

# **Call-to-Action Diabetes Ad-Testing with 30 to 70 year old West Australians**

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**CALL-TO-ACTION DIABETES AD-TESTING WITH 30  
TO 70 YEAR OLD WEST AUSTRALIANS**

COMMISSIONED BY

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# Diabetes Awareness Advertisement Testing for 45 to 70 year old West Australians

## 1 History of the *Don't Ignore Diabetes* campaign

As part of its ongoing efforts to increase the knowledge and salience of diabetes within the community, Diabetes Western Australia (DWA), assisted by funding from Healthway, instigated the project *Making Diabetes a Front Page Health Issue: Increasing Diabetes Brand Knowledge* in 2002. The aim of the project was to develop and implement a campaign to increase the knowledge and salience of diabetes within the Western Australian community.

On behalf of DWA, the Centre for Behavioural Research in Cancer Control (CBRCC) conducted focus groups in Perth, Bunbury and Geraldton in November 2002 to inform the development of media concepts about diabetes that would be acceptable, credible and personally relevant to West Australians. The recommendation stemming from this research was that the most effective strategy to heighten salience of the disease would be to place a major emphasis on the *consequences* of diabetes (Carter, Donovan & Jalleh, 2002).

Three concept advertisements were consequently developed by *Gatecrasher Advertising* and tested by CBRCC via intercept interviews in the Perth city centre. Viewer reactions were compared for all three advertisements resulting in a recommendation that the “Storybook” concept should be further developed for the campaign (Donovan, Carter & Jalleh, 2003).

A highly successful six-week pilot of the *Don't Ignore Diabetes* (DID) campaign was run in the towns of Geraldton and Bunbury in June and July 2003 using the *Storybook* television commercial (TVC) (Carter, Donovan & Jalleh, 2003). This paved the way for a state-wide rollout. Based upon recommendations stemming from the evaluation of the pilot campaign, minor modifications were made to the advertising materials to extend their message to promote active risk reduction, rather than merely to increase awareness. CBRCC undertook concept testing of these alterations in April 2005 and the materials for the next campaign were finalised (Jalleh, Donovan & Carter, 2005).

The state-wide rollout of the DID campaign was launched to coincide with *National Diabetes Week* in July 2005 and consisted of a media burst in two two-week periods with a gap of one week in between for audiences in Perth and regional Western Australia, plus some complimentary radio, press and poster advertising. The campaign achieved good penetration throughout Western Australia with three-quarters of respondents claiming to have seen some aspect of the campaign at least once. Respondents considered the *Storybook* advertisement to be highly credible and personally relevant, and they appeared to process both its *heightened awareness* and *avoidance strategy* messages. A significant improvement was observed from pre-campaign measures for the salience of diabetes as a *serious* disease and an improvement in the direction of personal concern about developing diabetes was also evident. There was a clear and sizable effect of educating people about some of the consequences arising from diabetes, with the proportion of people unsure of any consequences dropping significantly, and awareness of potential complications such as blindness and limb amputation rising significantly. Likewise there were significant improvements in the proportion of people nominating poor diets and physical inactivity as risk factors for developing diabetes, and some improvements in the proportion nominating being overweight and being over 30 years old (Carter, Donovan & Jalleh, 2005).

In July 2006 a campaign using the DID radio and press materials ran to again coincide with *National Diabetes Week*, but no television advertising ran. Campaign penetration was understandably lower than the previous year, but overall the 2006 DID campaign helped maintain awareness and knowledge of diabetes within the target audience, with most of the gains from the 2005 DID campaign being sustained in the wake of the 2006 campaign. However the salience of diabetes as a ‘serious disease’ had dropped again to pre-campaign levels (Carter, Donovan & Jalleh, 2006).

## **2 The 2007 DID campaign**

DWA has nominated to run the next phase of the DID campaign, scheduled for four weeks in March and April 2007, with a more balanced emphasis on the consequences of diabetes and avoidance strategies. *Gatecrasher Advertising* has recommended double-spotting the successful *Storybook* TVC with a new complementary TVC that places more emphasis on avoidance strategies. As such *Gatecrasher Advertising*

developed two concepts of slightly different approaches that now require pre-testing. CBRCC was appointed to carry out ad-testing of both concepts and recommend one for use in the upcoming campaign.

## 2.1 The Concepts

The two concept variations were provided by *Gatecrasher Advertising* in animatic format, (pictures in still-frames accompanied by a voice-over). The storyboard variations for both concepts are illustrated in Table 1 overleaf. Both concepts use the same ‘storybook’ format inherited from the 2005 TVC and begin in the same way with the Diabetes Storybook front cover followed by the image of an amputated leg. Both also use the same imagery and messages to encourage a healthy diet, exercise and healthy weight maintenance. However they differ on one important factor:

- “GP” frames the message positively and is universally inclusive (i.e., “the good news is that everyone can reduce their risk...”); and
- “Bodies” frames the message negatively, emphasising the particular risk of diabetes to the overweight and obese (i.e., “over half of West Australians are obese or overweight, increasing their risk...but everyone can reduce their risk...”).

DWA noted that the images used in *Bodies* depicts particularly overweight people. DWA expressed concern that this may allow some viewers to think they are not at risk of diabetes because they adjudge themselves to be less fat than those depicted. In response *Gatecrasher* supplied an alternative image with a more balanced mixture of body sizes to test whether this image would be more suitable (see below).

**Bodies Image**



**Alternative Bodies Image**

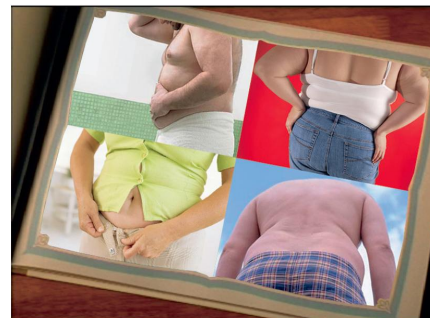
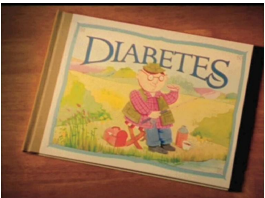
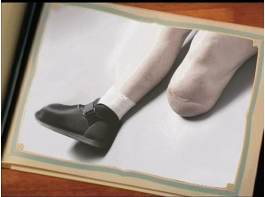








Table 1: Storyboard variations for the two TVC concepts “GP” and “Bodies”

Frame	Image	Copy
1		Diabetes is serious...
2		It can lead to blindness, heart disease, kidney failure, and lower limb amputation.
3A “GP” VERSION		The good news is that everyone can reduce their risk of type II diabetes by up to sixty-percent—
3B “BODIES” VERSION		Over half of West Australians are obese or overweight, increasing their risk of developing type II diabetes. But everyone can reduce their risk—
4		by eating healthy...
5		becoming physically active...
6		and being a healthy weight.
7		Act now. For more information visit our website— because diabetes is too serious to ignore.

### **3 The Ad-testing**

The main objectives of the ad-testing were to assess the relative effect of the TVC variations on viewers':

- perceptions of the preventability of diabetes;
- perceived personal risk of developing diabetes; and
- motivations to improve their diet and increase their level of physical exercise in order to lower their risk of diabetes.

A secondary aim was to assess the extent to which viewers identified with the *Bodies Image* versus *Alternative Bodies Image*.

#### **3.1 Methodology**

##### **3.1.1 Subjects**

Between the 16<sup>th</sup> and 25<sup>th</sup> of January 2007 professional interviewers approached individuals on the streets in the central business district of Perth and introduced themselves as from Curtin University. They explained they were conducting research on people's opinions about health issues and asked the individuals whether they would like to participate. It was explained that the entire procedure would take approximately ten minutes to complete. Those that agreed and met the selection criteria were invited to participate by accompanying the interviewer to an adtest room nearby. A total of 165 participants was recruited between the ages of 30 and 70 years. All respondents were screened to ensure that they were residents of Western Australia, did not work within the medical or health professions, and did not have diabetes. So as to minimise prompting participants about the subject matter of interest, when participants were asked whether they had diabetes, they were asked the question within others that asked if they also had heart disease, arthritis and high blood pressure, all in a random order. Recruitment quotas were set to ensure equal proportions of participants by age-group and sex. Interviewers also discreetly recorded the body shape of participants along a five-point body scale using a visual scale illustrating body shapes (see Appendix B).



### 3.1.2 Materials

The *GP* and *Bodies* animatics were prepared onto video tapes. The tapes played the original 2005 DID TVC “*Storybook*” followed by a five second gap of blank screen and then either *GP* or *Bodies*. After a ten second gap both were repeated on the same tape. *Storybook* was shown in tandem with *GP* and *Bodies* to assess the synergistic effects of both being screened within the same advertisement break.

A self-completion questionnaire was prepared that included nine open-ended and fifteen closed-ended items. Equal numbers of questionnaires displayed one only of the two *Bodies* images as Question 19 and asked participants: “*To what extent do you identify with any of the people in this picture?*”. A copy of the questionnaire is attached in the Appendix A.

### 3.1.3 Procedure

Participants who entered the ad-test centre were seated in front of a television at a table and were shown either the *GP* or *Bodies* video tape and read the following:

*“You are about to see ideas for two TV ads. They will be shown in the same ad break but with other ads in between. The ads aren’t finalised yet but we are very interested to know your opinion about them at this stage. You will be shown both ads one after the other, and then shown both again one more time. Please watch the ads carefully. We will then give you a questionnaire to fill out about the ads.”*

Participants then viewed the tapes and were then handed the self-completion questionnaire. Quotas were set to ensure that equal numbers from each sex and age-group were exposed to the two TVC concepts and that half of each was exposed to each of the *Bodies* images. The final sample breakdown is displayed in Table 2.

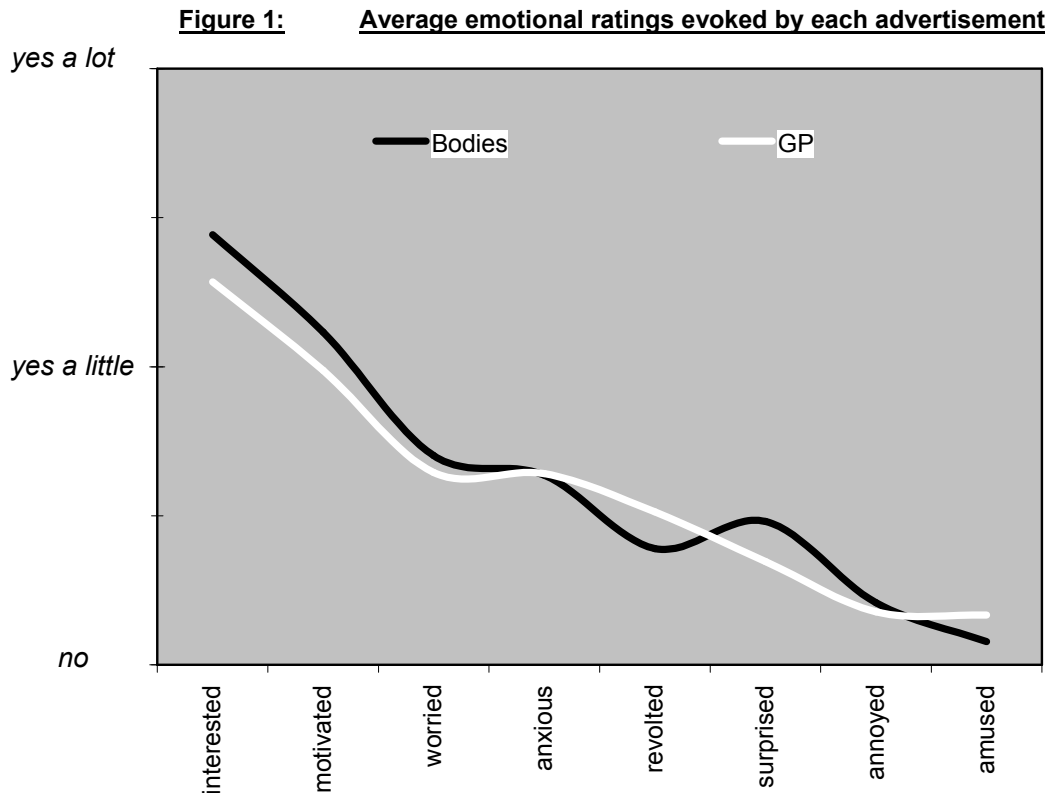
**Table 2: Number of participants by sex and age-group exposed to the TVC concepts *GP* and *Bodies* and to the *Bodies* and *Alternative Bodies* Images**

		Bodies Image		Alternative Bodies Image		TOTAL
		30-44 years	45-70 years	30-44 years	45-70 years	
<b><i>GP TVC</i></b>	Males	10	11	11	10	<b>42</b>
	Females	10	11	10	11	<b>42</b>
	<b>Sub-total</b>	<b>20</b>	<b>22</b>	<b>21</b>	<b>21</b>	<b>84</b>
<b><i>Bodies TVC</i></b>	Males	10	10	10	11	<b>41</b>
	Females	10	10	10	10	<b>40</b>
	<b>Sub-total</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>21</b>	<b>81</b>
<b>TOTAL</b>		<b>40</b>	<b>42</b>	<b>41</b>	<b>42</b>	<b>165</b>

## 4 Results

### 4.1 Emotions Evoked

Participants were asked to indicate whether or not they felt each of a list of emotions when watching the TVCs. Responses were recorded as either “yes, a lot”, “yes, a little” or “no”. Results are compared for *GP* and *Bodies* in Figure 1 below.



Responses to both concepts were highly consistent along all measures. Although participants rated *Bodies* as slightly more *interesting* (+10%), *surprising* (+10%) and *motivating* (+9%) than *GP*, an analysis by independent *t*-tests revealed that these differences were not statistically significant and may be natural variation.

## 4.2 Message Take-out

Participants were asked “What were the ads trying to tell people?” and responses were recorded in an open-ended manner. Multiple responses were coded into themes and are compared in Table 3 below.

**Table 3: Message Take-out of the *Bodies* and *GP* TVC concepts**

Message Take-out	<i>Bodies</i> (n=81)	<i>GP</i> (n=84)	Combined (n=165)
<b><u>Prevention</u></b>			
Exercise to avoid diabetes	43%	40%	42%
Eat healthily to avoid diabetes	41%	36%	38%
Diabetes is preventable	21%	29%	25%
Have healthy lifestyle to avoid diabetes	20%	19%	19%
Get a check-up for diabetes	10%	5%	7%
<b><i>Sub-total</i></b>	<b>135%</b>	<b>129%</b>	<b>131%</b>
<b><u>Consequences</u></b>			
Diabetes is serious	25%	40%	33%
Be aware of diabetes	6%	2%	4%
<b><i>Sub-total</i></b>	<b>31%</b>	<b>42%</b>	<b>37%</b>
<b><u>Risk Factors</u></b>			
Overweight increases risk of diabetes	32%	19%	25%
Over 30 years are at increased risk	2%	8%	5%
Everyone is at risk	2%	2%	2%
<b><i>Sub-total</i></b>	<b>36%</b>	<b>29%</b>	<b>32%</b>
<b>TOTAL</b>	<b>202%</b>	<b>201%</b>	<b>202%</b>

Overall there was near universal appropriate message take-out from the TVCs with participants clearly appreciating the prevention messages. As might be expected, the visual imagery of overweight bodies contained in *Bodies* increased the emphasis of the message that being overweight puts one at increased risk of developing diabetes. In a similar vein, presenting the image of the medical consultation in *GP* emphasised the serious nature of diabetes. Overall neither of the executions appears to have emphasised the prevention message better than the other.

#### 4.2.1 Most Salient Information

Participants were asked “What single piece of information in the ads most attracted your attention?”. Multiple responses were recorded in an open-ended manner and coded into themes. Results are displayed in Table 4 below.

**Table 4: Most salient information in the *Bodies* and *GP* TVC concepts**

Most Salient Information	<i>Bodies</i> (n=81)	<i>GP</i> (n=84)	Combined (n=165)
<b><u>Consequences</u></b>			
The consequences of diabetes can be severe	23%	36%	30%
Diabetes can lead to limb amputation	33%	25%	29%
Diabetes can lead to blindness	19%	14%	16%
<b><i>Sub-total</i></b>	<b>75%</b>	<b>75%</b>	<b>75%</b>
<b><u>Prevention</u></b>			
Diabetes is preventable	16%	27%	22%
Exercise reduces risk of diabetes	20%	18%	19%
Healthy diet reduces risk of diabetes	17%	14%	16%
<b><i>Sub-total</i></b>	<b>53%</b>	<b>59%</b>	<b>57%</b>
<b><u>Risk Factors</u></b>			
Being overweight increases risk of diabetes	25%	11%	18%
Over 30 years at increased risk of diabetes	7%	8%	8%
Half of West Australians are overweight/obese	12%	-	6%
<b><i>Sub-total</i></b>	<b>44%</b>	<b>19%</b>	<b>32%</b>
<b>TOTAL</b>	<b>173%</b>	<b>156%</b>	<b>164%</b>

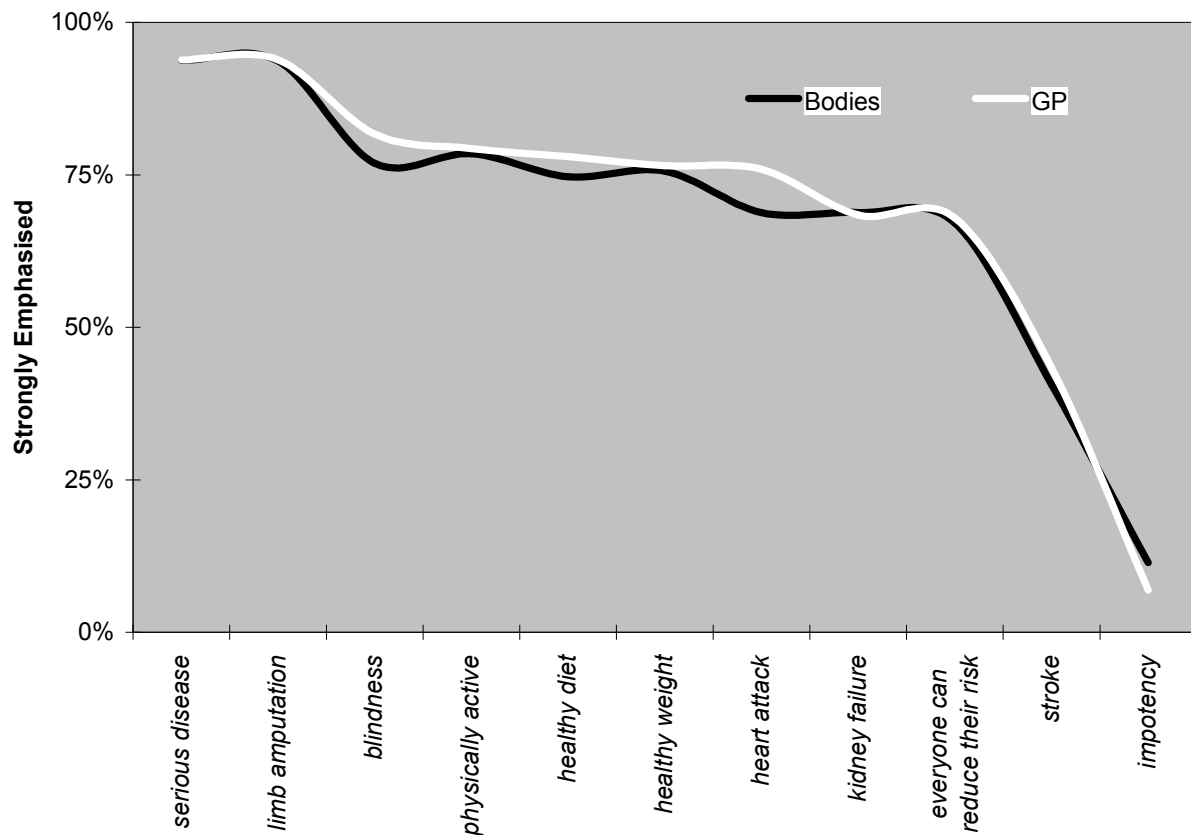
Consistent with the formative research that helped develop the DID campaign, the consequences of diabetes was the most salient information contained within the TVCs (see Carter, Donovan & Jalleh, 2002). This is evidence to support the strategy to continue use of the 2005 *Storybook* TVC to gain the audience’s attention. As all participants saw the image of the limb amputation in both the first and second TVCs it comes as no surprising that this was also highly salient. Likewise it is unsurprising that *Bodies* was better than *GP* at emphasising being overweight is a risk factor for diabetes, given that it featured the image of overweight bodies. The information about half of West Australians being overweight appeared to surprise many viewers of *Bodies* (it was not included in the copy of *GP*). This is also consistent with the

formative research that indicated prevalence information would be of interest to the target audience. However the formative research also suggested that most viewers would be unlikely to adjudge such information personally relevant.

#### 4.2.2 Prompted Message Take-out

Participants were read a series of statements about diabetes and asked whether the advertisements specifically made such statements. Results are collated in Figure 2.

**Figure 2:** Recognition rates of specific messages contained within *Bodies* and *GP*



There were no significant differences in rated emphasis for any of the messages between those who observed *Bodies* versus *GP*. The strongest message take-outs pertained to graphic consequences imagery contained within *Storybook* (limb amputation and eye images). However the prevention messages pertaining to being physically active, eating a balanced diet and maintaining a healthy weight were also highly recognised. One might have expected viewers of *Bodies* to have rated

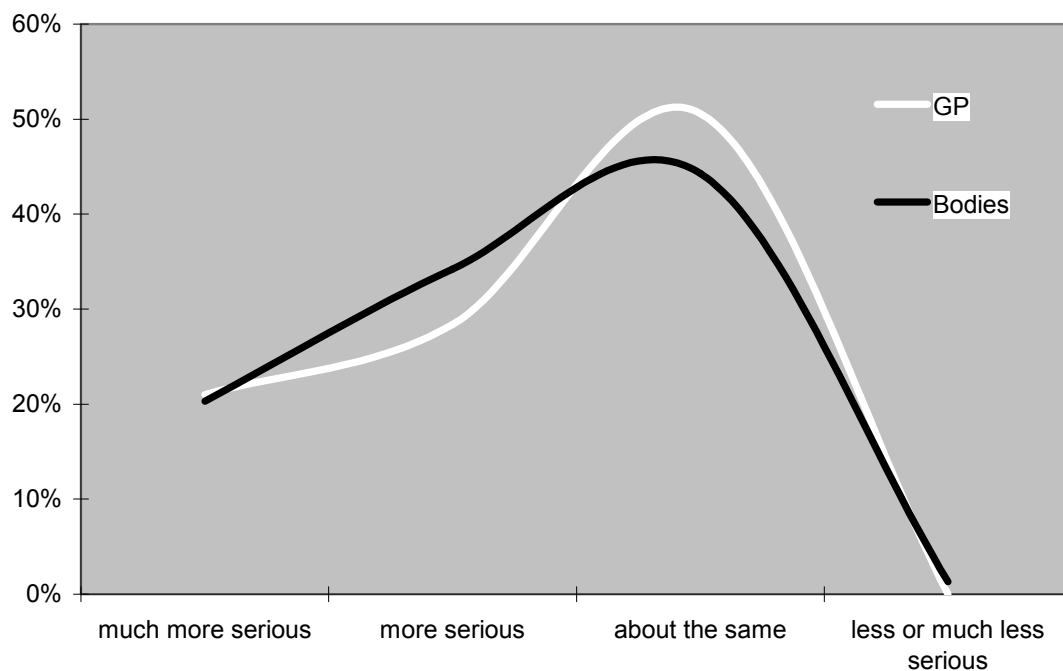
“Maintaining a healthy weight reduces the risk of diabetes” more highly than viewers of *GP*, but this was not the case.

### 4.3 Changes in Perceptions of Diabetes

#### 4.3.1 Perceived Seriousness

Participants were asked how much more or less serious they thought diabetes was after watching the advertisements. Responses were recorded along a five-point rating scale from “much more serious”, “more serious”, “about the same”, “less serious” to “much less serious”. Results are illustrated in Figure 3 below.

**Figure 3:** Changes in the perceived “seriousness” of diabetes after watching each advertisement

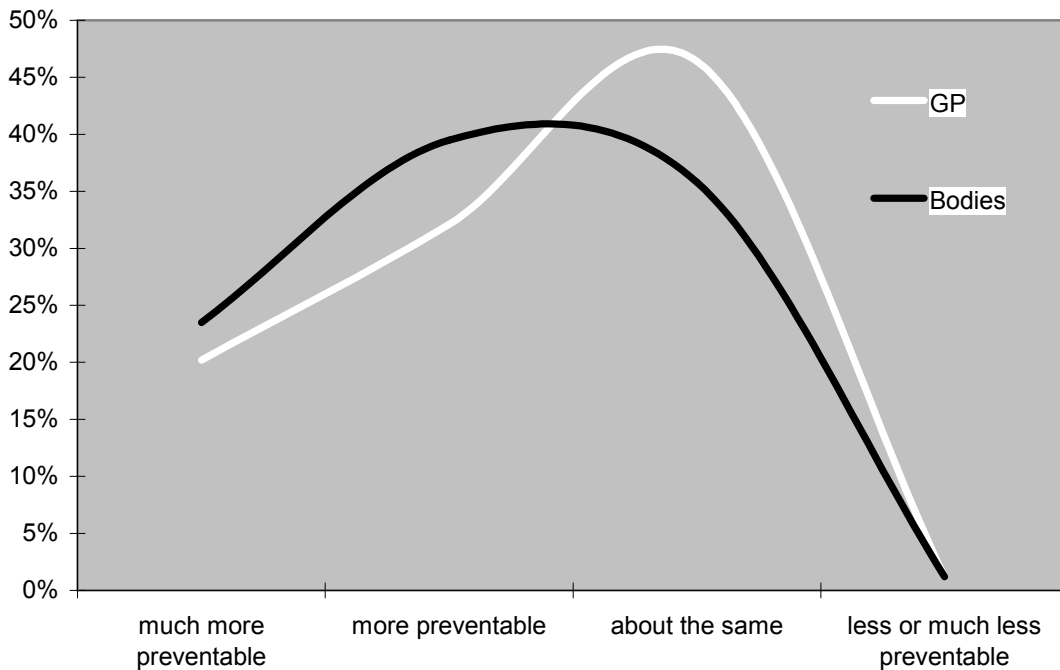


Results suggest that both concepts were successful at increasing the perceived seriousness of diabetes for around half of participants. There were no statistically significant differences between the concepts along this measure. However *Bodies* was slightly more successful than *GP*: 55% of participants who viewed *Bodies* rated diabetes as “much more serious” or “more serious” than they previously believed in comparison to 49% of those who viewed *GP*. It is possible that this difference may be accounted for by the additional information contained within the copy of *Bodies* about half of West Australians being overweight or obese.

### 4.3.2 Perceived Preventability

Participants were asked how much more or less preventable they thought diabetes was after watching the advertisements. Responses were recorded along a five-point rating scale from “much more preventable”, “more preventable”, “about the same”, “less preventable” to “much less preventable”. Results are illustrated in Figure 4 below.

**Figure 4:** Changes in the perceived “preventability” of diabetes after watching each advertisement



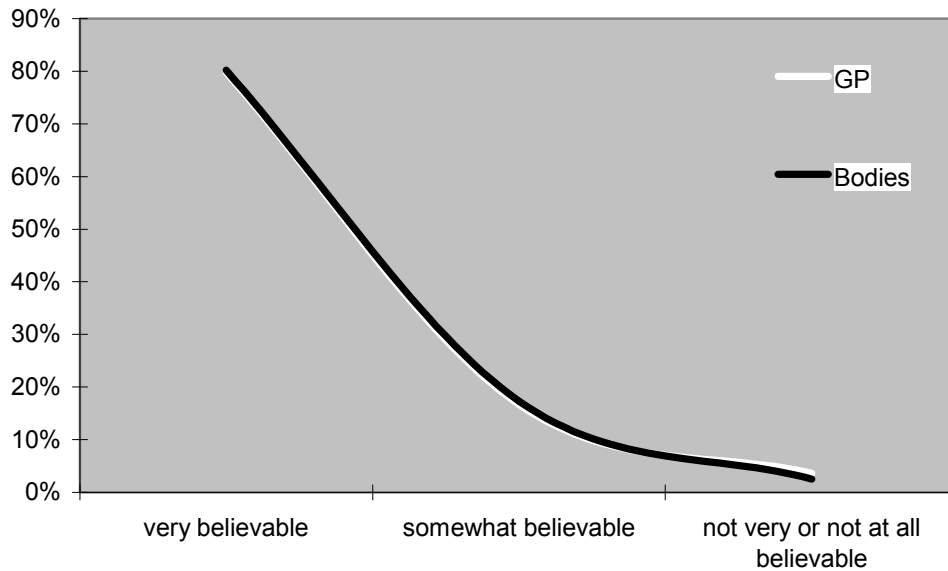
Results suggest that both concepts were successful at increasing the perceived preventability of diabetes for over half of participants. Again there were no statistically significant differences between the two concepts but *Bodies* was slightly more successful than *GP*: 63% of participants who viewed *Bodies* rated diabetes as “much more preventable” or “more preventable” than they previously believed in comparison to 52% of those who viewed *GP*. It is possible that the additional emphasis of overweight increasing risk of diabetes increased viewers’ perceptions that diabetes is preventable.

## 4.4 Believability and Personal Relevance

### 4.4.1 Believability of the Messages Imparted

Participants were asked how believable they thought the message contained within each advertisement was, with responses recorded along a four-point scale from “very believable”, to “somewhat believable”, “not very believable” and “not at all believable”. Results are illustrated in Figure 5 below.

**Figure 5: The believability of the messages of each advertisement**



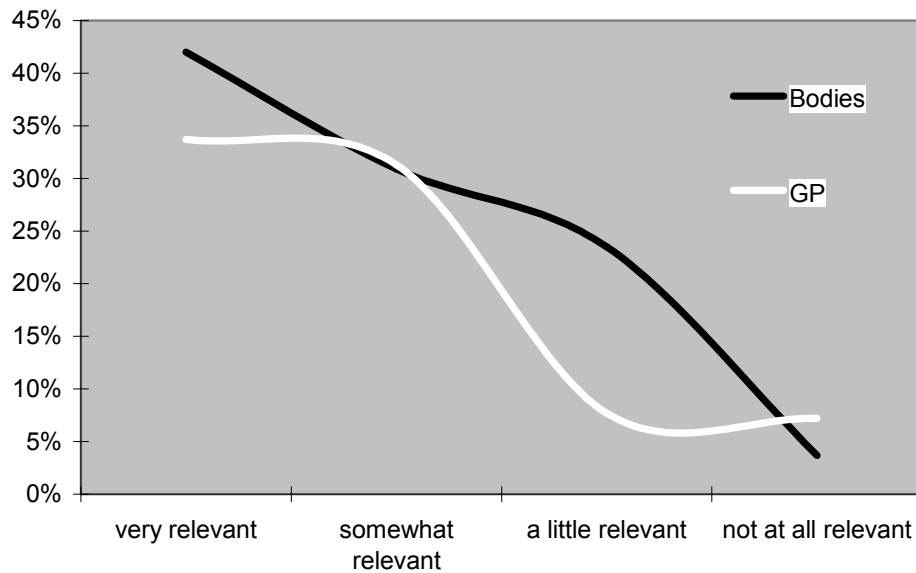
The results for both concepts were virtually identical. The vast majority of participants who saw each concept thought they were “very believable” (80%) and nearly all of the remainder thought they were “somewhat believable” (17%). Very few rated concept as “not very believable” (3%) and none rated either as “not believable at all”. This is a reliable indication that neither concept will have a credibility problem with the target audience.

### 4.4.2 Personal Relevance of Each Advertisement

Participants were asked how personally relevant they felt the message of the advertisements was, with responses being recorded along a four-point scale from “very relevant”, to “somewhat relevant”, “a little relevant” and “not at all relevant”. Results are illustrated in Figure 6 overleaf.



**Figure 6: The Personal Relevance of Each Concept Advertisement**



Statistically there were no significant differences between participants' ratings of *Bodies* and *GP*. However 42% of those who viewed *Bodies* rated it as “very relevant” compared to 34% who viewed *GP*. Participants were then asked to explain why they did or did not consider the TVCs to be personally relevant. Responses were recorded in an open-ended manner and are presented in Table 5 below.

**Table 5: Reasons why *Bodies* and *GP* were or were not considered personally relevant**

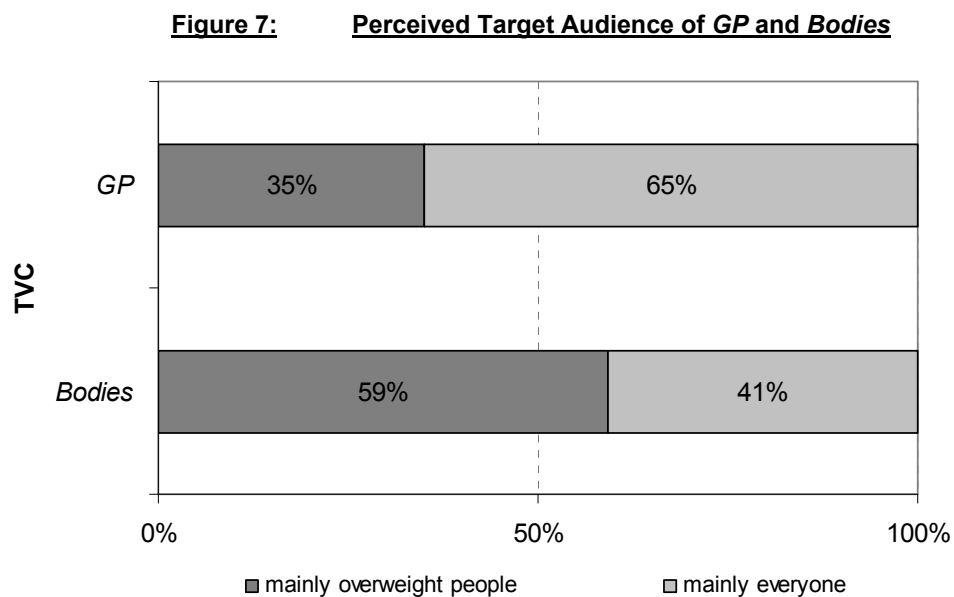
TVC	<i>Bodies</i>	<i>GP</i>	Combined
<b><u>Why Personally Relevant</u></b>	(n=59)	(n=54)	(n=113)
I'm overweight	29%	29%	26%
Family history of diabetes	21%	21%	21%
I'm over 30	9%	22%	14%
I don't exercise	11%	17%	14%
Can happen to anyone	16%	8%	11%
Poor diet	7%	4%	5%
<b>TOTAL</b>	<b>93%</b>	<b>101%</b>	<b>91%</b>
<b><u>Why Not Personally Relevant</u></b>	(n=22)	(n=29)	(n=51)
I exercise	13%	21%	15%
I eat well	11%	17%	14%
I'm not overweight	17%	10%	13%
Won't happen to me	5%	5%	5%
No family history	4%	1%	2%
<b>TOTAL</b>	<b>50%</b>	<b>54%</b>	<b>49%</b>

Acknowledging that one is overweight was the most commonly cited reason why participants viewing both TVC concepts said either was personally relevant, even though only *Bodies* contained an image of overweight bodies. However it is interesting to note that *not* considering oneself overweight was cited almost twice as frequently as a reason why the TVC was not personally relevant by those who viewed *Bodies* compared to *GP*. This suggests a certain level of self-exemption due to the image of the overweight bodies—as feared.

It is reassuring that having a family history of diabetes was a frequently cited reason why respondents considered the TVCs personally relevant but it was the least frequently cited reason why other respondents did *not* find them personally relevant.

#### 4.4.3 Perceived Target Group

Participants were asked whether the advertisements were, in their opinion, aimed mainly overweight people or mainly at everyone. Results are displayed in Figure 7.

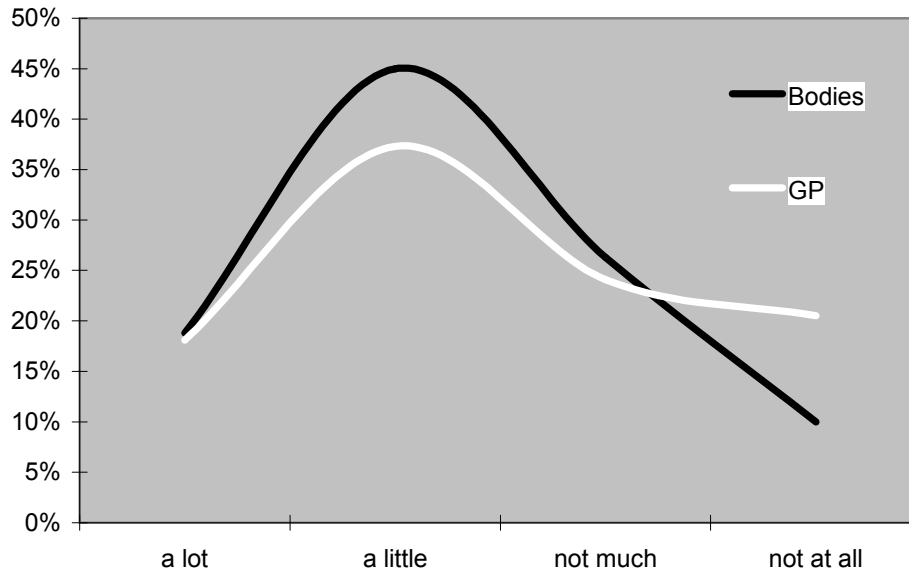


It is clear that a majority of those viewing *Bodies* considered it to be mainly aimed at overweight people while a majority of those viewing *GP* considered it to be mainly aimed at everyone. This difference was highly statistically significant ( $\chi^2(1)=9.734$ ,  $p<.001$ ). Again this warns that *Bodies* may foster self-exemption beliefs in those who do not consider themselves overweight.

#### 4.4.4 Personal identification with people in *Bodies* and *GP*

Participants were asked “to what extent do you identify with the people in the ads?” and asked to respond along a four-point scale from ‘a lot’, ‘a little’, ‘not much’, to ‘not at all’. Results are illustrated in Figure 8 below.

**Figure 8: Extent to which participants identified with any of the people in *Bodies* and *GP***



There were no statistically significant differences observed between the responses of participants who viewed each TVC. However a slightly higher majority of participants viewing *Bodies* versus *GP* stated that they identified ‘a lot’ or ‘a little’ with the people in the advertisements (64% versus 55% respectively). Similar proportions of participants who viewed *Bodies* and *GP* suggested the TVCs were personally relevant because they themselves were overweight (29% each; see Table 5). It is therefore possible that the slightly higher proportion of participants identifying with the people featured in *Bodies* is explained by the image of overweight people featured in this TVC.

Participants were also asked to respond in an open-ended manner to the question “Of all the people in the ads, which did you most identify with?”. Results are displayed in Table 6 overleaf.

**Table 6: Of all the people in the ads, who did you most identify with?**

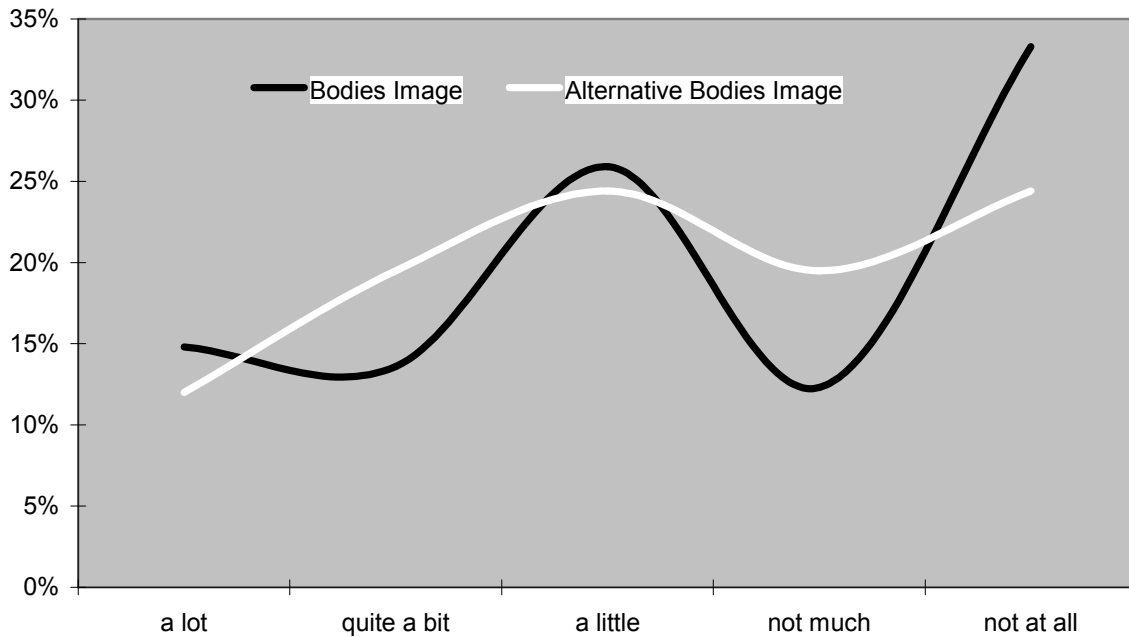
People featured in TVCs	<i>Bodies</i> (n=81)	<i>GP</i> (n=84)	Combined (n=165)
<b>None</b>	<b>49%</b>	<b>64%</b>	<b>57%</b>
<u>Unhealthy People</u>			
Overweight people	23%	2%	13%
Amputee	5%	6%	5%
<i>Sub-total</i>	<i>28%</i>	<i>8%</i>	<i>18%</i>
<u>Healthy People</u>			
Cyclists	10%	13%	12%
Healthy eaters	4%	7%	5%
Healthy people (generic)	7%	4%	5%
<i>Sub-total</i>	<i>21%</i>	<i>24%</i>	<i>22%</i>
People consulting GP	1%	4%	2%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Nearly two-thirds of participants who viewed *GP* compared to just under half who viewed *Bodies* stated that they identified with none of the people appearing in the TVCs—a statistically significant difference ( $\chi^2(1)=3.836$ ;  $p<.05$ ). The difference appears to be largely accounted for by the near quarter of participants who viewed *Bodies* identifying with the image of overweight people.

#### **4.4.5 *Bodies Image versus Alternative Bodies Image***

Within each questionnaire, half of participants were shown the image of overweight bodies as featured in *Bodies* and the other half saw the alternative image (see p.4). All were asked: “*To what extent do you identify with any of the people in this picture?*” and asked to respond along a five-point scale from ‘*a lot*’, ‘*quite a bit*’, ‘*a little*’, ‘*not much*’ to ‘*not at all*’. Results are displayed in Figure 9 overleaf.

**Figure 9: Personal Relevance of the *Bodies Image* and *Alternative Bodies Image***



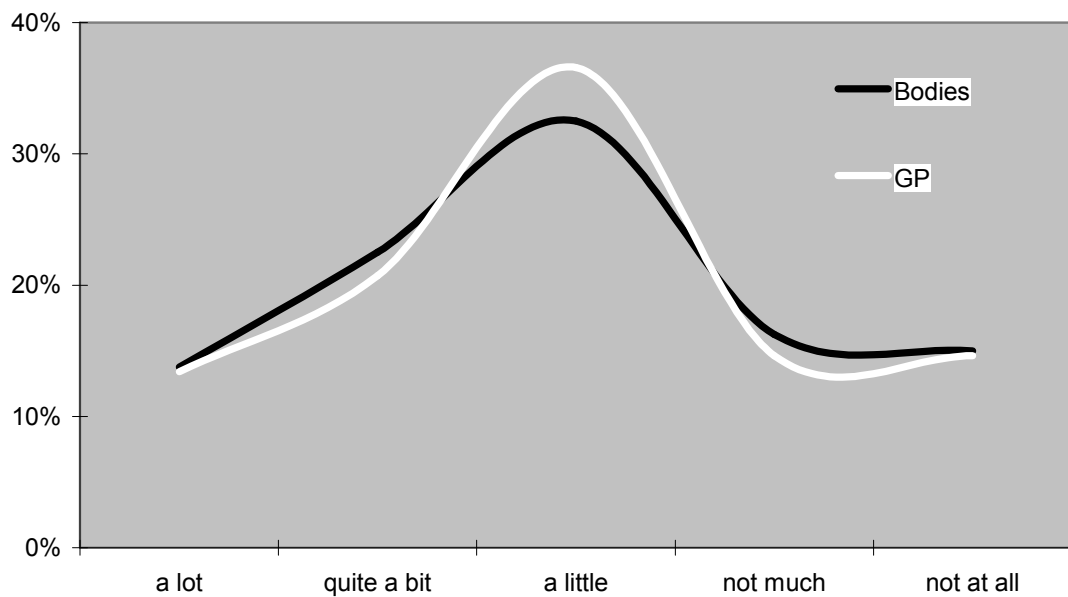
No statistically significant variations were observed between ratings of the two images. There was a non-significant tendency for those who saw the *Bodies Image*, with its greater number of obese bodies, to state that they did “not at all” relate to the images more so than those who viewed the *Alternative Bodies Image* (33% vs. 24%). Participants’ ratings of the extent they related to either image correlated to a moderate but significant extent with their own body shape, as rated independently by the interviewers using the Body Shape Index ( $r(162)=-.482$ ;  $R^2=23.2\%$ ;  $p<.001$ ).

## 4.5 Call-to-Action

### 4.5.1 Prompt for diabetes risk assessment

Participants were asked to what extent watching the advertisements made them think that they should find out whether or not they might be at risk of 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 illustrated in Figure 10 below.

**Figure 10:** Extent to which *Bodies* and *GP* made respondents want to find out whether or not they might be at risk of diabetes

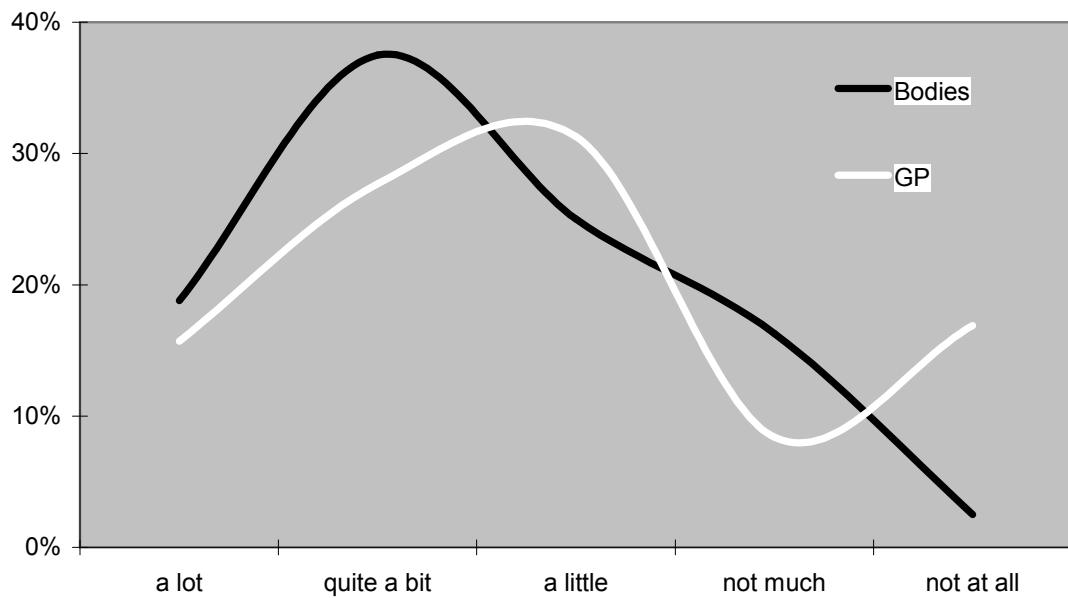


There were no significant differences between *Bodies* and *GP* along this measure. The proportions who stated that the TVCs would prompt them to make a diabetes risk assessment ‘a lot’ or ‘quite a bit’ were 37% for *Bodies* and 34% for *GP*.

#### 4.5.2 Prompt to improve diet

Participants were asked to what extent watching the advertisements made them think that they should improve their diet. 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 illustrated in Figure 11 below.

**Figure 11: Extent to which *Bodies* and *GP* made respondents want to improve their diet**

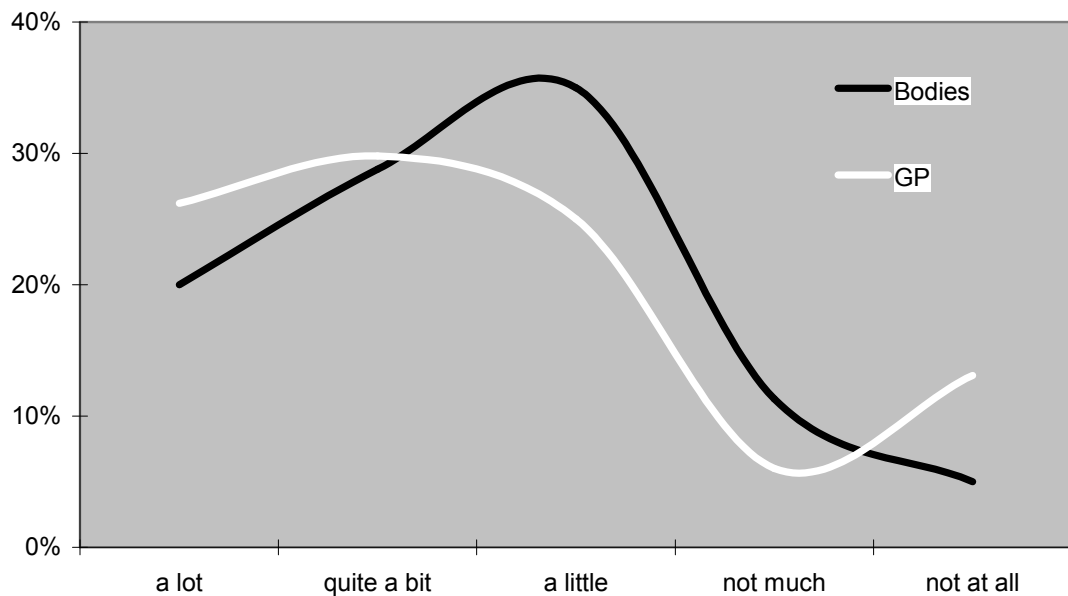


Significantly more viewers of *Bodies* versus *GP* stated that the TVCs made them want to improve their diet ‘a lot’ or ‘quite a bit’ (57% versus 44% respectively) ( $t(161) = -1.998; p < .05$ ).

### 4.5.3 Prompt to increase exercise levels

Participants were asked to what extent watching the advertisements made them think that they should increase their level of physical exercise. 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 illustrated in Figure 12 below.

**Figure 12:** Extent to which *Bodies* and *GP* made respondents want to increase their level of physical activity



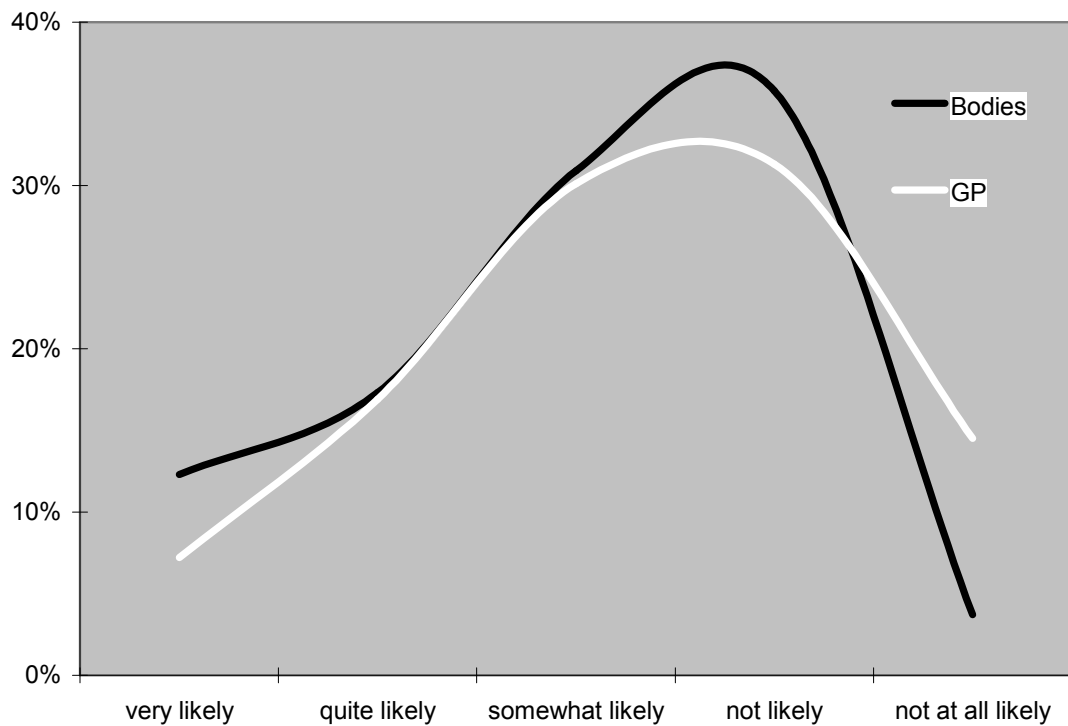
There was no significant difference in the proportion of viewers of *Bodies* versus *GP* who stated that the TVCs made them want to increase their level of physical activity. There was a slightly higher proportion of participants who viewed *GP* than *Bodies* that said it made them think they should increase their level of physical activity ‘a lot’ or ‘quite a bit’ (56% versus 49% respectively).



#### 4.5.4 Prompt to seek further information about diabetes

Participants were asked how likely they were to seek further information about preventing diabetes. Responses were recorded along a five-point scale from “very likely”, to “quite likely”, “somewhat likely”, “not likely” and “not likely at all” and are illustrated in Figure 13 below.

**Figure 13:** Likelihood of viewers of *Bodies* and *GP* seeking further information about how to avoid diabetes



There was no significant difference in the proportion of viewers of *Bodies* versus *GP* along this measure. There was a non-significantly higher proportion of participants viewing *Bodies* than *GP* who said they were ‘very likely’ or ‘quite likely’ to seek further information about how to avoid diabetes (29% versus 24% respectively). Given the straightforward and well understood messages about prevention contained within *Bodies* and *GP*, the relatively low proportions of participants saying they would seek further information does not seem a cause for concern.

## 4.6 Things Liked and Disliked About *Bodies* and *GP*

Participants were asked “*what things about the ads did you particularly like?*” and then “*what things about the ads did you particularly dislike or found confusing?*”. Responses for both were recorded in an open-ended manner. There were no discernable differences between *Bodies* and *GP* so the responses were aggregated and are likes and dislikes are contrasted in Table 7 below.

**Table 7: Characteristics liked and disliked about *Bodies* and *GP***

TVC Characteristic	Liked	Disliked
Graphic images	23%	22%
Positive message	35%	2%
Clear / informative / straight to the point	33%	-
Dialogue discordant with pictures	-	5%
Pictures of obese people	2%	2%
Background music	1%	3%
Web address too long	-	4%
Seen it all before	-	2%
Need more information about diabetes	-	2%
Need more information about obesity	-	1%
<b>TOTAL</b>	<b>95%</b>	<b>44%</b>

One of the most admired things about *Bodies* and *GP* is the way they followed on from the negative information contained in *Storybook* with positive information about avoidance strategies. Many participants stated that the information about the potentially dire consequences of diabetes certainly got their attention but it also ‘depressed’ them, making the positive message of risk reduction contained in *Bodies* and *GP* all the sweeter and more welcome. Another thing admired about *Bodies* and *GP* was that the information was clear, straightforward and simple to comprehend, as reflected by the near universal appropriate message take-out (see p.9).

Far fewer people nominated things that they disliked about *Bodies* and *GP* but by far the most disliked aspect was the use of graphic images. Those who disliked the graphic images tended to grumble about the use of “shock tactics”. Some claimed that they would not like to have their children exposed to these images and others stated

that they would be likely to change the channel if such images were displayed. However virtually equal numbers of respondents reacted positively and negatively towards the graphic images of the consequences of diabetes. Those who were supportive admired its “hard hitting” and uncompromising message and commented that the graphic images “really got my attention” and “made me sit up and take notice”. This is consistent with the formative research that went into developing the original campaign.

The biggest area of confusion for some people was the single image of the leg amputation coupled with the voice-over speaking of multiple consequences of diabetes (Frame Two of *Bodies* and *GP*). Some participants also picked up that *Storybook* ended with a telephone number and recommendation to discuss diabetes with a GP, whereas *Bodies* and *GP* ended with a website address. This inconsistency will obviously be rectified in the final versions of the TVCs to be used in the 2007 campaign. However it should be noted that while the telephone number and advice to see a GP sat comfortably with participants, a number particularly disliked having a “long and difficult to remember” website address as the only source provided for further information (as per *Bodies* and *GP*).

## 5 Conclusions and Recommendations

Feedback from participants suggests the push/pull strategy of featuring negative information in *Storybook* followed by positive prevention messages in *Bodies* and *GP* creates an excellent synergy that works very well. Participants said the messages were clear and easily understood and they clearly comprehended both the consequences and prevention messages as message take-out was highly appropriate.

In terms of the relative performance of the *Bodies* versus *GP* executions, the only result we can be confident about is that *Bodies* was significantly more likely than *GP* to make participants think they should improve their diet. This is likely a result of overweight being strongly associated with over-consumption of food. No other comparisons yielded statistically significant differences. However a consistent result was that *Bodies* outperformed *GP* to a non-significant extent along a majority of measures. These included that *Bodies* was rated more: interesting, surprising and motivating; better at emphasising the seriousness, preventability and personal relevance of diabetes; better at emphasising overweight as a risk factor for diabetes; and better at prompting participants to find out whether or not they are at risk of diabetes and to seek further information. The defining *Bodies* image was obviously more powerful than the *GP* image; the *Bodies* image was frequently referred to in comparison to the *GP* image which was rarely referred to at all. As such it would appear logical to use the *Bodies* image over the *GP* image.

The quandary with the *Bodies* image is that while it worked very well with those participants who acknowledged they were even a little overweight, it clearly alienated others who did not consider themselves as fat as the people pictured, and the personal relevance for such participants suffered as a result. There only appears to have been a slight advantage of using the alternative *Bodies* image, but any advantage would seem better than none.

The main advantage of using *GP* over *Bodies* is that it would lower the risk of self-exemption for people who do not consider themselves overweight. However there are no data to suggest that such people would otherwise consider themselves at greater risk of diabetes in any case. The main disadvantage of using *GP* over *Bodies* would be the loss of a powerful image and its replacement with a neutral one.

As such, the recommendations stemming from this research are as follows overleaf:

## RECOMMENDATIONS

1. The *Bodies* rather than *GP* execution be adopted for the final TVC.
2. The image of overweight bodies include as wide variation in body sizes as possible.
3. The second frame with copy referring to multiple consequences of diabetes feature multiple corresponding images, or alternatively that the copy only refer specifically to the corresponding image (e.g., “*diabetes can lead to many serious conditions—such as limb amputation*”). If the latter option is adopted it is further recommended that a rotation of consequence images be used, especially the limb amputation and blindness images.
4. The end-frame contain a shorter website address for further information about diabetes, or also include a telephone number and/or advice to see a general practitioner.

## References

- Carter, O., Donovan, R. & Jalleh, G. (2002) An Investigation of Strategies to Increase Public Awareness of Diabetes in Western Australia. CBRCC Report 021216, Curtin University of Technology.
- Carter, O., Donovan, R. & Jalleh, G. (2003) Pre and Post Testing of Multiple Media Versus Television-only Diabetes Awareness Advertising campaigns in Geraldton and Bunbury. CBRCC Report 030822, Curtin University of Technology.
- Carter, O., Donovan, R. & Jalleh, G. (2005) Don't Ignore Diabetes: 2005 Advertising Campaign Evaluation. CBRCC Report 051031, Curtin University of Technology.
- Carter, O., Donovan, R. & Jalleh, G. (2006) Don't Ignore Diabetes: 2006 Advertising Campaign Evaluation. CBRCC Report 060825, Curtin University of Technology.
- Donovan, R., Carter, O. & Jalleh, G. (2003) Diabetes Awareness Advertisement Testing for 45 to 70 year old Western Australians. CBRCC Report 030528, Curtin University of Technology.
- Jalleh, G., Donovan, R. & Carter, O. (2005) Adtest of the Diabetes Association of Western Australia's Radio Advertising and Testing of Taglines for the Radio and Newspaper Ads. CBRCC Report 050418, Curtin University of Technology.

**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**

QA Are you a resident of Western Australia?

- Yes ..... 1
- No ..... 2 → CLOSE

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**

QD. Do you have any of the following: **[TICK AND ROTATE ORDER]**

- (a) Diabetes.....Yes/No → CLOSE
- (b) Heart disease.....Yes/No
- (c) High blood pressure.....Yes/No
- (d) Arthritis.....Yes/No

QE Sex **[DO NOT ASK]**

- Male ..... 1
  - Female ..... 2
- } Equal numbers per age-group

QF Body shape **[USE BODY SHAPE INDEX]**

- ..... 1
- ..... 2
- ..... 3
- ..... 4
- ..... 5

QG Ad Series **[NUMBER ON TAPE]**

- ..... 1
  - ..... 2
- } Equal numbers per age-group and sex

QG Questionnaire **[LETTER ON FIRST PAGE]**

- ..... A
  - ..... B
- } Equal numbers per age-group and sex

**[READ BEFORE SHOWING TAPE]**

You are about to see ideas for two TV ads. They will be shown in the same ad break but with other ads in between. The ads aren't finalised yet but we are very interested to know your opinion about them at this stage. You will be shown both ads one after the other, and then shown both again one more time. Please watch the ads carefully. We will then give you a questionnaire to fill out about the ads.

Adtest Questionnaire [A or B] CURTIN UNIVERSITY January 2007

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Q1. Please describe your initial 'gut' reaction to the ads—all the thoughts and feelings that were going through your mind as you were watching

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Q2. Below are a list of feelings. Please indicate whether or not you felt each while watching the ads by circling the appropriate number.

	<u>Yes A Lot</u>	<u>Yes A Little</u>	<u>No</u>
a) Anxious .....	1 .....	2 .....	3
b) Amused .....	1 .....	2 .....	3
c) Worried .....	1 .....	2 .....	3
d) Revolted .....	1 .....	2 .....	3
e) Interested .....	1 .....	2 .....	3
f) Surprised .....	1 .....	2 .....	3
g) Annoyed .....	1 .....	2 .....	3
h) Motivated .....	1 .....	2 .....	3

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APPENDIX A - Questionnaire

Q3. What were the ads trying to tell people? Describe fully.

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Q4. What single piece of information in the ads most attracted your attention?

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Q5. What other information in the ads also attracted your attention?

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Q6. After watching the ads, how much more or less serious do you think diabetes is than you previously thought? (**circle one**)

- Much more serious..... 1
- More serious..... 2
- About the same ..... 3
- Less serious ..... 4
- Much less serious..... 5

Q7. After watching the ads, how much more or less preventable do you think diabetes is than you previously thought? **(circle one)**

- Much more preventable..... 1
  - More preventable ..... 2
  - About the same ..... 3
  - Less preventable ..... 4
  - Much less preventable ..... 5
- 

Q8. How believable was the information in the ads? **(circle one)**

- Very believable ..... 1
- Somewhat believable ..... 2
- Not very believable ..... 3
- Not at all believable ..... 4

Q8a What makes you say that?

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Q9. How personally relevant do you feel the message of this TV ad is to you? **(circle one)**

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

Q9a Why do you say that?

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APPENDIX A - Questionnaire

Q10. Would you say that the ads was mainly aimed at overweight people or mainly at everyone? **(circle one)**

- Mainly overweight people ..... 1  
 Mainly at everyone ..... 2

Q11. To what extent did you identify with the people in the ad? **(circle one)**

- A lot ..... 1  
 A bit ..... 2  
 Not much ..... 3  
 Not at all ..... 4

Q11a Of all the people in the ads, which did you most identify with?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q12.... The ads say a number of things about diabetes. Please indicate if each of the following was emphasised or not emphasised within the ad... **(circle one)**

	<u>Strongly emphasised</u>	<u>Somewhat emphasised</u>	<u>Not emphasised</u>	<u>Don't know</u>
Diabetes is a serious disease	3	2	1	99
Diabetes can lead to blindness	3	2	1	99
Diabetes can lead to erectile dysfunction	3	2	1	99
Diabetes can lead to heart disease	3	2	1	99
Diabetes can lead to kidney failure	3	2	1	99
Diabetes can lead to limb amputation	3	2	1	99
Diabetes can lead to stroke	3	2	1	99
A healthy diet can reduces the risk of diabetes	3	2	1	99
Maintaining a healthy weight reduces the risk of diabetes	3	2	1	99
Being physically active can reduce the risk of diabetes	3	2	1	99
Everyone can reduce their risk of diabetes	3	2	1	99

APPENDIX A - Questionnaire

Q13. What things about the ads did you particularly like?

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Q14. What things about the ads did you particularly dislike or found confusing?

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Q15. To what extent did the ads make you think you should find out whether or not you might be at risk of diabetes? **(circle one)**

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

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Q16. To what extent did the ads make you think you should improve your diet? **(circle one)**

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

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Q17. To what extent did the ads make you think you should increase your level of physical activity? **(circle one)**

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

APPENDIX A - Questionnaire

Q18. How likely are you to seek further information about preventing diabetes? **(circle one)**

- Very likely ..... 1
- Quite likely ..... 2
- Somewhat likely ..... 3
- Not likely ..... 4
- Not likely at all ..... 5

Q19. To what extent did you identify with any of the people in this picture?\*



Circle one of the following:

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

\* Half of participants saw this image and the other half saw the alternative image (see p.4)

APPENDIX A - Questionnaire

Q20. Is there anyone in your immediate family who has diabetes? **(circle one)**

Yes ..... 1

No..... 2

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Q21. What is 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

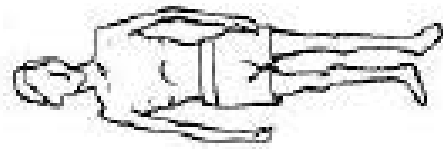
Higher University degree ..... 9

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THAT'S THE END OF THE INTERVIEW AND THANK YOU FOR YOUR  
HELP.

BE SURE TO LOOK OUT FOR THE ADS WHEN THEY APPEAR ON TV  
IN MARCH THIS YEAR!

APPENDIX B – Body Shape Index



1



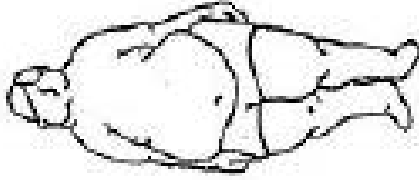
2



3



4



5



1



2



3



4



5