

# City of Melbourne sports and recreation centre healthy food retail case study

## Evaluation summary

This evaluation summary is part of a broader project which aims to assess the health costs and benefits of implementing healthy eating policies in two key public settings – healthcare, and sport and recreation facilities.

### Introduction

The City of Melbourne has been a frontrunner in the shift to providing healthy food to its community. Engaging the services of Nutrition Australia, The City of Melbourne's Health Projects Team developed the 'Green Light Eat Right' (GLER) program in 2008, using a traffic light system to classify food and drinks as 'green', 'amber' or 'red'. This was later aligned with the Victorian Government's *Healthy Choices guidelines*. The *Healthy Choices: food and drink classification guide* (DHHS 2015) uses a nutrient profile traffic light system to classify food and beverages as 'green' (best choice), 'amber' (choose carefully) or 'red' (limit intake).

In 2010, the *Green Light Eat Right* program was implemented at a seasonal café at the North Melbourne Recreation Centre (NMRC), which offers a gym year round and a pool during the summer. The pool and café are open from October until April. Over the following four years, the availability of 'red' items was gradually reduced and then most 'red' items were removed at the beginning of the 2014/15 season as part of a 'No Red' trial. Following success of this trial, ongoing changes were implemented over the 2015/16 season.

The evaluation of the City of Melbourne's program fills a gap in knowledge about the impact of healthy choice strategies from the perspective of the retailer. This summary concludes with a number of useful recommendations for organisations planning to undertake similar policy changes to improve population health.

The evaluation of City of Melbourne's trial was carried out by Deakin University, with funding from VicHealth. For more information and additional resources, visit [www.vichealth.vic.gov.au/easychoice](http://www.vichealth.vic.gov.au/easychoice)

### Objectives and methodology

#### Objectives

The NMRC case study explores the implementation of the 'No Red' trial to better understand the strategies employed and challenges. It also aims to explore the impact of the trial on food and drink sales and answer specific questions:

1. What changes were made as part of this initiative?
2. What worked well?
3. What were the barriers to change?
4. How did the change affect business perceptions of viability?
5. What were some unique successful actions arising from this initiative?

#### Methodology: data collection

Data collection and analysis for this study involved:

- analysis of the NMRC café sales and product data to understand the potential health and financial outcomes of the 'No Red' trial and the ongoing GLER program.
- semi-structured interviews with key stakeholders from the City of Melbourne and the NMRC to understand the challenges and opportunities presented by the 'No Red' trial and the ongoing GLER program.

The City of Melbourne provided aggregate, seasonal data detailing sales and product offering data for the NMRC café over five seasons:

- three seasons pre-implementation of the 'No Red' trial (October 2011 to April 2012; October 2012 to April 2013; and October 2013 to April 2014)
- two seasons post-GLER program implementation (October 2014 to April 2015, and October 2015 to April 2016).



NMRC café data was analysed as dollar sales and items sold per season. Where relevant, the data is presented per 100 visitations, and has been adjusted for the number of centre visitors per season. Specifically, data is presented here as a comparison of before and after the 'No Red' trial for:

- items available by GLER classification ('red', 'amber' or 'green')
- NMRC café total number of items sold and number of items sold by GLER classification
- proportion of items in the top ten best-selling products by GLER classification
- NMRC café total sales revenue and sales revenue from each GLER category.

### Methodology: interviews

Semi-structured, in-depth interviews were selected as the primary method of data collection. Qualitative description was the primary approach used to explore factors associated with the implementation of the 'No Red' trial and the ongoing GLER program. Thematic analysis to pinpoint themes and common patterns was used to analyse the qualitative data obtained from interviews.

The interviewees included:

- Health projects team leader, City of Melbourne
- Health projects senior project coordinator, City of Melbourne
- Health projects coordinator, City of Melbourne
- Leisure services officer and GLER program manager, City of Melbourne
- Leisure facilities manager, City of Melbourne
- Former leisure facilities manager, City of Melbourne
- Leisure services manager, North Melbourne Recreation Centre
- Leisure services officer, North Melbourne Recreation Centre.

## Key findings

### Product data analysis

The introduction of the GLER program combined with the 'No Red' trial had the desired effect in improving the number and proportion of healthy options available at the NMRC café.

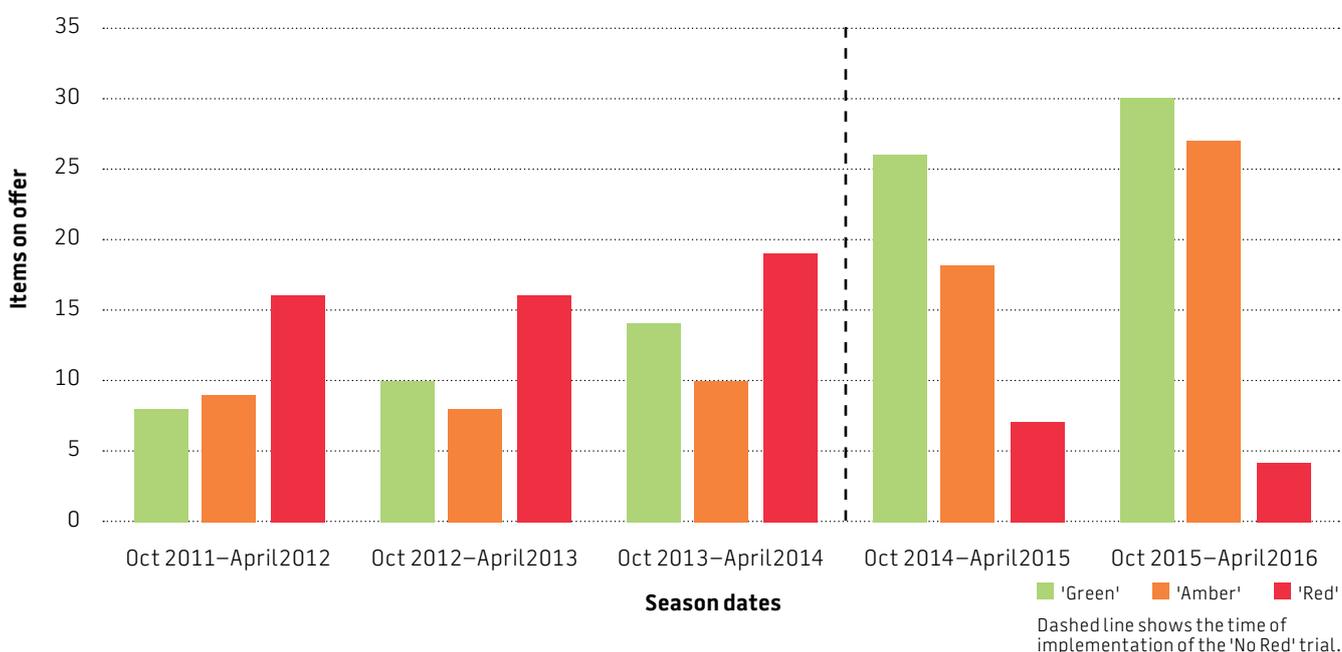
- There was a clear decrease in the number of 'red' items on offer after the introduction of the 'No Red' trial, from around 15 items to around 5.
- There was an associated increase in the number of 'amber' items on offer, from around 10 to 27.
- The number of available 'green' items increased substantially to 30, post-trial.

Following the introduction of GLER, the number of 'red' items in the top-ten selling items reduced from five to three. Of the remaining top ten selling items; six were 'amber' and one was 'green'. Prior to the reduction in 'red' products, hot chips and several 'red' ice-creams were top ten sellers. Following the removal of these 'red' products, popcorn and 'amber' ice-cream varieties entered the list of top ten products.

### Sales data analysis

The changes in availability of 'red' drinks had the intended positive effect on purchasing behaviour, with sales of 'red' items decreasing by around 60%. At the same time, there was an increase in the number of 'green' and 'amber' items sold, although this did not fully compensate for the sales of 'red' items.

**NMRC café product selection, number of green, amber and red products, by season**



## Enablers, challenges and strategies

Enablers of the initial 'No Red' trial and the ongoing GLER program included:

- practical support from the City of Melbourne Health Projects Team, which helped source new suppliers, new products, train staff and give nutrition advice.
- GLER champions, who were seen as catalysts of the change and important communicators.
- the City of Melbourne making healthy eating a priority, and willingness to conduct the 'No Red' trial.
- feedback from the initial 'No Red' trial, which showed minimal impact on overall sales.

Challenges associated with the implementation of GLER included:

- difficulties associated with supply – compared to 'red' items, healthy items are often more perishable and require more in-house preparation. As the NMRC café has limited facilities for these, it was a challenge to find healthier replacement items without facing excessive food wastage. It was also reported that there are fewer options available in healthy product ranges.

For example, one interviewee said:

“\_\_\_\_\_”

**A particular barrier that exists today is suppliers and their abilities to offer the foods we need at the frequency we need, and the amounts we need.”**

- staff understanding and engagement – another broad challenge that arose in response to the 'No Red' trial was supporting:
  - staff skills and confidence in working with GLER
  - managing staff turnover and role changes
  - communication between the NMRC and the City of Melbourne.

For example, one interviewee said:

“\_\_\_\_\_”

**The people who use the facility should be made to have choices, and make their own choices as well. I'm not sure that we should be forcing the choices...”**

while another interviewee said

“\_\_\_\_\_”

**...people want to make the healthy choice. The whole notion of the GLER program was that people needed something to help them make that choice.”**

Novel strategies employed by the City of Melbourne to support the broad and ongoing implementation of their program included:

- appointing champions of GLER to aid in the understanding and engagement of the recreation centre staff, while acting as a line of communication between the NMRC and the City of Melbourne.

- organisational support, including use of a consultant to source new suppliers and products, introduction of an overarching health eating policy, ongoing budget flexibility and provision of GLER training during NMRC staff inductions.

According to one interviewee, the role of the champions of GLER was:

“\_\_\_\_\_”

**...to really own it and drive it, and come up with creative initiatives.”**

## Conclusion

The City of Melbourne NMRC was an early adopter of strategies to improve the availability of healthy food and drinks. The trial and subsequent ongoing implementation of healthier food provision has led to large decreases in the availability and sales of unhealthy food and drink items. At the same time, it has led to increases in sales of healthier food and drink items.

The 'No Red' healthy eating trial at North Melbourne Recreation Centre was a success because it led to a decrease in 'red' items on offer and a sharp decline in 'red' products sold, alongside an increase in sales of 'green' and 'amber' products.

There was an initial decrease in total sales, which the City of Melbourne was prepared to accept as part of its commitment to provision of healthy food and drinks. However, interviewees expressed the belief that the small decrease in overall cafe income is likely to be mitigated as the challenges associated with sourcing 'green' and 'amber' products are resolved.

The key factors established before the implementation of the 'No Red' trial were:

- the appointment of advocates for the program, who led the way in its implementation
- establishing healthy eating as an organisational priority
- practical support from the Health Projects Team.

## Recommendations

To help other organisations make similar changes, the City of Melbourne's key enablers and innovative strategies used in this trial should be communicated broadly. In summary, these recommendations include:

- Establish top-down support of implementation through a healthy eating policy.
- Employ nutrition experts to assist in identifying suitable suppliers and selecting healthy food items that are both practical to store and prepare.
- Develop strong communication between all stakeholders throughout the process.
- Appoint healthy eating champions to encourage and motivate all stakeholders.
- Evaluate and feedback throughout the process to ensure sustainability of changes.
- Ensure regular and comprehensive staff training to promote understanding and engagement.

## References

Department of Health and Human Services 2013, *Healthy Choices: food and drink guidelines for Victorian public hospitals*, viewed 14 October 2016, <<https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/healthy-choices>>.

Department of Health and Human Services 2015, *Healthy Choices: food and drink classification guide*, State Government of Victoria, Melbourne.



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