

**'Don't Ignore Diabetes' :
2007 Advertising Campaign Evaluation**

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CBRCC Report 070605

June 2007

DIABETES WESTERN AUSTRALIA

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5 June 2007

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'Don't Ignore Diabetes' : 2007 Advertising Campaign Evaluation

1 Background

1.1 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 WA, 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 Western Australia (WA).

On behalf of Diabetes WA, 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 WA, complemented by some radio, press and poster advertising. The campaign achieved good penetration throughout WA 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 *risk reduction* messages. A significant increase was observed from pre-campaign measures for the salience of diabetes as a *serious* disease and an increase in 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 increases in the proportion of people nominating poor diets and physical inactivity as risk factors for developing diabetes, and some increases 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 again coinciding with *National Diabetes Week*, but no television advertising was broadcast. 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’ dropped to 2005 pre-campaign levels (Carter, Donovan & Jalleh, 2006).

1.2 Development of the 2007 campaign

Diabetes WA nominated to run the next phase of the DID campaign with a more balanced emphasis on both the consequences of diabetes and risk reduction strategies. *Gatecrasher Advertising* recommended double-spotting the successful *Storybook* TVC with a new complementary TVC that placed more emphasis on risk reduction strategies. *Gatecrasher Advertising* developed two concepts with differing approaches to the second TVC (‘*GP*’ and ‘*Bodies*’). These were pre-tested by CBRCC in combination with the *Storybook* TVC using the ad-test technique. The results suggested that *Bodies* rather than *GP* should be used in concert with *Storybook* for the 2007 DID campaign (Carter, Donovan & Jalleh, 2007). The final product included a change in the end-frame of both *Storybook* and *Bodies* with the Diabetes WA helpline telephone number, featured in the 2005 campaign, being replaced by the address for the *Don’t Ignore Diabetes* website (www.dontignorediabetes.com.au).

1.2.1 Storybook TVC description

The format for *Storybook* was the same as the 2005 DID campaign and depicted an opening image of a book entitled 'Diabetes' with a cartoon picture of a plump, middle-aged man fishing in a pond and having a picnic. The accompanying voice-over says "*If you thought diabetes was fairly innocent, think again...*". A hand turns the pages and depicted are confronting images of eye surgery, open-heart surgery, dialysis blood transfusion and limb amputation, while the voice-over states: "*Diabetes can lead to blindness, heart disease and stroke, kidney failure, and you could even lose a leg*". The next page depicts photographs of four plump and middle-aged men and women and the voice-over states: "*If you're over 30, overweight and don't get enough exercise, are you at risk of type two diabetes?*". The end-frame depicts the *Don't Ignore Diabetes* logo and the website address www.dontignorediabetes.com.au. The voice-over says "*Act now. For more information visit our website, or see your GP, because diabetes is too serious to ignore.*"

1.2.2 Bodies TVC description

Bodies featured the same opening-cover as *Storybook* and its second frame depicting eye surgery. The voice-over says "*Diabetes is serious. It can lead to blindness, heart disease, kidney failure and lower limb amputation.*" The next page depicts four photographs of overweight and obese torsos of men and women and the voice-over says: "*Over half of West Australians are obese or overweight increasing their risk of developing type two diabetes*". The next three images depict: a couple sitting at a table eating a healthy breakfast; another couple cycling; and a pair of feet standing on bathroom scales. These images are accompanied by the voice-over saying: "*But everyone can reduce their risk by eating healthy, becoming physically active, and being a healthy weight*". The end-frame and voice-over are then the same as featured in *Storybook*.

1.3 Paid Advertising for the 2007 campaign

1.3.1 Television

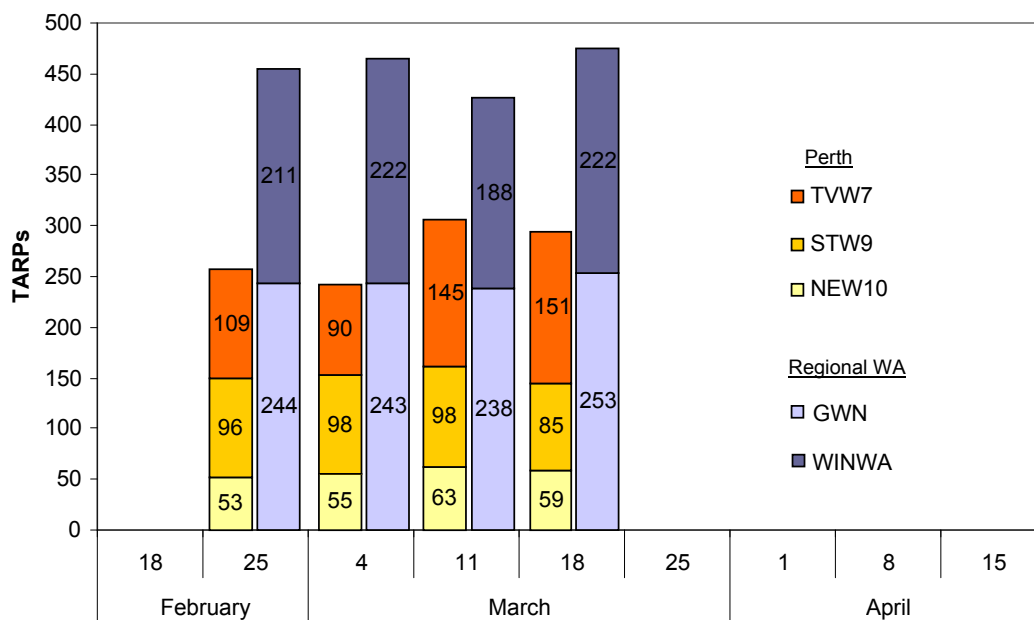
The 2007 DID campaign was broadcast over a period of four weeks from the 25th of February to the 25th of March in metropolitan Perth on television stations TVW7, STW9 and NEW10 and in regional WA on GWN and WINWA. The *Storybook* and *Bodies* 30-second TVCs

were booked for equal broadcasting in Weeks One and Two, but only *Bodies* was telecast in Weeks Three and Four.

The period of the campaign overlapped entirely with long-running broadcasting of The Cancer Council WA youth-oriented *Sun Smart* TVC ‘*Don’t Cook for Looks*’ and a youth-oriented TVC from the *National Tobacco Campaign*. The final week of the 2007 DID campaign also coincided with the National Heart Foundation’s *Find Thirty* adult exercise TVC and youth-targeted *Smarter Than Smoking* TVC.

According to data provided by *Gatecrasher Advertising* the target audience penetration (1+ reach) of the 2007 DID Campaign was 88% by the end of the fourth week (average 13 exposures), and the total achieved Target Audience Rating Points (TARPs) was 1,250 in metropolitan Perth (1,280 booked; -2%) and 1,822 in regional WA (as booked) (see Figure 1).

Figure 1: Television media schedules for the 2007 *Don’t Ignore Diabetes* campaign



Television media weights for the 2007 DID television campaign were 50% and 67% greater in Perth and regional WA respectively than the 2005 DID television campaign, which over a five-week period had provided 833 TARPs in metropolitan Perth and 860 TARPs in regional WA. However, in 2005 newspaper DID advertising was purchased and in 2006 newspaper and radio DID advertising was purchased, unlike for the 2007 campaign (see Table 1).

Table 1: Media purchase summary for annual DID campaigns 2005–2007

MEDIA	DID Campaign Year		
	2005	2006	2007
Television	✓	✗	✓
Newspaper	✓	✓	✗
Radio	✗	✓	✗

1.3.2 Media News Coverage

The 2007 DID campaign was complemented by media news coverage on television, radio, newspapers and newsletters. Table 2 outlines such activity as noted by Diabetes WA.

Table 2: Media news coverage of diabetes surrounding the 2007 DID campaign

MEDIA	FEATURE	DATE
Television		
Channel 10 Early General News	New DID campaign, Belinda 'biggest loser'	25 February 2007
Radio		
Radio Freo	DID campaign coming up	07 February 2007
Newspapers		
<i>The West Australian</i>	Diabetes Ignorance Horrifies Experts	20 January 2007
<i>The Weekend Courier</i>	\$500 cash incentive to lose the kilos (Grants)	26 January 2007
	It's Crunch Time (Kwinana Grant)	02 March 2007
<i>The Sound Telegraph</i>	New bold bid to beat diabetes (Grants)	31 January 2007
<i>The Guardian Express</i>	Act Now: Don't Ignore Diabetes	26 February 2007
<i>The Wanneroo Times</i>	Diabetes Campaign	27 February 2007
<i>The Comment News</i>	Women Trek to Uluru (Gosnells Women's Health grant)	06 March 2007
All Community Newspapers across WA	Act Now: Don't Ignore Diabetes (DoH promotions)	20 February 2007
Newsletters		
Dialog	Watch This Space – Don't Ignore Diabetes	Summer edition 2006
WACHS	Act Now: Don't Ignore Diabetes	March publication
WACHS	Healthy Lifestyle Grants in High Demand	February publication
GP News and Views Osborne Division of GP	Act Now: Don't Ignore Diabetes	March Edition
Canning Division of GP News	Act Now: Don't Ignore Diabetes	February Edition
GP Down South	Act Now: Don't Ignore Diabetes	Summer Edition
Fremantle Division of GP	Act Now: Don't Ignore Diabetes	February Edition
Rockingham Division of GP	Act Now: Don't Ignore Diabetes	February Edition
WA Police Publication	Act Now: Don't Ignore Diabetes	February Edition
HWE Mining	Diabetes Risk	February 2007
WA Health Promotion Association News	Don't Ignore Diabetes in the Upper Great Southern	April 2007
WA Health Promotion Association News	Keeping Weight Down Pedometer Challenge	April 2007

1.3.3 Distribution of DID posters and leaflets

As part of its ongoing health promotion efforts Diabetes WA provided packs of DID posters (*Eye and Leg*) and '*Are You At Risk*' Tick Test pamphlets to all requesting organisations.

2 Methodology

In order to measure changes in public awareness and attitudes towards diabetes as a result of the 2007 DID campaign, a post-campaign survey was conducted at the end of March and beginning of April 2007. The questionnaire consisted of 37 items used in similar surveys conducted after the 2005 and 2006 DID campaigns. The questionnaire is in Appendix 1.

2.1 Procedure

CBRCC conducted a post-campaign survey using stratified sampling targets for equal numbers of males and females aged between 31 and 70 years, and with a 75:25 metropolitan to regional split. A random sample of telephone numbers was generated from hard copies of the 2006-07 Perth Residential and Regional WA White Pages. Unanswered numbers were automatically redialled after a set interval. Three attempts to obtain contact were made before substitution. Participants were screened to ensure that they were residents of WA and did not work within the medical or health professions. Where there was more than one eligible respondent in the household, the 'next birthday' technique was used to select a respondent. If unavailable, a further two attempts were made to contact the specified individual before another number was substituted.

Professional interviewers administered the questionnaire via Computer Assisted Telephone Interviewing (CATI) software and recorded responses immediately on to a computer database, using pre-arranged coding for both open-ended and close ended items. Open-ended responses that did not conform to the pre-arranged coding were recorded verbatim by the interviewers and coded at a later date by the researchers. The resultant database was analysed using the Statistical Package for the Social Sciences (SPSS) version 15.0.

2.2 Participants

The hit rate for the 2007 DID survey is compared to the 2005 and 2006 surveys in Table 3.

Table 3: Diabetes Telephone Survey Participation Rate

	2005 pre		2005 post		2006 post		2007 post	
	N	%	N	%	N	%	N	%
Telephone Survey Hit Rate								
Refusals	563	39.7	766	47.3	570	41.0	544	40.1
Outside selection criteria/quota filled	517	36.5	508	31.4	517	37.2	500	36.8
Completed Surveys	338	23.8	344	21.3	303	21.8	313	23.1
TOTAL	1,418	100.0	1,618	100.0	1,390	100.0	1,357	100.0
Do you have diabetes?								
YES	20	5.9	26	7.6	21	6.9	15	4.8
NO	318	94.1	318	92.4	282	93.1	298	95.2
TOTAL	338	100.0	344	100.0	303	100.0	313	100.0

In total 1,357 telephone numbers were dialled to obtain 313 interviews. As the aim of the DID campaign was to increase the salience of diabetes in populations at risk of developing the disease, respondents who had already developed diabetes were excluded from the final analysis, as with previous evaluations. This reduced the final sample size to 298 participants. In order to avoid premature prompting of diabetes, respondents were only asked if they had diabetes after completing all questions assessing unprompted salience of the disease. Similar proportions of respondents in the 2007 DID campaign survey reporting living with diabetes as in the previous two campaign evaluations.

The refusal rate of the present survey (40.1%) was similar to the previous survey conducted by CBRCC CATI staff in 2006, and the 2005 surveys of the *Survey Research Centre*.

The demographic characteristics of the 2007 sample are displayed in Table 4. The data on sex, age and place of residence match the predetermined stratified sampling quotas. A comparison with surveys from 2005 and 2006 on sex, age-group distribution, place of residence, education and workforce participation show a reasonable match with previous samples, hence allowing the comparison of meaningful results between surveys.

Table 4: Sample Demographics Compared to Previous Two Evaluations

Evaluation Survey	2005 pre	2005 post	2006 post	2007 post
	%	%	%	%
<u>Sex</u>	(n=318)	(n=318)	(n=282)	(n=298)
Males	49.4	49.1	40.4	48.0
Females	50.6	50.9	59.6	52.0
<i>TOTAL</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<u>Age Group</u>	(n=318)	(n=318)	(n=282)	(n=298)
31-39 years	24.2	23.9	32.3	32.3
40-55 years	42.8	45.3	33.7	33.5
56-70 years	33.0	30.8	34.0	34.2
<i>TOTAL</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<u>Place of Residence</u>	(n=318)	(n=318)	(n=282)	(n=636)
Perth	73.9	71.4	74.1	73.2
Regional WA	26.1	28.6	25.9	26.8
<i>TOTAL</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<u>Highest Educational Level</u>	(n=318)	(n=318)	(n=279)	(n=298)
Year 10 or less	37.7	46.2	41.2	33.3
Year 11	9.7	6.9	11.3	15.8
Year 12	26.7	28.0	22.0	26.5
Bachelor degree	20.4	15.4	16.3	14.8
Postgraduate degree	5.1	3.5	8.2	9.1
Refused	0.4	-	1.1	0.5
<i>TOTAL</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<u>Occupation</u>	(n=300)	(n=303)	(n=282)	(n=298)
White collar ¹	56.7	46.9	46.1	39.8
Blue collar ²	13.3	23.1	25.0	25.8
Not in work force ³	30.0	30.0	28.9	34.4
<i>TOTAL</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

1 Defined as Managers, Administrators, Professionals, Clerical, Sales, Service and related workers

2 Defined as Trade, Transport, Production, Labourer and related workers

3 Defined as Unemployed, Retirees, Pensioners, Home Duties, and Full-time students

3 Results

3.1 Campaign Exposure

3.1.1 Television Advertising

3.1.1.1 Health-cued recall

To measure health-cued recall, participants were asked “During the last several weeks, that is since the 25th of February, what ads about health issues have you seen on TV?”. This question was not asked in previous waves, so comparative data are not available. Up to five responses were recorded for each participant. The average participant mentioned 1.4 TVCs. Top-of-mind (first responses) and aggregate responses are displayed in Table 5.

Table 5: “What ads about health issues have you seen on TV?”

Advertisements		Top-of-Mind		Any Mention	
		N	%	N	%
Cancer	- Smoking	68	22.8	91	30.5
	- Sun Smart	3	1.0	6	2.0
	- Generic ‘cancer’	11	3.7	20	6.7
	- TOTAL	82	27.5	105*	35.2*
Diabetes	- <i>Storybook</i>	20	6.7	47	15.8
	- <i>Bodies</i>	12	4.0	30	10.1
	- Generic ‘diabetes’	16	5.4	18	6.0
	- TOTAL	48	16.1	70*	23.5*
Find 30 (Exercise)		6	2.0	18	6.0
Go for 2 & 5 (Diet)		6	2.0	11	3.7
Alcohol		1	0.3	9	3.0
<i>Other</i>		15	5.0	36	12.1
<i>Don’t know</i>		140	47.0	140	47.0
TOTAL		298	100.0	426	143.0

* this total counts those participants only once who recalled more than one ad per category

Responses falling within the cancer and diabetes categories for ‘generic’ are for responses where participants were insufficiently specific about the details of the TVC to readily identify it (e.g., “cancer council ads”, and “that ad about diabetes”). The DID campaign TVCs were the second-most salient category of health advertising, which can be considered a good result, given the number of health campaigns on air at the time and the long-standing ubiquity of anti-tobacco campaigns. In the past twelve months there have been three waves of the *Make*

Smoking History campaign, two of the *Smarter Than Smoking* campaigns, one State Government campaign announcing the introduction of new smoking restriction laws in licensed premises, and a Federal Government tobacco control campaign.

3.1.1.2 Diabetes-cued cut-through

In a later section of the survey, participants were asked “*During the last several weeks, that is since the 25th of February, have you seen any TV ads about diabetes?*”. Recall here is a function of the vividness of the TVCs and the media weight. It also assesses the strength with which the DID campaign TVCs are associated in people’s minds with the term ‘diabetes’. Results of the 2007 DID campaign are compared with those from the 2005 DID campaign in Table 6.

Table 6: Category-cued recall of diabetes TVCs

TELEVISION	2005 post (n=318)		2007 post (n=298)	
	N	%	N	%
No TVC recalled*	124	38.4	163	54.7
<i>Storybook</i> *	134	42.1	62	20.8
<i>Bodies</i>	n/a	-	37	12.4
<i>Generic description</i>	n/a	-	6	2.0
Total recall of DID TVC*	134	42.1	85 [†]	28.5
<i>Other</i>	3	0.9	-	-
Can't remember details	39	12.3	49	16.4

* denotes a statistically significant difference between 2005 and 2007 recall rates at $p < .05$

† this total counts those participants only once who recalled both ads

‘Generic description’ refers to participant descriptions where it was not possible to determine which TVC was specifically referred to, such as “*the one with the eye*” (the blindness image appeared in both *Storybook* and *Bodies*). Despite greater TARPs in the 2007 DID campaign, recall of any DID TVC was less in 2007 than in 2005. In particular, cut-through for *Storybook* was far greater in 2005 (42%) when it appeared alone, and a significantly greater proportion of 2005 participants made a free recall association between the term ‘diabetes’ and any TVC or the DID TVCs. A statistically significant sex difference was also observed with 19.9% of males compared to 36.9% of females recalling the DID TVCs ($\chi^2(1)=11.206$ $p < .01$). This was not observed after the 2005 DID campaign. There were no statistically significant differences observed by age-group or place of residence in 2007.

3.1.1.3 Prompted recognition

Participants were next read descriptions of *Storybook* and *Bodies* and asked whether they had seen either TVC since the 25th of February 2007. To balance ordering effects, half of the participants were read a description of *Storybook* first, and half *Bodies* first. These items provide a measure of actual campaign reach. Results are displayed in Table 7 and compared to data for the 2005 DID campaign.

Table 7: Recognition of the 2005 and 2007 DID campaign TVCs

TVC Recognition	2005 post (n=318)		2007 post (n=298)	
	N	%	N	%
<i>Storybook (only)</i>	193	60.7	74	24.8
<i>Bodies (only)</i>	n/a	-	29	9.7
<i>Storybook & Bodies</i>	n/a	-	86	28.9
Total Recognition	193	60.7	189	63.4
No recognition	125	39.3	109	36.6
Total	318	100.0	298	100.0

Overall reach of the 2007 DID campaign was only slightly higher than in 2005, suggesting the increase in TARPs (50% greater in Perth and 67% greater in regional WA compared to 2005 data) yielded greater frequency but not reach. However regional WA participants were significantly more likely to recognise the descriptions of the TVCs compared to their metropolitan Perth counterparts (72% vs. 60%) ($\chi^2(1)=3.869$ $p<.05$), reflecting the differing media weights achieved for each region (1,822 vs. 1,250 TARPs). There was also a near significant difference observed between the recognition rates of males (58%) versus females (68%) ($\chi^2(1)=3.671$ $p=.055$) reflecting a similar pattern to the diabetes-cued recall rates. The reason for this disparity is unclear as it was not observed in the 2005 DID campaign. The data provided by *Gatecrasher Advertising* suggested a slightly higher 1+ reach achieved for females over males (~5%). However it may well be the schedules actually under-delivered on males.

It is also unusual that recognition of *Storybook* was substantially higher than *Bodies* given that the latter was broadcast four-times more frequently over the duration of the campaign (50% of the time in the first two weeks and 100% in the last two). However in our experience the recognition of a TVC almost invariably increases for its second wave of broadcasting.

The overall recognition rate for the 2007 DID campaign (63.4%) is 25% lower than suggested by the ‘1+ reach’ figure (88%) provided by *Gatecrasher Advertising*. The size of our sample provides 95% confidence intervals of $\pm 5.5\%$ for the recognition rate, such that we can be confident that at most 68.9% of the target population (just over two-thirds) was exposed to the 2007 DID campaign and processed the TVCs sufficiently well to recognise either from the descriptions provided in the survey. The 19% disparity can be explained by the way the ‘1+ reach’ measure is derived—via a computerised method of automatically monitoring the television viewing patterns within households containing members of the target audience. We can be confident that the DID TVCs were broadcast at least once (13 times on average) in approximately 88% of these households. However there is no guarantee that target audience members from these households were actively watching the DID TVC when it aired. For instance these data do not control for other household members outside the target audience watching the television while the target audience member is elsewhere, or the target audience member using the opportunity of the commercial break to go to the toilet or get a drink, or for the target audience member to be watching the television but paying insufficient attention to the DID TVC to process its content and message. Thus the ‘1+ reach’ figure should be considered the *maximum potential* target audience reach, rather than actual reach.

Conversely, the recognition rate measure is *deflated* by the ability of the DID TVCs to gain and hold attention. The measure might also be *inflated* by false-positive recognition via participants’ potential confusion of the TVC descriptions with similar advertisements, and their propensity to provide socially desirable responses to the survey.

Overall we can conclude that around nine-in-ten members of the West Australian target audience were potentially exposed to the 2007 DID campaign, and the attention of around two-thirds of these gained sufficient arousal to commit the TVCs to memory.

3.1.1.4 Credibility

Those respondents who recognised the description of *Storybook* and/or *Bodies* (n=189) were asked “*how believable did you find the ads?*”. Responses were recorded on a four-point scale from ‘very believable’ to ‘somewhat believable’, ‘not very believable’ and ‘not at all believable’. Results are compared to the 2005 DID campaign in Figure 2.

Figure 2: “How believable did you find the ads?”

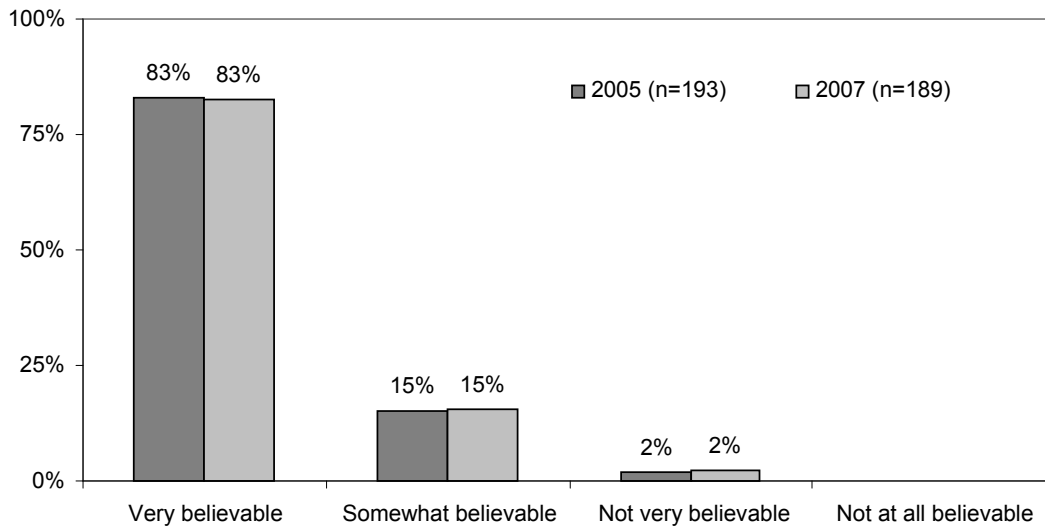
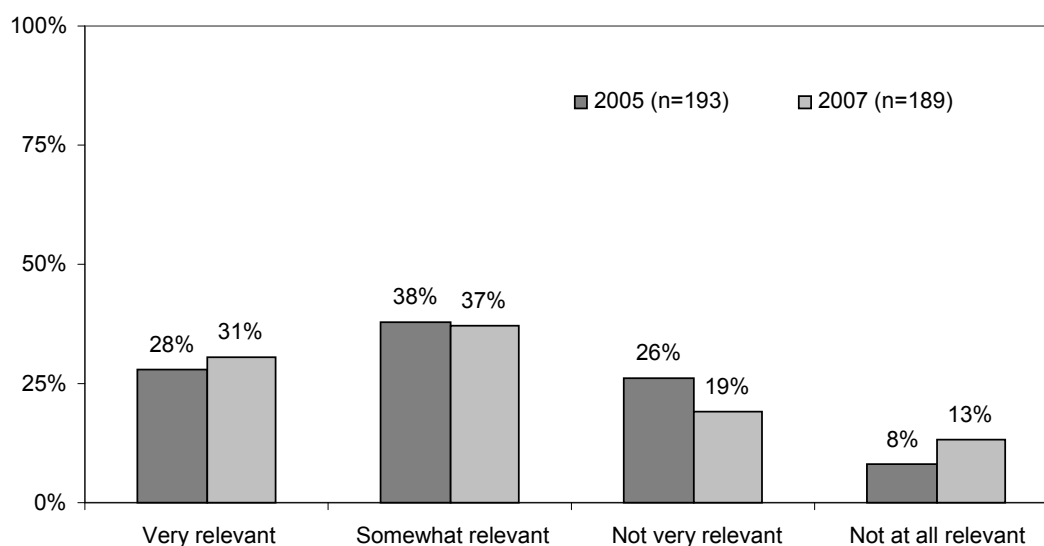


Figure 2 shows that participants who recognised the DID TVCs in both 2005 and 2007 found the TVCs ‘very’ credible and in similarly high proportions. A cross check of ratings by those participants who recognised only *Storybook* (n=74) or *Bodies* (n=29) or who recognised both (n=86) suggested very similar and non-significant differences between TVCs. There were also no significant differences observed for sex, age-group or residence on this measure.

3.1.1.5 Personal relevance

Those respondents who recognised the description of *Storybook* and/or *Bodies* were then asked “*how personally relevant did you find the ads?*”. Responses were recorded on a four-point scale from ‘very relevant’ to ‘somewhat relevant’, ‘not very relevant’ and ‘not at all relevant’ and are compared to 2005 DID campaign results in Figure 3.

Figure 3: “How personally relevant did you find the ads?”



A large majority (68%) of participants who recognised the TVCs considered them personally relevant: in 2007 nearly one-third of participants who recognised the TVCs suggested they were ‘very relevant’ and another third suggested the TVCs were ‘somewhat relevant’. The distribution of responses was similar for the 2005 and 2007 surveys. A cross check of ratings by those participants who recognised only *Storybook* or *Bodies* or recognised both showed no significant differences between TVCs. There were also no significant differences observed for sex, age-group or residence.

After being asked how personally relevant they found the TVCs, participants were asked “*Why did you say that?*”. Responses were recorded verbatim and later coded into themes. Results are presented in Table 8. Responses related to campaign message are highlighted.

Table 8: Justifications for why the DID TVCs were considered personally relevant or otherwise

Why the DID TVCs were 'very' or 'somewhat' relevant (n=129)	N	%
I have a family member/friend with diabetes	34	18.0
I want to avoid those things happening to me	34	18.0
I am overweight	23	12.2
I didn't realise diabetes was that serious	21	11.1
I have a poor diet	17	9.0
I don't exercise enough	16	8.5
I am getting older	14	7.4
<i>Other</i>	25	13.2
Why the DID TVCs were 'not very' or 'not at all' relevant (n=60)	N	%
I am healthy	23	12.2
I don't have diabetes	19	10.1
I exercise regularly	16	8.5
I eat a balance diet	15	7.9
I don't think I'm at risk	14	7.4
I am a healthy weight	14	7.4
I ignore ads	5	2.6
I already know a lot about diabetes	4	2.1
I have no family history of diabetes	3	1.6
There's only a small chance of these things happening	3	1.6
<i>Other</i>	3	1.6

* Responses related to campaign messages

Most of the justifications respondents provided for considering the 2007 DID campaign personally relevant or not relevant were in accordance with the main messages of the campaign: that avoidance of diabetes and its consequences is related to diet, exercise, maintaining a healthy body weight, and ageing. Very few participants provided justifications that were clearly inappropriate. As might be expected, previous experiences of participants having close associates develop diabetes was one of the most frequent prompts to consider the 2007 DID campaign personally relevant.

3.1.2 Posters and Leaflets

Between February and April 2007 Diabetes WA received a number of requests for packs of 'Are You At Risk' Tick Test pamphlets and *Leg* and *Eye* posters via both telephone and internet contact. In total there were requests for 3,893 *Tick Test* pamphlets and 64 *Leg* and

Eye poster packs. Requests for poster packs were down from 2005 (485 packs) and 2006 (584 packs), due to it not being National Diabetes Week.

In order to assess the reach of the DID posters and leaflets, all participants were asked “*During the last month, have you seen any leaflets or posters about diabetes?*”. Participants who claimed they had, were asked to describe them. Responses are detailed in Table 9.

Table 9: Posters and leaflets about diabetes recalled by respondents in the past month

POSTERS AND LEAFLETS	2005 Post (n=318)		2006 Post (n=282)		2007 Post (n=298)		2007 % Change	
	N	%	N	%	N	%	2005 post	2006 post
Recalled seeing any materials	81	25.5	55	19.5	59	19.8	-5.7	+0.3
<i>Leg</i> poster	4	1.3	-	-	4	1.3	0.0	+1.3
<i>Eye</i> poster	-	-	2	0.7	11	3.7	-	+3.0
<i>Tick Test</i> leaflet	5	1.6	9	3.2	7	2.3	+0.7	-0.9
Can't remember	45	14.2	28	9.9	25	8.4	-5.8	-1.5
Other	27	8.5	16	5.7	12	4.0	-4.5	-1.7
Where seen							-	-
GP clinics	44	13.8	30	10.6	37	12.4	-1.4	+1.8
Hospital/Health Services	8	2.5	11	3.9	4	1.3	-1.2	-2.6
Pharmacies	5	1.6	4	1.4	3	1.0	-0.6	-0.4
Workplace	3	0.9	8	2.8	4	1.3	+0.4	-1.5
Don't know	8	2.5	1	0.4	-	-	-	-
Other	17	5.3	14	5.0	26	8.7	+3.4	+3.7

Although about one-fifth of respondents recalled seeing a poster or leaflet about diabetes within the past month, ability to describe either the posters or leaflet distributed for the 2007 DID campaign was rare, and unchanged from previous surveys. One might expect some cumulative effect over successive years if it is presumed that once posters are put up, more stay up than are taken down. However these data show no such trend. The *Eye* poster was the most commonly described item. As with all previous surveys, by far the most common location that respondents reported seeing both the posters and leaflet was in the waiting rooms of GP clinics.

3.1.3 News Items

All participants were asked whether they had seen or heard anything in the news about diabetes since the 25th of February 2007. Those who stated they had were asked to describe what they had seen or heard. Responses were recorded verbatim and later coded into categories. Results are displayed in Table 10 and compared to previous surveys.

Table 10: “During the past several weeks have you seen or heard anything in the news about diabetes?”

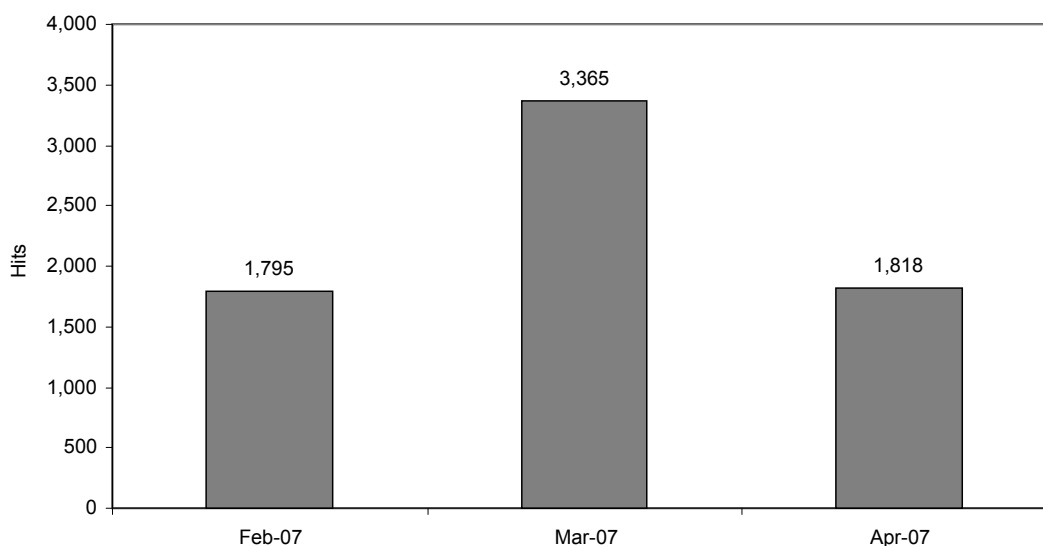
NEWS ITEMS	2005 Pre (n=318)		2005 Post (n=318)		2006 Post (n=282)		2007 Post (n=298)		2007 % change from:		
	N	%	N	%	N	%	N	%	2005 pre	2005 post	2006 post
<i>Recalled seeing anything</i>	117	36.8	136	42.8	138	48.9	83	27.9	-8.9	-14.9	-21.0
TV feature	98	30.8	109	34.3	97	34.4	58	19.5	-11.3	-14.8	-14.9
Radio feature	18	5.7	10	3.1	11	3.9	19	6.4	+0.7	+3.3	+2.5
Newspaper/Magazine article	30	9.4	28	8.8	15	5.3	26	8.7	-0.7	-0.1	+3.4
Other/Can't remember	11	3.5	6	1.9	14	5.0	-	-	-3.5	-1.9	-5.0

Compared to previous surveys, a markedly lower proportion of participants claimed to have seen or heard news items about diabetes over the period of the 2007 DID campaign. This is most likely the result of the 2007 DID campaign not coinciding with the launch of *National Diabetes Week*, unlike the 2005 and 2006 campaigns.

3.1.4 Hits to the DID Website

Data provided by Diabetes WA on the number of unique hits to the DID website, the address of which featured on the end-frames of *Storybook* and *Bodies*, are displayed in Figure 4.

Figure 4: Number of unique hits to the *Don't Ignore Diabetes Website*, February to April 2007



It is evident that the number of unique hits to the DID website nearly doubled during the 2007 DID campaign, accounting for approximately 1,500 additional hits. The total number of unique hits for the month of March represents only a small proportion of the target population in WA (0.4%).* Although this total may appear trivial as a proportion of the total target audience, the achievement compares very favourably to the 2005 DID television campaign that included the Diabetes information helpline telephone number in its end-frame and resulted in only 87 additional calls.

3.1.5 Total 2007 campaign exposure

One-hundred-and-ninety-three respondents either recalled or recognised the 2007 DID TVC descriptions, representing 64.8% of the sample. Of the 105 remaining respondents, 21 reported seeing at least one poster or leaflet about diabetes, representing a further 7.0%. An additional 19 participants who had seen neither TVC, poster nor leaflet did claim to have seen or heard some news item about diabetes during the period of the DID campaign, representing a further 6.4%. The remaining 47 respondents, or 15.8% of the 2007 DID campaign sample, claimed to have neither seen nor heard any health promotional material or news about diabetes at all during the period of interest. This result closely mirrors the figure of 16.0% found in the 2005 DID campaign evaluation, and is substantially lower than the 25.8% observed after the 2006 DID campaign, which did not include television advertising.

* Australian Bureau of Statistics (2006) data suggest that in 2004 there were 787,275 persons in Western Australia aged 25–74 years (age brackets 25–34, 35–54, 55–74).

3.2 Campaign Impact

3.2.1 Salience of Diabetes

3.2.1.1 The seriousness of diabetes

Before being prompted that the survey was about diabetes, participants were asked what came to mind when they thought of serious diseases in Australia. Multiple responses were recorded and later coded into categories. The results are compared to previous waves in Table 11.

Table 11: What comes to mind when you think of serious diseases in Australia?

Disease	2005-pre (n=318)		2005-post (n=318)		2006-post (n=282)		2007-post (n=298)		2007-post % change from:		
	N	%	N	%	N	%	N	%	2005- pre	2005- post	2006- post
<u>First-to-mind</u>											
Cancer (all types)	187	58.8	177	55.7	159	56.4	183	61.4	+2.6	+5.7	+5.0
CVD	96	30.2	81	25.5	47	16.7	41	13.8	-16.4*	-11.7*	-2.9
Diabetes	18	5.7	33	10.4	12	4.3	22	7.4	+1.7	-3.0	+3.1
HIV / AIDS	3	0.9	3	0.9	19	6.7	18	6.0	+5.1	+5.1	-0.7
Obesity	5	1.6	9	2.8	5	1.8	5	1.7	+0.1	-1.1	-0.1
Asthma	1	0.3	4	1.3	1	0.4	2	0.7	+0.4	-0.6	+0.3
Mental illnesses	1	0.3	0	0.0	1	0.4	2	0.7	+0.4	+0.7	+0.3
Arthritis	0	0.0	1	0.3	1	0.4	-	0.0	-	-0.3	-0.4
Dementia	1	0.3	1	0.3	-	-	1	0.3	-	-	-
Other	6	1.9	9	2.8	37	13.1	24	8.1	+6.2	+5.3	-5.0
TOTAL	318	100.0	318	100.0	282	100.0	298	100.0			
<u>Mentioned any order</u>											
Cancer (all types)	280	88.1	259	81.4	265	94.0	266	89.3	+1.2	+7.9*	-4.7
CVD	262	82.4	245	77.0	152	53.9	160	53.7	-28.7*	-23.3*	-0.2
Diabetes	112	35.2	124	39.0	85	30.1	114	38.3	+3.1	-0.7	+8.2*
HIV / AIDS	9	2.8	5	1.6	39	13.8	43	14.4	+11.6*	+12.8*	+0.6
Dementia	8	2.5	14	4.4	24	8.5	22	7.4	+4.9	+3.0	-1.1
Obesity	25	7.9	27	8.5	16	5.7	23	7.7	-0.2	-0.8	+2.0
Arthritis	12	3.8	10	3.1	15	5.3	13	4.4	+0.6	+1.3	-0.9
Asthma	6	1.9	12	3.8	10	3.5	13	4.4	+2.5	+0.6	+0.9
Mental illnesses	12	3.8	8	2.5	6	2.1	13	4.4	+0.6	+1.9	+2.3
Other	39	12.3	38	11.9	106	37.6	100	33.6	+21.3	+21.7	-4.0
TOTAL	187	58.8	742	233.2	718	254.5	767	257.4			

* denotes a chi-square significant difference at $p < .05$

Consistent with previous surveys, cancer had the highest salience of any disease, followed by cardiovascular disease. However the salience of cardiovascular disease (CVD) appears to be slipping, and HIV/AIDS and dementia increasing in 2006 and 2007. The salience of diabetes

increased appreciably after the 2005 DID campaign, but declined when HIV/AIDS increased substantially in 2006. Overall mention of diabetes as a serious disease evidenced a statistically significant gain since the 2006 survey, to return to similar levels observed after the 2005 DID campaign. These data suggest that diabetes remains stable as the third most salient disease in terms of serious illnesses, while HIV/AIDS and dementia have increased and CVD decreased. Obesity—as a serious ‘disease’—has remained constant since 2005 pre-campaign levels.

3.2.1.2 Personal concern about diabetes

Participants were asked the open-ended question “*What illnesses or diseases are of greatest concern for your own personal health, now or in the future?*”. Multiple responses were coded into disease categories and are displayed and compared to previous surveys in Table 12.

Table 12: “What illnesses or diseases are of greatest concern for your own personal health, now or in the future?”

Diseases of personal concern	2005-pre (n=318)		2005-post (n=318)		2006-post (n=282)		2007-post (n=298)		2007-post % change from:		
	N	%	N	%	N	%	N	%	2005-pre	2005-post	2006-post
First to Mind											
Cancer (all types)	145	45.6	120	37.7	139	49.3	158	53.0	+7.4	+15.3*	+3.7
CVD	90	28.3	92	28.9	51	18.1	60	20.1	-8.2*	-8.8*	+2.0
Diabetes	24	7.5	35	11.0	17	6.0	15	5.0	-2.5	-6.0	-1.0
Arthritis	6	1.9	9	2.8	9	3.2	9	3.0	+1.1	+0.2	-0.2
Dementia	3	0.9	6	1.9	9	3.2	6	2.0	+1.1	+0.1	-1.2
Mental illnesses	3	0.9	1	0.3	3	1.1	2	0.7	-0.2	+0.4	-0.4
Osteoporosis	2	0.6	2	0.6	2	0.7	3	1.0	+0.4	+0.4	+0.3
Other	10	3.5	15	5.0	29	10.3	25	8.4	+4.9	+3.4	-1.9
None	35	11.0	38	11.9	23	8.2	20	6.7	-4.3	-5.2	-1.5
TOTAL	318	100.0	318	100.0	282	100.0	298	100.0			
Mentioned in any order											
Cancer (all types)	180	56.6	169	53.1	192	68.1	206	69.1	+12.5*	+16.0*	+1.0
CVD	167	52.5	175	55.0	117	41.5	130	43.6	-8.9*	-11.4*	+2.1
Diabetes	50	15.7	64	20.1	53	18.8	53	17.8	+2.1	-2.3	-1.0
Arthritis	11	3.5	16	5.0	23	8.2	30	10.1	+6.6	+5.1	+1.9
Dementia	18	5.7	19	6.0	30	10.6	20	6.7	+1.0	+0.7	-3.9
Osteoporosis	8	2.5	7	2.2	2	0.7	5	1.7	-0.8	-0.5	+1.0
Loss of eyesight	5	1.6	2	0.6	2	0.7	1	0.3	-1.3	-0.3	-0.4
Other	7	2.2	11	3.5	77	27.3	40	13.4	+39.7	+38.4	-13.9
None	25	7.9	11	3.5	23	8.2	20	6.7	-1.2	3.2	-1.4
TOTAL	471	148.2	474	149.0	519	184.0	505	169.5			

* denotes a chi-square significant difference at $p < .05$

The salience of cancer as a disease of personal concern appears to be increasing, while concern of cardiovascular disease appears to be falling, consistent with the results in Table 10. Diabetes remained stable as the third most salient. These data suggest the present campaign failed to increase personal concern about diabetes to a significant extent over other diseases. However there was a substantial increase in ‘other’ responses, both in first all mentions. These data perhaps reflect the increasing efforts of many ‘disease’ groups to place their disease on the public’s agenda.

3.2.1.3 Salience of diet and diabetes

Prior to being prompted about diabetes, all participants were asked “Which specific illnesses or diseases are people more likely to avoid if they have a healthy diet?”. Multiple responses were recorded verbatim and later into relevant categories. The results are displayed in Table 13 and compared to the 2005 survey. This item was not included in the 2006 survey.

Table 13: Nominated illnesses and diseases less likely due to a healthy diet

	2005-pre (n=318)		2005-post (n=318)		2007-post (n=298)		2007-post % change from:	
	N	%	N	%	N	%	2005- pre	2005- post
<u>Top-of-mind Response</u>								
CVD	170	53.5	140	44.0	132	44.3	-9.2*	+0.3
Diabetes	70	22.0	108	34.0	77	25.8	+3.8	-8.2*
Cancers	49	15.4	29	9.1	36	12.1	-3.3	+3.0
Obesity	4	1.3	-	-	28	9.4	+8.1*	+9.4*
<i>Other</i>	9	2.8	41	12.9	11	3.7	+0.9	-9.2*
<i>Don't know</i>	16	5.0	0	0.0	14	4.7	-0.3	+4.7
<u>Mentioned in any order</u>								
CVD	259	81.4	262	82.4	267	89.6	+8.2*	+7.2
Diabetes	157	49.4	196	61.6	175	58.7	+9.3*	-2.9
Obesity	18	5.7	32	10.1	103	34.6	+28.9*	+24.5*
Cancers	128	40.3	85	26.7	91	30.5	-9.8*	+3.8
Arthritis	6	1.9	8	2.5	14	4.7	+2.8*	+2.2
Osteoporosis	5	1.6	16	5.0	4	1.3	-0.3	-3.7
<i>Other</i>	12	3.8	4	1.3	45	15.1	+11.3*	+13.8*
<i>Don't know</i>	18	5.7	15	4.7	14	4.7	-1.0	0.0

* denotes a statistically significant difference at $p < .05$

A healthy diet remained most frequently associated with a reduced risk of cardiovascular diseases for all surveys, with diabetes the second most frequently nominated. First-to-mind nominations of diabetes have clearly been impacted by the appearance of ‘obesity’, but total mentions for diabetes remain high even with the large increase in total obesity mentions. This result is likely a reflection of the great publicity surrounding the topic of obesity and possibly a cognitive shift whereby it is becoming considered a diet-related medical condition in its own right.

3.2.1.4 Salience of physical activity and diabetes

Participants were asked the open-ended question “Which specific illnesses or diseases are people more likely to avoid if they exercise regularly?”. Results are displayed in Table 14 and compared to total mentions in the 2005 post-campaign survey. [NB: due to a clerical error in 2005, directly comparable results are not available for the 2005 pre-campaign survey and are only available for *total mentions* for the 2005 post-campaign survey. Also, this question was not asked in the 2006 survey].

Table 14: “Which specific illnesses or diseases are people more likely to avoid if they exercise regularly?”

<u>Diseases less likely from physical activity</u>	2005-post (n=318)		2007-post (n=298)		2007 % change since... 2005 post
	N	%	N	%	
Cardiovascular diseases	253	79.6	285	95.6	+16.0*
Diabetes	127	39.9	154	51.7	+11.8*
Obesity	25	7.9	116	38.9	+31.0*
Cancer	34	10.7	51	17.1	+6.4
Arthritis	26	8.2	41	13.8	+5.6
Osteoporosis	33	10.4	19	6.4	-4.0
Mental illnesses	10	3.1	16	5.4	+2.3
Asthma	3	0.9	10	3.4	+2.5
Don't know	11	3.5	0	0.0	-3.5
Other	4	1.3	9	3.0	+1.7

* denotes a statistically significant difference at $p < .05$

Cardiovascular diseases remained firmly on top as the most commonly nominated disease for which the risk can be reduced through exercise. Mentions increased further and significantly

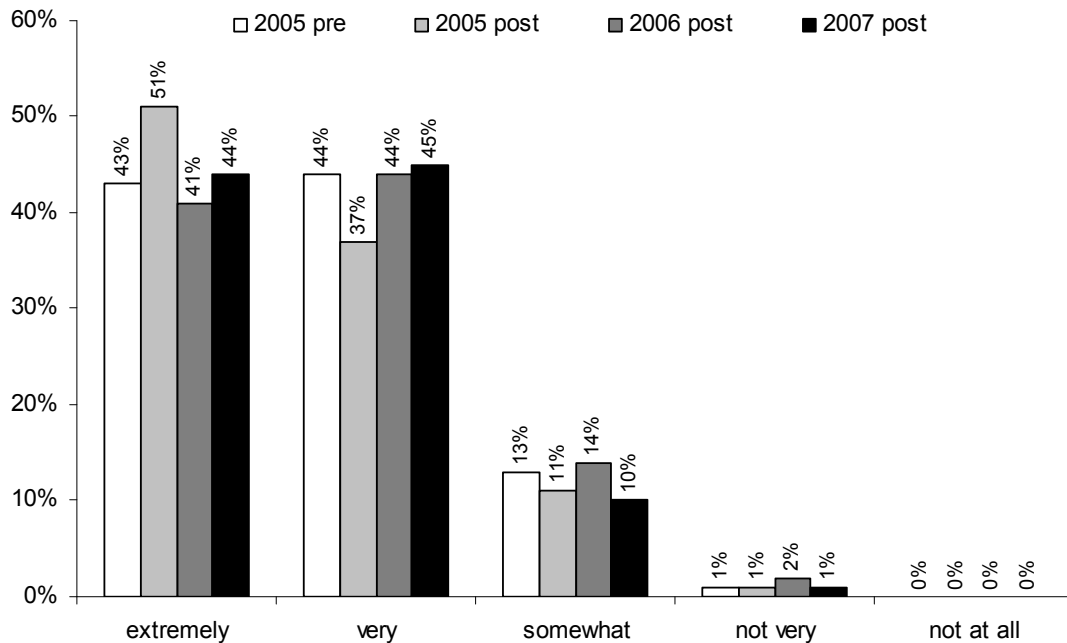
in 2007 and it now enjoys near-universal salience. Diabetes remained the second most nominated disease associated with a risk-reduction through exercise and also made further and significant gains over 2005-post campaign levels. As with diet, and probably for the same reasons, by far the largest increase was mentions of obesity, which saw substantial and significant gains to move from sixth most frequently nominated to third most frequently nominated between 2005 and 2007.

3.2.2 Perceptions of Diabetes

3.2.2.1 Severity

Participants were asked to rate on a five-point scale how serious they thought the health consequences are for someone who develops diabetes. Results are compared to previous surveys in Figure 5.

Figure 5: “How serious do you think the health consequences are for someone who develops diabetes?”

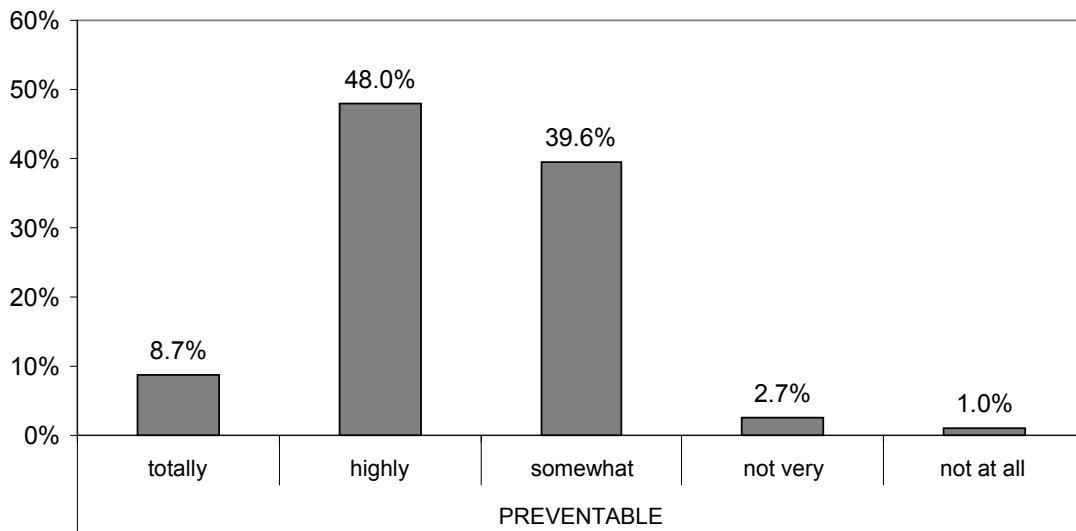


The baseline data from the 2005 pre-campaign survey suggested there was already a very high proportion of participants who believed the consequences of diabetes to be ‘extremely’ or ‘very’ serious. The 2005-post campaign survey suggested a small and non-significant improvement, but the 2006 and now 2007 surveys suggest that this measure has reached a ceiling.

3.2.2.2 Preventability

Participants were asked a new item in the 2007 survey: “*how preventable do you think is diabetes?*”. Responses were recorded on a five-point scale from ‘totally preventable’, to ‘highly preventable’, ‘somewhat preventable’, ‘not very preventable’ and ‘not at all preventable’. Results are displayed in Figure 6.

Figure 6: “How preventable do you think is diabetes?”



A majority of respondents (56.7%) stated that diabetes is either ‘totally’ or ‘highly’ preventable; very few said it is not preventable. This suggests that most people are likely to be highly receptive and accepting of the messages about healthy diet and exercise reducing the risk of diabetes.

3.2.2.3 Complications and risk factors

Participants were asked “*What sort of complications and illnesses can diabetes lead to?*” and “*Can you tell me what sort of people are most at risk of developing diabetes?*”. Multiple responses were recorded and later coded into relevant themes. Results of the 2007 survey are compared to previous surveys in Table 15.

Table 15: Recall of the major illnesses and health problems associated with diabetes and the sort of people who are most at risk of developing diabetes

	2005-pre (n=318)		2005-post (n=318)		2006-post (n=282)		2007-post (n=298)		2007 Change from:			
	N	%	N	%	N	%	N	%	2005- pre %	2005- post %	2006- post %	
Consequence												
Limb Amputation	126	39.6	190	59.7	164	58.2	196	65.8	+26.2*	+6.1	+7.6	
Blindness	145	45.6	202	63.5	153	54.3	196	65.8	+20.2*	+2.3	+11.5*	
CVD	112	35.2	101	31.8	104	36.9	118	39.6	+4.4	+7.8*	+2.7	
Kidney failure	49	15.4	46	14.5	43	15.2	73	24.5	+9.1*	+10.0*	+9.3*	
Death	9	2.8	28	8.8	37	13.1	60	20.1	+17.3*	+11.3*	+7.0	
Impotency	1	0.3	3	0.9	4	1.4	5	1.7	+1.4	+0.8	+0.3	
Don't know	52	16.4	30	9.4	5	1.8	20	6.7	-9.7*	-2.7	+4.9	
Other	8	2.5	6	1.9	59	20.9	40	13.4	+10.9*	+11.5*	-7.5	
Risk Factor												
Overweight	187	58.8	211	66.4	198	70.2	204	68.5	+9.7*	+2.1	-1.7	
Poor diet	172	54.1	226	71.1	189	67.0	200	67.1	+13.0*	-4.0	+0.1	
Sedentary lifestyle	76	23.9	118	37.1	93	33.0	136	45.6	+21.7*	+8.5*	+12.6*	
Family history	89	28.0	84	26.4	93	33.0	105	35.2	+7.2	+8.8*	+2.2	
Ageing	27	8.5	41	12.9	55	19.5	42	14.1	+5.6	+1.2	-5.4	
'Unhealthy' people	51	16.0	62	19.5	18	6.4	38	12.8	-3.2	-6.7	+6.4	
Indigenous people	29	9.1	19	6.0	26	9.2	21	7.0	-2.1	+1.0	-2.2	
Heavy drinkers	18	5.7	25	7.9	20	7.1	16	5.4	-0.3	-2.5	-1.7	
Smokers	18	5.7	17	5.3	20	7.1	10	3.4	-2.3	-1.9	-3.7	
Don't know	15	4.7	17	5.3	2	0.7	9	3.0	-1.7	-2.3	2.3	
Other	66	20.8	46	14.5	37	13.1	23	7.7	-13.1*	-6.8	-5.4	

* denotes a statistically significant difference at $p < .05$

Substantial and significant increases over 2005 baseline results were observed in participants' awareness of the complications associated with diabetes after the 2005 and 2006 DID campaigns, including mentions of blindness, limb amputations, kidney failure, and death, as well as significant falls in the proportion of participants claiming no knowledge of any complications. Even further improvements have been observed in the 2007 participants for all these complications, especially kidney failure and death. There has also been a modest improvement in awareness of cardiovascular disease. Impotency appears to be the only consequence for which knowledge has remained static over the life of the DID project. It is almost certain that the observed improvements are attributable to successive DID campaigns over the past three years in WA, as evidenced by the high awareness of blindness and limb

amputation corresponding to the two primary images, *Eye* and *Leg*, used in the DID campaigns.

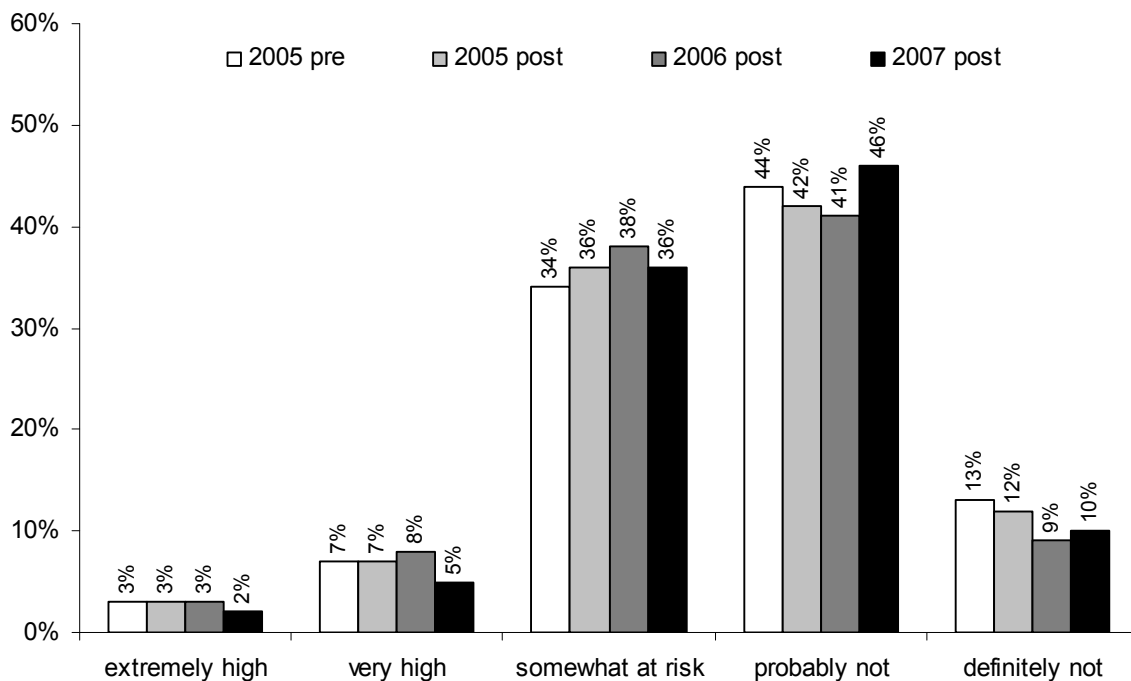
In terms of knowledge of risk factors associated with diabetes, *being overweight* and having a *poor diet* already achieved significant improvements over baseline in the 2005-post and 2006 surveys, and the high levels of awareness for these risk factors was maintained in the 2007. Compared to previous surveys there has been a significant improvement in mentions of *sedentary lifestyle* being a risk factor for diabetes, in accordance with one of the main messages of the *Bodies* TVC.

In the 2002 formative research participants were described as viewing cancer and cardiovascular diseases as more ‘serious’ than diabetes because the former were associated with death while the latter was not (see Carter, Donovan & Jalleh, 2002). The steady increase observed since the 2005 baseline in awareness of *death* as a consequence of diabetes is therefore a particularly important result.

3.2.3 Personal risk

Respondents were asked to rate on a five-point scale how personally at risk they think they are of developing diabetes. Results are compared to previous surveys in Figure 7.

Figure 7: “How at risk do you personally think you are of developing diabetes?”



The proportions of survey respondents considering themselves at high or low risk of diabetes has remained very stable over four surveys suggesting that, at a population level, the DID campaigns have made little impact on this measure. Participants were then asked why they thought thus. Multiple responses were recorded and later coded into the themes presented in Table 16.

Table 16: Reasons why respondents believed they are either at risk or not at risk of developing diabetes

	2005 -pre (n=318)		2005 -post (n=318)		2006-post (n=282)		2007-post (n=298)		2007-post % change from:			
	N	%	N	%	N	%	N	%	2005- pre	2005- post	2006- post	
Why I am at risk												
I have a poor diet	30	9.4	36	11.3	20	7.1	48	16.1	+6.7	+4.8	+9.0*	
I am overweight	23	7.2	26	8.2	38	13.5	46	15.4	+8.2*	+7.2	+1.9	
I have a family history	70	22.0	63	19.8	54	19.1	41	13.8	-8.2*	-6.0	-5.3	
I don't exercise	5	1.6	17	5.3	15	5.3	29	9.7	+8.1*	+4.4	+4.4	
I am getting older	13	4.1	24	7.5	23	8.2	25	8.4	+4.3	+0.9	+0.2	
Everyone's at risk	5	1.6	9	2.8	13	4.6	11	3.7	+2.1	+0.9	-0.9	
Other	1	0.3	31	6.3	28	9.9	16	5.4	+5.1	-0.9	-4.5	
Why I am NOT at risk												
I eat a balanced diet	103	32.4	95	29.9	94	33.3	120	40.3	+7.9*	+10.4*	+7.0	
I exercise regularly	56	17.6	61	19.2	46	16.3	79	26.5	+8.9*	+7.3	+10.2*	
I am fit and healthy	81	25.5	73	23.0	76	27.0	69	23.2	-2.3	+0.2	-3.8	
No family history of diabetes	78	24.5	69	21.7	50	17.7	62	20.8	-3.7	-0.9	+3.1	
I am not overweight	3	0.9	10	3.1	47	16.7	50	16.8	+15.9*	+13.7*	+0.1	
I have regular health checks	25	7.9	25	7.9	23	8.2	21	7.0	-0.9	-0.9	-1.2	
The risks of getting it are small	3	0.9	4	1.3	11	3.9	4	1.3	+0.4	+0.0	-2.6	
Other	34	10.7	29	9.1	0	19.1	18	6.0	-4.7	-3.1	-13.1	

* denotes a statistically significant difference between pre and post scores at $p < .05$

There were a number of significant increases in risk factors that were promoted in the campaign materials: excessive body weight, diet and exercise. The unmodifiable factor—*family history*—declined in 2007 with significant and substantial improvements in mentions of *poor diet* and *being overweight*. The number of participants in 2007 citing *lack of exercise* as a reason for being at risk doubled from the 2005 and 2006 post-campaign surveys, and increased six-fold from the baseline survey. Likewise, *not being overweight* and *eating a balanced diet* saw significant and large increases in mentions of why participants did not consider themselves at risk, as did *regular exercise*, which went from fourth most commonly

cited reason to second most common. These data clearly suggest that the main campaign messages—about the importance of diet, exercise and maintaining a healthy body weight to reduce the risk of diabetes—were understood, accepted and absorbed by the target audience.

3.2.3.1 Further information sought

Respondents were asked whether they had sought information about diabetes or discussed it with anyone in the past two months. Those who said they had were asked “*What did you do or who did you talk to?*”. Results are displayed in Table 17.

Table 17: “In the past several weeks, have you sought information about diabetes or discussed it with anyone?”

Action	2005-pre (n=318)		2005-post (n=318)		2007-post (n=298)		2007 % change from 2005- pre 2005- post	
	N	%	n	%	n	%		
Yes, sought information	66	20.8	80	25.2	78	26.2	+5.4	+1.0
Talked to family	7	2.2	27	8.5	42	14.1	+11.9*	+5.6
Talked to friends/colleagues	40	12.6	34	10.7	37	12.4	-0.2	+1.7
Talked to health professional	15	4.7	23	7.2	13	4.4	-0.3	-2.8
Had BGL test	3	0.9	0	0.0	4	1.3	+0.4	+1.3
Searched the Internet	4	1.3	3	0.9	1	0.3	-1.0	-0.6
Read brochure	2	0.6	0	0.0	1	0.3	-0.3	+0.3
Contacted Diabetes WA	1	0.3	2	0.6	0	0.0	-0.3	-0.6
Went to library	1	0.3	3	0.9	0	0.0	-0.3	-0.9

* denotes a chi-square significant difference at $p < .05$

Just over one-quarter of respondents claimed to have discussed diabetes or sought information about diabetes during the 2007 DID campaign, consistent with the 2005 campaign. Most commonly this involved family, followed by friends and colleagues, and then health professionals. Significantly more participants in 2007 claimed to have discussed diabetes with family members than in the baseline survey. Very few respondents mentioned specific sources of information.

4 Conclusions

The results of the 2007 DID campaign evaluation suggest it reached approximately two-thirds of its target audience within WA. Those who remembered the campaign considered the DID TVCs to be highly credible and personally relevant—consistent with findings from the 2005 post-campaign survey and 2005 and 2007 ad-testing.

As evidence of its success, the 2007 DID campaign has increased the salience of diabetes as a serious disease to similar levels achieved after the 2005 DID campaign, contrasting it with the 2006 DID campaign when salience dropped back to baseline levels (2005 pre-campaign). Clearly the use of television advertising, which was not used in 2006, is required to maintain this level of salience.

It was noted in the 2005 evaluation that a significant improvement was observed in awareness of *diet* as a modifiable risk factor associated with diabetes, but not *physical activity*. The 2007 DID campaign seems to have achieved what the 2005 DID campaign did not in this respect: awareness of *physical activity* being a protective factor against diabetes increased from previous levels across a number of measures. This achievement can plausibly be attributed to the inclusion of the *Bodies* TVC, supporting the strategy to include images of preventative behaviours in the 2007 campaign.

Furthermore, the 2007 DID campaign has improved awareness, over and above the 2005 campaign, of:

- the consequences of diabetes;
- the modifiable risk factors associated with the disease; and
- appropriate avoidance strategies.

It is evident that West Australians now possess markedly improved knowledge about diabetes since baseline measures were taken in 2005. It is highly likely this phenomenon can be accredited to three successive years of DID campaigning within WA. It would now be of great interest to compare the West Australian public's knowledge of diabetes to that of populations in the other states of Australia using a short survey. As populations from other states are likely to have received similar levels of information from news coverage, a comparison with West Australian data has the potential to provide testimony about the unique contribution of the DID campaigns.

Awareness of *blindness* and *limb amputation* as consequences of diabetes continues to increase, far outstripping increases of the other depicted consequences *kidney failure* and *cardiovascular disease*. The superior awareness of blindness and amputation may be

explained by the *dialysis* and *heart surgery* images being less compelling than the *Eye* and *Leg* images, exacerbated by the fact that for the same reason, the latter have been chosen for a greater diversity of advertising materials (i.e., the *Leg* and *Eye* posters, newspaper advertisements in the 2006 campaign, and only *Eye* being used in *Bodies* in 2007). Awareness of impotency as a consequence of diabetes has barely increased from baseline, in accordance with the lack of imagery used in the DID campaigns to date. Future DID campaigns may benefit from featuring more powerful images of kidney failure, cardiovascular disease, and impotency.

Self-perceived risk of developing diabetes does not appear to have changed over baseline for three successive campaign seasons. However, the reasons why respondents do or do not consider themselves at risk have become increasingly based upon self-assessments of lifestyle (i.e., diet, exercise and overweight), suggesting an increased sophistication in self-assessed risk. After all, it is appropriate for respondents who *do* lead an active lifestyle, consume a balanced diet and who are not overweight to consider themselves at lower risk of developing diabetes.

The number of visits to the DID website increased as a result of the 2007 campaign, suggesting that inclusion of the DID web address in the end-frames of *Storybook* and *Bodies* was successfully noticed and acted upon by a small but significantly increased proportion of the target audience. In terms of comparative numbers, promoting the website in the TVC end-frames is a more successful strategy than promoting the helpline telephone number.

The considerably higher media purchase for the 2007 campaign over the 2005 campaign did not translate to higher campaign penetration in metropolitan Perth. The reasons for this may warrant further exploration, especially considering that similar concerns were raised in the 2005 evaluation (see Carter, Donovan & Jalleh, 2005). It is possible that some aspect of the execution of the TVCs is leading to the disparity between the 63% recognition rate and the 88% 1+ reach rates. These data would suggest that some in the target audience were exposed to the TVCs but failed to pay sufficient attention to commit them to memory. The original formative research for the DID project (Carter, Donovan & Jalleh, 2002) noted that information about the widespread *prevalence* of diabetes was not as effective as information about the *consequences* of diabetes at increasing personal concern about the disease. However prevalence information was still rated as highly surprising to many participants and was equally effective at getting participants to 'sit up and take notice'. The original recommendation was to use prevalence information to gain the attention of the target audience and then to sustain that attention and increase personal concern with information

about the consequences of diabetes. As such, there is a case to be made for greater incorporation of prevalence information into future DID advertising materials.

Overall, the data would suggest that the 2007 DID campaign penetrated the target audience to a somewhat lower level than anticipated, but that it successfully met its objectives of increasing and maintaining: the salience of diabetes as a serious disease; knowledge of complications and risk factors arising from diabetes; and understanding of avoidance strategies. A number of recommendations for future action stem from this evaluation as follows.

RECOMMENDATIONS

1. That images of overweight bodies, healthy eating and physical activity used in *Bodies*, or similar imagery, continue to be used in future advertising materials.
2. Diabetes WA consider commissioning a short, national survey replicating survey items Q5–8, and Q14–20 regarding salience and knowledge about diabetes (see Appendix 1), with samples of n=100 from each New South Wales, Victoria, Queensland, South Australia and Tasmania, in order to show-case the relative effect of the DID campaigns in Western Australia.
3. Diabetes WA embark upon a wide-ranging search or even commission a number of new and potentially more potent images portraying kidney failure, cardiovascular disease and (if practicable) impotency, for use in future campaign materials. Once a cache of potential images was gathered, it would then be a straightforward matter to select from these the most potent image for each consequence via quantitative testing with a representative sample of the target audience.
4. The DID website continue to be promoted in TVC end-frames in preference to the Diabetes helpline number.
5. Consider incorporating prevalence information in future DID advertising materials in tandem with consequences information.

5 References

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6 Appendix 1: CATI Survey Tool

INTRODUCTION

Hello, I'm from Curtin University and my name is _____. We are currently conducting a survey on health issues. May I please speak to someone in the household between the ages of 30 and 70 who will be having the next birthday? **[IF SAYS NONE TERMINATE]** Could you spare me 10 minutes of your time to answer a few questions. All the information you provide will remain confidential.

Yes (Continue)	1
Yes (Another person) (Reintroduce if necessary)	2
No (Refused) (Terminate)	3

If wants more information, say Division of Health Sciences at Curtin University, provide Geoffrey Jalleh's telephone number (9266 3789) and quote Curtin University Research Ethics Clearance Number ##.

SCREENING

Q1 Are you a resident of Western Australia?	Yes	<input type="text" value="1"/>	
	No	<input type="text" value="2"/>	→ CLOSE
Q2 Which of the following age-groups are you in?	Under 31	<input type="text" value="1"/>	→ CLOSE
	31 to 39 years	<input type="text" value="2"/>	
	40 to 55 years	<input type="text" value="3"/>	
	56 to 70 years	<input type="text" value="4"/>	
	Over 70 years	<input type="text" value="5"/>	→ CLOSE

Q3 What is your occupation? _____
[IF IN THE MEDICAL OR HEALTH PROFESSIONS, RECORD AND DISCONTINUE POLITELY]

What is your <u>main</u> occupation?	(Do not prompt)	(One only)
Working in <u>any</u> job, business or profession		1
Full-time student		2
Home duties		3
Unemployed		4
Retired		5
Sickness / invalid beneficiary		6
Refused		98 → CLOSE
Other (Please specify)		99

Q4 Sex [do not ask]	Male	<input type="text" value="1"/>
	Female	<input type="text" value="2"/>

SALIENCE OF DIABETES

Q5 When you think of serious diseases in Australia, what comes to mind?

Anything else? Anything else? [open-ended]

PRE-CODES:

1. Diabetes		7. Obesity	
2. Cancer (all types)		8. Dementia/Alzheimer's	
3. Heart disease/attack		9. AIDS	
4. Stroke		10. Alcohol/drug use	
5. Mental illness		11. Avian/Bird flu	
6. Asthma		99. Other [specify]	

Q6 Which illnesses or diseases are of greatest concern for your own personal health, now or in the future? What else? What else? [open-ended]

PRE-CODES:

1. Diabetes		5. Dementia/Alzheimer's	
2. Cancer (all types)		6. Blindness	
3. Heart disease/attack		7. Overweight/obesity	
4. Stroke		8. Arthritis	
		99. Other [specify]	

[ROTATE ORDER OF QUESTIONS 8 AND 9 RANDOMLY]

Q7 Which specific illnesses or diseases are people more likely to avoid if they have a healthy diet? What else? What else? [open-ended]

PRE-CODES:

1. Diabetes		7. Obesity	
2. Cancer (all types)		8. Dementia/Alzheimer's	
3. Heart disease/attack		9. AIDS	
4. Stroke		10. Arthritis	
5. Mental illness		11. Avian/Bird flu	
6. Asthma		99. Other [specify]	

Q8 Which specific illnesses or diseases are people more likely to avoid if they exercise regularly? What else? What else? [open-ended]

PRE-CODES:

1. Diabetes		7. Obesity	
2. Cancer (all types)		8. Dementia/Alzheimer's	
3. Heart disease/attack		9. AIDS	
4. Stroke		10. Arthritis	
5. Mental illness		11. Avian/Bird flu	
6. Asthma		99. Other [specify]	

UNPROMPTED SALIENCE OF ADVERTISING

Q9 During the last several weeks, that is since the 25th of February, what ads about health issues have you seen on TV? Have you seen anything else?

<i>Storybook:</i> TV ad showing pictures of eye surgery, leg amputation, kidney failure and heart disease saying that diabetes is a serious disease and those who are over 30 years old, overweight and not enough exercise are at risk	1
<i>Bodies:</i> TV ad showing picture of eye surgery, overweight bodies, people eating fruit and people riding bicycles saying that diabetes can be avoided by exercising and eating properly	2
Other (describe)_____	99

EXPERIENCE OF DIABETES

- Q10 Have you ever had a check up for diabetes? Yes 1
No 2
- Q11 Do you have diabetes? Yes 1 → Terminate interview
No 2
- Q12 Do you have anyone in your immediate family with diabetes? Yes 1
No 2
- Q13 Do you have friends with diabetes? Yes 1
No 2

ATTITUDES TOWARDS AND KNOWLEDGE OF DIABETES

Q14 How serious do you think the health consequences are for someone who develops diabetes? Would you say they are... (READ SCALE ALOUD)

extremely serious	very serious	somewhat serious	not very serious	not at all serious
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q15 How preventable do you think is diabetes? Would you say it is ... (READ SCALE ALOUD)

totally preventable	highly preventable	somewhat preventable	not very preventable	not at all preventable
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q16 How at risk do you personally think you are of developing diabetes now or in the future? Would you say you are... (READ SCALE ALOUD)

extremely high risk	very high risk	somewhat at risk	Probably not at risk	Definitely not at risk
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Go to Q17

Go to Q18

Q17 Why would you say that? What else? What else?

1. Family history	<input type="checkbox"/>
2. I'm overweight	<input type="checkbox"/>
3. I consume lots of sugar	<input type="checkbox"/>
4. I'm getting older	<input type="checkbox"/>
5. I don't exercise	<input type="checkbox"/>

6. Everyone's at risk	<input type="checkbox"/>
7. I am aboriginal	<input type="checkbox"/>
8. unhealthy eating	<input type="checkbox"/>
9. I'm over 30	<input type="checkbox"/>
99. Other _____	<input type="checkbox"/>

NOW → Q19

Q18 Why would you say that? What else? What else?

1. I have a healthy diet	<input type="checkbox"/>
2. I am fit and healthy	<input type="checkbox"/>
3. No family history	<input type="checkbox"/>
4. I exercise regularly	<input type="checkbox"/>

5. I'm not overweight	<input type="checkbox"/>
6. The risk is only small	<input type="checkbox"/>
7. I get regular checkups	<input type="checkbox"/>
99. Other _____	<input type="checkbox"/>

Q19 What are some of the major illnesses and health problems diabetes can lead to? What else? What else?

1.	Blindness	
2.	Heart Disease	
3.	Stroke	
4.	Impotency	

5.	Kidney failure	
6.	Limb amputation	
7.	Death	
99.	Other _____	

Q20 Can you tell me what sort of people are most at risk of developing diabetes?
Who else? Who else?

1.	Over 30 years old	
2.	Overweight	
3.	Inactive/Lack of exercise	
4.	Unhealthy diet	

5.	High sugar diet	
6.	Indigenous people	
7.	Unhealthy people	
8.	Family history	
99.	Other _____	

UNPROMPTED SALIENCE OF ADVERTISING (CATEGORY-SPECIFIC)

Q21 During the last several weeks, that is since the 25th of February, have you seen any TV ads about diabetes?

Yes	1	
No	2	→ Q23

Q22 Please describe the ads you have seen. [open-ended] Have you seen anything else?

[NB: if describes the eye, seek further clarification to determine specific ad]

	CODE
<u>Storybook</u> <ul style="list-style-type: none"> • eye surgery • leg amputation • kidney failure • heart disease • “diabetes is a serious disease” • “over 30, overweight and not enough exercise are at risk” 	1
<u>Bodies</u> <ul style="list-style-type: none"> • eye surgery • overweight bodies • couple eating healthy • couple riding bikes • “over half West Australians obese or overweight” • “diabetes can be avoided by eating healthy, regular exercise, and maintaining healthy weight” 	2
Other (describe) _____	99

PROMPTED SALIENCE OF DIABETES ADVERTISING

[ROTATE ORDER OF Q23 AND Q24]

Q23 There have been two ads about diabetes running on TV for the last several weeks. I will describe them to you briefly. Please tell me whether you have seen them.

The first ad shows pictures of an eye undergoing surgery, a man's chest during heart surgery, an arm receiving a blood transfusion, and an amputated leg. The ad says "If you thought diabetes was fairly innocent, think again. Diabetes can lead to blindness, heart failure and stroke, kidney disease...you could even lose a leg. If you're over 30, overweight and don't get enough exercise you could be at risk of type 2 diabetes. Act now".

Have you seen this ad since the 25th of February this year?

Yes	1
No	2

Q24 *The second ad shows pictures of an eye undergoing surgery, followed by overweight bodies, people eating breakfast, riding bicycles and standing on bathroom scales. The ad says "Diabetes is serious. It can lead to blindness, heart disease, kidney failure and lower limb amputation. Over half of West Australians are obese or overweight, increasing their risk of developing type 2 diabetes. But everyone can reduce their risk by eating healthy, becoming physically active and being a healthy weight. Act now".*

Have you seen this ad since the 25th of February this year?

Yes	1
No	2

.....

[IF EITHER AD RECOGNISED CONTINUE, OTHERWISE GO TO Q29]

Q25 How believable did you find these ads? Did you find them...

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

Q26 How relevant were these ads to you personally? Did you find them...

Very relevant	1	→ Q27
Somewhat relevant	2	→ Q27
Not very relevant	3	→ Q28
Not relevant at all	4	→ Q28

Q27 Why do you say that? [open-ended]

I am overweight	1
I am over 30	2
I don't get enough exercise	3
I eat unhealthily	4
I didn't realise that diabetes was that serious	5
I have a family member/friend with diabetes	6
I don't want those things to happen to me	7
Don't know	98
Other (record)	99

[NOW → Q29]

Q28 Why do you say that? [open-ended]

I don't have diabetes	1
I don't think I will ever get diabetes	2
I am healthy	3
I exercise	4
I eat healthily	5
I am a healthy weight	6
There is only a small chance of these things happening	7
Ads don't affect me	8
I don't want those things to happen to me	9
Don't know	98
Other (record)	99

POSTERS AND LEAFLETS

Q29 During the past month, have you seen any posters or leaflets about diabetes?

Yes	1	
No	2	→ Q32

Q30 What posters or leaflets have you seen? Anything else? Anything else?

<u>Eye</u>	1
<ul style="list-style-type: none"> • eye surgery • “Diabetes: Its time you opened your eyes to the risk” 	
<u>Leg</u>	2
<ul style="list-style-type: none"> • amputated leg • “Diabetes: What do you have to lose?” 	
<u>Leaflet</u>	3
<ul style="list-style-type: none"> • tick box of diabetes risk factors • ‘Type 2 diabetes: Are you at risk?’ 	
Can’t remember	98
Other (describe) _____	99

Q31 Where did you see it/them? Anywhere else? Anywhere else?

GP office	1
Hospital	2
Chemist/Pharmacy	3
Workplace	4
Library	5
Can’t remember	98
Other (describe) _____	99

NEWS COVERAGE

Q32 During the past several weeks have you seen or heard anything in the news about diabetes?

Yes	1	
No	2	→ Q35

Q33 Approximately how many times would you have seen or heard things about diabetes since the 25th of February? _____ times

Q34 What did you see or hear? Anything else? Anything else?

TV news feature or programme	1
Radio feature / talk back	2
Newspaper articles	3
Can’t remember	98
Other (record)	99

DISCUSSED DIABETES

Q35 In the past several weeks have you sought information about diabetes or discussed it with anyone?

Yes	1	
No	2	→ Q37

Q36 What did you do or who did you talk to? Anything else? Anything else?

Doctor	1
Family member	2
Friend	3
Had test	4
Public lecture	5
Diabetes WA helpline	6
Diabetes WA website	7
<i>Don't Ignore Diabetes</i> website	8
Searched the Internet for information about diabetes	9
Went to the local library for information about diabetes	10
Can't remember	98
Other (describe) _____	99

DEMOGRAPHICS

Q37 Finally, how many years of school education have you had?

[IF DESCRIBE TAFE/OTHER COURSES THEN ASK WHAT YEAR LEFT SCHOOL AND RECORD THAT]

Some primary school	1
Finished primary school	2
Some high school	3
Finished Year 10 / "O" levels	4
Some Year 11 or 12	5
Finished Year 12/ TEE/ TAE/ "A levels"	5
Some university	6
Graduated from university	7
Postgraduate university degree	8

END