4. Organizational Capacity: Having the internal support and resources needed to effectively manage your program and its activities.

	1	2	3	4	5	6	7	Not applicable

1. The program is well integrated into the operations of the organization

2. Organizational systems are in place to support the various program needs

3. The program has adequate staff to complete the program's goals.
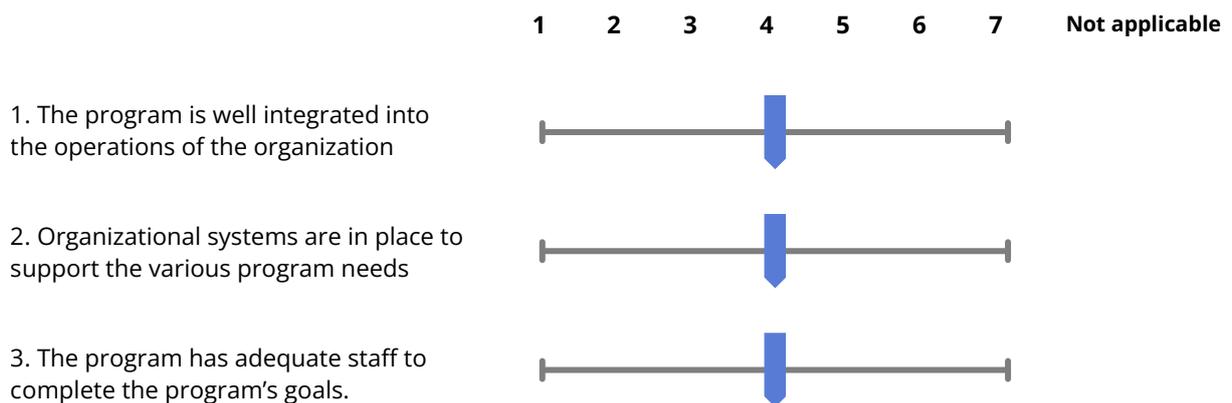
Q5. Program Evaluation: Assessing your program to inform planning and document results.

	1	2	3	4	5	6	7	Not applicable

1. The program reports short term and intermediate outcomes.

2. Evaluation results inform program planning and implementation.

3. Program evaluation results are used to demonstrate successes to funders and other interested parties
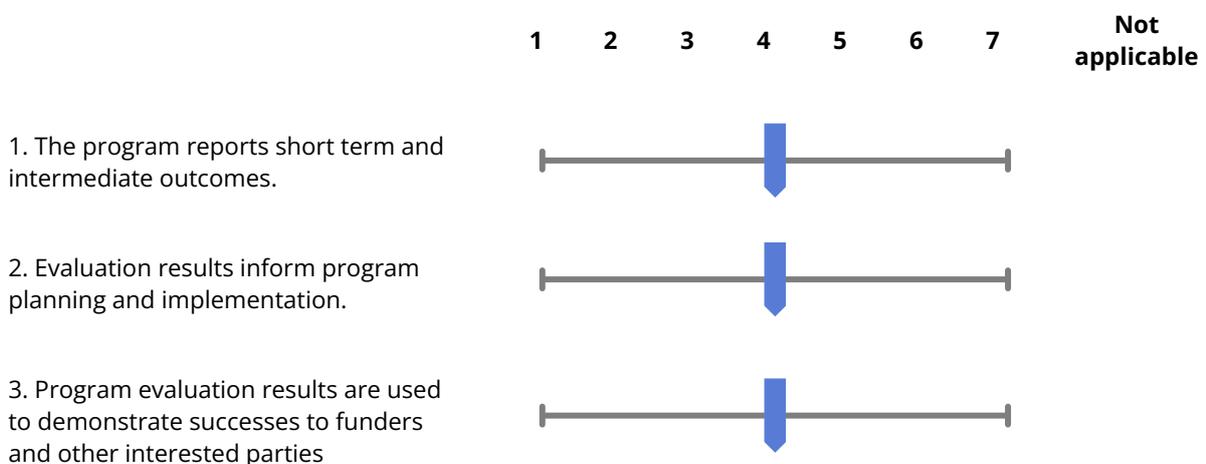
Appendix B | Project Sustainability Survey

Q6. Program Adaptation: Taking actions that adapt your program to ensure its ongoing effectiveness.

	1	2	3	4	5	6	7	Not applicable

1. The program adapts strategies as needed.

2. The program adapts to new evidence.

3. The program proactively adapts to changes in the environment.
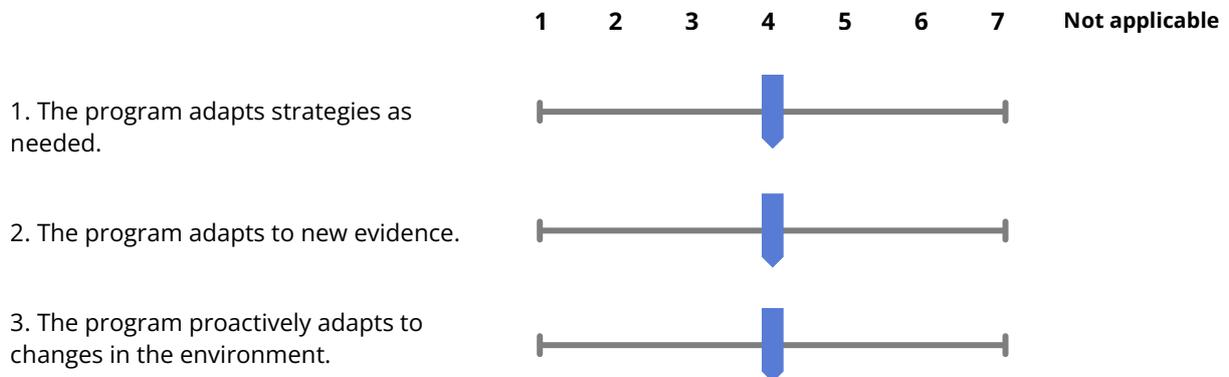
Q7. Communications: Strategic communication with partners and the general public about your program.

	1	2	3	4	5	6	7	Not applicable

1. Program staff communicate the need for the program to the public.

2. The program increases community awareness of the issue.

3. The program demonstrates its value to the public.
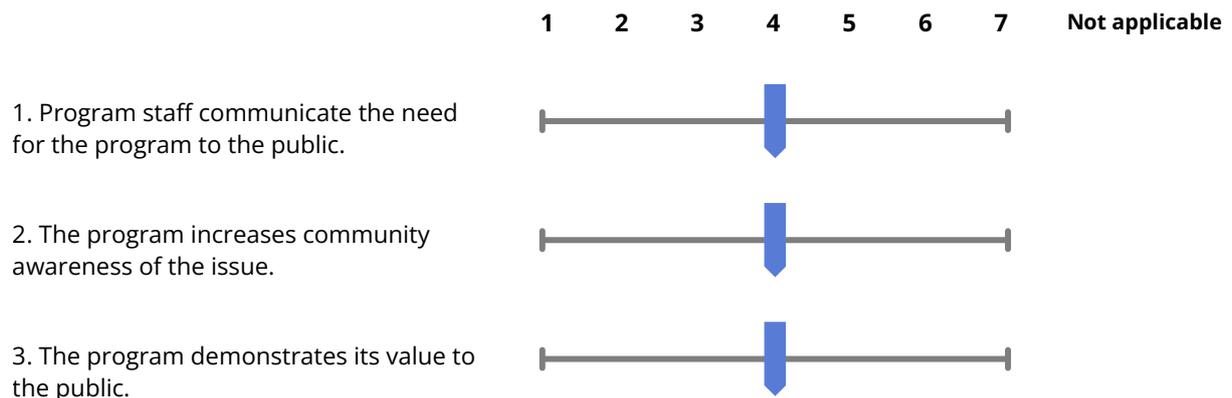
Q8. Strategic Planning: Using processes that guide your program's direction, goals, and strategies.

	1	2	3	4	5	6	7	Not applicable

1. The program plans for future resource needs.

2. The program has a sustainability plan.

3. The program clearly outlines roles and responsibilities for all partners.
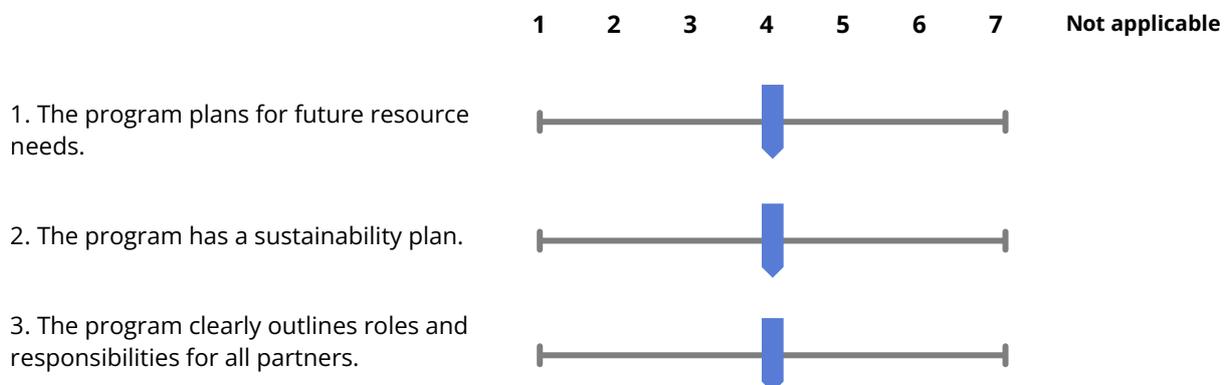
End of Survey. Thank you for your participation. If you would like to be considered in a draw for one of two $50 vouchers, please click here to enter your details. If not, you can close this window, and your answers will be recorded.

Appendix C | Customer survey results

Table 1. Characteristics of consumers who answered the surveys.

	Initial (n=86)		During implementation (n=45)	
	%	(n)	%	(n)
Gender				
Female	63	54	60	27
Male	37	32	40	18
Age (years)				
18-24	0	0	0	0
25-34	12	10	11	5
35-44	9	8	16	7
45-54	17	15	20	9
55-64	12	10	20	9
65+	50	43	31	14
No response	0	0	2	1
Pension or healthcare card holders				
Yes	53	46	60	27
No	47	40	40	18
Store town				
Churchill	1	1	0	0
Glengarry	40	34	22	10
Moe	17	15	16	7
Morwell	7	6	20	9
Trafalgar	20	17	0	0
Rosedale	10	9	16	7
Stratford	2	2	27	12
No answer	2	2	0	0
Shopping frequency				
Every day	8	7	27	12
Multiple times per week	30	26	36	16
Once or twice a week	41	35	22	10
Once a fortnight	15	13	4	2
Once a month	2	2	2	1
Less than once a month	3	3	9	4

Appendix C | Customer survey results

Table 2. Purchase attitudes from consumers who answered the initial survey

	Initial (n=86)	
	%	(n)
Fruit and vegetable consumption		
Fruit serves		
0	8	7
<1	7	6
1	31	27
2	29	25
3	10	9
4	5	4
5	7	6
No answer	2	2
Vegetable serves		
<1	5	4
1	40	34
2	15	13
3	17	15
4	12	10
5	7	6
<5	2	2
No answer	2	2
Level of importance when buying groceries		
Brand name		
Not at all important	31	27
Slightly important	23	20
Moderately important	28	24
Very important	9	8
Extremely important	7	6
No answer	1	1
Taste		
Not at all important	1	1
Slightly important	1	1
Moderately important	10	9
Very important	41	35
Extremely important	47	40
No answer	0	0
Healthiness		
Not at all important	9	8
Slightly important	2	2
Moderately important	30	26
Very important	38	33
Extremely important	20	17
No answer	0	0

Appendix C | Customer survey results

	Initial (n=86)	
	%	(n)
Cost		
Not at all important	8	7
Slightly important	12	10
Moderately important	23	20
Very important	29	25
Extremely important	27	23
No answer	1	1
Preparation convenience		
Not at all important	15	13
Slightly important	12	10
Moderately important	33	28
Very important	23	20
Extremely important	16	14
No answer	1	1
Purchase practices		
Knowing which healthy food and drinks to buy		
Strongly disagree	0	0
Disagree	13	11
Neither agree nor disagree	19	16
Agree	45	39
Strongly agree	22	19
No answer	1	1
Looking at ingredients when choosing products		
Strongly disagree	9	8
Disagree	16	14
Neither agree nor disagree	23	20
Agree	34	29
Strongly agree	13	11
No answer	5	4
Looking at the nutritional information when choosing products		
Strongly disagree	9	8
Disagree	20	17
Neither agree nor disagree	24	21
Agree	26	22
Strongly agree	17	15
No answer	3	3
Looking at health messaging when choosing products		
Strongly disagree	13	11
Disagree	9	8
Neither agree nor disagree	21	18
Agree	38	33
Strongly agree	15	13
No answer	3	3

Appendix C | Customer survey results

Table 3. Knowledge and practices from consumers who answered the surveys

	Initial (n=86)		During implementation (n=45)	
	%	(n)	%	(n)
Knowledge				
Familiarity with the front package's Health Star Rating system				
Yes	70	68	78	35
No	19	16	22	10
No answer	2	2	0	0
Meaning of 5 stars*				
Healthy/nutritious	40	34	20	9
Good to buy	12	10	38	17
Quality	5	5	2	1
Nothing	15	13	0	0
Other	8	7	4	2
No answer	20	17	36	16
Meaning of 1 star*				
Not healthy	17	15	33	15
Not the best option	37	32	20	9
Nothing	13	11	0	0
Not buy often	7	6	4	2
Low quality	1	1	4	2
Other	2	2	2	1
No answer	22	17	36	16
A biscuit with more stars is a healthier option compared to another biscuit with less stars				
Strongly disagree	3	3	2	1
Disagree	8	7	7	3
Neither agree nor disagree	27	23	7	3
Agree	38	33	51	23
Strongly agree	19	16	27	12
No answer	5	4	7	3
A biscuit with more stars is a healthier option compared to a soft drink with less stars				
Strongly disagree	5	4	4	2
Disagree	10	9	11	5
Neither agree nor disagree	31	27	9	4
Agree	34	29	47	21
Strongly agree	14	12	22	10
No answer	6	5	7	3
All fruit and vegetables are 5 stars				
Strongly disagree	6	5	2	1
Disagree	14	12	7	3
Neither agree nor disagree	20	17	7	3
Agree	31	27	44	20
Strongly agree	24	21	31	14
No answer	5	4	9	4

Appendix C | Customer survey results

	Initial (n=86)		During implementation (n=45)	
	%	(n)	%	(n)
Shopping influence				
Frequency of checking the Health Star Rating of a product				
Never	15	13	2	1
Rarely	7	6	9	4
Sometimes	36	31	38	17
Often	21	18	29	13
Always	9	8	4	2
No answer	12	10	0	0
Health Star Rating purchase influence				
Never	20	17	0	0
Rarely	8	7	18	8
Sometimes	34	29	29	13
Often	20	17	24	11
Always	6	5	11	5
No answer	13	11	0	0
Future use of the Health Star Rating*				
Guide to healthier options	26	22	20	9
Wouldn't use it	20	17	4	2
Compare options	8	7	27	12
Unsure	10	9	4	2
Already using it	2	2	0	0
Other	0	0	7	3
No answer	34	29	38	17
Find it easy to know which foods are the healthiest when shopping				
Strongly disagree	0	0	2	1
Disagree	13	11	2	1
Neither agree nor disagree	19	16	16	7
Agree	45	39	56	25
Strongly agree	22	19	16	7
No answer	1	1	9	4
Choosing the healthiest products available when shopping				
Strongly disagree	6	5	2	1
Disagree	9	8	13	6
Neither agree nor disagree	38	33	29	13
Agree	33	28	36	16
Strongly agree	12	10	11	5
No answer	2	2	9	4
Looking at the Health Star Rating when choosing products				
Strongly disagree	14	12	4	2
Disagree	15	13	22	10
Neither agree nor disagree	30	26	27	12
Agree	30	26	27	12
Strongly agree	8	7	11	5
No answer	2	2	9	4

*Open ended questions

Appendix C | Customer survey results

Table 4. Campaign recall and attitudes from consumers who answered the survey during implementation

	During implementation (n=45)	
	%	(n)
Reach for the stars campaign recall		
Noticed anything that encouraged healthier food and drinks purchase		
Yes	22	10
No	49	22
Not sure	24	11
Heard about the Reach for the Stars campaign before visiting the supermarket		
Yes	42	19
No	53	24
Not sure	4	2
Materials noticed in the supermarket?#		
Fruit and vegetable banners / poster	16	7
Health Star Rating shelf tags	22	10
Healthy recipes	9	4
Reach for the Stars flyer	20	9
I did not notice any Reach for the Stars materials	36	16
Thinking on buying healthier options due to the promotional materials		
Yes	38	17
No	15	7
Not sure	20	9
No answer	27	12
Promotional materials influencing healthier purchases		
Yes	36	16
No	24	11
Not sure	13	6
No answer	27	12
Campaign likelihood of influencing purchasing in the store		
More likely	38	17
Less likely	2	1
No change	58	26
No answer	2	1
Promotional materials with greater impact		
Health Star Rating shelf tags	7	3
Healthy recipes	4	2
No answer	89	40
Recommendations for supermarkets		
Supermarkets should continue encouraging healthy eating		
Yes	96	43
No	0	0
No answer	4	2
Supermarkets should have at least one checkout without unhealthy foods		
Strongly disagree	7	3
Disagree	0	0

Appendix C | Customer survey results

	During implementation (n=86)	
	%	(n)
Neither agree or disagree	9	4
Agree	47	21
Strongly agree	31	14
No answer	7	3
No checkout with unhealthy foods		
Strongly disagree	2	1
Disagree	13	6
Neither agree or disagree	24	11
Agree	29	13
Strongly agree	24	11
No answer	7	3
Supermarkets should display healthier products at the end of their aisles		
Strongly disagree	0	0
Disagree	4	2
Neither agree or disagree	20	9
Agree	40	18
Strongly agree	24	11
No answer	11	5
Supermarkets should offer price discounts on healthy foods		
Strongly disagree	0	0
Disagree	0	0
Neither agree or disagree	11	5
Agree	40	18
Strongly agree	40	18
No answer	9	4
Supermarkets should have more shelf space for healthy foods		
Strongly disagree	0	0
Disagree	0	0
Neither agree or disagree	11	5
Agree	51	23
Strongly agree	31	14
No answer	7	3
Supermarkets should offer a large range of healthy foods and drinks, including meals/snacks/convenience foods		
Strongly disagree	0	0
Disagree	0	0
Neither agree or disagree	2	1
Agree	49	22
Strongly agree	40	18
No answer	9	4

[#]*Multiple answers were allowed*

Appendix D | Store Scout Results

Table 1. Store Scout App results for each store (baseline and follow-up) - Participant IGA

		IGA 1	IGA 2	IGA 3	IGA 4	IGA 5	Avg.
Overall score	Pre	56	59	59	61	62	59
	Post	68	67	62	72	72	68
Fruit & Vegetable	Pre	71	73	77	83	81	77
	Post	92	89	85	96	88	90
Drinks	Pre	41	45	31	36	40	47
	Post	50	48	44	49	47	48
Snack foods	Pre	43	36	44	43	36	40
	Post	45	43	44	52	58	48
Meals & conv	Pre	44	34	46	44	42	42
	Post	60	48	49	53	55	53
Bread & cereal	Pre	72	81	78	74	87	78
	Post	96	92	92	88	100	94
Meat & seafood	Pre	56	66	64	68	66	64
	Post	77	72	61	78	80	74
Dairy & eggs	Pre	67	77	73	81	84	76
	Post	87	76	75	89	84	82

Appendix D | Store Scout Results

Table S2 Store Scout App results for each store (baseline and follow-up) - Control

		Control 1	Control 2	Control 3	Control 4	Control 5	Avg.
Overall score	Pre	65	64	64	67	70	66
	Post	66	75	65	67	64	67
uit & Vegetable	Pre	76	82	80	81	91	82
	Post	86	97	88	89	86	89
Drinks	Pre	51	46	43	49	52	48
	Post	56	66	51	57	48	56
Snack foods	Pre	45	40	42	46	48	44
	Post	48	58	45	50	47	50
Meals & conv	Pre	47	38	36	52	59	46
	Post	69	80	66	69	73	71
Bread & cereal	Pre	77	83	76	80	81	79
	Post	86	94	86	83	83	86
Meat & seafood	Pre	73	70	83	78	77	76
	Post	70	78	76	80	75	76
Dairy & eggs	Pre	85	89	86	78	87	85
	Post	84	95	90	83	85	87

For more information
Visit: www.healthassembly.org.au/projects/healthy-supermarkets-reach-for-the-stars/
Email: health.promotion@lchs.com.au
Phone: 1800 242 696