

***Don't Ignore Diabetes Campaign:***  
**Cardiovascular Disease Series Concept Testing**

commissioned by

**Gatecrasher Advertising**

on behalf of

**Diabetes Australia**

by

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**CBRCC REPORT 060531**

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## *Don't Ignore Diabetes Campaign:* **Concept Testing of the Cardiovascular Disease Series**

### **1 Background**

In 2003 Diabetes Australia (Western Australia) (DAWA) acquired funding from Healthway to develop an advertising campaign to raise public salience of diabetes as a serious disease. DAWA, in partnership with the Centre for Behavioural Research in Cancer Control (CBRCC) at Curtin University, undertook comprehensive formative research to develop key messages for a media campaign. From this research, Gatecrasher Advertising then developed a series of advertisement concepts, which were adtested by CBRCC, before a final series of campaign materials were developed. The resultant campaign was built around a strong television commercial (TVC) “*Storybook*” showing graphic images of some of the consequences of diabetes, including limb amputation, cardiovascular disease (CVD) and kidney failure, and used the tag line ‘Don’t Ignore Diabetes’ (DID). Press, radio and poster advertising supported the TVC. The DID campaign was then piloted in the regional centres of Bunbury and Geraldton in Western Australia and evaluated highly successfully. The campaign was then rolled out to the whole state in 2005. Post campaign research showed that the television advertising was effective, although the image associated with CVD was less memorable and had less impact than the images portraying blindness and limb amputation.

DAWA has provided the DID campaign materials freely to other state offices of Diabetes Australia. To date, these offices have not acquired funding for media purchasing, and as such, use of the campaign materials has been restricted to free Community Service Announcement (CSA) airtime and some unpaid public relations coverage, mainly surrounding *National Diabetes Week* in July 2005.

For *National Diabetes Week* in July 2006, Diabetes Australia (Victoria) seeks to develop a number of materials to supplement the current portfolio of resources, in order to provide a new ‘angle’ for media publicity to sustain interest over and above the 2005 launch. Diabetes Australia (Victoria) has reasoned that a theme linking diabetes to CVD would be a sufficiently powerful message to gain the attention of the media during National Diabetes Week starting July 9. In addition,

Diabetes Australia (Victoria) felt that the campaign would benefit from messages that encourage those at risk (in particular of pre-diabetes) to identify their risk and to take some action that could help to prevent the onset of type II diabetes.

## 1.1 Advertising Objectives

Gatecrasher Advertising was provided a brief to develop advertising concepts with the following objectives:

- To gain fresh attention by imparting a new health message;
- To reinforce the underlying campaign message that “diabetes is too serious to ignore”;
- To communicate the link between diabetes and CVD;
- To persuade those at risk to identify their possible risk and take some action to have that risk professionally assessed; and
- To ask people to see their general practitioner (GP).

## 1.2 Advertising Concepts

In response to the advertising brief, Gatecrasher Advertising developed a series of advertising concepts aimed at people over 45 years of age who are overweight and get inadequate exercise:

- A new TVC that builds upon the theme of the first TVC but which exclusively emphasises the link between diabetes and CVD;
- Press advertising promoting self-assessment of diabetes risk factors; and
- Posters for early detection, risk assessment and the link between diabetes and CVD.

These materials are included in Appendix A.

## 1.3 Research Objectives

On the 19 May 2006 CBRCC was asked to test these concepts with the following objectives:

- To assess the ability of the campaign to communicate that diabetes is a serious health issue;
- To establish whether the TVC communicates the risk of CVD;

- To establish levels of comprehension and understanding of the key messages;
- To identify whether observers ‘internalise’ the message (i.e., “this could happen to me”);
- To investigate whether people are likely to take action by either considering their own risk or consulting their GP; and
- To gauge the likely reaction of people who currently have diabetes to identify any potential for unintended impact.

## 2 Methodology

### 2.1 Subjects

Between the 24<sup>th</sup> and 28<sup>th</sup> of May 2006 a convenience sample of participants was recruited via intercept interviews in Fremantle, Western Australia. Participants were screened to ensure that they were Australian residents, overweight or obese, between the ages of 30 and 70 years, and not working within a health profession. Stratified quotas were set for equal numbers of males and females and equal numbers within the age groupings of 30-44 years and 45-70 years. Due to the impracticality of taking the biometric measurements of participants in street interviews, a participant's status as being overweight or obese was determined by the interviewers rating each participants' body shape against a five-point visually cued scale (see Appendix B). Table 1 below displays the outcomes of each approached individual by interviewers.

**Table 1: Intercept Interview Recruitment Rate**

Result	N	%
Refusals	202	57.2
Non resident	35	9.9
Quota Full	16	4.5
Outside Age group	23	6.5
Language Difficulties	8	2.3
Health Occupation	2	0.6
Interviews	67	19.0
<b>Total approached</b>	<b>353</b>	<b>100.0</b>

Discounting those participants who did not meet the inclusion criteria, the consent rate for the present study was 24.9%. The final sample consisted of 67 participants, including 17 males and 16 females aged 30-44 years, and 17 males and 17 females aged 45-70 years. Seven males and five females reported having diabetes, representing 17.9% of the sample. This is nearly double the rate of previous evaluations for the DID campaign (average 9.2% of each previous sample) and may reflect the fact that overweight and obese individuals were specifically targeted for the first time in this evaluation (Carter, Donovan & Jalleh, 2005; Jalleh, Donovan & Carter, 2005; Carter, Donovan & Jalleh, 2003).

## 2.2 Materials

A flipchart was devised that contained the storyboard for the TVC concept on six A4-sized colour images. Each frame of the TVC concept had the corresponding copy inserted in text at the bottom. The four posters and print advertisements (*Checklist*, *Couple*, *Surgery* and *Defibrillation*) were also included in the flipchart on separate A4-sized colour pages (see Appendix A).

A standardised questionnaire was devised that assessed participants' cognitive response to the TVC, their appreciation of its intended message, its perceived credibility and personal relevance, aspects of the TVC liked and disliked, and the likely impact it would have on participants' future behaviours regarding diabetes. The questionnaire also contained items that assessed appreciation of the intended message and clarity of the poster and print advertisements.

## 2.3 Procedure

Individuals who meet the overweight or obese body shapes as per the five-point scale and who appeared to meet the age criteria were approached by interviewers and asked to participate in a survey about 'health issues'. Those that agreed and meet the selection criteria were handed the flipchart and asked to study the TVC storyboard. The flipchart was then taken back by the interviewer and participants were then asked items 1-10 in the questionnaire. The starting point for the series of questions within items 2 and 10 were rotated to avoid ordering effects. The participants were then handed one of the four press images. These images were randomly rotated between the sex and age groupings to ensure equal numbers from each stratification viewed each. Participants were asked to study the press image before being asked the remaining six questionnaire items by the interviewer. Participants were then thanked and the interview terminated.

### 3 Results

#### 3.1 Demographics

Only the responses of those participants who reported not having diabetes (n=55) were used in the main analysis of the concept materials. (The responses of the participants who reported having diabetes were analysed and are reported separately.) The demographic data of the non-diabetic sample are displayed below.

Table 2: Demographic Data

	Sample		2001 Census <sup>2</sup>	Sample Bias
	N	%	%	%
<b>Body Type</b>				
Overweight	45	81.8	-	n/a
Obese	10	18.2	-	n/a
<b>Total</b>	<b>55</b>	<b>100.0</b>	-	-
<b>Sex</b>				
Male	27	49.1	49.9	-0.8
Female	28	50.9	50.1	+0.8
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>100.0</b>	-
<b>Age</b>				
30 to 44 years	30	54.5	43.8	+8.7
45 to 70 years	25	45.5	56.2	-8.7
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>100.0</b>	-
<b>Occupation<sup>1</sup></b>				
White collar	18	32.7	54.2	-21.5
Blue collar	15	27.3	22.1	+5.2
Not in workforce	22	40.0	23.7	+16.3
<b>Total</b>	<b>55</b>	<b>100.0</b>	<b>100.0</b>	-

1. **White collar** was defined as: Managers, Administrators, Professionals, Clerical, Sales, Service and related workers;  
**Blue collar** defined as: Trade, Transport, Production, Labourer and related workers; and  
**Not in Workforce** defined as: Unemployed, Retirees, Pensioners, Home Duties, and Full-time students
2. Based on 2001 Census data of Western Australians aged 31-70 years

In comparison to census data, the sample was underrepresented by white collar workers and overrepresented by blue-collar workers and those not in the workforce. Previous Australian data suggest that overweight and obesity are predicted by low socio-economic status (O'Dea, 2003). This is a plausible explanation for the sample bias in this study.



## 3.2 Television Commercial

### 3.2.1 Cognitive Response

After viewing the storyboard of the CVD ad, respondents were first asked to describe all the thoughts and feelings that were going through their minds as they viewed the storyboard. Responses were recorded verbatim and later coded into themes. Results are displayed in Table 3 below.

Table 3: Cognitive Responses to CVD

Cognitive Response	First Mentioned		Total Mentions	
	N	%	N	%
<b><u>Desirable Responses</u></b>				
Opens your eyes/gets the message across	12	21.8	25	45.5
Strong images	10	18.2	16	29.1
Get checked for diabetes	5	9.1	11	20.0
Diabetes is serious	5	9.1	8	14.5
You should exercise and eat right	4	7.3	9	16.4
I wouldn't want to get diabetes	3	5.5	3	5.5
The information targets me	2	3.6	7	12.7
Didn't know of link between diabetes and CVD	2	3.6	3	5.5
<b>Subtotal</b>	<b>43</b>	<b>78.2</b>	<b>82</b>	<b>149.1</b>
<b><u>Undesirable Responses</u></b>				
Tired of shock tactics/preachy ads	4	7.3	4	7.3
Heard it all before	3	5.5	4	7.3
Should be warning for younger ages too	2	3.6	3	5.5
Doesn't tell me the symptoms to look for	-	-	1	1.8
<b>Subtotal</b>	<b>9</b>	<b>16.4</b>	<b>12</b>	<b>21.8</b>
<b><u>Neutral Responses</u></b>				
Makes me think of acquaintances with diabetes	3	5.5	8	15.4
Mention of high sugar diet	-	-	3	5.8
<b>Subtotal</b>	<b>3</b>	<b>5.5</b>	<b>11</b>	<b>21.2</b>
<b>TOTAL</b>	<b>55</b>	<b>100</b>	<b>105</b>	<b>192.1</b>

These results suggest that the concept came across as fairly 'hard-hitting' and would be effective at gaining attention. The visceral images used in the ad were widely commented upon by respondents and there was some negative reaction to this:

*“Just another scare campaign, you get desensitised to them”*

*“I think with medical conditions they blow it out of all proportion”.*

However such reactions were held by only a small minority of participants; a large majority suggested the execution was effective and appropriate.

As one of the aims of this TVC concept was to create a new ‘angle’, it is interesting to note that three participants explicitly mentioned that they had no previous knowledge of a link between diabetes and cardiovascular disease:

***“I didn’t know that diabetes was linked to the arteries; I only knew it was to do with sugar and insulin”***

However just as many participants explicitly stated that they knew full well about the link already:

***“It doesn’t really surprise me—I already know diabetes is dangerous”***

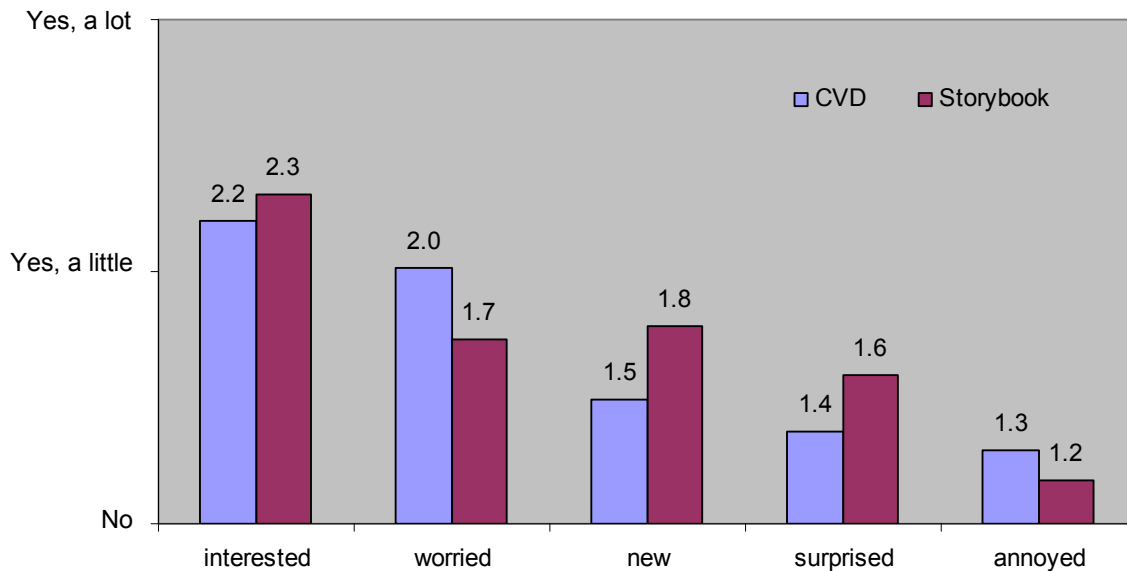
***“I thought it was fairly predictable because I know quite a lot about diabetes already”***

Indeed, very few participants expressed surprise about the information contained within the TVC, suggesting that as a new ‘angle’ the link between diabetes and CVD may not be as potent as hoped. However, even if knowledge of the link between diabetes and CVD is already prevalent within the target population, it does not preclude the TVC from increasing salience of the link between diabetes and CVD: a large proportion of participants indicated that it would do so.

### 3.2.2 Emotional Response

Participants were read a list of statements describing various feelings and asked to state whether or not they felt such whilst looking at the pictures. Responses were recorded as either 'yes, a lot' (3), 'yes, a little' (2) or 'no' (1). Comparisons of responses by sex and age-groupings revealed no significant differences. Results are compared to the adtest of the original *Storybook* TVC in 2003 in Figure 1 below.

Figure 1: Mean emotional responses evoked by *CVD* ad (n=55) compared to results from the original *Storybook* concept adtest (n=75)



The *CVD* concept was considered just as interesting and more worrisome than *Storybook*, but it was neither considered as 'new' or surprising. However statistical testing suggests there were no real differences between the two TVC concepts for any of the measures. The low scores obtained for the 'new' and 'surprising' measures confirm that most participants did not consider the information about the link between diabetes and CVD as new information. A large majority of participants (80%) did not find the *CVD* concept to be annoying, with only small proportions considering it to be either 'a little' (11%) or 'a lot' (9%) annoying. Those that rated the concept as in any way annoying were the same who stated they were tired of shock tactics being used in health advertisements or who had 'heard it all before'.

### 3.2.3 Message Take-out

Participants were asked what was the main message of the advertisement. Responses were recorded verbatim and later coded into themes, as displayed in Table 4.

**Table 4: Perceived Main Message of the CVD ad**

Message	First Mentioned		Total Mentions	
	N	%	N	%
Don't get overweight	22	40.0	40	72.7
Diabetes is serious	14	25.5	24	43.6
Get checked for diabetes by your GP	8	14.5	19	34.5
Be more aware of diabetes	5	9.1	7	12.7
Those over 45 are at particular risk	3	5.5	9	16.4
It could happen to anyone	3	5.5	9	16.4
Mention of high sugar diet	-	-	3	5.5
<b>TOTAL</b>	<b>55</b>	<b>100.0</b>	<b>111</b>	<b>201.8</b>

A large majority of participants picked up the message of overweight being a risk factor of developing diabetes, suggesting that this message was particularly salient to the overweight and obese people specifically sampled for the study. There were no differences observed between overweight and obese participants for this, or any other theme. The risk factor of being over 45 years of age was far less salient and no differences were observed between the two age-groups in terms of the number of participants who mentioned this as a risk factor. This suggests that participants considered body weight to be a far more important risk factor than age. A third of respondents mentioned that one of the main messages of the advertisement was to get checked by a doctor for diabetes. This suggests that this particular message was considered important, but secondary to the messages that diabetes is serious and those who are overweight are at particular risk. There was little evidence of incorrect message take-outs.

### 3.2.4 Call-to-Action

To assess specific message take-out of the call-to-action, participants were asked what they thought the makers of the ad wanted them to do. Responses were recorded verbatim and coded into themes afterwards, as displayed in Table 5 below.

**Table 5: Perceived Call-to-Action of the CVD ad**

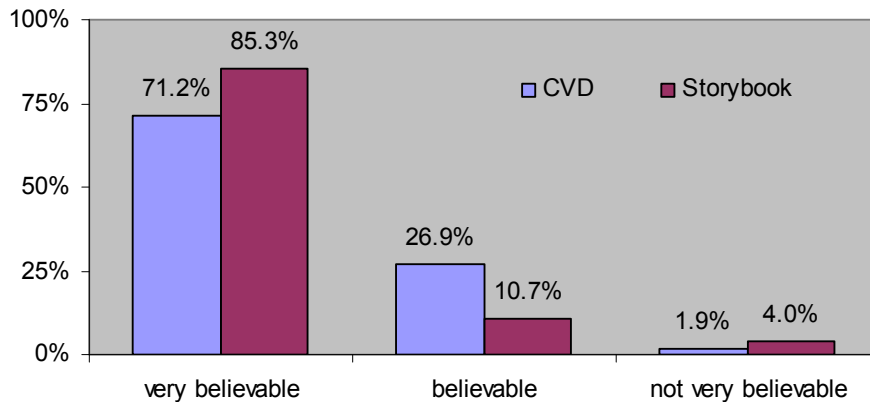
Message	First Mentioned		Total Mentions	
	N	%	N	%
Avoid being overweight	22	40.0	32	58.2
See your GP	14	25.5	23	41.8
Be more aware of diabetes	14	25.5	15	27.3
Be aware of being at risk if over 45 years	1	1.8	2	3.6
Everyone is at risk	-	-	2	3.6
<i>Don't know</i>	4	7.3	4	7.3
<b>TOTAL</b>	<b>55</b>	<b>100.0</b>	<b>78</b>	<b>141.8</b>

Again, the message about overweight being a risk factor of diabetes came through clearly, with a majority of respondents assuming the advertisement concept urged them to lose weight, either via increased exercise, an improvement in their diet, or a combination of both. However getting a check-up with a doctor was also highly salient, suggesting that this specific message was certainly appreciated. There was little evidence of incorrectly perceived calls-to-action.

### 3.2.5 Credibility

Participants were asked to rate the credibility of the CVD concept. Responses were recorded along a four-point scale from ‘very believable’ to ‘believable’, ‘not very believable’ and ‘not at all believable’. Results are displayed in Figure 2 below.

**Figure 2: Rated credibility of the CVD ad (n=55) compared to results from the original Storybook concept adtest (n=75)**



A large majority of participants rated the CVD ad as ‘very believable’, with the vast majority of others rating it as ‘believable’. Although a lower proportion rated CVD as ‘very believable’ compared to Storybook in the original adtest, this difference is not statistically significant ( $t(128)=1.198, p=.233$ ). Those who did not rate the ad as ‘very believable’ (n=9) were asked to specify why. Responses were recorded in an open-ended manner and are displayed in Table 6.

**Table 6: Reasons why the CVD ad was not rated as ‘very believable’ (n=55)**

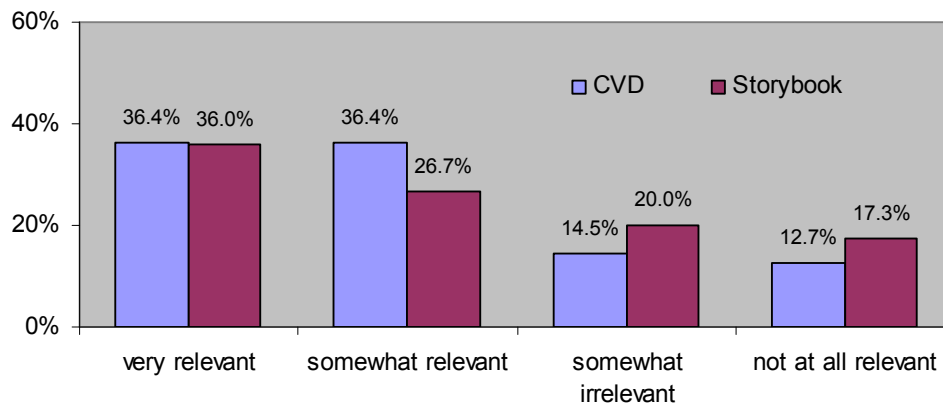
Message	Total Mentioned	
	N	%
Too over-the-top	4	7.3
Heard it all before	2	3.6
Not enough information	1	1.8
I know fat lazy people who don't have diabetes	1	1.8
Genetics are more important	1	1.8
<b>TOTAL</b>	<b>9</b>	<b>16.4</b>

The most frequently cited factor affecting the credibility of the CVD concept appears to be the use of ‘shock tactics’; again attracting the ire of a small proportion of respondents.

### 3.2.6 Personal Relevance

Participants were asked to rate the personal relevance of the CVD concept. Responses were recorded along a four-point scale from ‘very relevant’ to ‘relevant’, ‘not very relevant’ and ‘not at all relevant’. Results are displayed in Figure 3 below.

**Figure 3: Rated personal relevance of the CVD ad (n=55) compared to results from the original *Storybook* concept adtest (n=75)**



A large majority of participants (73%) suggested that the ad was either ‘very’ or ‘somewhat’ relevant to them, exceeding the number who suggested such of the original *Storybook* ad concept (63%). This difference is not statistically different but is encouraging: it could reasonably be attributed to the difference in the sampling methodology of the present sample, where the target audience were more specifically targeted (the overweight and obese), and is a positive result.

There was a trend for obese respondents to be more likely to rate the CVD concept as relevant than the overweight respondents (90% vs. 69%). The skewed distribution and small sample sizes of these two groups (n=10 vs. n=45) means that any statistically significant difference was unlikely to be found, and indeed none was. However this difference is encouraging as it suggests obese observers were particularly conscious of their increased risk of developing diabetes.

Those participants who did not rate the CVD ad as ‘very relevant’ were asked to elaborate. Responses were recorded verbatim and are displayed in Table 7 overleaf.

**Table 7: Reasons why the CVD ad was not rated as personally  
'very relevant' (n=55)**

Message	First Mentioned		Total Mentions	
	N	%	N	%
I am fit and healthy	6	10.9	8	14.5
I have regular check-ups	5	9.1	6	10.9
I am already aware of diabetes	2	3.6	3	5.5
Have to die of something	2	3.6	2	3.6
I have no family history of diabetes	1	1.8	2	3.6
I'm too young	1	1.8	1	1.8
The ad did nothing for me	-	-	2	3.6
I have no symptoms	-	-	1	1.8
<b>TOTAL</b>	<b>17</b>	<b>30.9</b>	<b>25</b>	<b>-</b>

The most frequent reason for not considering the ad to be personally relevant was participants considering themselves to be fit and healthy. It is perhaps significant that all participants who suggested such were rated by the interviewers as overweight—none were rated as obese. It is acknowledged that the visual estimations made by interviewers would not be perfect at determining that the participants were overweight or obese. Indeed some participants unprompted suggested that they might appear overweight, but were physically active and careful about what they ate:

*“I may look overweight but I am actually quite fit—I’m just thick-set”*

However, Flood, Webb, Lazarus & Pang (2000) suggest that many Australians underestimate their own bodyweight and do not consider themselves to be overweight, even if they are as suggested by objective measures. Therefore it is likely that at least some participants in the present study had a level of self-denial in regards to their status as overweight.

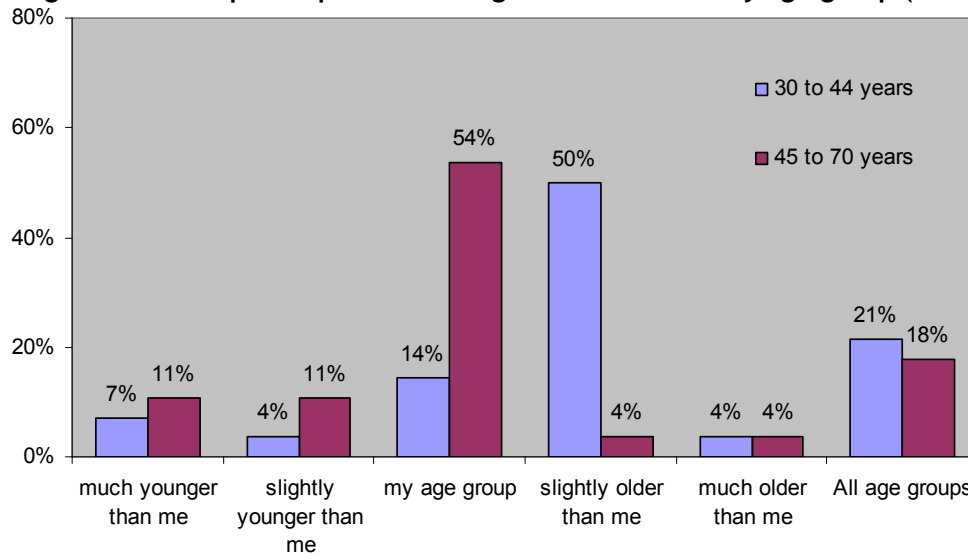
The next most frequently cited reason for participants not considering the ad to be personally relevant is that they claimed to already be getting regular check-ups with their GP, presumably for diabetes amongst other things. Given this was one of the calls-to-action of the ad, these participants’ view that the ad was not particularly relevant is probably justified, and not a bad result.



### 3.2.7 Perceived Target Age Group

Participants were asked to suggest at what age-group the ad was aimed. Responses were recorded along a five-point scale from ‘much younger than me’ to ‘slightly younger than me’, ‘my age group’, ‘slightly older than me’ and ‘much older than me’. Results are displayed in Figure 4 below.

**Figure 4: Participants’ perceived target of the CVD ad by age-group (n=55)**

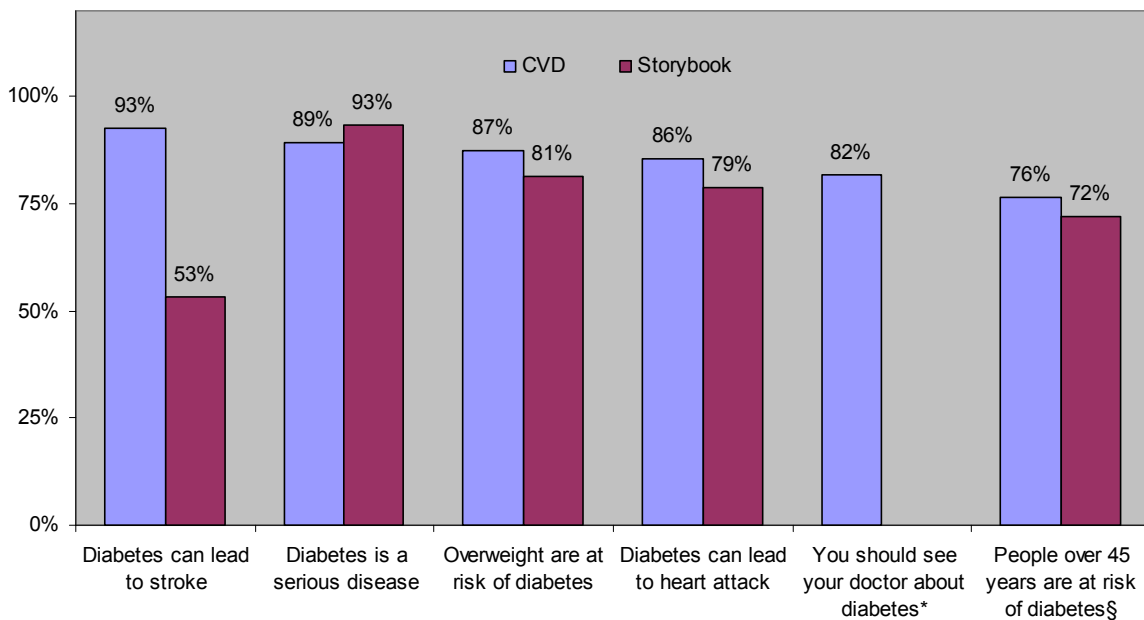


It appears that a majority of participants took note of the CVD ad concept explicitly mentioning being over 45 years of age as a risk factor for developing diabetes: a majority of those in the 45-70 years age group nominated ‘my own age group’ and a majority of those in the 30-44 years age group nominated ‘slightly older than me’. The approximate fifth of respondents in each age group who nominated ‘all age groups’, even though it was not offered as a response option, suggests that these participants either did not notice the ‘over 45 years’ risk factor mentioned in the ad, or disagreed with it. The latter is plausible as many participants said they were aware of the increased phenomenon of type II diabetes in children and adolescence associated with increased rates of childhood obesity (e.g., see Table 3 “Should be warning for younger ages too”). This may signify some problem with the key message “if you’re over 45” as it appears to conflict with other messages that the public is receiving from alternative information sources. It should also be noted that the original campaign suggested those over 40 years of age were at risk: such conflicting information is problematic and could be damaging to the campaign objectives. This message therefore warrants further consideration, with the possibility of more explanation being called for.

### 3.2.8 Information Recognition

Participants were read a series of statements about diabetes and asked to state whether the *CVD* ad had specifically mentioned each. The starting point along the list of statements was rotated to eliminate ordering effects. Responses were recorded as either ‘yes’, ‘no’ or ‘not sure’. Figure 5 displays the proportion of participants who stated ‘yes’ to each statement.

**Figure 5: Recall of specific messages contained within the *CVD* concept (n=55) compared to results from the original *Storybook* adtest (n=75)**



\* not assessed in *Storybook* adtest

§ over 40 years in *Storybook* adtest

It is clear that the *CVD* concept is much more effective at promoting a link between diabetes and stroke than *Storybook*, and this difference was statistically significant. *CVD* was also better at promoting the link between diabetes and risk of heart attack, but this difference was not significantly different. These measures suggest that the *CVD* concept has been successful at meeting the objective of promoting these specific messages. It is also interesting to note that *CVD* was marginally more successful at promoting being overweight and older as risk factors, although these differences were not statistically significant either.

### 3.2.9 Things Admired about the TVC

Participants were asked if there were any aspects of the CVD ad concept that they liked. Responses were recorded in an open-ended manner and later coded into recurrent themes. These are displayed in Table 7.

**Table 7: Aspects of the CVD concept that were admired**

Message	First Mentioned		Total Mentions	
	N	%	N	%
Shock tactics	10	18.2	12	21.8
Storybook concept	7	12.7	9	16.4
Clear	4	7.3	9	16.4
Realistic	5	9.1	6	10.9
Artery picture	2	3.6	2	3.6
Stroke victim	2	3.6	3	5.5
Pictures of four normal people	1	1.8	1	1.8
Importance of message	1	1.8	1	1.8
<i>Nothing</i>	23	41.8	23	41.8
<b>TOTAL</b>	<b>55</b>	<b>100.0</b>	<b>66</b>	<b>-</b>

A majority of participants had at least one positive thing to say about the CVD concept. The most frequently admired aspect of the ad was its hard-hitting approach. The storybook concept was also admired with participants suggesting that the initial friendly image lulled them into a false sense of security, thereby amplifying the effect of the consequent onslaught of shocking images. It was also stated by some participants that the sequence of information in the storybook followed a logical progression. This concept was related to that proportion of participants who stated that the execution presented the information clearly. It is noteworthy that the image of the heart did not rate any mention but the depictions of the artery and stroke victim did so. The clear ground/figure execution of these images is likely to have enhanced their visual impact, as suggested by Donovan *et al.* (2003).

### 3.2.10 Things Disliked About the TVC

Participants were asked if there were any aspects of the CVD ad concept that they disliked. Responses were recorded in an open-ended manner and later coded into recurrent themes. These are displayed in Table 8.

**Table 8: Aspects of the CVD concept that were disliked**

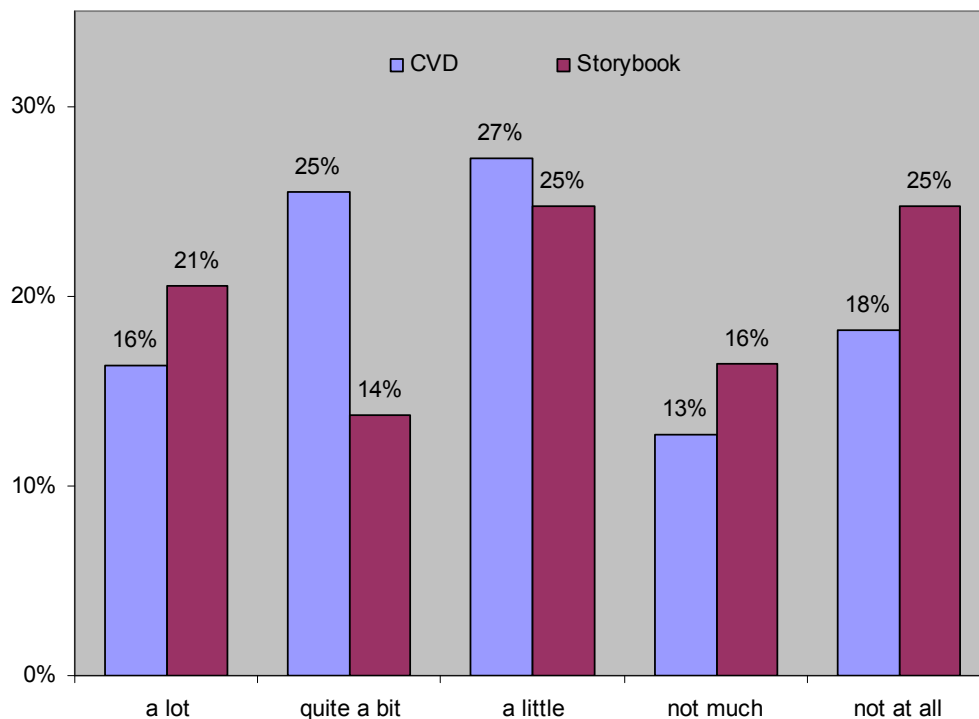
Message	First Mentioned		Total Mentions	
	N	%	N	%
Shock tactics	15	27.3	15	27.3
Not enough behavioural cues	2	3.6	4	7.3
Storybook concept	2	3.6	2	3.6
Confusing	2	3.6	2	3.6
Only targets older adults	1	1.8	1	1.8
Might scare the kids	1	1.8	2	3.6
Unrealistic graphics	1	1.8	1	1.8
Old news	-	-	1	1.8
Diabetes is not as bad as portrayed	-	-	1	1.8
<i>Nothing</i>	31	56.4	31	56.4
<b>TOTAL</b>	<b>55</b>	<b>100.0</b>	-	-

Less than half of participants stated that there was something about the CVD concept that they disliked. The main complaint about the ad was its use of shock tactics. In fact a greater number of participants *disliked* the use of such than *liked* its use (Table 7 *c.f.* 8). This dislike may be associated with a number of issues, including people's rejection of being constantly told 'what to do', their suspicions that the ad exaggerates the risks of diabetes, and the use of negative messages versus positive, encouraging messages. Similar criticisms have been levelled at smoking cessation campaigns for the past three decades, but researchers have consistently found that messages that evoke fear are far more effective at motivating behavioural change than those that provide positive encouragement (Donovan et al., 2003). Furthermore, after sustained health warning campaigns, there has been a near eradication of the belief amongst smokers that the risks of smoking have been exaggerated (Kinsman, 2003). As public campaigns warning of the dangers of diabetes remain in their infancy, we should expect that some members of the target audience remain suspicious about the messages and the mode of execution of the ad. Thus, while there is a risk that some people within the target audience will reject the message of the ad due to its use of shock tactics, it is likely to make an impact on a majority of people, and still make at least some impression on recalcitrants.

### 3.2.11 Motivational Value

Participants were asked to what extent did the ad make them think they should find out whether or not they have diabetes. Responses were recorded along a five-point scale from 'a lot', to 'quite a bit', 'a little', 'not much' and 'not at all', and are displayed in Figure 6.

**Figure 6: The extent to which the CVD concept made participants think they should get checked for diabetes (n=55) compared to results from the original *Storybook* adtest (n=75)**



A greater proportion of participants who viewed the *CVD* concept (41.8%) stated that they were motivated 'a lot' or 'quite a bit' compared to those who viewed *Storybook* (34.2%). However this difference was not statistically significant. Moreover, the specifically overweight or obese participants targeted for the present evaluation are more likely to have considered themselves at risk than those who participated in the *Storybook* adtest, who were drawn from the general population. Nevertheless, these results suggest that a large majority of the target audience are likely to be motivated to get a check-up for diabetes from their GP at least 'a little' bit (69%). There were no significant differences observed by sex, age-group or body type.

### 3.2.12 Preventative Behaviours

Participants were asked in an open-ended manner what they thought they would do if they thought they were at risk of diabetes. Responses were recorded verbatim and then clustered into themes, as displayed in Table 9 below.

**Table 9: What participants would do if they felt at risk of diabetes**

Message	First Mentioned		Total Mentions	
	N	%	N	%
Go and see a GP to get a test	44	80.0	45	81.8
Improve my diet	6	10.9	22	40.0
Exercise more	2	3.6	19	34.5
Check my family history	1	1.8	4	7.3
Avoid sugars	1	1.8	7	12.7
Assess my lifestyle	1	1.8	2	3.6
Stop smoking	-	-	3	5.5
<b>TOTAL</b>	<b>55</b>	<b>100.0</b>	<b>102</b>	<b>-</b>

A large majority of participants suggested that they would see their GP if they thought they were at risk of diabetes, followed by making improvements in their diet and exercising. These concord well with the objectives of the advertisement. A small but persistent proportion of participants mentioned avoiding sugars in this and previous items as a way of reducing the risk of diabetes, even though sugars are not mentioned at all in the *CVD* ad. This alerts us to the fact that a robust belief exists with some of the target audience that dietary sugar intake is one of the major contributors to developing diabetes, and signifies a need to clarify the actual relationship within the general population. It may be beyond the scope of the current advertisement but warrants future consideration.

### 3.3 Poster and Press Advertisements

#### 3.3.1 Perceived Main Message

Participants were randomly assigned to view one of the four poster and press advertisements *Checklist*, *Surgery*, *Couple* and *Defibrillation* (see Appendix A). Once each participant had viewed their assigned advertisement they were asked in an open-ended manner to describe the main message of the ad. Responses were recorded verbatim and then coded into recurrent themes, as displayed in Table 10.

**Table 10: A comparison of the perceived main messages of each poster and press advertisement**

Message	Checklist (n=13) %	Couple (n=14) %	Surgery (n=15) %	Defibrillation (n=13) %
Get checked by your GP	46.2	35.7	13.3	7.7
Assess your risk of diabetes	23.1	-	-	-
Avoid being overweight	58.9	28.6	-	15.4
If you're over 45 you're at increased risk	23.1	7.1	-	7.7
Diabetes increases your risk of CVD	-	7.1	71.4	46.2
Many people have diabetes but don't know it	-	57.1	7.1	-
Everyone is at risk of diabetes	15.4	-	7.1	-
Diabetes is a serious disease	7.7	14.3	21.4	23.1

The *Surgery* and *Defibrillation* ads were best at promoting that diabetes increases the risk of CVD; this message went largely unnoticed by those who viewed either *Checklist* or *Couple*. As such it appears that the former advertisements are better than the latter at meeting the objective of linking diabetes with CVD. In comparison, *Checklist* was best at prompting people to avoid becoming overweight, but also to prompt them to see their GP. *Couple* was best at suggesting that many people have diabetes but do not realise it, and also relatively good at promoting visits to a GP. As such these two ads were better at meeting the objective of prompting people to see their GP about diabetes. On the basis of meeting both of these objectives, *Surgery* performed the best.

### 3.3.2 Perceived Call-to-Action Message

Participants were asked in an open-ended manner to describe what they thought the makers of the ad wanted them to do. Responses were recorded verbatim and then coded into recurrent themes, as displayed in Table 11.

**Table 11: A comparison of the perceived call-to-action messages of each poster and press advertisement**

Message	Checklist (n=13) %	Couple (n=14) %	Surgery (n=15) %	Defibrillation (n=13) %
See your GP	77	86	53	38
Be more aware of diabetes	38	14	20	15
Eat well and exercise	31	36	13	23
Take diabetes seriously	8	7	20	31
Over 45 years are at risk	8	14	-	-
Assess your risk	8	-	-	-
<i>Don't know</i>	-	-	13	23

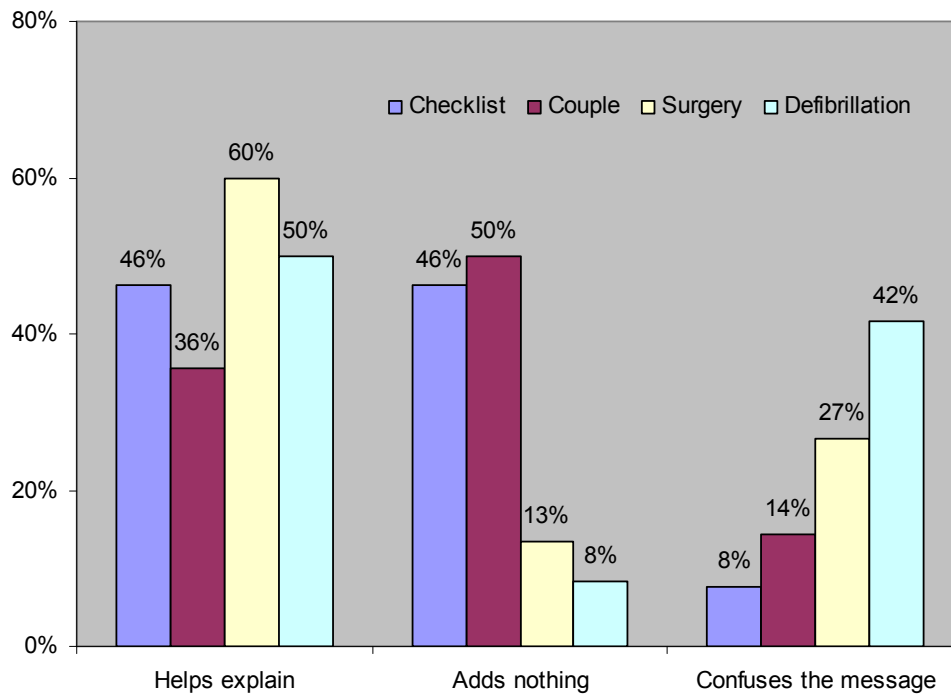
The most frequently cited call-to-action suggested by participants for each advertisement was to get a check-up with a GP, closely corresponding to one of the main objectives of the campaign. However, as previously suggested, both *Checklist* and *Couple* were better at promoting this particular message than either *Surgery* or *Defibrillation*. *Surgery* and *Defibrillation* also left some participants confused, whereas *Checklist* and *Couple* did not.



### 3.3.3 Fittingness of Images and Messages

Participants were then asked whether the picture for each poster and press image helped to explain the message, make the message more confusing, or add nothing. Results are displayed in Figure 7.

**Figure 7: How well each poster and print image complemented the message of the advertisement**



There appears to have been little confusion surrounding *Checklist* and *Couple*, with responses being largely neutral or positive. In comparison, while the images for *Defibrillation* and *Surgery* appear to have helped explain their associated messages, they also appear to have caused more confusion.

### 3.4 The Reaction of People with Diabetes

The 12 participants who had diabetes that were also recruited went through the same adtest process as non-diabetics. Three-quarters of the diabetics were from the older age-group (45-70 years) and over three-times as many diabetics compared to the non-diabetics were rated as obese by the interviewers (37.5% vs. 11.8%). As might be expected, significantly fewer diabetics than non-diabetics suggested that the information about the link between diabetes and CVD was ‘new’ to them (0% versus 29.1%). The diabetics were also much less likely than the non-diabetics to rate the CVD ad as ‘very believable’ (33% vs. 73%) and more likely to rate it as ‘somewhat believable’ (50% vs. 24%) or ‘not very believable’ (16% vs. 2%). Finally, over twice as many diabetics than non-diabetics suggested that the CVD ad was aimed (or should be aimed) at all age-groups (50% vs. 22%). Interestingly, the diabetics rated the CVD ad just as highly as non-diabetics in terms of it being *interesting* and *worrying* and just as lowly in terms of it being *surprising* and *annoying*.

The diabetics were also asked an additional question about whether or not they approved of TV and newspaper ads such as the CVD series being shown. A large majority (n=10, 83%) said that they did approve. The two diabetics who said that they did not approve were asked why. Both of their responses reflected a negative reaction to the use of shock-tactics (as with a number of non-diabetic respondents), rather than anything to do with being insensitive to diabetics *per se*:

***“they’re pretty negative, trying to guilt you into doing something rather than showing the positives of doing it”***

***“Because they just talk at you and people turn off when they’re just talked at all the time”***

By and large, the diabetics were either neutral in their cognitive responses to the advertising or were actually supportive of it:

***“Because I already have diabetes these pictures and messages didn’t mean anything to me because I have already passed the stage of getting this information”***

*“I was thinking about the things I should be doing and being more careful”*

*“It’s good because its putting out what diabetes is all about and what it can do to you”*

*“There was no lying: it was up there in your face. It told the truth about diabetes without trying to soften things”*

It therefore appears that the CVD series of advertising materials would have little, if any, unintended impact on people who already have diabetes. This finding is similar to that found for the original campaign (Greer, 2004).

## 4 Conclusions

On the whole, the TVC performed well on the various measures. It was rated as both credible and relevant to a large majority of participants, highly motivating to a large proportion of participants (two-fifths), and motivating at least to a small extent by a large majority (seven-in-ten). The TVC was quite successful at communicating that diabetes leads to a higher risk of CVD and that it is a serious health issue. While this information does not appear to be new to many participants, the advertisement appears to reinforce such pre-existing knowledge. Participants attended most to the message that they should avoid being overweight and that they should see their GP to get tested for diabetes. This second message was a new one and appears to have been processed well by the participants. The message about those over 45 years of age being at elevated risk of diabetes was certainly noticed by participants, but not necessarily accepted. Further explanation of this risk factor may be necessary.

There was some evidence of negative reaction to the ‘shock tactics’ employed in the execution of the advertisement but it should be remembered that this approach for increasing the salience of diabetes has been adopted after considerable formative research and successful pilot evaluations have been undertaken, providing good evidence that such is highly effective.

In reference to the poster and press advertisements, the results reflect the different aims of each: *Checklist* was best at promoting self assessment, *Couple* was best at raising awareness of the prevalence of diabetes, and *Surgery* and *Defibrillation* were best at raising awareness of the link between diabetes and CVD. However a comparison of *Surgery* and *Defibrillation* across several measures suggests that *Surgery* is superior at promoting the CVD message, the call-to-action to see a GP, and it is less confusing. It is therefore recommended that *Surgery* be used in preference to *Defibrillation*.

Finally, there appears to be little potential for the campaign materials to have unintended impacts on people who currently have diabetes.



## 5 References

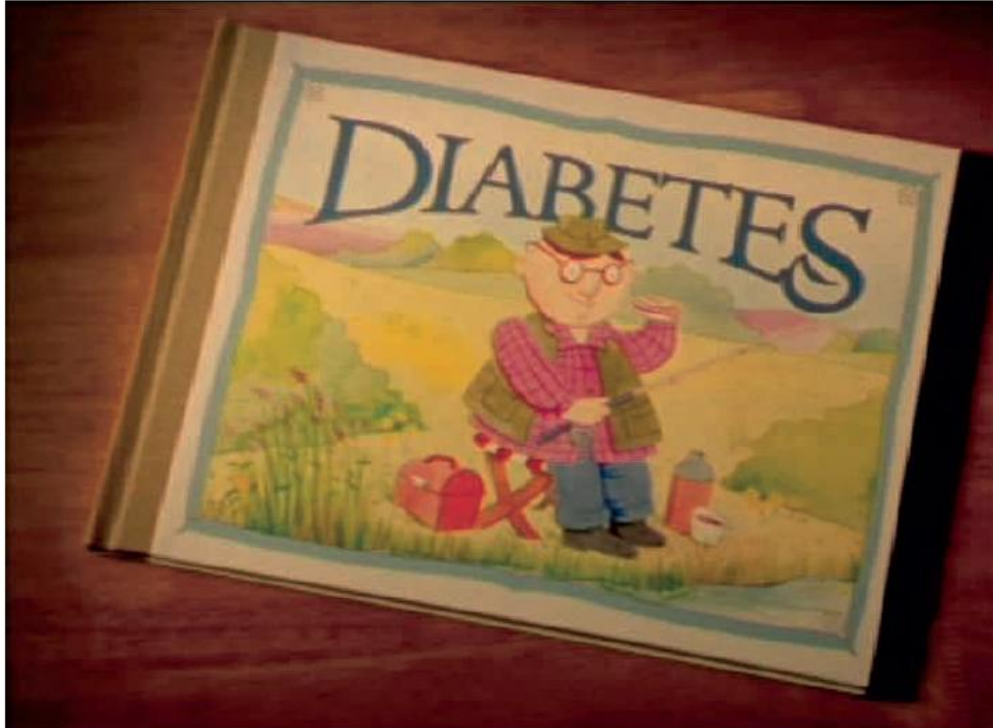
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## 6 Appendix

TVC Concept “CVD”	ii
Checklist	v
Couple	vi
Defibrillation	vii
Surgery	viii

# TVC CONCEPT “CVD”

1

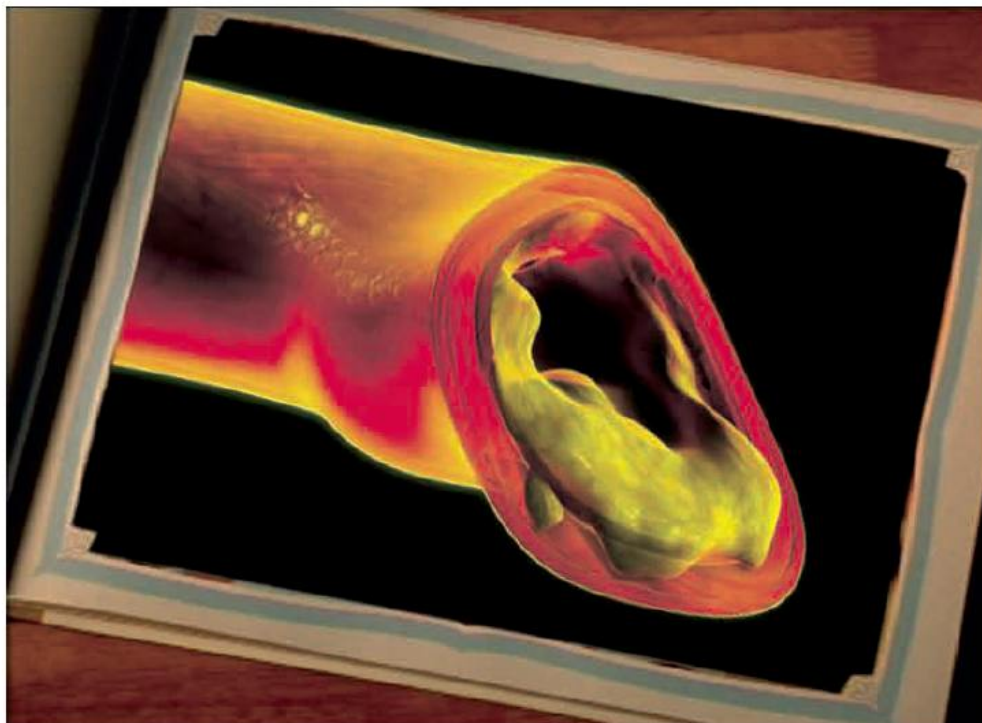


**VIDEO:** We see a large 'children's storybook'. The title of the book, 'Diabetes', appears in big colourful type and a cheery illustration of a smiling, middle aged man graces the cover.

**AUDIO:** A sweet tune is playing on a music box.

**MALE VOICE OVER:** If you thought that diabetes was fairly innocent...think again

2



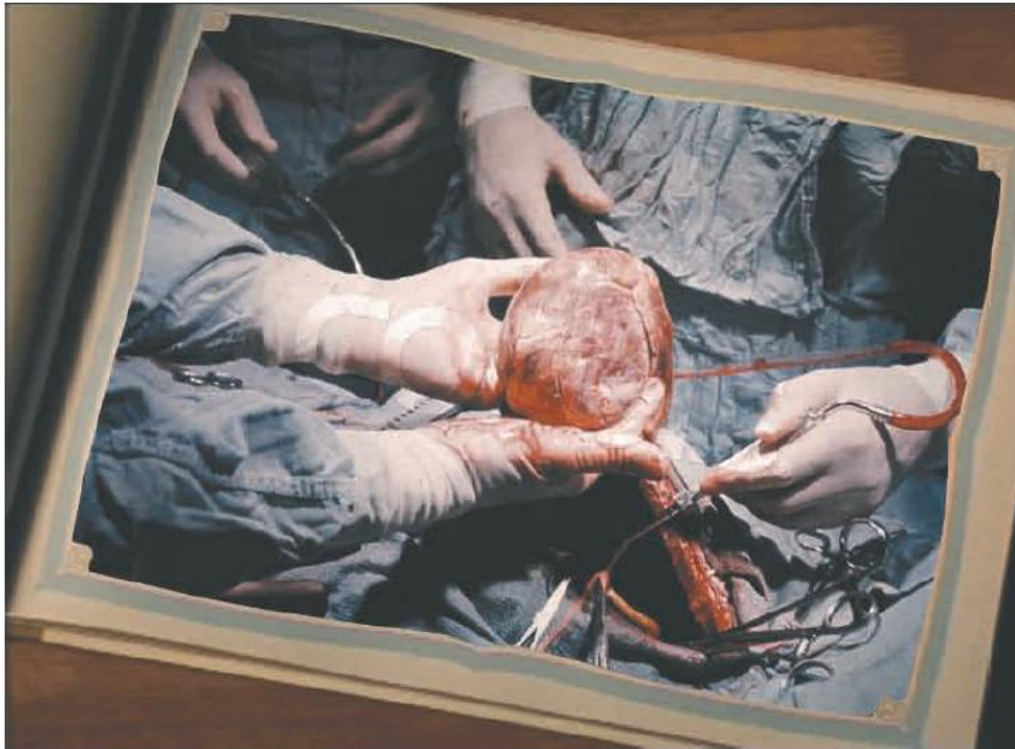
**VIDEO:** A hand enters and opens the book to the first spread. It is a huge close up of a clogged artery (realistic image).

**MVO:** Diabetes damages blood vessels that supply your heart and brain...



# TVC CONCEPT “CVD”

3



**VIDEO:** The next spread is opened to reveal a picture of open-heart surgery.  
**MVO:** This leads to heart disease...

4



**VIDEO:** The next spread is opened to reveal a stroke victim's drooping face.  
**MVO:** ...and stroke...

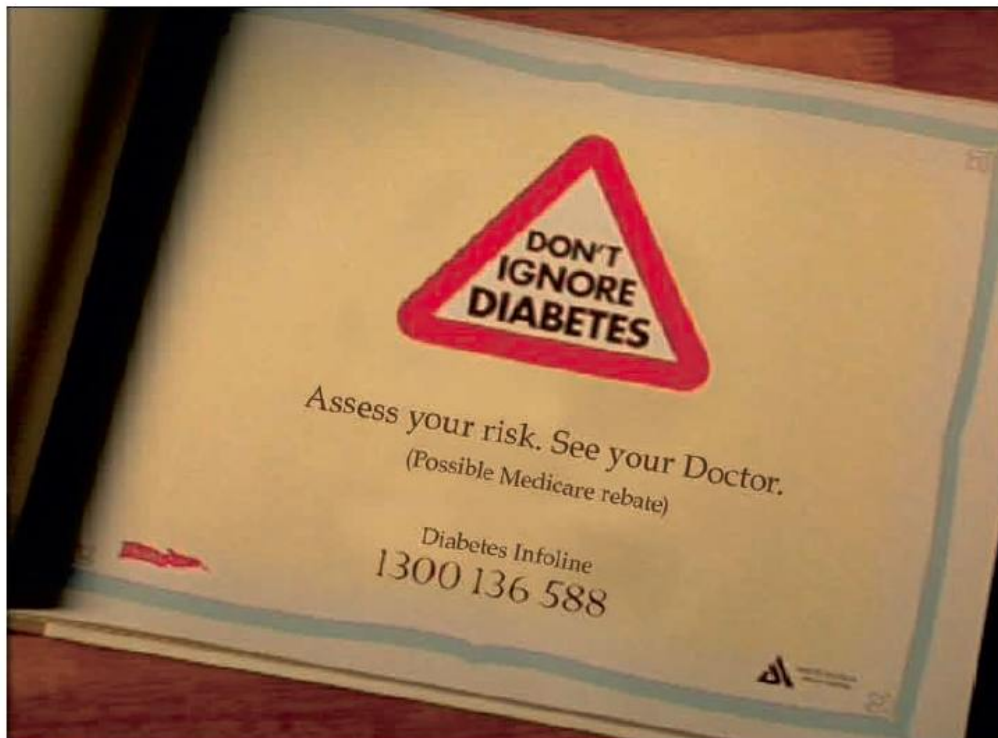
# TVC CONCEPT “CVD”

5



**VIDEO:** The next spread is opened to reveal the faces of our four likely candidates.  
**MVO:** In fact, diabetes increases your risk of heart disease by up to four times.

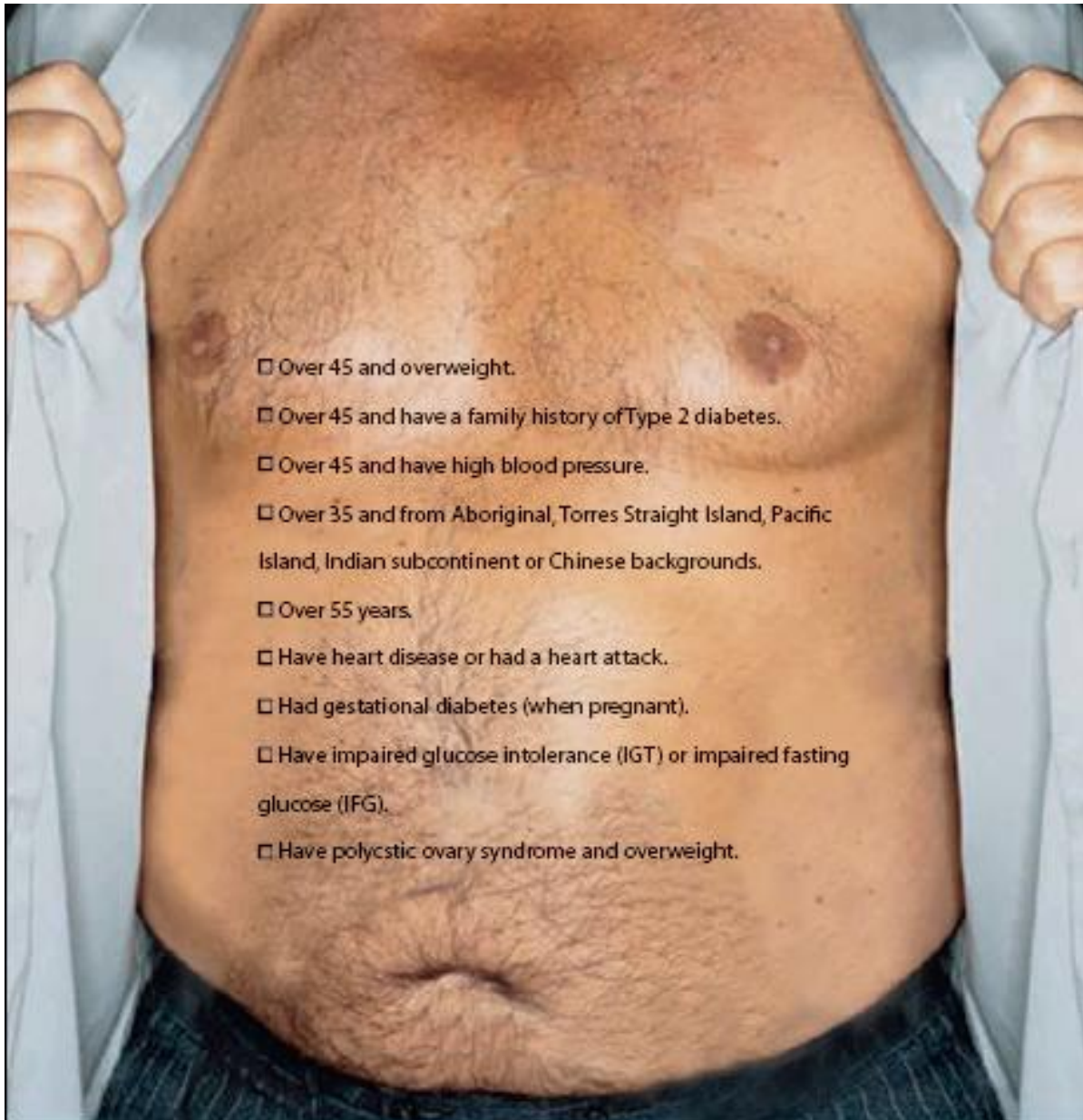
6



**VIDEO:** The next spread is opened to reveal the following information:  
**MVO:** If you're over 45 and overweight, you should see your doctor. Diabetes is too serious to ignore.



# CHECKLIST



- Over 45 and overweight.
- Over 45 and have a family history of Type 2 diabetes.
- Over 45 and have high blood pressure.
- Over 35 and from Aboriginal, Torres Strait Island, Pacific Island, Indian subcontinent or Chinese backgrounds.
- Over 55 years.
- Have heart disease or had a heart attack.
- Had gestational diabetes (when pregnant).
- Have impaired glucose intolerance (IGT) or impaired fasting glucose (IFG).
- Have polycystic ovary syndrome and overweight.

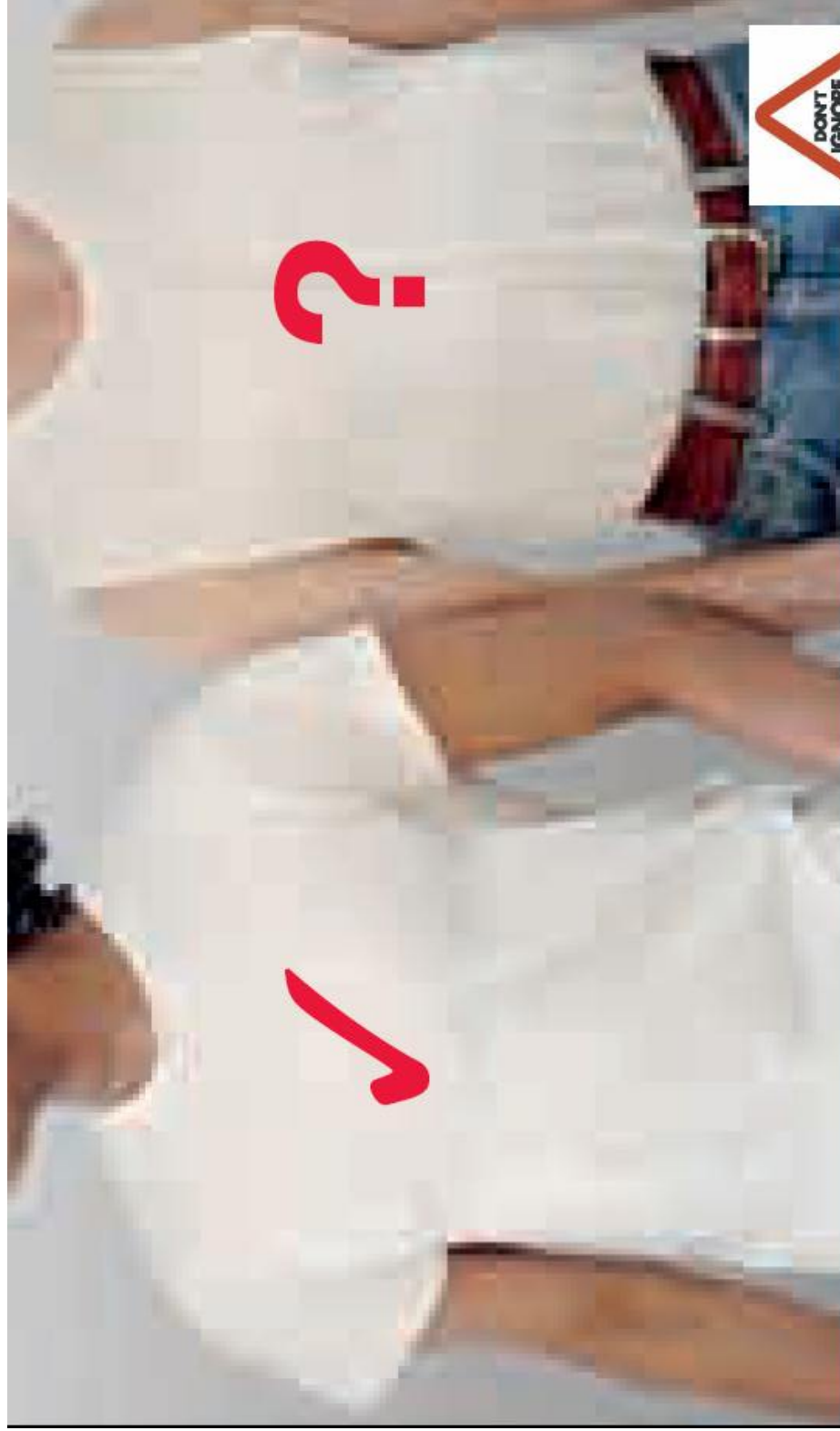
**Checking your diabetes risk is so easy  
you can do it yourself.**



Diabetes can lead to fatal health problems including heart disease and stroke. So if you have ticked any of the boxes above, see your doctor or call 1300 136 588. Diabetes is too serious to ignore.



# COUPLE



**Half the people with diabetes don't know they have it.**

**DON'T IGNORE DIABETES**

DIABETES AUSTRALIA  
National Diabetes Action Program

Diabetes can lead to fatal health problems including heart disease and stroke. But, the most frightening fact is that 600,000 Australians have Type 2 diabetes and don't know even know it yet. If you're over 45 and overweight, see your doctor or call 1300 136 588. **Diabetes is too serious to ignore.**

# DEFIBRILLATION



**Diabetes is often the heart of the problem.**

Type 2 diabetes damages blood vessels that supply your heart and brain. This can lead to heart disease and stroke. In fact, it increases your risk by up to four times. If you're over 45 and overweight, see your doctor or call 1300 136 588. Diabetes is too serious to ignore.





# SURGERY



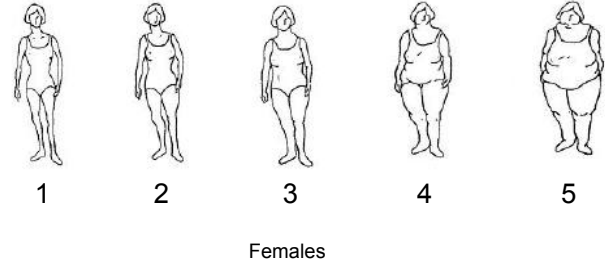
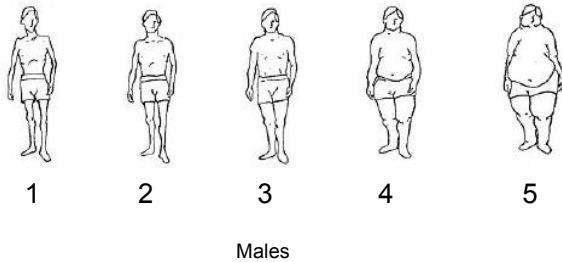
**Diabetes is often the heart of the problem.**



Type 2 diabetes damages blood vessels that supply your heart and brain. This can lead to heart disease and stroke. In fact, it increases your risk by up to four times. If you're over 45 and overweight, see your doctor or call 1300 136 588. Diabetes is too serious to ignore.

# CURTIN UNIVERSITY Diabetes Adtest

**APPROACH ADULTS AGED 30-70 YEARS THAT HAVE A BODY TYPE 4 OR 5 (CIRCLE)**



**INTRODUCTION**

Good ... (morning / afternoon / evening). My name is ... from Curtin University. Would you mind participating in a survey about health issues? If you choose to participate the information and opinions you provide will only be used for research purposes.

**SCREENING**

Firstly, a couple of questions about yourself...

QA Are you a resident of Western Australia?

Yes ..... 1  
 No ..... 2 → CLOSE

**SHOW CARD QA**

QB Which of the following age groups are you in? Are you...

Under 30 years ..... 0 → CLOSE  
 30-44 years ..... 1  
 45-70 years ..... 2  
 71 years or over ..... 3 → CLOSE

QC. What is your occupation?

**IF IN THE MEDICAL OR HEALTH PROFESSION, RECORD AND DISCONTINUE POLITELY**

QE Sex.

Male ..... 1  
 Female ..... 2 } 50:50

**HAND PARTICIPANT STORYBOARD AND SAY:**

This is a storyboard of a concept for a new thirty-second TV ad. As each picture appears in the ad a voice-over will read out the text that appears at the bottom. Please have a look at the storyboard so you can get an idea of what the ad will be like.

Q1 Please tell me all the thoughts and feelings that went going through your mind as you were looking at the pictures. **IF STARTS TO REPLAY OR DESCRIBE AD, SAY:** Yes, but what were you thinking and feeling?

1st Mention: \_\_\_\_\_

\_\_\_\_\_

What else?: \_\_\_\_\_

\_\_\_\_\_

What else?: \_\_\_\_\_

\_\_\_\_\_

Anything else?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Office Use:</i>	<i>Message</i>		<i>Execution</i>	
Positive	+	1	+	1
Neutral	o	2	o	2
Negative	-	3	-	3

Q2 I will read to you a number of statements which describe various feelings. As I read each one out to you, please tell me whether or not you felt that feeling whilst you were looking at the pictures.

Firstly, did you feel ... **READ OUT. VARY START POINT AND TICK ...** whilst you were watching the ad. **IF YES ASK: WAS THAT 'A LOT' OR 'A LITTLE'.**  
**CIRCLE AND CONTINUE WITH OTHERS**

	Yes A Lot	Yes A Little	No
<input type="checkbox"/> Interested .....	1.....	2.....	3.....
<input type="checkbox"/> Surprised.....	1.....	2.....	3.....
<input type="checkbox"/> Worried about the effects of diabetes .....	1.....	2.....	3.....
<input type="checkbox"/> Told me something new.....	1.....	2.....	3.....
<input type="checkbox"/> Annoyed.....	1.....	2.....	3.....

Q3a What was the main message of the ad? What was it trying to say? **PROBE FULLY**

\_\_\_\_\_



1st Ment : \_\_\_\_\_

What else? : \_\_\_\_\_

What else? : \_\_\_\_\_

Q3b What did the people who made this ad want you to do? **PROBE FULLY**

1st Ment : \_\_\_\_\_

What else? : \_\_\_\_\_

What else? : \_\_\_\_\_

Q4a Would you say that the message in the ad was believable or not believable?  
**IF SAYS BELIEVABLE, SAY: Would that be 'somewhat' or 'very' believable'**  
**IF SAYS NOT BELIEVABLE, SAY: Would that be 'not very' or 'not at all' believable?**

- Very believable ..... 1 → Q5
- Somewhat believable ..... 2 → Q4b
- Not very believable ..... 3 ↴
- Not at all believable..... 4 ↴ Q4c

Q4b Why not 'very' believable?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **GO TO Q5**

Q4c Why do you say that?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q5 Would you say that the message in the ad was personally relevant or not personally relevant to you?

**IF SAYS RELEVANT, SAY: Would that be 'somewhat' or 'very' relevant**

**IF SAYS NOT RELEVANT, SAY: Would that be 'not very' or 'not at all' relevant?**

- Very relevant ..... 1
- Somewhat relevant ..... 2
- Somewhat irrelevant ..... 3
- Not at all relevant ..... 4

Q6 In your opinion, would you say that the ad was aimed at people older than you, people in your age group or people younger than you? **IF SAYS OLDER OR YOUNGER, SAY: Would that be 'slightly' or 'much' older/younger?**

- much older than me ..... 1
- slightly older than me ..... 2
- my age group ..... 3
- slightly younger than me ..... 4
- much younger than me ..... 5

Q7 Was there anything about the ad concept you particularly liked? What was it? Anything else?

Nothing liked ..... 01

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Q8 Was there anything about the ad you particularly disliked or found confusing?

Nothing disliked / confusing ..... 01

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**SHOW CARD Q9**

Q9a To what extent did the ad make you think you should find out whether or not you have diabetes?

- A lot..... 1
- Quite a bit..... 2
- A little ..... 3
- Not much..... 4
- Not at all..... 5

Q9b What would you do if you thought you were at risk of diabetes? **PROBE FULLY**

1st Ment : \_\_\_\_\_

\_\_\_\_\_

What else? : \_\_\_\_\_

\_\_\_\_\_

Q10 The ad says some things about diabetes. For each of the following please tell me whether this was something the ad specifically says or not.

**TICK AND ROTATE START POINT.**

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>Not Sure</u>
[ ] Diabetes is a serious disease .....	1 .....	2 .....	9 .....
[ ] Diabetes can lead to heart attack .....	1 .....	2 .....	9 .....
[ ] Diabetes can lead to stroke .....	1 .....	2 .....	9 .....
[ ] You should see your doctor about diabetes .....	1 .....	2 .....	9 .....
[ ] People over 40 years are at risk of diabetes .....	1 .....	2 .....	9 .....
[ ] People who are overweight are at risk of diabetes .....	1 .....	2 .....	9 .....
[ ] People who don't exercise are at risk of diabetes .....	1 .....	2 .....	9 .....

**NOW I WANT YOU TO LOOK AT THIS NEWSPAPER AD.**

**SHOW ONE OF THREE NEWSPAPER ADS (tick)**

- Checklist
- Couple
- Defibrillation
- Surgery

Q11 What is the main message of the ad? **PROBE FULLY**

1st Ment : \_\_\_\_\_

\_\_\_\_\_

What else? : \_\_\_\_\_

\_\_\_\_\_

Q12 What do the people who made this ad want you to do? **PROBE FULLY**

1st Ment : \_\_\_\_\_

What else? : \_\_\_\_\_

Q13 Does the picture help explain the message of the ad, make the message more confusing, or add nothing?

- Helps explain ..... 1
- Adds nothing ..... 2
- Confuses the message ..... 3

Q14 Do you have diabetes?

- Yes ..... 1
- No ..... 2 → Q15

Q14a Do you approve of ads like this one being shown?

- Yes ..... 1 → Q15
- No ..... 2

Q14b Why don't you approve? **PROBE FULLY**

1st Ment : \_\_\_\_\_

Q15 Does anyone in your immediate family have diabetes?

- Yes ..... 1
- No ..... 2

Q16 Could you please tell me your highest level of education?

- Some primary school ..... 1
- Finished primary school ..... 2
- Some secondary school ..... 3
- TEE/TAE/Year 12 ..... 4
- Some technical or commercial ..... 5
- Technical school/TAFE ..... 6
- Some university ..... 7
- University degree ..... 8
- Refused ..... 9

***That's the end of the interview. Thank you for your help.***

INTERVIEWER NAME:

DATE: