

Providing Incentives to Influence Consumer Food Choices in a Remote Aboriginal Community Store

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BACKGROUND

Aboriginal and Torres Strait Islander people in remote communities experience significant health disadvantage¹ and remote Aboriginal and Torres Strait Islander communities in Far North Queensland are classified as areas of 'most disadvantage'.² In the 2012 Australian Aboriginal and Torres Strait Islander Health Survey, Indigenous Australians living in remote areas reported eating less fruit and vegetables than any other group.³ The cost of fruit and vegetables in very remote Queensland communities is shown to be up to 38.2% higher than urban centres.⁴ It has been demonstrated that food choices under budget constraints are driven by maximising energy value for money, resulting in the purchase of energy dense, nutrient poor foods such as bread, flour and white rice.⁵ Nutrition efforts to address poor diet quality in remote Indigenous communities have focused in recent years on improving the availability and quality of healthy foods, promoting nutrition in stores⁶ and most recently investigating the effects of price discounting healthy foods.⁷

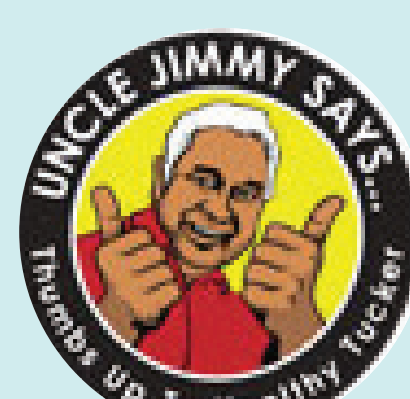
RECENT REMOTE STORE NUTRITION FOCUS



SUPPLY



QUALITY

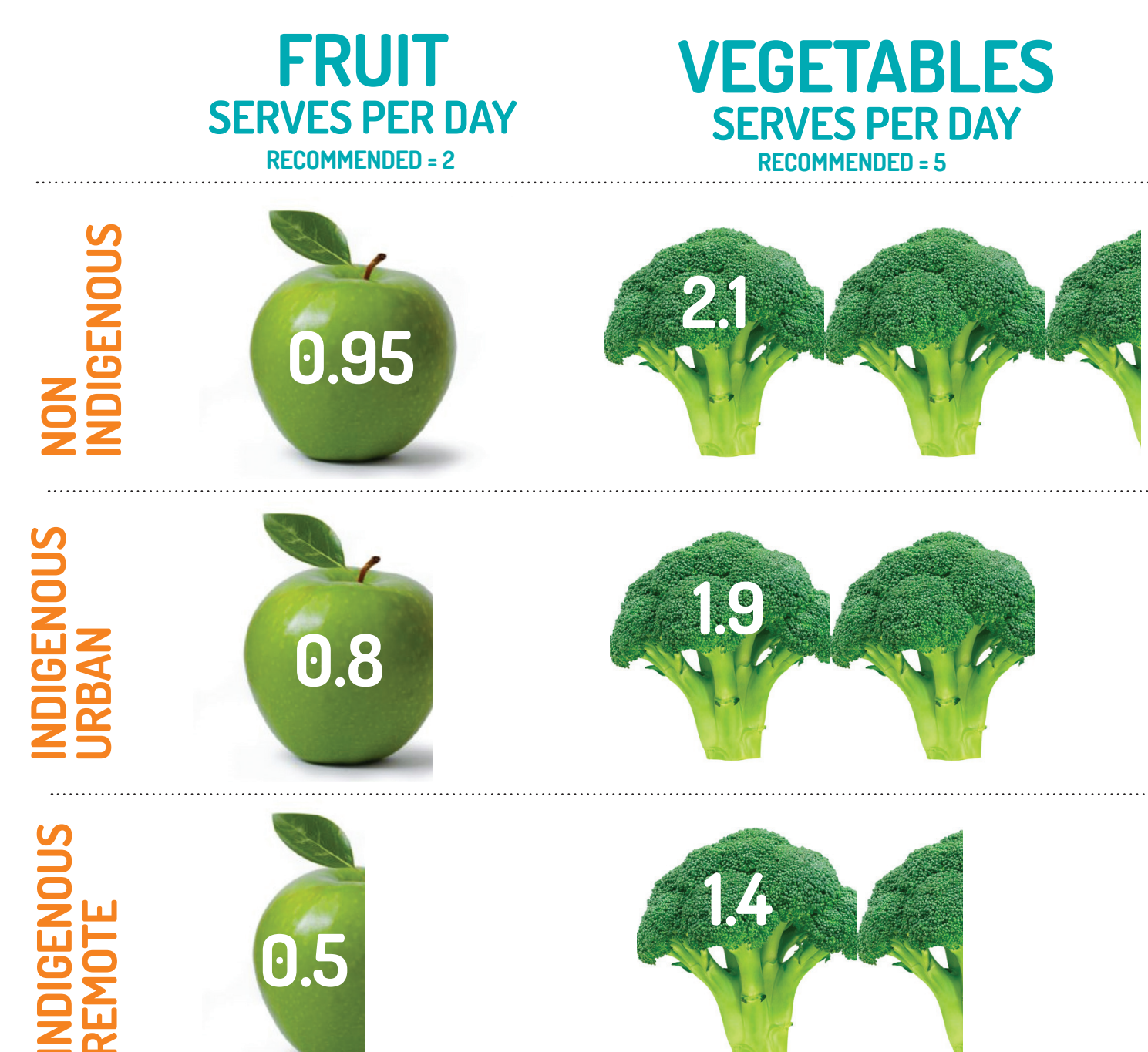


PROMOTION



PRICE

Fruit & Vegetable Consumption is Lower in remote Aboriginal and Torres Strait Islander communities³



Fruit & Vegetable Cost is Higher in remote Areas⁴

VERY REMOTE QLD
\$249.07



BRISBANE QLD
\$180.26

A NEW APPROACH...



PROCESS & PARTNERSHIPS

This study is a partnership between Apunipima Cape York Health Council, Menzies School of Health Research, Island and Cape Retail Enterprises and James Cook University. The study site is an Aboriginal community in Far North Queensland which is classified as very remote and has one community store. Incentive parameters were established using qualitative feedback from community members and workers, store sales history and the Australian Dietary Guidelines.

During phase one of the project (March – June 2015), community members received a \$10 reward for spending \$20 on fresh fruit and vegetables, which was claimed on date of purchase. Following community consultation, the offer was changed for phase two (July – October 2015) so that community members would receive a \$10 reward for spending \$15 on fresh fruit and vegetables, to be claimed within three days from date of purchase. Community members suggestions for cooking demonstrations, radio advertisements and increased promotion were incorporated to improve uptake for phase two.

HEALTHY CHOICE REWARDS



SPEND \$15 ON FRUIT & VEG



GET A \$10 HEALTHY CHOICE REWARD VOUCHER



CLAIM A BONUS \$10 FRUIT & VEG

CHALLENGES

- Low initial uptake of the reward system has resulted in an underspend in the project budget, allowing for an extended project timeframe.
- Community members have indicated that a higher reward would be a more attractive incentive.
- Having to claim your reward on the same date of purchase is considered a barrier to people redeeming their vouchers.
- Providing adequate training and support for local store staff to implement the reward system has been challenging due to the complex dynamics of the trial community.



OPPORTUNITIES

- Uptake of the reward system appears to be highest when Community Nutritionists are in community promoting the offer.
- Fruit and vegetable sales appear to increase when the fresh produce section is well merchandised.
- Community members have identified that it is important to keep reminding people about the importance of eating fruit and vegetables.



NEXT STEPS

- A pre-post point-of-sale analysis assessing changes in purchasing patterns will be conducted in October 2015.
- Qualitative evaluation assessing participant satisfaction and explaining quantitative data will continue to be collected throughout the second phase of the project.
- Final results will be disseminated early 2016.



POTENTIAL OUTCOMES

This research aims to provide evidence to inform fiscal policy to address food affordability in remote communities. If the reward-based incentive process is well received by community and feasible for remote store staff and key stakeholders, it may inform a larger multisite controlled study to fully explore the potential for incentives to improve fruit and vegetable consumption in remote communities.

“Like you remind kids, ‘don’t do that, don’t do that’, it’s good to remind us Aboriginal people to eat more fruits and vegetables – because sometimes we forget.”

– Community Member

We would like to acknowledge Cape York community members and Island and Cape store staff for their ongoing input and support for this study.

References
1. Closing the Gap Clearinghouse (AIHW, AIIFS) 2011. Healthy lifestyle programs for physical activity and nutrition. Produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

2. Rawillstone M, Venn M. Dropping Off The Edge 2015: persistent communal disadvantage in Australia. Jesuit Social Services / Catholic Social Services Australia

3. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander Health Survey: Nutrition Results, Food and Nutrients 2012-13. Accessed online 17th August 2015. <http://www.abs.gov.au/AUSSTATS/abs@nfd/DetailsPage/4227/655/9052012-13?OpenDocument>

4. Queensland Health and Queensland Treasury. The 2010 Healthy Food Access Basket (HFAAB) Survey. Brisbane 2012.

5. Brimblecombe J, O'Dea K. The role of energy cost in food choices for an Aboriginal population in northern Australia. Medical Journal of Australia. 2009; 190(10):1549-1551.

6. Lee AJ, Leonard D, Moloney AA, Minnecon DL. Improving Aboriginal and Torres Strait Islander nutrition and health: Economic interventions to improve access to healthy food. Medical Journal of Australia. 2009; 190(10):1547-1548.

7. Brimblecombe J, Ferguson M, Liberato SC, Ball K, Moodie ML, Magnus A, Miles E, Leach AJ, Chaffield MD, N. Murchu ON, O'Dea K & Baile RS 2013. Stores Healthy Options Project in Remote Indigenous Communities (SHOPaRICH): a protocol of a randomised trial promoting healthy food and beverage purchases through price discounts and in-store nutrition education. BMC Public Health, vol. 13, no. 744.

8. Phipps EJ, PhD, Bratman LE, Sittes SD, Singletary SB, Wallace SL, Hunt L, Axelrod S, Glanz K, Uplinger N. Impact of a Rewards-Based Incentive Program on Promoting Fruit and Vegetable Purchases. American Journal of Public Health. Published online ahead of print March 13, 2014. e1-e7.

9. Sturm R, An R, Segal D & Patel D. A Cash-Back Rebate Program for Healthy Food Purchases in South Africa. Results from Scanner Data. American Journal of Preventive Medicine. 2013; 44(6):567-572.

10. Bartlett S, Klerman J, Wilde P, Olsho L, Blockin M, Logan C & Erver A. Healthy Incentives Pilot Interim Report. U.S. Department of Agriculture, Food and Nutrition Service. 2013.



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