



THE SOCIAL
RESEARCH CENTRE

Department of Health and Ageing

**Evaluation of the Australian Better Health Initiative
Measure Up Social Marketing Campaign
Phase 1**

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Executive Summary

This report presents the results from an evaluation of the third and fourth flights of the Phase One Australian Better Health Initiative (ABHI) social marketing campaign (Measure Up). This campaign encourages people to make positive lifestyle changes (specifically in the areas of nutrition and physical activity) and, as a result, seeks to reduce the prevalence and impact of chronic disease on the Australian community.

The campaign was launched in October 2008 and three additional flights of communication activity have occurred since then. Typically, the media strategy for each flight has comprised a four week block of television advertising in spring and autumn supported by radio, print, out of home and on-line media activity.

Evaluation of the two most recent flights of the campaign involved two waves of Computer Assisted Telephone Interviews (CATI) with national samples of adults aged 18 to 65 years. The sample sizes for these surveys were 2,161 (Wave 3) and 2,193 (Wave 4) with fieldwork conducted between 27 October and 23 November 2009 (Wave 3) and from 6 April and 6 May 2010 (Wave 4).

The evaluation measured campaign awareness, message communication and impact on the attitudes and behaviour of the primary (that is, parents aged 25 to 50 years) and secondary (that is, all people aged 45 to 65 years) target audiences.

Campaign awareness

Unprompted campaign recall

The most recent flights of the campaign have achieved strong cut-through in the *lifestyle, healthy weight and chronic disease* advertising category. Following Wave 4, approximately three-quarters (73%) of the campaign's primary audience spontaneously recalled Measure Up advertising, a result which is in-line with those recorded in Waves 2 and 3 (both also 73%).

Given the campaign's focus on mainstream media targeting 25 to 50 year old parents, it is not entirely surprising that unprompted recall was a little weaker (at around 57%) amongst the secondary audience of people aged 45 to 65 years, especially as awareness of most mainstream advertising, particularly television, typically tends to be weaker amongst older people.

The campaign elements recalled most often were visual content from the television commercials (TVCs) (particularly the main acting talent and the tape measure graphic), messages about healthy eating and comments about waistline measurement. However, while the campaign's general message communication was sound, there has been a slight decline since Wave 2 in recall of specific messages about healthy eating, waistline measurement and the effects of obesity on lifestyle/chronic disease. This has been accompanied by an increase in general descriptions of the talent and graphics used in the campaign TVCs. There was also low unprompted recall of specific messages about the appropriate waist size for good health (ie: 94cm for men and 80cm for women) and about the link between waist measurement and chronic disease.

These findings suggest a slight degree of campaign wear-out may be occurring insofar as the communication of key messages is concerned. It may be that the relatively large number of different messages that Measure Up is seeking to convey at the one time is creating a degree of "information overload", and consequent disengagement, for at least some members of the campaign's audience.

Campaign recognition

Total campaign recognition has continued at very high levels with almost all members of the primary audience having seen or heard at least one campaign element in both Waves 3 (90%) and 4 (93%). While these results are no higher than in Wave 2 (94%), it should be kept in mind that this was a very strong figure and that achieving any significant increase from there represents a difficult task. Compared to these results, total campaign recognition was marginally lower amongst the older secondary audience. However, even amongst this group, total recognition did not fall below 86% (Wave 3).

The high total recognition is primarily driven by the television advertising with at least 88% of the primary audience recognising the TVCs in each of the three surveys. The post-Wave 2 switch from 'top and tail' presentation in the same advertising break to presentation of the TVCs in separate ad breaks, does not appear to have had any detrimental effect on their recognition.

Recognition of all the non-television elements (ie: print, shopping trolleys and digital) except radio has increased steadily since the Wave 2 survey. As a result, these components appear to be providing significant, and increasing, support to the TVCs in maintaining the campaign's profile. Within the primary audience, recognition of any of the non-television campaign elements was 58% in Wave 2 rising to 62% in Wave 3 and 63% in Wave 4. Recognition of the print and radio advertising was particularly strong with Wave 4 recognition levels of 40% and 30% respectively amongst members of this group. In addition, at Wave 4 22% of the primary audience recognised the advertising on shopping trolleys and 13% said they had seen the online digital advertising. Recognition of all these aspects of the campaign, apart from the on-line digital advertising, was somewhat lower amongst the secondary audience.

Campaign impact

Direct influence of the campaign

At Wave 4, 15% of the primary audience said they had measured their waist while 25% had attempted to reduce their waist measurement as a direct response to their having seen the campaign. In addition, 21% of this group said they intended to measure their waist in the next month as a result of having seen the campaign while a similar proportion (24%) intended to reduce their waist measurement in the next month. Similar figures were recorded in Wave 4 for the secondary audience.

These are encouraging results that point to positive engagement between target audiences and the campaign. However, it should be kept in mind that a number of the actions and intentions claimed did not translate into increases in survey measures of 'behavioural change in the last six months'. For example in Wave 4, 19% of the primary audience said they had increased their fruit consumption as a result of seeing the campaign. However there has been no increase since Wave 1 in the proportion who say they have increased their fruit consumption 'in the last six months' when asked about this earlier in the survey. It appears that, for many of these respondents, the changes claimed as a result of seeing the campaign have either been somewhat short-lived and/or are more of a reflection of what these respondents felt their actions and intentions **should** be rather than what they actually are.

Waist measurement and weight

Knowledge of the exact waist measurements associated with an increased risk of health problems and chronic disease was low – in Wave 4, 15% of the primary audience identified 80cm as the measure for women while only 2% nominated 94cm as the measure for men. Nevertheless, these both represent an improvement on the corresponding benchmark figures of six percent and zero. Wave 4 results were better for the proportions nominating '80cm or more' (40%) and '94cm or more' (32%) - not unreasonable responses given the campaign also provided information on the 'greatly increased risk' measurements of 88cm for women and 102cm for men. These results are also well above the benchmark scores (23% in both cases).

At Wave 4, two-thirds (66%) of the primary audience felt '*maintaining a waist measurement of no more than 80cm for women and 94cm for men*' is important in preventing chronic disease later in life. This was a 10 percentage point improvement on the benchmark figure of 56% although there has been no gain since Wave 2 when the corresponding figure was 67%. Moreover, despite the marked increase since Wave 1, maintaining an 80cm/94cm waist measurement was still the behaviour least likely to be considered important out of the six health behaviours assessed in the survey.

Encouragingly, at Wave 4 38% of the primary audience had measured their waist in the last six months. Although this was not significantly different from the 39% reached at Wave 2, it did maintain a significant increase on the Wave 1 benchmark when only 29% of the primary audience said they had done this. Furthermore, 60% of the primary audience had attempted to lose weight in the last six months, up 10 percentage points on the benchmark measure of 50%.

Thus the campaign has coincided with several positive changes in the community's knowledge and behaviour with respect to waist measurement and body weight and their links to good health. However, communication of the specific 'risky' waist measurements of 94cm for males and 80cm females does not appear to have been especially strong.

Nutrition and physical activity

Changes attributable to the campaign in knowledge, current behaviour, and intentions relating to fruit and vegetable consumption and physical activity were somewhat limited. This is not entirely unexpected given these health behaviours, particularly fruit and vegetable consumption, are typically influenced by a wide range of external factors including those to do with seasonality, (such as price and availability), marketing activities by growers and retailers and other health campaigns and health promotion activities.

At Wave 4 less than one in ten (9%) of the primary audience reported daily consumption of at least the recommended five serves of vegetables per day, a figure which has not changed significantly since the benchmark (7%). There has however, been a significant increase since Wave 1 (up from 36% in Wave 1 to 48% in Wave 4) in the proportion who nominated five or more serves as the amount that should be eaten each day for good health. There has also been an increase in the proportion of the primary audience who had tried to increase their consumption of vegetables during the previous six months (up from 36% in Wave 1 to 43% in Wave 4).

When considering these results, it should be kept in mind that the *Go for 2&5*[®] campaign, which promotes the same messages about vegetable consumption, has been active in all states and territories (except Victoria) during the same period as Measure Up – that is, October 2008 to May 2010 – and has probably played some role in driving these increases.

Insofar as fruit was concerned, there have been no significant changes in existing patterns of consumption, awareness of guidelines or consumption intentions since Wave 1. The same was true with respect to the levels of physical activity required for maintaining good health.

Secondary target audience

The preceding discussion has pointed to relatively strong levels of engagement between the primary target audience and the Measure Up campaign. However, there is less evidence of such an outcome for the secondary audience of people aged 45 to 65 years. Thus, lower levels of unprompted campaign recall and slightly lower recognition of all campaign elements are evident amongst this audience. At the same time it should be kept in mind that mainstream advertising typically tends to realise weaker results amongst older people and, although the results were lower, as at Wave 4 unprompted campaign recall was still 57% and total campaign recognition an impressive 89%.

Insofar as impact measures were concerned, there have been some changes for the secondary audience since the Wave 1 benchmark. These include increases in the proportion who agree there is a strong link between waist measurement and the development of chronic disease (up from 80% at Wave 1 to 86% at Wave 4), who consider maintaining a waist measurement of 94cm / 80cm important in preventing chronic disease (up from 58% to 65% in Wave 4) and who are aware of the 'risky' waist measures of 94cm for men (up 2 points to 2% in Wave 4) and 80cm for women (up 7 points to 14% in Wave 4) although, like all other respondents, total awareness of these exact figures was relatively low, particularly the 'risky' measure for men. There have also been increases in the proportion who think waist measurement is the best indicator of good health (up 7 points to 45%) and who agree they should change to a healthier lifestyle (up 5 points to 72%).

Attitudinal segments

The campaign targeting included a focus on two attitudinal segments - "Postponers" and "Help Seekers"- and some encouraging results were evident for both groups.

Firstly, there was a decrease in the incidence of "Postponers" in the total 18 to 65 year old population¹ from 13% at benchmark to 10% in Wave 2. The 11% incidence recorded for this group in Waves 3 and 4 suggests this decrease has been on the borderline of being maintained since then. There is also some indication that the decrease in "Postponers" may have been offset by a slight increase in the population incidence of the "Endeavourer" segment. These findings are not conclusive at this stage but suggest that positive shifts may be occurring in key attitudes towards health. Future monitoring will help to clarify and confirm the extent of any such changes.

¹ Due to constraints imposed by sample sizes, segment results are only reported at the total sample level.

With respect to campaign awareness, “Help Seekers” had one of the highest levels of unprompted campaign recall (71%), a pleasing result given that a high score on this measure is generally indicative of strong engagement with the advertising. Results were less encouraging for “Postponers” with unprompted recall significantly lower than this at 59% although, potentially offsetting this to some degree was the above average recognition of print and radio advertising by members of this segment.

Finally, as at Wave 4, both these target segments had above average intentions to engage in various health promoting behaviours. Thus, in the next six months, “Help Seekers” were more likely than the total sample to intend measuring their waists, increasing their consumption of fruit and vegetables and increasing their level of physical activity. In the same time frame “Postponers” were more likely to intend increasing their fruit consumption and their level of physical activity.

Achievement of campaign objectives

The performance of Measure Up, as at Wave 4, against the specific campaign objectives relating to awareness, attitudes, intentions and behaviour amongst the primary target audience is outlined below.

Awareness

To increase awareness of:

- *The causal link between chronic disease and lifestyle risk factors*
- *The national healthy eating and physical activity guidelines. That is:*
 - *Participate in at least 30 minutes of moderate intensity physical activity on all or most days of the week*
 - *Eat at least 5 serves of vegetables, and*
 - *2 serves of fruit every day.*
 - *Decrease energy intake, particularly from saturated fats*
- *The high prevalence of chronic disease and its preventability through lifestyle change*
- *What constitutes a healthy/lower risk waist circumference.*

With respect to the above awareness objectives:

- There is strong (88% in Wave 4), and increased (up 10 points since Wave 1), awareness of the link between lifestyle risk factors (represented by waist measurement) and chronic disease;
- There is strong awareness of nutritional requirements (2 or more serves of fruit per day – 92%; at least 30 minutes of moderate/vigorous physical activity per day – 79%; low consumption of saturated fats – 76%) except for the daily requirement of at least five serves of vegetables. This is familiar to just under half the primary audience (48%) although awareness has increased (by 12 points) since Wave 1;
- Twenty five percent were aware of the high prevalence of chronic disease (represented by knowledge of the number of overweight Australians); while
- Unprompted awareness of the ‘risky’ waist measurements of 94cm for men (2%) and 80cm for women (14%) is low.

Attitudes

To generate and reinforce:

- *Confidence that undertaking the recommended behavioural change will decrease the risk of chronic disease (response efficacy)*
- *Personal confidence (self-efficacy) in being able to be more physically active and follow healthy eating guidelines/principals*
- *A sense of urgency about the need to make lifestyle changes*
- *The need to make lifestyle changes because of perceived susceptibility to the risk of chronic disease*
- *A re-evaluation of perceptions of what comprises healthy weight.*

With respect to the above attitudinal objectives:

- Most members of the primary and secondary audiences consider lifestyle factors such as physical activity (81%), nutrition (70%) and body weight (87%) and waist measurement (up 10 points since Wave 1 to 66%) to be important in reducing the risk of chronic disease – that is, they appear to believe in the efficacy of lifestyle factors in this context.
- Further, most express personal confidence (self-efficacy) in their ability to increase physical activity (87%) and consumption of fruit and vegetables to improve their health, with an increase (up 7 points to 86%) evident since Wave 1 on the latter measure. They also show some appreciation of the urgency of making lifestyle changes – 80% know they should change to a healthier lifestyle and 80% say they are going to make these changes; both represent a six percentage point increase since Wave 1.
- There is also appreciation of the ‘urgency’ of the need for lifestyle change (80% say they are going to change to a healthier lifestyle, up 6 points on Wave 1), while 48% intend changing their level of physical activity or fruit and vegetable consumption within the next month.

There are however, several qualifications to these results;

- Firstly, there is a question mark over the extent to which some of these messages have been fully personalised (ie: ‘appreciated’) by members of the target audience. For example, only 37% feel they have a high chance of developing a chronic disease, 43% are concerned they will develop a chronic disease and 33% feel their lifestyle is increasing their risk of getting a chronic disease. Further, of those who consider their current weight ‘acceptable’, 33% are ‘overweight’ or ‘obese’ according to their BMI.

In these circumstances, while there is general acceptance of the role played by lifestyle factors in the development of chronic disease, it appears likely that many of these people do not see this as having direct personal implications.

- Secondly, just over half the primary audience does not appear to have much confidence in the sustainability of the lifestyle changes which they make, an attitude which has deteriorated by nine percentage points since Wave 1 (At Wave 4, 52% agreed with the statement “*I am always trying to make changes to my lifestyle but I find they don’t last*”). Thus while most are confident they can make lifestyle changes, there is considerably less confidence about maintaining them.

Intentions

To increase intentions to:

- *Measure and monitor waist circumference*
- *Become more physically active*
- *Adopt and maintain healthier eating habits*
- *Access information and seek support about healthier lifestyles from community sources as required.*

Intention in the next month or six months to increase physical activity (61%), adopt healthier eating habits (vegetables 47%; fruit 33%) and seek additional information about healthy lifestyles (27%) are all unchanged. Intention to measure waist in the next month or six months (45%) is the only area where some improvement has occurred.

Behaviour

To increase the likelihood that adults will reduce their risk of chronic disease by making positive changes to their levels of physical activity and healthy eating in line with national, evidence-based guidelines.

Behavioural change is difficult to achieve. Nevertheless, increases were seen in recent attempts (ie: in the last 6 months) to increase vegetable consumption (up 7 points to 43%), to lose weight (up 10 points to 60%) and to have measured waist circumference (up 9 points to 38%). No behavioural changes were evident in relation to physical activity, fruit consumption or attempts to reduce waist circumference.

Implications and Conclusion

Implications of the research findings

With respect to future directions for the Measure Up campaign, the following findings appear to be of particular relevance:

- Campaign recognition is very strong and achieving any significant improvement on current levels would be difficult. It is likely that comparable recognition of television advertising could be achieved with a lower TARP spend and this should be considered in future unless there are new campaign messages to be communicated.

There has been steady growth in the profile of the campaign's non-television components. Continued use of these media and maintaining (or increasing) the spend on them appears desirable. Not only do they provide support for the television advertising but they also allow for delivery of more detailed campaign messages.

- Executional cut-through (as measured by unprompted campaign recall) is also strong. This indicates that the present creative is noticeable. There is still potential to use the existing creative although extension could investigate further developing the family theme (perhaps via a greater role for the wife and/or daughter), which would offer the opportunity to do this without sacrificing the equity that the characters and executional format have now established.

- There has been a slight decline in the effectiveness of some aspects of Measure Up's message communication. This may, at least in part, be a consequence of 'information overload' resulting from the presentation of too many messages within the same advertising execution. There is likely to be value in a greater focus on delivering one key message in each execution and using different executions if there are multiple messages to be conveyed.
- Finally, with respect to the social marketing strategy, it appears that many of the key messages relating to 'what' lifestyle changes are necessary for health and 'why' they are necessary, messages which were the campaign's initial focus, have achieved relatively high levels of awareness amongst the target audience.

Despite this, question marks remain over the extent to which many of the 'why' and 'what' messages have been fully personalised (ie: fully 'appreciated') by members of the target audiences. Further, while most express personal confidence in their ability to make positive changes in levels of physical activity and nutrition, reservations about the ability to sustain such changes appear quite widespread and behavioural indicators of physical activity and fruit and vegetable consumption show few changes.

Insofar as the next stage of the campaign is concerned, these results suggest there is still scope for increasing personal 'appreciation' of the 'why' and 'what' messages, particularly those relating to personal risk of chronic disease and of what constitutes an 'acceptable' weight and/or 'risky' waist measurement. Addressing some of the 'how' messages (ie: 'how' to implement the behaviours identified by the 'what' messages) should emphasise 'how' to make changes sustainable.

Conclusion

The Measure Up campaign has maintained very strong executional cut-through and recognition particularly for the primary audience but also, to an encouraging degree amongst members of the secondary audience. However, there is evidence of slightly decreased effectiveness in communicating some of the campaign's specific messages, particularly those relating to the appropriate waist size for good health and to the link between waist measurement and health problems.

There is evidence of positive campaign impact on knowledge and behaviours relating to waist measurement and vegetable consumption although the latest waves appear more likely to have maintained the earlier successes of the campaign rather than seeing further improvements in these areas.

There have also been improvements in meeting self-efficacy and response efficacy objectives amongst members of the primary target audience although some uncertainty remains as to the degree people have really personalised these issues and about their confidence in making sustainable lifestyle changes.

1 Background

1.1 Campaign context

The Australian Better Health Initiative (ABHI) was announced by the Council of Australian Governments (COAG) as a joint Australian state and territory government initiative in February 2006. The key goals of the ABHI were to reduce the prevalence of risk factors contributing to lifestyle related chronic disease, to limit the incidence and prevalence of diseases in the population and to reduce morbidity rates so that workforce participation might be enhanced.

One of the activities conducted under the umbrella of the ABHI was the Measure Up social marketing campaign. This campaign was jointly funded by Commonwealth, State and Territory governments (except Victoria) with the aim of raising awareness of healthy lifestyle choices and promoting consistent, evidence-based lifestyle messages to all Australians.

Phase One of the Measure Up Campaign included four flights of media activity in October/November 2008, March/April 2009, September 2009 and March 2010. This report primarily focuses on the evaluation of the two most recent flights of the campaign. The evaluation report on the two earlier flights is available on-line under separate cover from the government's Measure Up website².

1.2 Campaign strategy

Broadly, the campaign encourages people to make positive lifestyle changes (specifically in the areas of nutrition and physical activity) and, as a result of these changes, to reduce the prevalence and impact of chronic disease on the Australian community. It is designed to complement existing national and state/territory based health promotion campaigns including 'Go for 2&5@', 'Find 30' and 'Go for your life' which all focus on recommendations for healthy eating and levels of physical activity.

The focus of Phase One of Measure Up is on increasing community awareness of the risks associated with specific lifestyle factors (such as poor nutrition, inadequate physical activity, and unhealthy weight/waist measurement) and motivating Australians to take immediate action to reduce these risks.

Amongst its target audience, the objectives of the Phase One campaign are to:

- increase awareness of the link between lifestyle risk factors and chronic disease;
- increase appreciation of why lifestyle change should be an urgent priority;
- generate more positive attitudes towards conforming with the recommended guidelines for healthy eating, physical activity and healthy weight; and

² [http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/4F930B8BEB932DEFCA257630007D6B18/\\$File/phase1-evaluation-research.pdf](http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/4F930B8BEB932DEFCA257630007D6B18/$File/phase1-evaluation-research.pdf)

- Generate confidence in the ability to meet recommended guidelines and an appreciation of the personal benefits which will result from doing so.

The target audiences for the Phase One campaign were defined by a combination of attitudinal segmentation and life stage. The primary target audience is 25 to 50 year old parents; in particular those classified as members of the “Postponer” and “Help Seeker” attitudinal segments. The secondary target audience is all people aged 45 to 65 years, particularly those from the “Help Seeker” attitudinal segment.

1.3 Components of the Measure Up campaign

The main elements of the campaign were:

- Television advertising consisting of two television commercials (TVCs): a 60-second execution explaining ‘why’ change is necessary and a 30-second execution describing ‘what’ change is necessary.
- Radio advertising consisting of 45-second and 30-second executions that largely mirrored the TVCs. Radio advertising also included executions tailored for people from Culturally and Linguistically Diverse (CALD) backgrounds, from Aboriginal and Torres Strait Islander communities and for print handicapped individuals.
- Print advertising placed in consumer magazines and newspapers. These executions were also used on out-of-home media including street furniture, shopping centre displays, shopping trolleys and in medical centres. Print executions were also tailored for those from CALD and Aboriginal and Torres Strait Islander backgrounds.
- Digital advertising was placed on various sites (including news, entertainment, webmail and social networking sites) as well as *Google* and *Yahoo!* search marketing, and digital television websites.

The main campaign materials were supported by additional resources including a paper tape measure, a consumer booklet, a recipe book, an interactive website and other printed materials. These resources were distributed through the ABHI website, state and territory governments, peak health bodies (general practice, health services) and other relevant non-government organisations. The focus of these resources was on providing target groups with information on ‘how’ change can be achieved.

The timing of the main media activity and associated evaluation surveys for the two most recent flights of the campaign is summarised in Table 1.

Table 1 Overview of campaign and research activity

Channel	September			October			November			December			January			February			March			April			May			June														
	6	13	20	27	4	11	18	25	1	8	15	22	29	6	13	20	27	3	10	17	24	31	7	14	21	28	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20
Research Activity	Wave 3												Wave 4																													
Television																																										
60 and 30 Seconds	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											
Magazines																																										
Consumer	[Bar]																																									
Radio																																										
45 and 30 Seconds	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											
Digital																																										
Display, Search, UTV	[Bar]																																									
Out of Home																																										
Street furniture, shopping centres and medical	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											
Shopping Trolleys	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											
NESB																																										
Radio (60 & 45 sec) and press	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											
Indigenous																																										
Radio (45 sec) and press	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											
Print Handicapped																																										
Radio (45 and 30 sec)	[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]			[Bar]											

The media allocation strategy was similar to that used for the first two flights and included four weeks of television supported by radio, print out of home and on-line material. The media weight applied to television was consistent for the third and fourth flights of the campaign (although slightly higher than in the second flight). Looking at the four campaign flights to date, a total of 600 TARPS³ were used nationally (excluding Victoria) in flight one; 450 TARPS in flight two; and approximately 582 TARPS⁴ in flights three and four.

It should also be noted that several changes were made to the media strategy for the third and fourth flights of the campaign, specifically:

- A slightly greater spend on television and radio in regional areas in comparison to metropolitan areas;
- A shift from the ‘top and tail’ television format (with the 60 and 30 second executions presented in the same ad break) to separate presentation of the 60 second and 30 second executions, as well as greater allocation of TARPS to the 30-second TVC.
- The application of slightly more weight to television, radio and out-of-home advertising in the fourth campaign flight although this occurred after the Wave 4 fieldwork was completed and so has no implications for the results presented in this report.

³ Target Audience Rating Points provide a measure of the target audience’s expected exposure to the television advertising. The more TARPS applied to an ad, the greater the chance members of the target audience will have seen the ad on one or more occasions.

⁴ TARPS for flights 3 and 4 were weighted to population distributions for metropolitan and regional markets in order to produce an overall national figure.

1.4 Research Objectives

The objective of this research was to evaluate the third and fourth flights of the Measure Up campaign - specifically to measure:

- Campaign awareness and its perceived impact on lifestyle risk factors;
- Changes in awareness, knowledge, attitudes, intentions and behaviour regarding: waist measurement; weight; nutrition (vegetable and fruit consumption); and physical activity;
- Understanding of the link between chronic disease and lifestyle risk factors;
- Attitudes to susceptibility, perceived severity and self-efficacy in relation to lifestyle and chronic disease; and
- Intentions to seek information about lifestyle change.

1.5 Methodology

This evaluation comprised two waves of Computer Assisted Telephone Interviews (CATI) with national samples of adults aged 18 to 65 years who were resident in private households contactable by landline telephone. The surveys were conducted between 27 October and 23 November 2009 (Wave 3), and 6 April and 6 May 2010 (Wave 4).

A 'list assisted' Random Digit Dialling (RDD) sampling frame was used for the surveys and respondents were identified using the "next-birthday" method where there was more than one eligible resident in the household.

Previous evaluation research conducted for the Measure Up campaign included:

1. Benchmark survey (October 2008, Wave 1), which covered key campaign issues and quantified findings from earlier qualitative research including the attitudinal segmentation;
2. Post-launch tracking survey (December 2008, the "Omnibus" survey⁵), which only measured key advertising outcomes; and
3. Post-campaign tracking survey (April 2009, Wave 2), which replicated a large portion of the benchmark with additional advertising evaluation measures.

The overall sample design for Waves 3 and 4 replicated that used for the Waves 1 and 2 surveys and comprised a disproportionate geographic stratification such that 350 interviews were undertaken in New South Wales, 300 in Victoria and 250 in all other states and territories. Sampling proportional to metropolitan and regional populations was maintained within each state and territory.

Table 2 shows the achieved sample for all five evaluation surveys.

⁵ Due to differences in methodology, results from the "Omnibus" survey have not been included in this report.

Table 2 Achieved sample by wave

Location	Wave 1 (Oct 08) n	Wave 2 (Apr 09) n	Wave 3 (Nov 09) n	Wave 4 (May 10) n
New South Wales	1006 ⁶	1006	360	377
Victoria	300	302	303	303
Queensland	250	250	256	257
Western Australia	250	252	254	254
South Australia	250	251	252	251
Tasmania	250	251	250	248
Australia Capital Territory	250	250	237	248
Northern Territory	250	250	249	255
Total sample	2806	2812	2161	2193

Before reporting, all data were post-weighted by age, sex and region to match Australian Bureau of Statistics population parameters for adults aged 18 to 65 years. This weighting was necessary to adjust for the disproportionate sample design shown above and to ensure that the final sample was representative of the Australian 18 to 65 year old population on these parameters.

It should be noted in regards to the omnibus survey (conducted in December 2008) that only key tracking measures were obtained to provide an overview of the campaign's initial reach and cut-through. As a result, the primary and secondary audiences could not be identified and no campaign impact measures were taken. Because of this, and because the questionnaire context was not consistent with that of the other evaluation surveys, findings from the omnibus survey are not included in this report.

The Questionnaire

The questionnaire for Waves 3 and 4 was largely the same as that used for the Wave 2 evaluation and addressed the following broad content areas:

- Knowledge, attitude and behaviours regarding diet and exercise
- Physical health and wellbeing
- Knowledge and behaviours regarding waist measurement
- Attitudes to health, chronic disease and obesity
- Campaign awareness and impact, and
- Demographics

A copy of the Wave 4 questionnaire is appended to this report (see Appendix 1).

There was no formal pilot test of the questionnaire, although the first night's interviewing for both Waves 3 and 4 was used to check for any problems with the questionnaire content and flow. No significant changes were made after these interviews.

On average interviews for Waves 3 and 4 were of approximately 21 minutes duration.

⁶ The NSW sample included requested 'boosts' of approximately 650 interviews in both Waves 1 and 2.

1.6 About this report

This report presents key findings from the evaluation of Waves 3 and 4 of Phase One of the Measure Up Campaign. Whilst this report focuses on the latest flights of media activity, data from the previous surveys conducted as part of the benchmark (Wave 1) and evaluation (Wave 2) research are shown in tables and charts where appropriate.

As noted earlier, the data were weighted to Australian Bureau of Statistics age, sex and region population counts. All charts and tables in this report, unless otherwise specified, show survey estimates that have been weighted in this way.

Statistical tests were conducted to establish whether differences between the responses of subgroups, as well as between the various survey waves, were statistically significant. Where results are reported as “different”, it implies that a statistically significant difference at a 95% confidence level has been established.

In some tables and graphs, total figures shown and/or mentioned in the accompanying text may differ slightly from the apparent sum of their component elements due to the effects of rounding.

While total sample results are included for contextual purposes and to provide an understanding of the campaign’s impact on the broader community, the main focus of this report is on the campaign’s primary and secondary target audiences. However, where appropriate, reference is occasionally made to results for subgroups based on gender, age, location (metropolitan, regional) and attitudinal segment.

2 Campaign Awareness

This section of the report examines campaign awareness including measures of recall of advertising about “lifestyle, healthy weight and chronic disease”; recognition of key campaign elements from brief verbal descriptions; and unprompted and prompted message take-out.

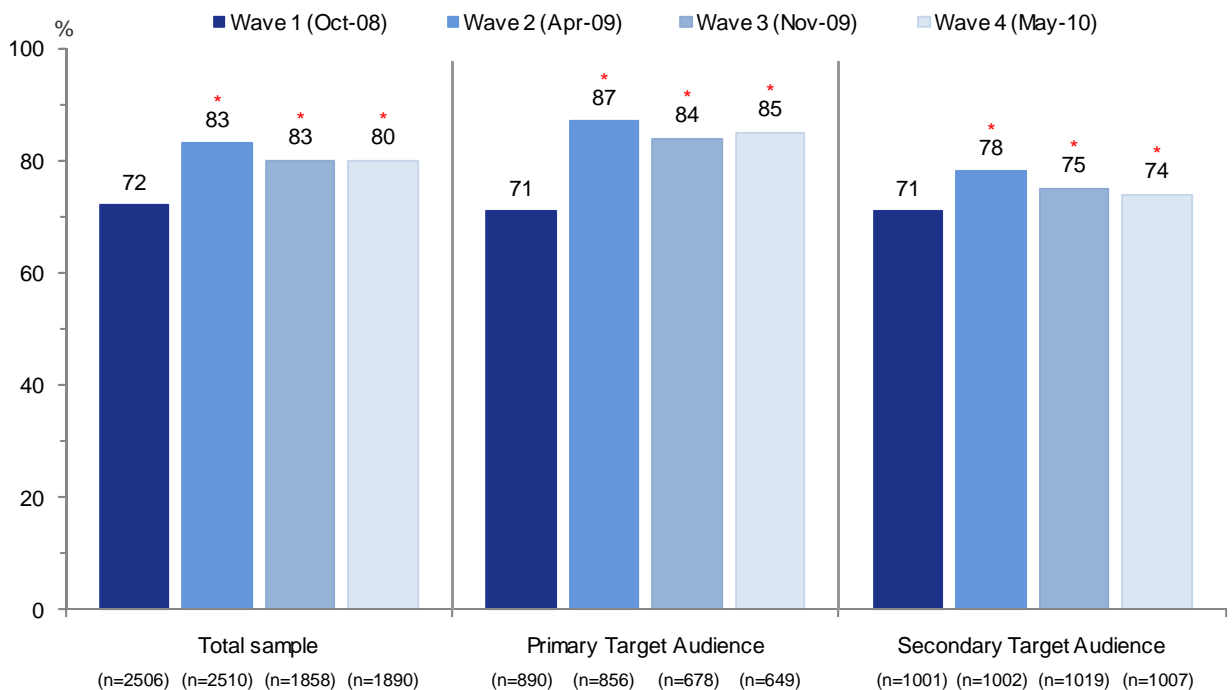
2.1 Advertising category recall

All survey respondents were asked if, in the last month, they had “seen, read or heard any advertising campaigns about lifestyle, healthy weight and chronic disease”. This is a relatively broad and “cluttered” category which potentially could include generate recall of advertising about health and pharmaceutical products, commercial weight loss programs and other health marketing campaigns such as those targeting diabetes prevention. In these circumstances, a significant degree of executional strength is required if strong cut-through is to be achieved.

Recall of any advertising in this category increased markedly following the launch of Measure Up (from 72% in Wave1 to 83% in Wave 2) and has remained steady since then with 80% of 18 to 65 year olds recalling such advertising in Waves 3 and 4 (see Figure 1).

Recall of this advertising was particularly strong amongst the primary target audience (85% in Wave 4) although there has been no significant change from the post-launch result of 87% recorded in Wave 2. Results were slightly weaker amongst the secondary target audience with no significant difference between the Wave 4 figure of 74% and the Wave 1 benchmark of 71%. This suggests the possibility of a slight drop-off in the campaign’s salience amongst this audience.

Figure 1 Recall of advertising about lifestyle, healthy weight and chronic disease



Base: All respondents excluding Victoria.
 * Result is significantly different from that of Wave 1 (p<.05).

2.2 Unprompted campaign recall

Respondents who recalled any recent advertising about “*lifestyle, healthy weight and chronic disease*” were also asked to describe what they had seen, read or heard. Table 3 summarises responses to this question and shows the proportion of answers (based to the total sample) which could be coded to elements of the Measure Up campaign. This provides a measure of unprompted campaign recall for Measure Up.

As can be seen, unprompted campaign recall has been strong and stable with approximately two-thirds of respondents in each survey providing a description that was consistent with elements of the campaign.

Recalled most often were visual content from the TVCs (particularly the main acting talent and the tape measure graphic), messages about healthy eating and comments about waistline measurement.

Table 3 Details of recalled lifestyle, healthy weight and chronic disease advertising

Details recalled	Wave 2	Wave 3	Wave 4
	(Apr-09) (n=2510) %	(Nov-09) (n=1858) %	(May-10) (n=1890) %
UNPROMPTED CAMPAIGN RECALL	67	65	66
Description of ad graphics or contents	25	29 [#]	33 [#]
Healthy eating	27	26	23 [#]
Waist or waistline measurement	24	19 [#]	16 [#]
- <i>Appropriate waist measurement</i>	6	4 [#]	3 [#]
- <i>Waist measurement is associated with health issues</i>	4	5	3
- <i>General waist or waistline ad comments</i>	14	11	9 [#]
Increasing physical activity	12	13	11
Obesity affecting lifestyle and can lead to chronic disease	11	10	8 [#]
Reducing weight or maintaining healthy weight	9	6	7
OTHER ADVERTISING			
Tobacco, alcohol or drugs	12	10	14
Commercial health product or promotion	7	5 [#]	8
Improving lifestyle or healthy living	9	8	7
Specific conditions or diseases	5	5	4
Childhood health	2	1	1
Other	4	3	4
DON'T KNOW	5	7 [#]	4
DON'T RECALL ANY RECENT ADVERTISING	17	20	20

Base: All respondents excluding Victoria. Multiple responses accepted.

[#] Result is significantly different from that of Wave 2 (p<.05).

Since Wave 2 however, there has been a slight decline in recall of specific campaign messages. In particular, when compared to Wave 2, Wave 4 saw fewer mentions of healthy eating (27% in Wave 2 versus 23% in Wave 4), waist or waistline measurement (24% in Wave 2 versus 16% in Wave 4) and the effects of obesity on lifestyle and development of chronic diseases (11% in Wave 2 versus 8% in Wave 4). At the same time, there has been an increase (from 25% in Wave 2 to 33% in Wave 4) in general descriptions of the talent and graphics used in the campaign TVCs. These results suggest that a slight degree of campaign wear-out may be occurring insofar as the communication of key messages is concerned.

It is also noteworthy that recall of specific messages about the appropriate waist size for good health and about the link between waist measurement and health issues (both 3% in Wave 4) has been at a low level in all three surveys. Six percent (Wave 2) is the highest recall achieved for either of these responses.

Proven campaign recall since Wave 2 has also been consistent across target audiences (see Tables 4 and 5) with particularly strong results evident amongst the primary target audience. Proven recall was around 73% in each survey wave and members of this group were also more likely to mention waist or waistline measurement (22% in Wave 4 versus 16% of the total sample). Both of these results point to a slightly higher level of campaign engagement amongst its primary audience. At the same time, this audience also shows the same pattern of increased general description of the advertising talent and graphics and less mention of more specific messages relating to waistlines, healthy eating, obesity and chronic disease and losing weight.

Table 4 Details of recalled lifestyle, healthy weight and chronic disease advertising – primary target audience

Details recalled	Wave 2	Wave 3	Wave 4
	(Apr-09) (n=856) %	(Nov-09) (n=678) %	(May-10) (n=649) %
PRIMARY TARGET AUDIENCE			
UNPROMPTED CAMPAIGN RECALL	73	72	73
Description of ad graphics or contents	29	34	40 [#]
Healthy eating	29	28	22 [#]
Waist or waistline measurement	29	23 [#]	22 [#]
- <i>Appropriate waist measurement</i>	6	4	2 [#]
- <i>Waist measurement is associated with health issues</i>	5	6	4
- <i>General waist or waistline ad comments</i>	17	14	14
Increasing physical activity	12	15	11
Obesity affecting lifestyle and can lead to chronic disease	12	14	8 [#]
Reducing weight or maintaining healthy weight	11	8	6 [#]

Base: All primary target audience (excluding Victoria). Multiple responses accepted.

[#] Result is significantly different from that of Wave 2 (p<.05).

Proven recall was slightly weaker amongst the secondary target audience, (ranging from 59% in Wave 2 to 57% in Waves 3 and 4), although the fact this group is older (45 to 65 years) is likely to prove an obstacle in achieving very high levels of recall for mainstream advertising which targets 25 to 50 year old parents. Amongst the secondary audience the pattern of change is less marked although, since Wave 2, there have been significant declines in mentions of waistlines and their measurement.

Table 5 Details of recalled lifestyle, healthy weight and chronic disease advertising – secondary target audience

Details recalled	Wave 2	Wave 3	Wave 4
	(Apr-09) (n=1002) %	(Nov-09) (n=1019) %	(May-10) (n=1007) %
SECONDARY TARGET AUDIENCE			
UNPROMPTED CAMPAIGN RECALL	59	57	57
Description of ad graphics or contents	19	22	22
Healthy eating	26	25	25
Waist or waistline measurement	20	13 [#]	9 [#]
- <i>Appropriate waist measurement</i>	6	3 [#]	2 [#]
- <i>Waist measurement is associated with health issues</i>	3	4	2
- <i>General waist or waistline ad comments</i>	11	7 [#]	5 [#]
Increasing physical activity	11	12	12
Obesity affecting lifestyle and can lead to chronic disease	9	9	8
Reducing weight or maintaining healthy weight	8	6	6

Base: All secondary target audience (excluding Victoria). Multiple responses accepted.

[#] Result is significantly different from that of Wave 2 (p<.05).

A comparison of proven recall in metropolitan and regional areas is somewhat inconclusive. Proven recall was higher in regional areas in Wave 3 (71% versus 61% in metropolitan areas) when more TARPS were first applied to regional markets. However, despite the continued application of additional regional TARPS, Wave 4 saw a significant decline with proven recall in regional areas (62%) lower than in metropolitan markets (68%). It is difficult to conclude from these results that the additional media weight applied in regional areas has had a positive effect on campaign cut-through.

Table 6 Proven campaign recall by target audience and location

Unprompted campaign recall	Wave 2	Wave 3	Wave 4
	(Apr-09) %	(Nov-09) %	(May-10) %
Location			
Metropolitan	65	61	68
Regional	69	71	62 [#]

Base: All respondents excluding Victoria. Multiple responses accepted.

[#] Result is significantly different from that of Wave 2 (p<.05).

Overall however, the unprompted campaign recall results suggest that Measure Up has consistently achieved sound executional cut-through and general message communication. At the same time, there are some early indications of wear out in relation to the more specific message take-out for the campaign.

2.3 Advertising recall by communication channel

Respondents who recalled advertising about “*lifestyle, healthy weight and chronic disease*” were also asked where they had seen, read or heard this advertising. Table 7 shows the communication channels mentioned by those whose responses were classified as proven recall of the Measure Up campaign.

As can be seen from the table, the great majority of respondents (around 90%) reported seeing the campaign on television.

Mention of other media channels was at a much lower level – around one in ten for non-advertising television sources, magazines, newspapers and radio advertising. Recall of these media has also been largely stable across the three surveys.

Table 7 Communication channel where Measure Up advertising was seen or heard

Source	Wave 2 (Apr-09) (n=1679)	Wave 3 (Nov-09) (n=1165)	Wave 4 (May-10) (n=1224)
	%	%	%
TV advertising	91	90	91
TV program	10	7 [#]	11
TV news/current affairs	13	11	10
Magazine advertising	12	17 [#]	15
Magazine article	11	11	12
Newspaper advertising	13	15	11
Newspaper article	10	9	6 [#]
Radio advertising	11	11	9
Radio program	4	2	3
Radio news	2	1	2
Website	7	4 [#]	6
Other	23	18 [#]	16 [#]
Don't know	<1	1	<1

Base: Respondents who recalled the Measure Up campaign, Victoria excluded. Multiple responses accepted.

[#] Result is significantly different from that of Wave 2 (p<.05).

There were no significant differences found in the source of recalled advertising between surveys across the different target audience groups apart from Wave 4 where those in the older secondary target audience (87%) were slightly less likely to mention television advertising than were members of the primary audience (94%).

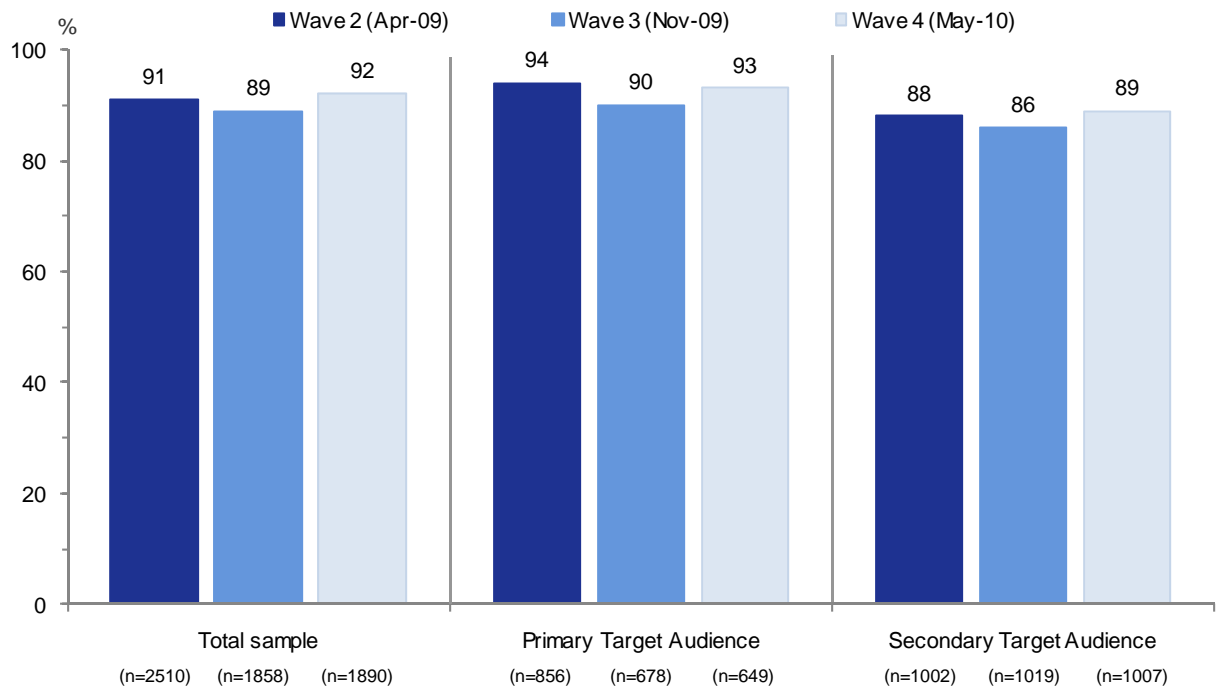
2.4 Prompted recognition of the campaign

To measure campaign recognition, respondents were read brief descriptions of key elements from the television (both the 60 and the 30 second executions), radio, newspaper/magazine, shopping trolley and digital executions. The descriptions used are in the questionnaire provided at Appendix 1.

As shown in Figure 2, total recognition of Measure Up has consistently been very high with around 90% of respondents having seen or heard at least one element of the campaign in each survey.

Campaign recognition was also very strong amongst the primary and secondary target audiences. Results were consistent across the three surveys although recognition was marginally lower amongst the older secondary audience (eg: 89% in Wave 4 versus 93% for the primary audience).

Figure 2 Recognition of any element of the Measure Up campaign



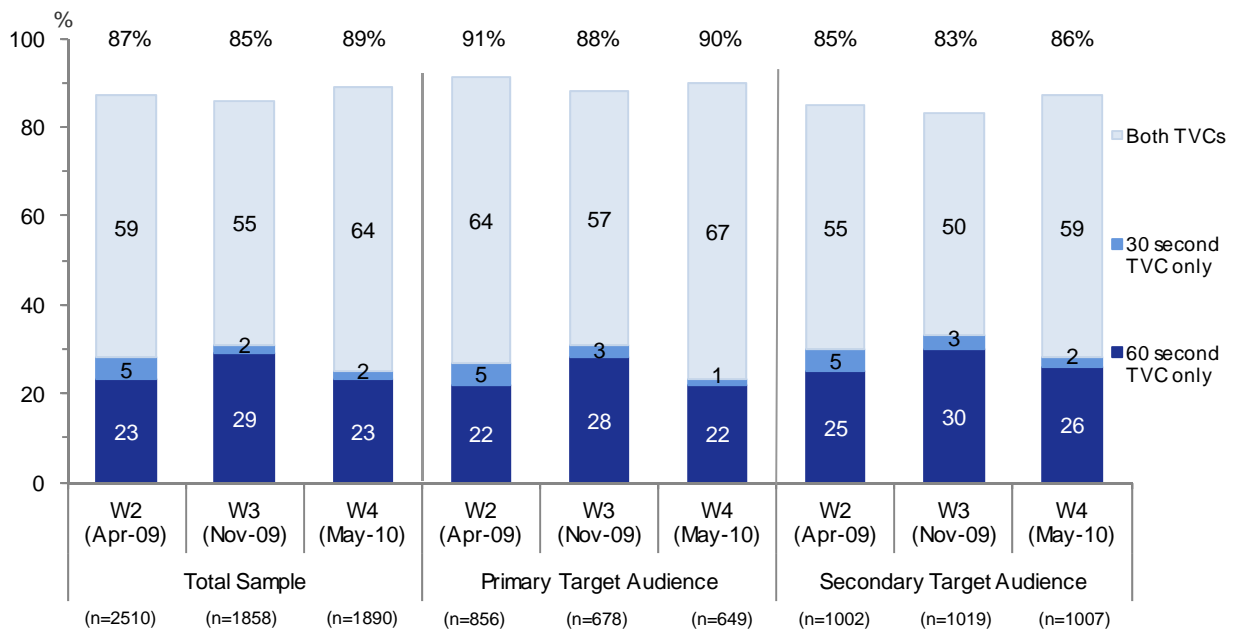
Base: All respondents excluding Victoria.

2.4.1 Television

As shown in Figure 3, the high levels of total campaign recognition discussed in the previous section were primarily driven by very high recognition of the television advertising. Total recognition of the TVCs reached 87% in Wave 2, 85% in Wave 3 and 89% in Wave 4. Clearly the switch, made after Wave 2, from presenting the 60 and 30 second executions in a ‘top and tail’ format during the same advertising break has had no detrimental effect on recognition levels.

Results are shown separately for the 60 and 30 second executions in Figure 3. However, these two TVCs have a high degree of similarity and there is likely to be considerable uncertainty amongst respondents as to which of the ads they have seen. Hence, the individual results for each television execution should be interpreted with considerable caution. Nevertheless, they do suggest that recognition of the 60 second execution was generally higher than that of the 30 second version.

Figure 3 Recognition of the Measure Up TVCs



Base: All respondents excluding Victoria. Total TV % shown over each column.

As Figure 3 also shows, recognition of the TVCs was strong amongst both primary and secondary target audiences with no score lower than 83% (secondary target audience in Wave 3). Nor have there been any significant changes since Wave 2 in recognition of the Measure Up TVCs amongst either target group.

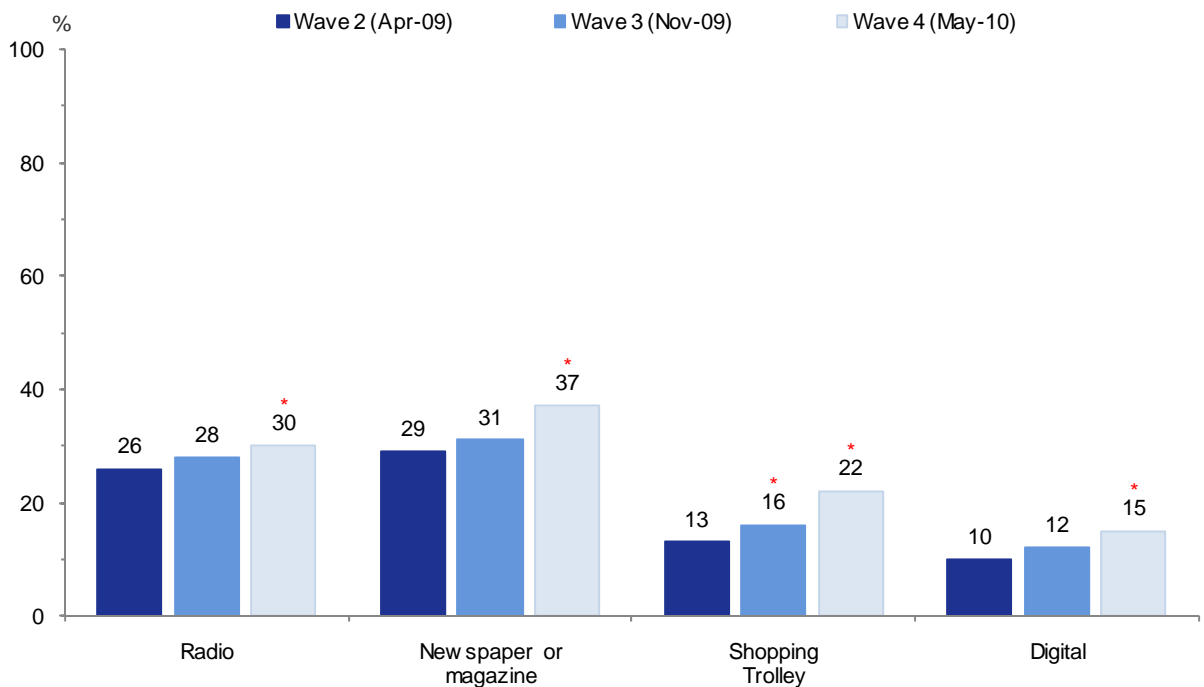
Despite the slightly higher number of TARPS applied in regional markets during the third and fourth flights of the campaign, there was no significant change in recognition of the TVCs between Wave 2 (89% recognition in regional markets) and either Wave 3 (87%) or Wave 4 (89%). This finding was also true amongst the primary and secondary target audiences.

2.4.2 Recognition of non-television campaign elements

Recognition of the campaign’s main non-television elements is shown in Figure 4. While none of these reached the levels achieved by the television advertising, (in Wave 4, 37% for the print ads and 30% for radio were the strongest results recorded), there have been encouraging increases in recognition of these elements since Wave 2.

Further, while recognition of the individual elements is well below that of the television advertising, total recognition of **any** non-television campaign element reached 53% in Wave 2, rose to 57% in Wave 3 and rose again to 61% in Wave 4. Thus it appears the non-television components of the campaign are providing significant, and increasing, support to the TVCs in maintaining the campaign’s profile amongst 18 to 65 year old Australians.

Figure 4 Recognition of other Measure Up elements



Base: All respondents excluding Victoria (Wave 2, n=2510; Wave 3, n=1858; Wave 4, n=1890).

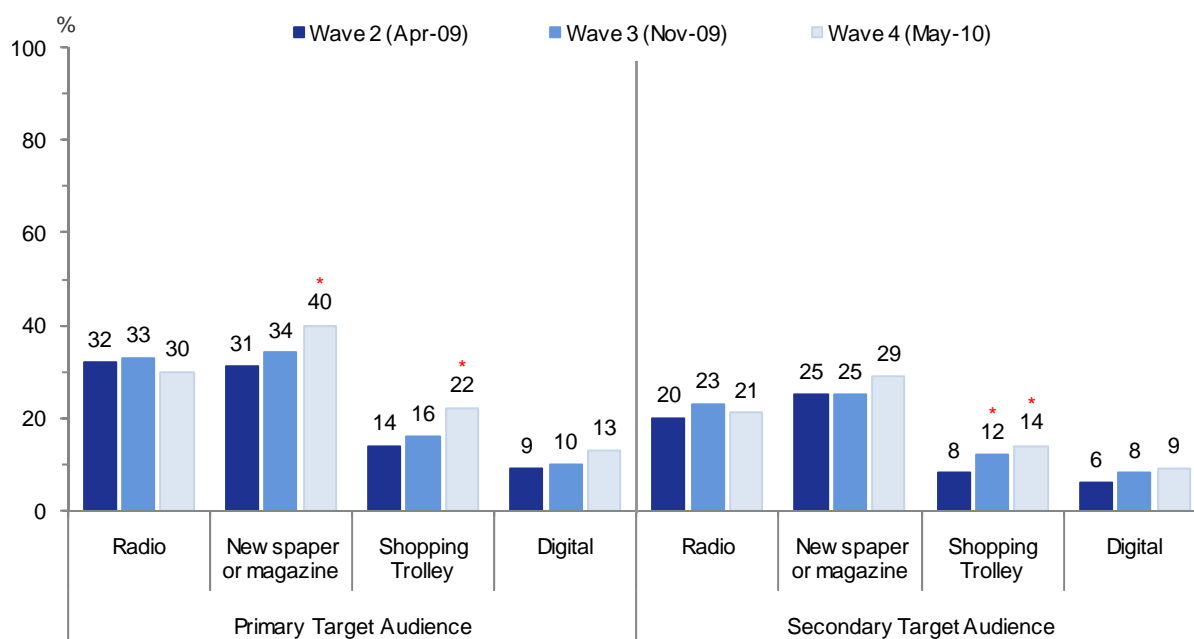
* Result is significantly different from that of Wave 2 (p<.05).

Figure 5 shows recognition of the non-television components amongst the primary and secondary audiences. Between Waves 2 and 4 there have been significant increases in recognition of print (from 31% to 40%) and shopping trolley ads (from 14% to 22%) ads amongst the primary target audience and of shopping trolley ads (from 8% to 14%) amongst members of the secondary target audience. As at Wave 4, recognition of all elements except on-line digital advertising was higher amongst the primary audience than it was amongst members of the secondary audience.

Insofar as recognition of any of these elements amongst target audiences was concerned:

- For the primary audience this rose from 58% at Wave 2 to 63% at Wave 4; while
- Amongst the secondary audience, recognition of the non-television advertising did not change significantly between Wave 2 (44%) and Wave 4 (47%).

Figure 5 Recognition of other Measure Up elements among the primary and secondary target audiences



Base: All respondents excluding Victoria (Wave 2, n=2510; Wave 3, n=1858; Wave 4, n=1890).

* Result is significantly different from that of Wave 2 (p<.05).

There were also several other subgroup differences in recognition of the non-television campaign elements. For Wave 4, these included the following:

- Recognition of the **radio** advertising was higher amongst 18 to 24 year olds (46%) than it was amongst those aged 25 to 44 years (33%) and 45 to 65 year olds (21%). It was also slightly higher amongst males (33%) than females (27%);
- The **print** advertising was recognised more often by those aged less than 45 years (43%) than it was by those aged 45 to 65 years (29%);
- Recognition of **shopping trolley** ads was higher amongst 18 to 24 year olds (40% versus 14% amongst those aged 45 to 65 years) and capital city residents (25% versus residents 17% amongst those living in regional areas); and
- Recognition of **digital advertising** was also strongest amongst 18 to 24 year olds (25% versus 16% of 25 to 44 year olds and 9% of 45 to 65 year olds) and capital city residents (17% versus 12% of regional residents).

2.5 Campaign message take-out

Respondents who recognised any of the campaign material were asked to describe what they thought were the main messages in the advertising they had seen. Table 8 summarises responses to this question.

In general message take-out appears to be largely on target with responses mentioned most often relating to ‘what’ changes people should make including the need to “improve your lifestyle”, to “reduce or watch your weight”, to “increase physical activity” and to engage in “healthier eating”.

Reasons for making these changes (the ‘why’ objective of the campaign) included comments about obesity leading to chronic health problems, the potential impact of being overweight on relationships with your children and the fact that weight gain is a gradual process that people tend not to notice.

Table 8 Message take-out from the Measure Up campaign

Message	Wave 2 (Apr-09) (n=2275) %	Wave 3 (Nov-09) (n=1633) %	Wave 4 (May-10) (n=1748) %
What change is necessary			
Improve lifestyle	41	39	36
Reduce or watch your weight	28	26	22 [#]
Increase physical activity	24	23	21
Healthier eating	21	21	22
Check or reduce your waist measurement	10	9	13 [#]
Many ways to change your life	11	12	10
Why change is necessary			
Obesity can lead to chronic problems	15	18	19 [#]
Being overweight has an impact on your children	11	10	13
Weight gain/becoming unhealthy is a gradual process	10	8	3
Increasing waist measurement impacts on your health	7	7	<1
Being healthy increases your life expectancy	6	7	5
We tend to gain weight as we age	3	7 [#]	6 [#]
Change is “urgent”			
It’s never too late to start	12	16 [#]	9
Everyone is busy, but find time for health	11	4 [#]	3 [#]
The earlier you start the easier it is to control your weight	8	11 [#]	4 [#]
Self efficacy			
Take control and look after yourself	12	13	7 [#]
Turn your life around	4	3	3
Don't know	1	1	1

Base: Recognised Measure up campaign excluding Victoria. Multiple responses accepted.

[#] Result is significantly different from that of Wave 2 (p<.05).

Despite these generally sound results, there are two points worth noting in relation to message take-out;

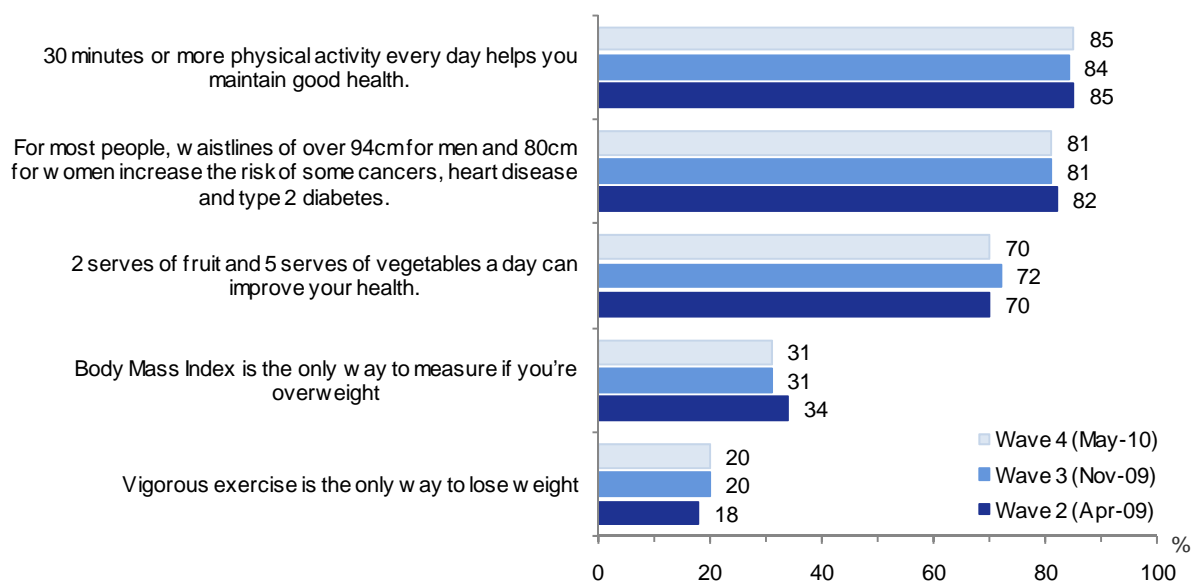
- Firstly, the wide range of different responses shown in Table 8 suggests the campaign's message communication is not especially single-minded. While this has some benefits in that it provides opportunity for the advertising to lift awareness in a number of areas, it also risks creating more generic message take-outs (such as "*improve your lifestyle*") which are likely to be less memorable than those which are more specific and which, preferably, offer some "new news" to people.
- Secondly, as at Wave 4, only 13% of those who recognised the campaign mentioned messages about checking or reducing waist measurement. Given this is a focus of the campaign, this **unprompted** result is not especially strong. At the same time it should be noted that, when specifically prompted, 82% of those who had seen the campaign (Wave 4; see Figure 6), felt the advertising did communicate the message "*For most people, waistlines of over 94cm for men and 80cm for women increase the risk of some cancers, heart disease and type 2 diabetes*". Thus, while this is not the 'top of mind' message people have typically been left with, generally it does appear to be recognised as part of the Measure Up campaign when people are reminded about it.

Effectiveness of message communication (prompted)

As mentioned above, those respondents who had recognised any element of the campaign were also asked directly if the advertising had communicated five specific messages to them. The proportion of these respondents who agreed the ads had communicated each of these messages is presented in Figure 6. As shown, most of those who recognised the campaign agreed it did communicate the messages:

- Thirty minutes or more of physical activity every day helps you maintain good health (85% in Wave 4)
- For most people, waistlines of over 94cm for men and 80cm for women increase the risk of some cancers, heart disease and type two diabetes (82% in Wave 4); and
- Two serves of fruit and five serves of vegetables a day can improve your health (70% in Wave 4).

Figure 6 Prompted message take-out from the Measure Up campaign



Base: Recognised Measure up campaign excluding Victoria (Wave 2, n=1679; Wave 3, n=1165; Wave 4, n=1224).

While agreement with these statements appears high, the results should be interpreted with a degree of caution.

- Firstly, around one in three of these respondents (34% in Wave 4) agreed with the “calibration” statement “*Body Mass Index is the only way to measure if you’re overweight*”, even though the alternative of waist measurement was a key campaign message, and almost one in five agreed (18% in Wave 4) the ads communicated the message “*vigorous exercise is the only way to lose weight*” even though they did not.

- In addition, over 80% of respondents agreed the ads had communicated the message about the risks associated with waist measurements over 94cm/80cm. However, as at Wave 4, without prompting only two percent of respondents knew 94cm was the waist measurement associated with increased risk of health problems and chronic disease for men while 14% knew that 80cm was the corresponding figure for women.

As shown in Table 9, there were no changes in prompted message take-out across the three surveys for either the primary or secondary target audiences. Nor were there any differences between these two audiences in terms of message take-out apart from slightly higher agreement amongst the secondary audience with the statement “2 serves of fruit and 5 serves of vegetables each day can improve your health” (74% versus 67% of the primary audience at Wave 4).

Table 9 Prompted message take-out by primary and secondary audience

Message Take-out	Primary Target Audience			Secondary Target Audience		
	W2 (n=856) %	W3 (n=678) %	W4 (n=649) %	W2 (n=1002) %	W3 (n=1019) %	W4 (n=1007) %
30 minutes or more physical activity every day helps you maintain good health	85	85	84	86	86	85
Waistlines over 94cm for men and 80cm for women increase the risk of some cancers, heart disease and T11 diabetes	85	85	84	79	79	80
2 serves of fruit and 5 serves of veg. each day can improve your health	71	73	67	72	76	74
Body Mass Index is the only way to measure if you're overweight	35	32	32	39	34	35
Vigorous exercise is the only way to lose weight	16	21	17	20	20	21

Base: All primary and secondary audiences excluding Victoria.

3 Campaign Impact

This section of the report examines the direct influence of Measure Up as reported by respondents who recognised any of its elements. There is also an evaluation of the campaign's impact on respondents' knowledge, attitudes and behaviour with respect to waist measurement, body weight, life style risk factors; nutrition; and physical activity as well as its impact on the attitudinal segments.

3.1 Direct influence of the campaign

3.1.1 Action taken

Respondents who recognised the campaign were asked if they had engaged in six health promoting behaviours as a result of having seen it. The results shown in Figure 7 have been based to the total sample to show the extent of Measure Up's influence on the total community aged 18 to 65 years.

Overall, just under one in two respondents (45% in Wave 2 and 46% in each of Waves 3 and 4) said they had engaged in at least one of the six health promoting behaviours as a direct result of seeing the campaign. Mentioned most often were increases in:

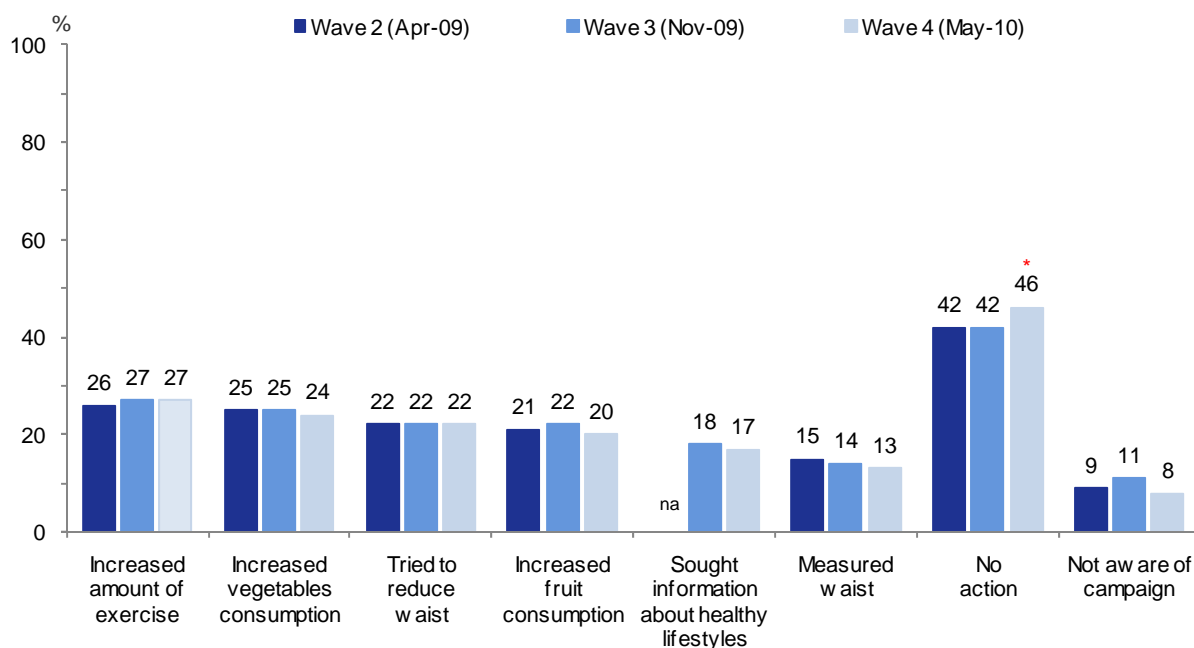
- The amount of exercise undertaken;
- Consumption of vegetables and fruit; and
- Attempts to achieve a reduction in current waist measurement.

These results are encouraging and suggest that the audience has engaged positively with the advertising. However, it should be noted that when respondents were asked at an earlier stage of the interview, if they had changed any of these behaviours in the last six months, the only increases between Waves 1 and 4 were on waist measurement and, for the primary audience only, vegetable consumption (see Section 3).

Hence, it appears that for many of these respondents the actions claimed in Figure 7 have either been somewhat ephemeral, possibly even relating to an earlier flight of the campaign, and/or are more of a reflection of what they feel **should** have been done rather than what they actually did.

Across the three surveys, there were no significant changes in the proportion of respondents who reported taking each action, although in Wave 4 there is a slight increase in the proportion claiming to have taken no action at all.

Figure 7 Action taken as a result of seeing the Measure Up campaign



Base: All respondents excluding Victoria (Wave 2, n=2510; Wave 3, n=1858; Wave 4, n=1890).

* Result is significantly different from that of Wave 2 (p<.05).

Results for the campaign’s primary and secondary target audiences are shown in Table 10.

Table 10 Action taken by primary and secondary target audiences as a result of seeing the Measure Up campaign

Behaviour	Primary Target Audience			Secondary Target Audience		
	W2 (n=856) %	W3 (n=678) %	W4 (n=649) %	W2 (n=1002) %	W3 (n=1019) %	W4 (n=1007) %
Increased the amount of fruit you eat	24	26	19	15	18	17
Increased the amount of vegetables you eat	29	28	24 [#]	19	22	19
Increased the amount of exercise you do	30	31	27	22	23	22
Measured your waist	18	16	15	13	12	13
Tried to reduce your waist measurement	26	25	25	23	22	23
Sought information about healthy lifestyles	-	20	18	-	16	15
Any of these actions	51	51	48	40	42	40

Base: All primary and secondary audiences excluding Victoria.

[#] Result is significantly different from that of Wave 2 (p<.05).

There are few significant changes evident across the three survey waves for either of these groups. The only difference is a slight Wave 4 decrease in the percentage of the primary audience claiming to have increased their vegetable consumption (24% versus 29% in Wave 2).

Further, as at Wave 4 there were no significant differences between the primary and secondary audiences on the individual actions taken as a result of seeing the campaign. However, members of the primary audience were more likely to have engaged in at least one of these behaviours than were members of the secondary audience (48% versus 40%).

3.1.2 Intention to take action

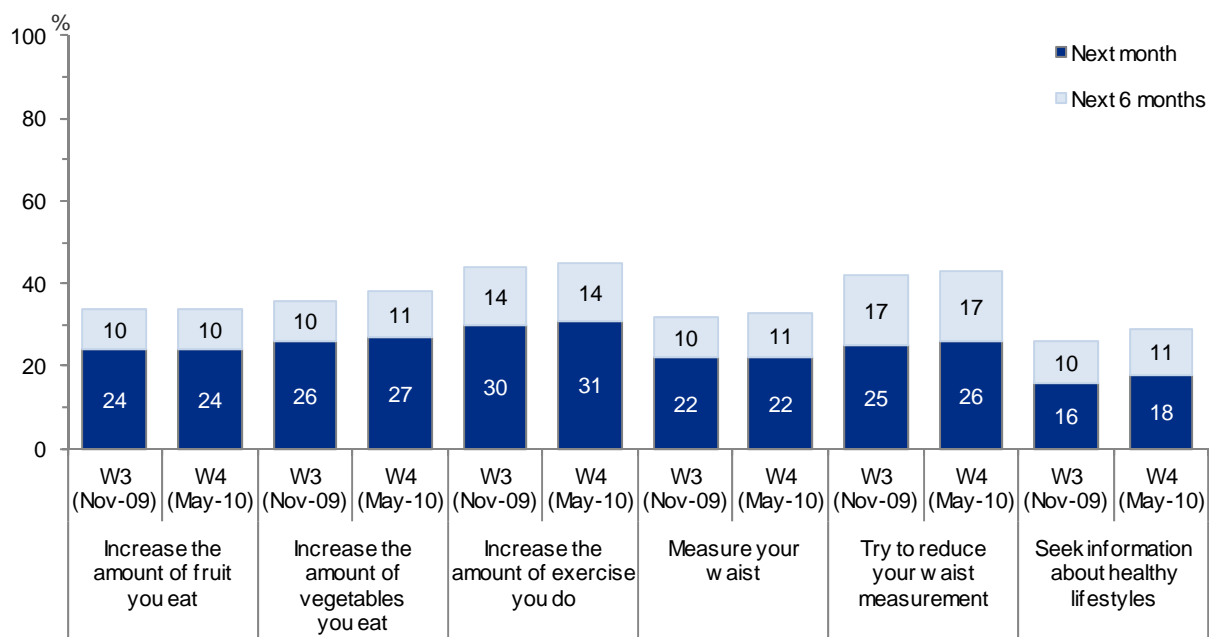
In addition to being asked whether they had actually taken action, those who recognised the campaign were also asked if they intended undertaking the same health promoting behaviours, and when that might be – that is, in “the next month” or “probably in the next six months”.

The proportion of respondents who said they intended to engage in each of these behaviours (based to the total sample) is shown in Figure 8. It should be noted that this question was slightly revised for the Wave 3 and 4 surveys to focus solely on intentions as a result of seeing the campaign and, as a consequence, only these waves are shown.

As can be seen, approximately one-quarter (22% in Waves 3 and 4) of all respondents said they intended to measure their waist in the next month as a result of seeing the campaign. A similar proportion (25% in Wave 3 and 26% in Wave 4) said they intended to reduce their waist measurement in the next month. Notably, respondents who reported engaging in some form of action as a result of seeing the campaign (as discussed in the previous section) were also much more likely to intend engaging in these health promoting behaviours than those who had not already taken action.

Again it should be noted that, when respondents were asked earlier in the interview if they intended to make these behavioural changes, the only significant increase evident between Wave 1 and Wave 4 was in the proportion who intended to measure their waist. Once again, it appears that the responses given here may have more to do with what respondents felt their intentions **should** be as a result of seeing the advertising. The extent to which these responses relate to formed behavioural intentions is unclear although these results do point to generally positive audience engagement with the campaign.

Figure 8 Intention to change behaviour as a result of seeing the Measure Up campaign



Base: All respondents excluding Victoria (Wave 3, n=1858; Wave 4, n=1890).

Table 11 shows intentions of the primary and secondary target audiences to engage in the selected behaviours. On the key campaign objectives, the results are broadly in line with those of the total sample. As at Wave 4, 24% of the primary target group said they intended to reduce their waist measurement in the next month as a result of seeing the campaign while 21% intended to measure their waist in this time frame. Amongst the secondary target audience, the corresponding figures are 27% and 20%.

Table 11 Intention to change behaviour as a result of seeing the Measure Up campaign by primary and secondary target audiences

Intention		Primary Target Audience		Secondary Target Audience	
		Next Month %	Next 6 Mths %	Next Month %	Next 6 Mths %
Increase the amount of fruit you eat	Wave 3	29	10	22	10
	Wave 4	21 [#]	10	20	8
Increase the amount of vegetables you eat	Wave 3	30	8	24	8
	Wave 4	24	14 [#]	22	6
Increase the amount of exercise you do	Wave 3	35	13	31	11
	Wave 4	29	17	28	11
Measure your waist	Wave 3	23	12	23	7
	Wave 4	21	12	20	9
Try to reduce your waist measurement	Wave 3	28	18	29	14
	Wave 4	24	21	27	16
Seek information about healthy lifestyles	Wave 3	17	11	15	8
	Wave 4	16	11	16	8

Base: All primary and secondary audiences excluding Victoria (Primary Target Audience: Wave 3, n=678; Wave 4, n=649) (Secondary Target Audience: Wave 3, n=1019; Wave 4 n=1007).

[#] Result is significantly different from that of Wave 3 (p<.05).

There were few changes within the target audiences according to their intention to engage in health promoting behaviours in either survey apart from a little slippage from the one month time frame for increasing fruit and vegetable consumption amongst members of the primary audience. However, as noted elsewhere in this report, intention to increase consumption of fruit and vegetables tends to be related to seasonal factors such as price and availability, particularly with the Wave 4 survey leading into winter while the Wave 3 survey took place in late spring.

3.2 Waist measurement

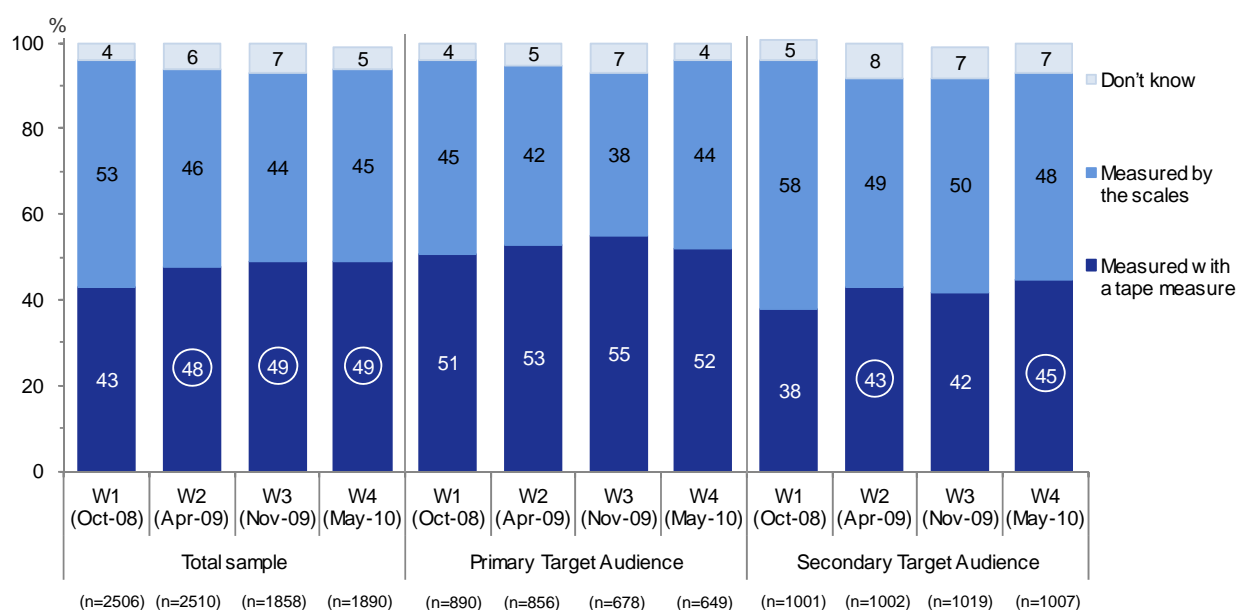
3.2.1 Best indicator for good health

All respondents were asked what they thought was the best indicator for good health; whether it was their weight as measured by the scales or measuring their waist with a tape measure. This message was not a specific objective of the communication campaign. It was however, felt to be a useful indicator of the community’s views with respect to relatively simple, objective methods for assessing current health. Figure 9 shows the proportion of respondents who selected each option.

Respondents appeared to be fairly evenly divided on which method is the better indicator of good health – for example 49% waist measurement and 45% scales in Wave 4. However, the proportion nominating waist measurement increased following the campaign launch (from 43% in Wave 1 to 48% in Waves 2) and has subsequently been maintained at about this level.

Moreover, those who recalled the campaign (as defined by ‘unprompted campaign recall’) were more likely than others to say that waist measurement is a better indicator of health. In Wave 4 for example, 52% of those who recalled Measure Up nominated waist measurement versus 44% of those who did not recall the campaign.

Figure 9 Best indicator of good health



Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for ‘Measured with a tape measure’ are shown.

Amongst the primary target audience there has been no significant change since Wave 1 in the proportion who felt waist measurement was a better indicator of good health although this group did start from a higher level at Wave 1 (51% versus 43% of the total sample). The secondary audience shows a similar pattern of change to the total sample (ie: a significant increase in nomination of waist measurement between Waves 1 and 2 with no further increase thereafter) and has consistently been less likely than the primary target audience to nominate waist measurement as the best indicator.

3.2.2 Knowledge of the link between waistline measurement and chronic disease

In order to measure awareness of the “risky” waist measurements of more than 94cm for men and more than 80cm for women, all respondents were asked to nominate for each sex the waist measurement they believed was associated with an increased risk of health problems and chronic disease.

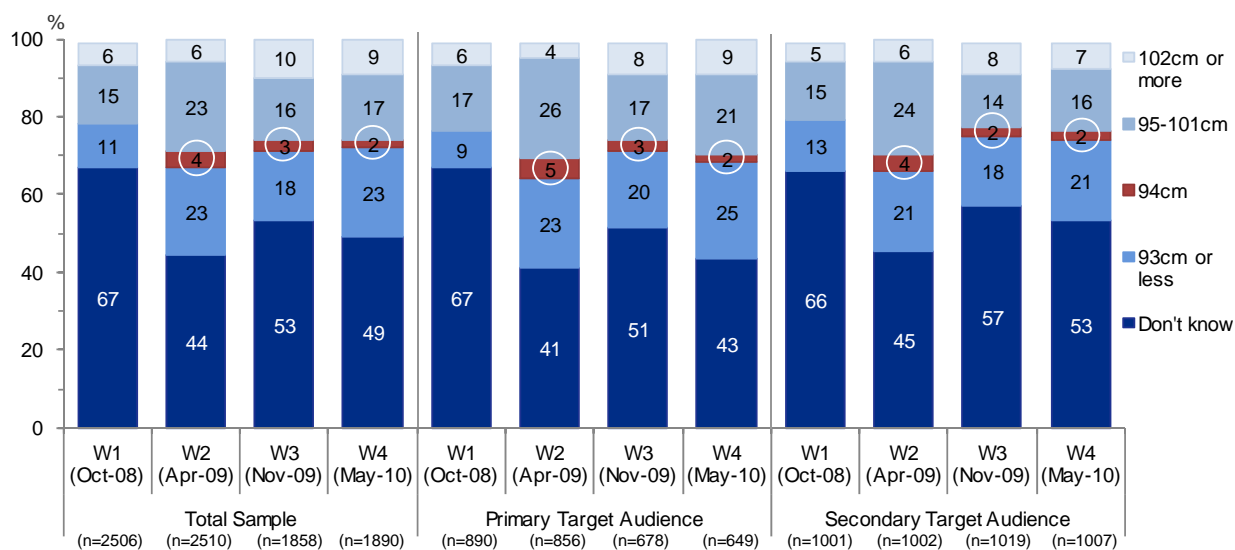
Figure 10 provides a summary of the “risky” waist measurement values nominated for **men**. Several points are noteworthy here:

- Firstly, only a very small proportion of respondents identified 94cm as the “risky” threshold for men.
- However, given the campaign also provided information on the high risk thresholds (ie: 102cm for men and 88cm for women) it is worth considering the proportion of respondents nominating “94cm or more” in response to this question. This figure rose sharply in Wave 2, when it was up 11 points to 33%, and this increase has been maintained in Waves 3 and 4 (28% for both waves).
- Furthermore, the proportion of respondents who were unable to nominate any waist measurement they thought was associated with health problems and chronic disease fell significantly at Wave 2 (down from 67% at Wave 1 to 44% at Wave 2) and, although it has increased slightly since then, it is still well below the Wave 1 benchmark.
- Finally, it should be noted that men were slightly better than women at correctly identifying the waist measurement for men in Waves 2 (6% versus 2%) and 3 (4% versus 2%).

The pattern of results seen among the primary and secondary audiences followed a similar pattern to that seen for the total sample. However, in Wave 4 members of the secondary audience were more likely to give a “don’t know” response than were respondents from the primary target audience (53% versus 43%) suggesting the higher levels of primary audience engagement discussed earlier in this report may also be associated with slightly stronger retention of at least some detail from the campaign’s “risky” waist measurement message.

Overall, these results should be regarded as reasonably positive although exact knowledge of the “risky” waist measurement threshold for men (ie: 94cm) is clearly not strong.

Figure 10 Men’s waist measurements associated with health problems and chronic disease



Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for target waist measurement (94cm) are shown.

There was much higher awareness of the correct waist measurement associated with an increased risk of health problems and chronic disease for **women** (see Figure 11) with 14% of the total sample identifying the measurement as 80cm in both Waves 3 and 4. Although this represents a slight decline on the Wave 2 result of 19%, it is still well above the Wave 1 benchmark of six percent.

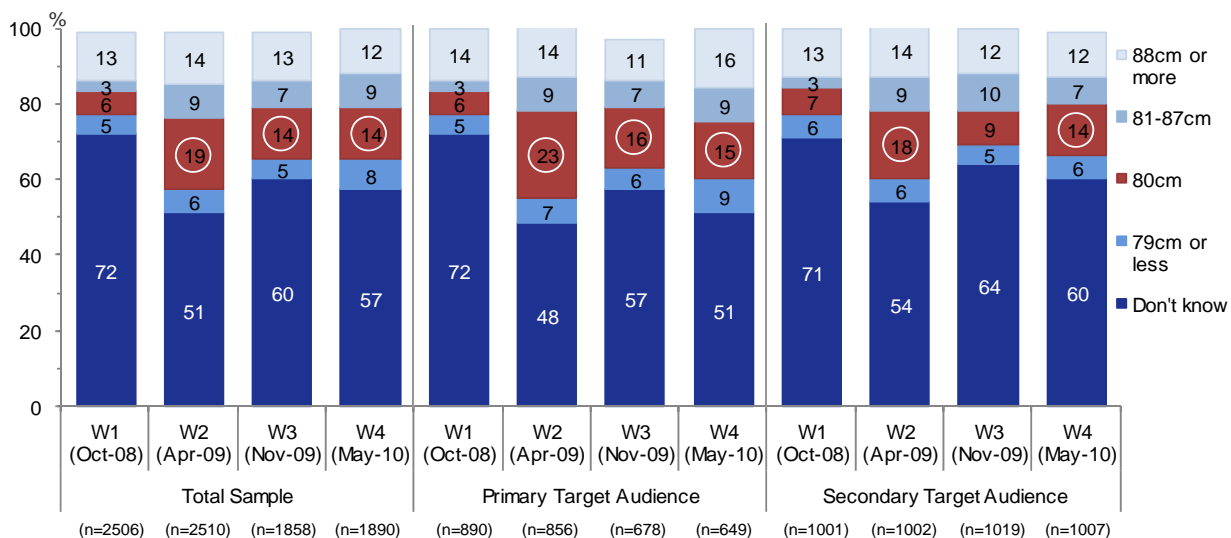
As was the case with males, the proportion of respondents unable to nominate any waist measurement fell sharply between Waves 1 and 2 (down 21 points to 51%) and, despite a slight increase (to 60% in Wave 3 and 57% in Wave 4), has remained well below the benchmark.

Also in a similar fashion to estimates for males, the proportion of respondents nominating “80cm or more” as “risky” rose sharply at Wave 2 (to 42%) and, despite a slight decline since then to 34% in Wave 3 and 35% in Wave 4 is still considerably higher than the benchmark level of 22%.

These overall trends equally apply to the primary and secondary target audiences (see Figure 11). Again, members of the secondary audience were more likely than the primary audience to give a “don’t know” response, this time in both Waves 3 and 4.

Further analysis indicated that women were considerably more likely than men in Waves 2, 3 and 4 to identify 80cm as the correct waist measurement for females. In Wave 4, for example, 21% of women nominated the “risky” measurement as 80cm compared with only six percent of men. Moreover, those who recalled the campaign were also more likely to correctly identify the threshold waist measurement for women (17% versus 9% amongst those who did not recall Measure Up) although this was not the case in regard to the threshold waist measurement for men.

Figure 11 Women’s waist measurements associated with health problems and chronic disease



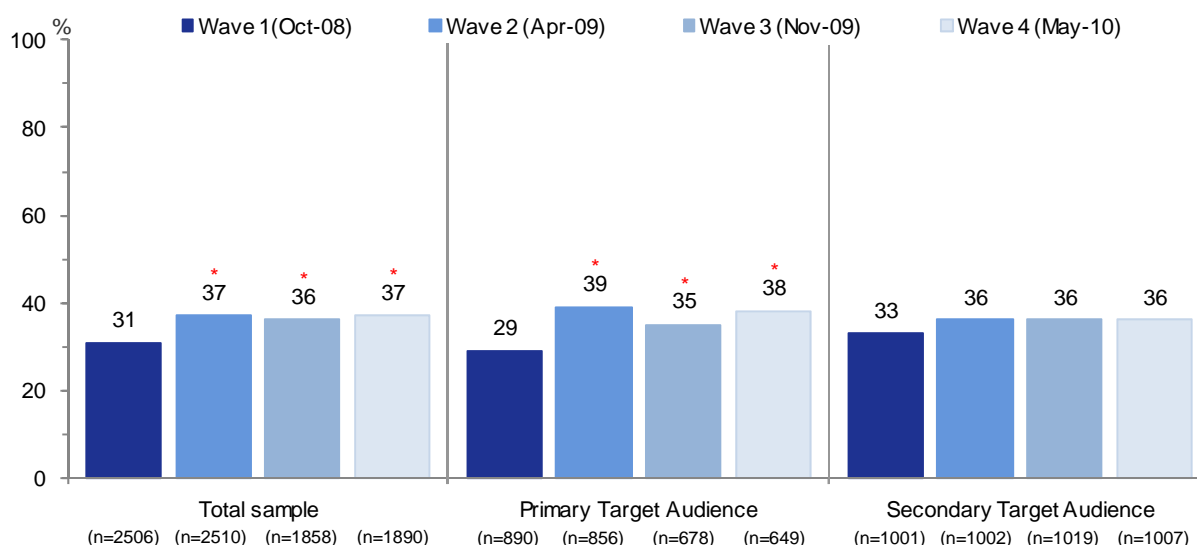
Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for target waist measurement (80cm) are shown.

3.2.3 Measured waist in the past six months

All survey respondents were asked if they had measured their waist in the last six months. Wave 2 saw a six point increase on the benchmark (from 31% to 37%) in the proportion of respondents who said they had done this (see Figure 12). This increase has been maintained since then with corresponding figures of 36% in Wave 3 and 37% in Wave 4.

Results for the primary target audience were similar to those of the total sample with an increase of 10 points evident at Wave 2 (from 29% at benchmark) and this increase then being maintained at both Waves 3 (35%) and 4 (38%). The secondary target audience however, has seen no significant change on the Wave 1 benchmark figure of 33%.

Figure 12 Measured waist in last 6 months



Base: All respondents excluding Victoria.
 * Result is significantly different from that of Wave 1 (p<.05).

When respondents were asked how satisfied they were with their current waist measurement, 35% of the total sample expressed some dissatisfaction at Wave 4. This was not significantly different from the figure of 33% who were dissatisfied at Wave 1, prior to the launch of Measure Up. No significant change was evident amongst the primary target audience (34% at Wave 1 versus 40% at Wave 4⁷) although there has been an increase in secondary audience dissatisfaction with their waist measurement (up from 38% in Wave 1 to 45% in Wave 4).

⁷ NB: These results are significantly different at the 0.1 level of statistical significance.

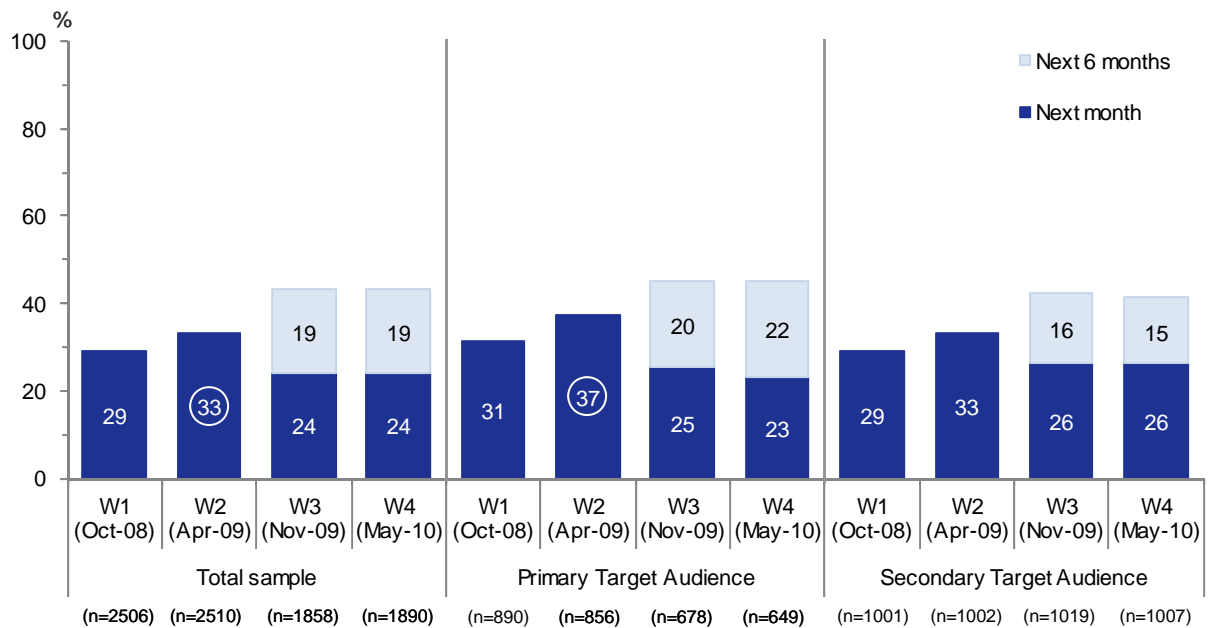
3.2.4 Intentions to measure waist

Survey participants were also asked about their intention to measure their waist in the next month. The response frame for this question was slightly modified for Waves 3 and 4 to include an option for 'probably in the next six months' to ensure comparability with other intention questions in the questionnaire.

Results following the latest flights of the campaign were identical with approximately one-quarter (24%) of all respondents saying they intended to measure their waist in the next month (Figure 13). A further one-fifth (19%) suggested they would probably do so in the next six months. While not directly comparable to earlier waves, these results suggest that the significant increase in the proportion of respondents who intended to measure their waist in the next month at Wave 2 (33% versus 29% in Wave 1) has been maintained in Waves 3 and 4.

The results for the primary and secondary target audiences were similar to the total sample and not significantly different from one another.

Figure 13 Intentions to measure own waist in next six months



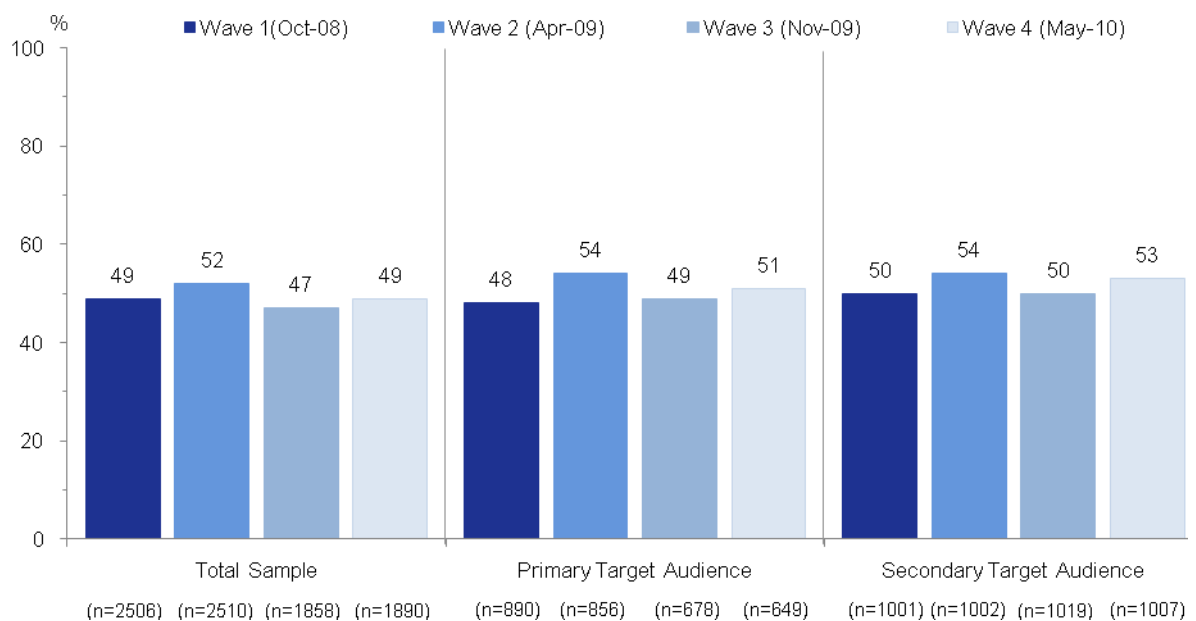
Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for the 'next month' for Wave 2 versus Wave 1 are shown in figure.

3.2.5 Tried to reduce waist measurement

Following Waves 3 and 4 of the Measure Up campaign, approximately one in every two respondents (47% and 49%, respectively) said they had consciously tried to reduce their waist measurement in the last six months (Figure 14). These results were not significantly different from the 49% recorded at the Wave 1 benchmark.

In each survey, the main reasons respondents gave for attempting to decrease their waist measurement were seeking to improve their general health, trying to improve their appearance and trying to improve their fitness. Few respondents directly mentioned being influenced by the campaign (2% in Wave 3 and 1% in Wave 4).

Figure 14 Tried to reduce waist measurement in the last six months



Base: All respondents excluding Victoria.

There were no significant differences between survey waves amongst either the primary or secondary target audiences for trying to reduce waist measurement in the last six months.

There was evidence of a strong relationship between dissatisfaction and attempts to reduce. Thus, those respondents who said they were either ‘dissatisfied’ or ‘very dissatisfied’ with their waist measurement were considerably more likely than those ‘satisfied’ or ‘very satisfied’ with their waist measurement to have attempted to reduce it. In Wave 4 for example, 71% of the “dissatisfied” group had attempted to reduce their waist measurement in the last six months compared with 36% of those who were “satisfied” with their current waist measurement.

3.3 Weight

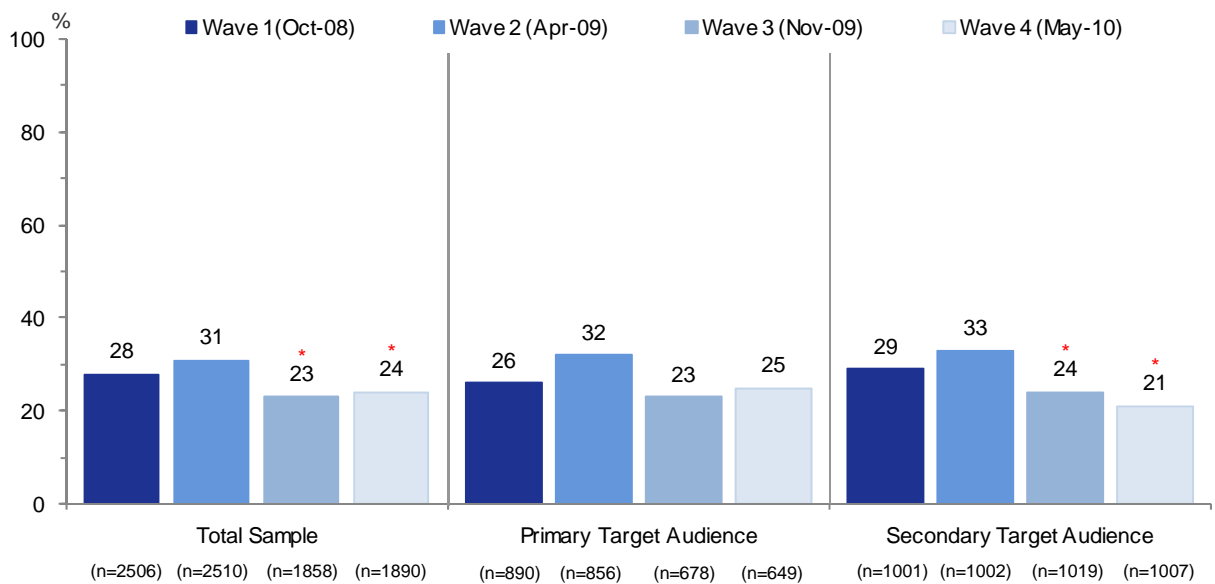
3.3.1 Knowledge of the proportion of overweight Australians

All respondents were asked to indicate approximately what proportion of Australian adults they believe to be overweight. Figure 15 shows that approximately one-quarter (23% in Wave 3 and 24% in Wave 4) identified a proportion consistent with the campaign message of one in two (or 50%). A minority could not answer the question (7% in Wave 3 and 6% in Wave 4), while the remainder provided an answer which was inconsistent with the campaign message.

The proportion nominating one in two as overweight in Waves 3 and 4 was slightly lower than the figures recorded in the benchmark (28%) and in the Wave 2 (31%) survey. This pattern of overall results was consistent for both the primary and secondary target audiences.

It should be noted that, while the figure of one in two was correct at the time of campaign development⁸, the proportion of Australians considered to be overweight has increased since that time to an estimated 62% in the 2007/08 National Health Survey. With that in mind, it is noteworthy that 41% of respondents nominated a figure greater than 50% in Wave 4.

Figure 15 Awareness that 1 in 2 Australians are overweight



Base: All respondents excluding Victoria.

* Result is significantly different from that of Wave 1 (p < .05).

⁸ Australian Bureau of Statistics (ABS). National Health Survey 2004-05: Summary of results. ABS cat.no. 4364.0. Canberra

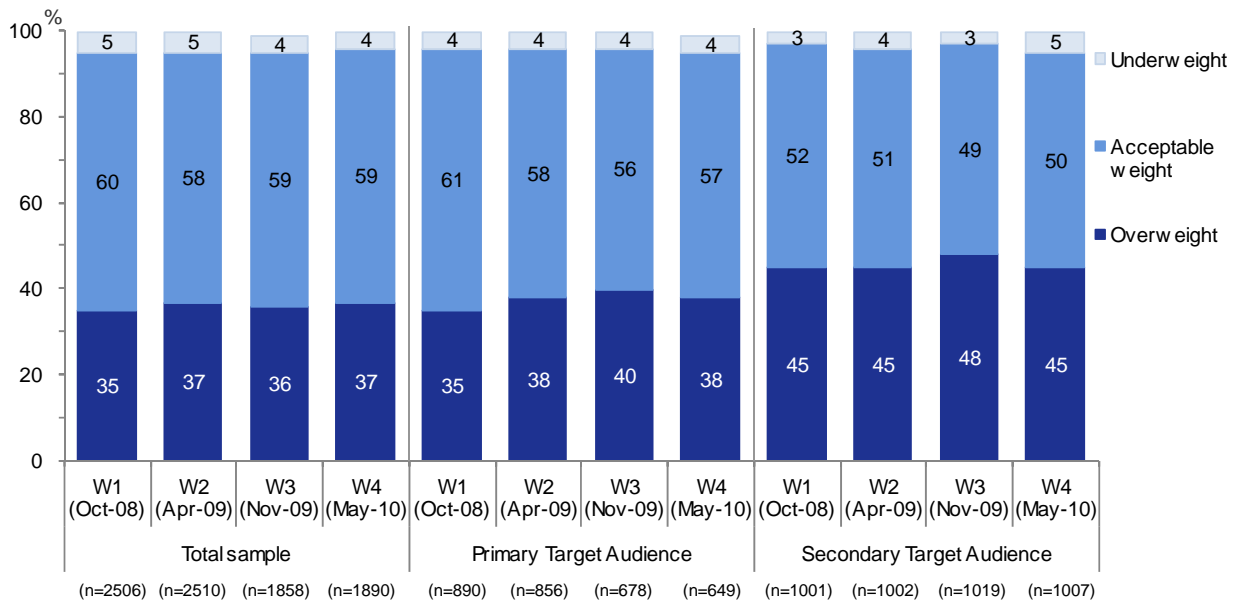
3.3.2 Perceptions of own weight

All respondents were asked whether they considered themselves to be underweight, an acceptable weight or overweight. Figure 16 shows no significant changes in these self-assessments since the launch of the campaign. In each survey, slightly over one-third of respondents considered themselves to be overweight, while around 60% believe they are of an acceptable weight. Only a minority (around 5%) felt they were underweight.

A similar pattern of results was evident amongst the primary and secondary target audiences although members of the secondary audience were consistently more likely to consider themselves to be overweight.

The relationship between people's perceived weight and their body mass index (BMI) varied. Across all survey waves, approximately nine-in-ten respondents who were defined as 'obese' according to their BMI also considered themselves to be overweight. A similar proportion of those who were defined as a 'normal' weight according to their BMI identified themselves as being of an acceptable weight. However, among those who were defined as 'overweight' by their BMI, a little more than half believed their weight was acceptable.

Figure 16 Perceptions of own weight



Base: All respondents excluding Victoria.

3.3.3 Tried to lose weight

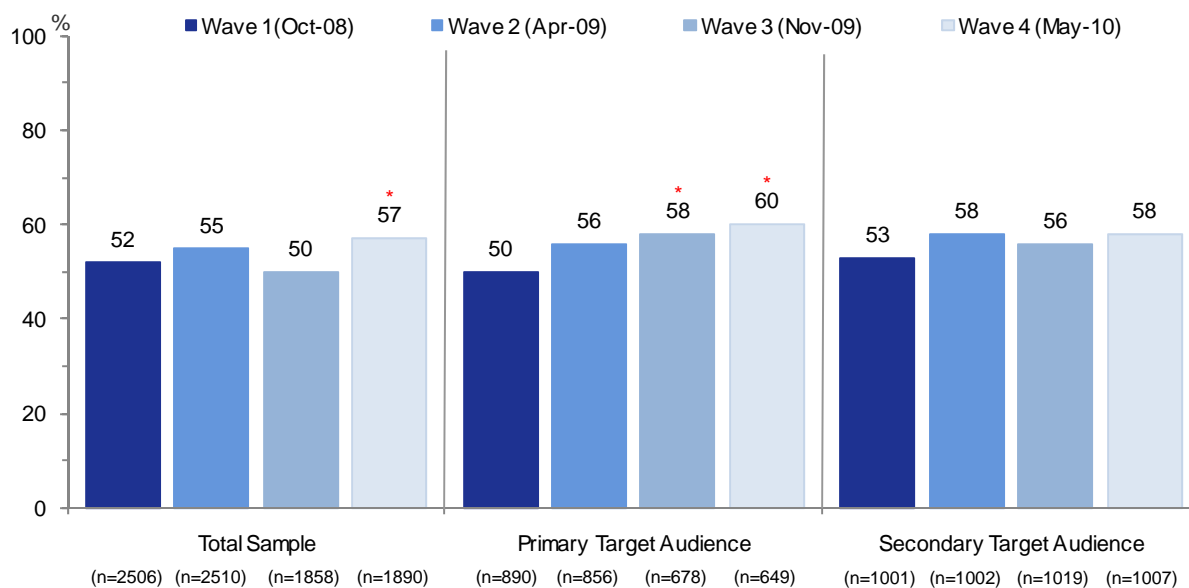
All respondents were asked whether they had attempted to increase or decrease their weight in the last six months with Figure 17 showing the proportion who had tried to decrease their weight.

As at Wave 4, 57% of respondents had tried to lose weight in the last six months. This represents an increase over both the benchmark survey (52%) and Wave 3 (50%).

It should be noted however, that these results may reflect seasonal effects rather than direct campaign impact. It seems possible that respondents are more likely to have tried to lose weight during the warmer summer months of the year (ie: the six months leading up to April/May) than in the six months prior to the October/November surveys.

Nevertheless, amongst the primary target audience there is a clear trend of increasing attempts to lose weight across each wave. This has happened to such an extent that the proportion who had tried to lose weight was 10 percentage points higher in Wave 4 than it had been at the Wave 1. By contrast, amongst the secondary audience there was no significant change between Waves 1 and 4.

Figure 17 Tried to decrease weight in past six months



Base: All respondents excluding Victoria.
 * Result is significantly different from that of Wave 1 (p<.05).

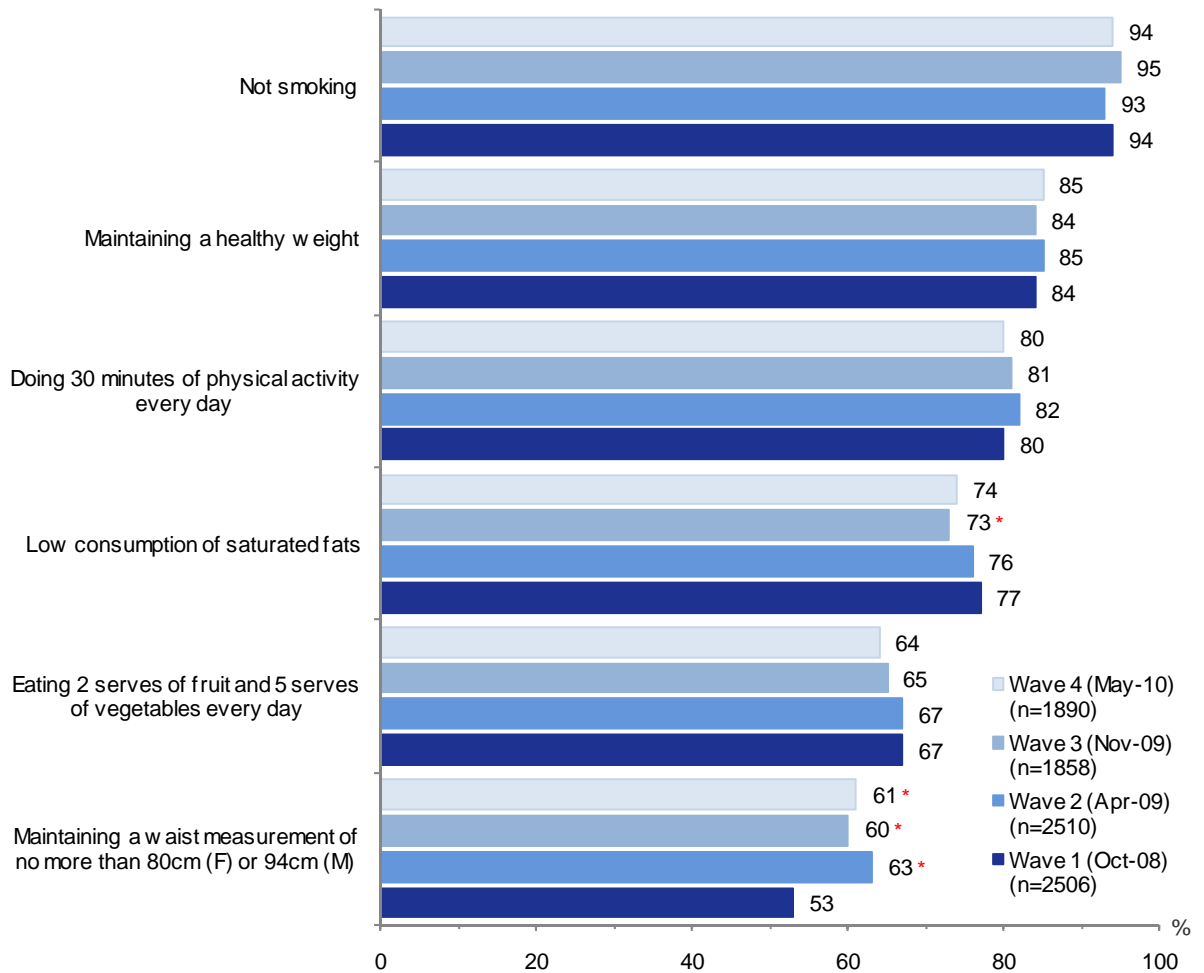
In addition to these findings, further analysis pointed to a positive relationship between body mass – either perceived or calculated from weight and height (ie: BMI) – and attempting to lose weight in the last six months. This relationship indicated that the greater the body mass of a respondent the greater the likelihood they had also attempted to recently lose weight. For example, at Wave 4, 84% of those with an ‘obese’ BMI classification had attempted to lose weight in the last six months compared with 66% of those classified as ‘overweight’ and 38% of those with a ‘normal’ BMI.

3.4 Life style risk factors

Respondents were asked to indicate (on a scale from 0 to 10) the importance of six behaviours in preventing chronic disease later in life. Figure 18 shows the proportion who considered each behaviour to be 'important' (i.e. rated the behaviour as 8, 9 or 10 out of a total score of 10) in preventing chronic disease.

As can be seen, there has been very little change since Wave 1 in the proportion of respondents who believe each behaviour is important in preventing chronic disease. The exception to this was 'maintaining a waist measurement of no more than 80cm for women and 94cm for men'. Following the third and fourth flights of the campaign 60% and 61% of respondents respectively, rated this behaviour as important in preventing chronic disease later in life. These results are significantly higher than the Wave 1 benchmark result (53%) and have maintained the increase seen in Wave 2 (up 10 percentage points to 63%).

Figure 18 Perceived importance of particular behaviours in preventing chronic disease



Base: All respondents excluding Victoria. Percentage 'important' (8-10) shown in figure.
 * Result is significantly different from that of Wave 1 (p<.05).

In comparison to other health promoting behaviours however, maintaining a healthy waist measurement was still rated as important by fewer respondents than any of the others shown in Figure 18. Nearly all respondents (94% in Wave 4) believed not smoking was important, while over four-fifths believed maintaining a healthy weight (85% in Wave 4) and meeting national guidelines on physical activity (80% in Wave 4) were important in preventing chronic disease.

Together, these results suggest that the campaign has made a positive contribution to raising awareness of the importance of waist measurement in chronic disease prevention. However, there still appears to be room for improvement as this health indicator does not have the same strength of association with prevention of chronic disease as more established preventive behaviours such as not smoking, maintaining a healthy weight and undertaking 30 minutes of physical activity each day.

Results for the primary and secondary target audiences are presented in Table 12. These show a similar pattern to the overall sample in terms of changes over time. It is evident that, compared to Wave 1, there has been a significant increase in the proportion of primary audience members who consider it is important to maintain an appropriate waist measurement to avoid chronic disease later in life (up 10 percentage points from 56% in Wave 1 to 66% in Wave 4). For the secondary audience too there has been an increase between Wave 1 (58%) and Wave 4 (65%).

It is also worth noting that members of the primary target audience were more likely than the total population to agree 'maintaining a waist measurement of no more than 80cm for women and 94cm for men' (66% versus 61%) and that meeting the national guidelines regarding fruit and vegetable consumption (70% versus 64%) are important in preventing chronic disease later in life.

Table 12 Perceived importance of behaviours in prevention of chronic disease amongst target audiences

Importance of Behaviour	Primary Target Audience				Secondary Target Audience			
	Oct-08 (n=890) %	Apr-09 (n=856) %	Nov-09 (n=678) %	May-10 (n=649) %	Oct-08 (n=1001) %	Apr-09 (n=1002) %	Nov-09 (n=1019) %	May-10 (n=1007) %
Not smoking	96	95	98	95	96	93	95	94
Maintaining a healthy weight	86	87	87	87	86	85	85	85
Doing 30 minutes of physical activity every day	84	82	81	81	82	82	80	82
Low consumption of saturated fats	79	79	76	76	79	80	76	78
Eating 2 serves of fruit and 5 serves of vegetables every day	70	69	68	70	67	67	64	66
Maintaining a waist measurement of no more than 80cm (f) or 94cm (m)	56	67 [#]	62	66 [#]	58	66 [#]	63	65 [#]

Base: All primary and secondary audiences excluding Victoria. Percentage 'important' (8-10) shown in table.

[#] Result is significantly different from that of Wave 1 (p<.05).

3.5 Nutrition

The following section evaluates the impact of the campaign on nutritional habits, knowledge, behaviour and intentions. A similar set of questions was asked relating to consumption of both vegetables and fruit, including current levels of consumption, awareness of the daily consumption level required for good health, attempts to increase consumption during the last six months and intention to increase consumption in the next six months. In considering these findings it should be kept in mind that actual and intended consumption of fruit and vegetables are typically influenced by a range of seasonality factors such as price and availability as well as marketing and promotional activities by growers and retailers. In these circumstances, it is difficult to attribute changes to the impact of the Measure Up campaign and hence, consumption results should be regarded more as descriptive of the environment in which the survey was conducted rather than as highly accurate measures of campaign impact.

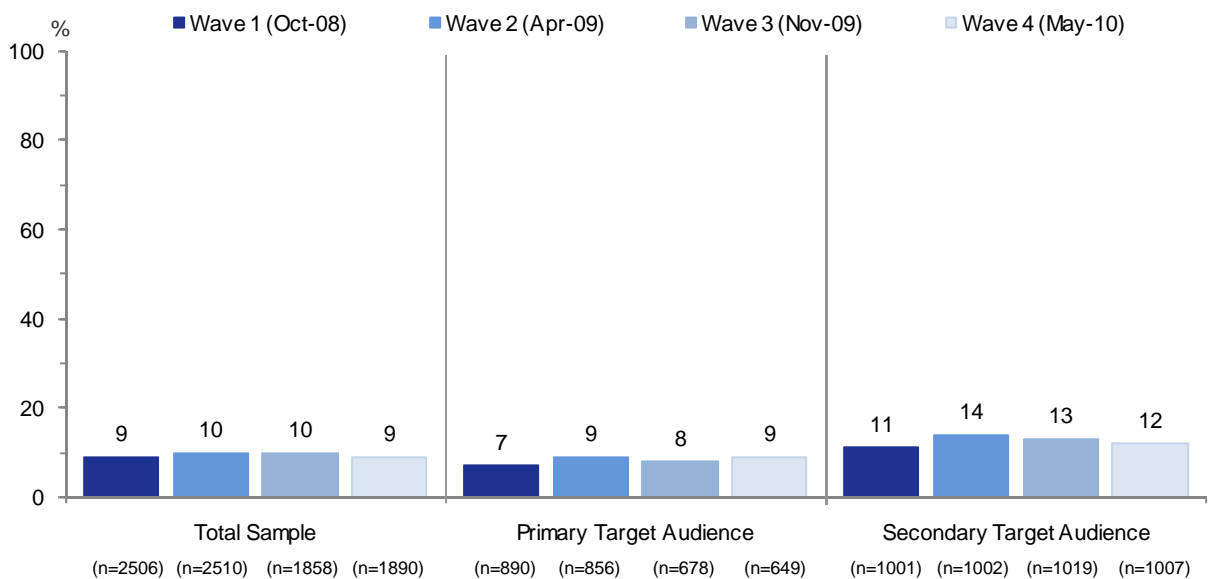
3.5.1 Vegetables

Current level of consumption

With the above proviso, it is evident from Figure 19 that less than one in ten (9%) Wave 4 respondents reported daily consumption of at least the recommended five serves of vegetables per day. This is identical to the Wave 1 benchmark figure and is not significantly different from the 10% reported in Waves 2 and 3.

Further, no significant changes are evident since Wave 1 in the proportion of the campaign’s primary (9% in Wave 4 versus 7% in Wave 1) or secondary (12% in Wave 4 versus 11% in Wave 1) audiences who report consuming five or more serves of vegetables per day.

Figure 19 Current consumption of five or more serves of vegetables per day



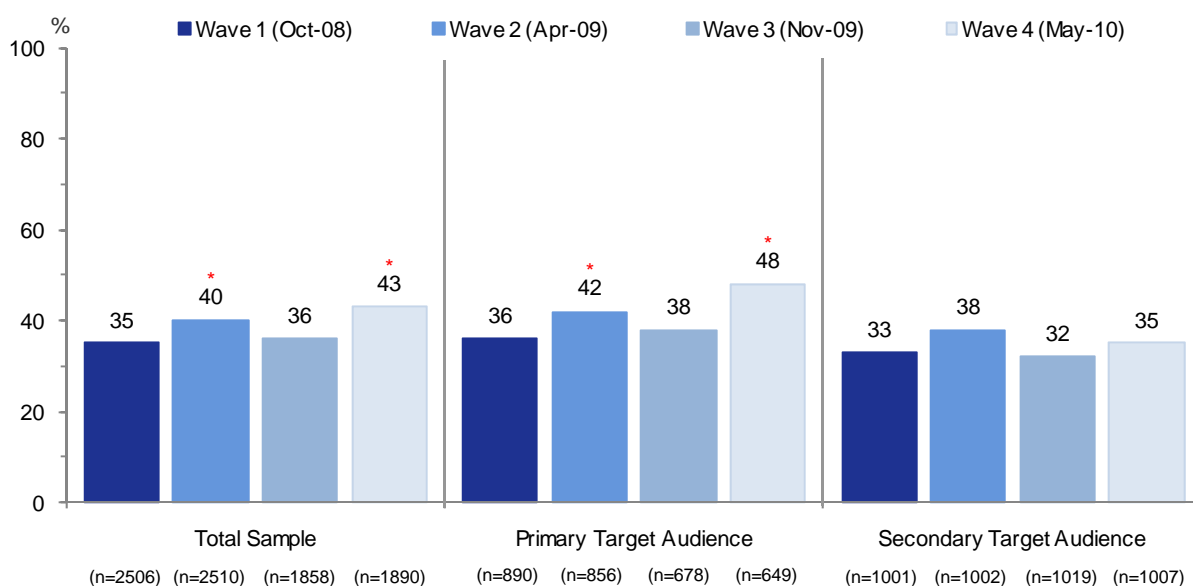
Base: All respondents excluding Victoria.

Awareness of the daily consumption of vegetables required for good health

All respondents were asked how many serves of vegetables they thought should be eaten each day to maintain good health. In Wave 4 (see Figure 20), 43% nominated five serves or more as the amount that should be eaten each day for good health. This result is significantly higher than the 35% recorded in Wave 1, although it should be kept in mind that the *Go for 2&5*[®] campaign, which promotes the same message about consumption of vegetables, has been active nationally (except in Victoria) during the period October 2008 to May 2010.

There was a substantial increase in the proportion of the primary target audience nominating five or more serves of vegetables as the daily consumption amount for good health (up from 36% in Wave 1 to 48% in Wave 4). However, no significant increase was evident during this period for the campaign’s secondary audience (33% in Wave 1 versus 35% in Wave 4). This is in line with the *Go for 2&5*[®] campaign’s targeting of parents with children.

Figure 20 **Aware at least five serves of vegetables should be consumed each day for good health**



Base: All respondents excluding Victoria.
 * Result is significantly different from that of Wave 1 (p<.05).

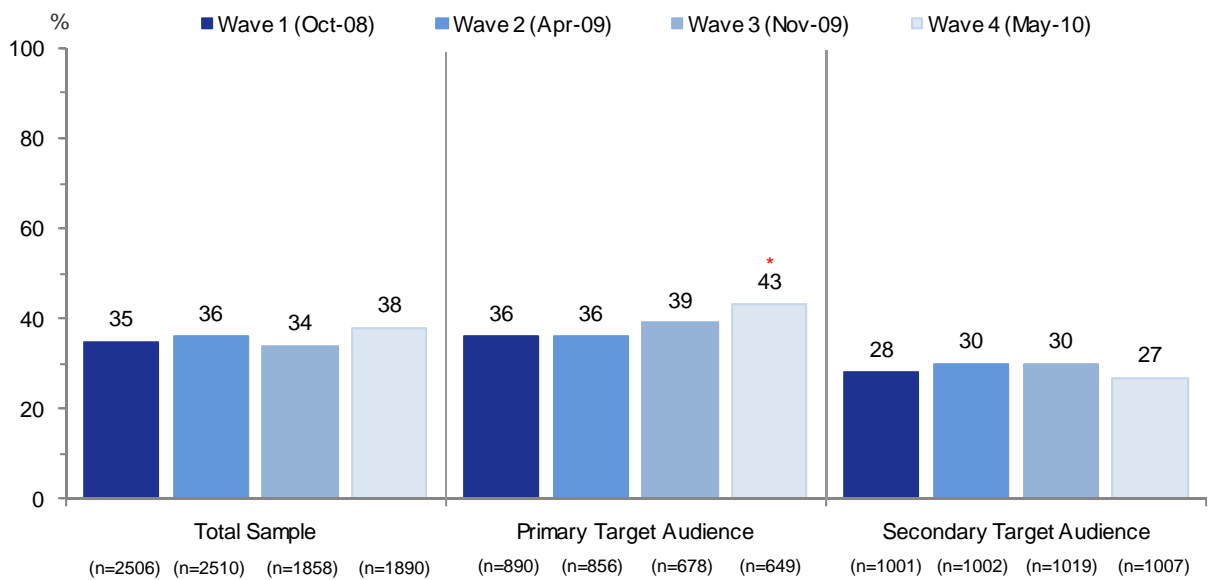
Attempted increase of vegetable consumption in the last six months

Respondents were asked if they had tried, during the last six months, to change the amount of vegetables they personally eat. Those who had done so were asked if this had been an attempt to increase the amount of vegetables eaten.

As shown in Figure 21, Wave 4 saw more than one in three respondents (38%) claiming they had tried to increase their consumption of vegetables during the last six months. This result was not significantly different from the corresponding proportion of 35% recorded in Wave 1.

There has been a substantial increase since Wave 1 in the proportion of respondents from the primary target audience who reported trying to increase their vegetable consumption (up from 36% to 43%). However, the proportion from the secondary target audience who had tried to do this was unchanged (28% in Wave 1 versus 27% in Wave 4). This secondary audience group has also remained less likely than the total sample to have made an effort to increase their vegetable consumption in all four surveys.

Figure 21 Attempted to increase vegetable consumption in last six months



Base: All respondents excluding Victoria.
 * Result is significantly different from that of Wave 1 (p<.05).

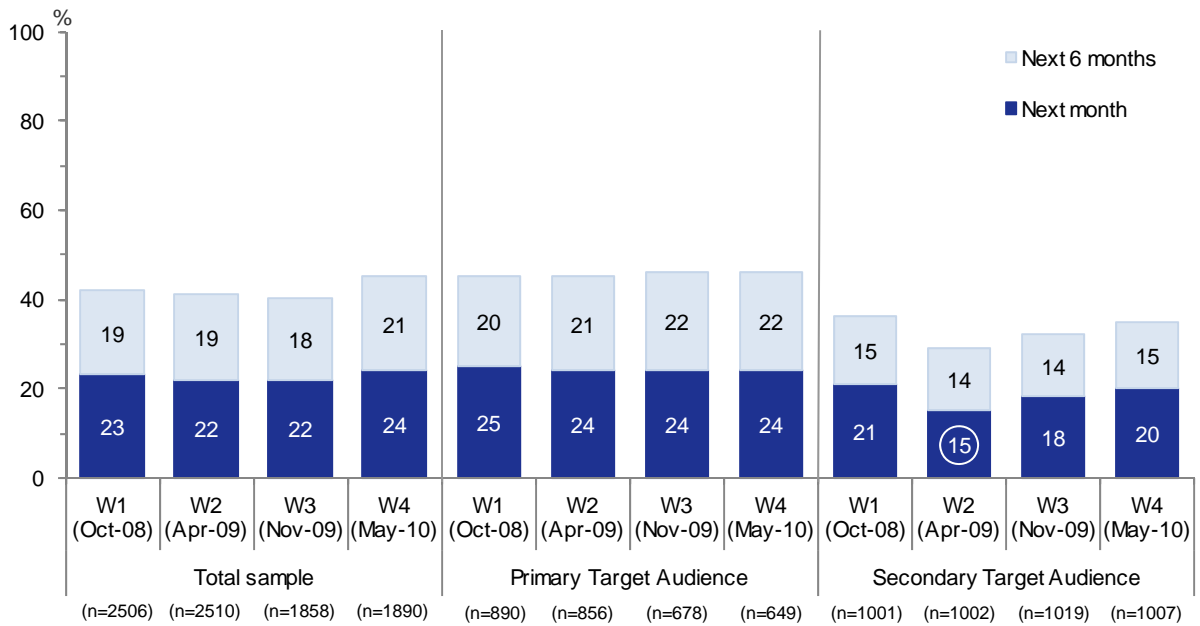
The main reasons cited by those who attempted to increase the amount of vegetables consumed were to improve general health and, to a lesser extent, to lose (or control) weight. The proportion who mentioned these reasons were unchanged across the all surveys. Only a small minority of these respondents directly mentioned being influenced by the Measure Up campaign (2% in Wave 3 and 1% in Wave 4).

Intention to increase vegetable consumption in the next six months

Respondents were asked if they intended increasing their consumption of vegetables in the next six months and, if so, whether that would be in the next month or just probably in the next six months. As shown in Figure 22, in Wave 4, 45% of the total sample expressed an intention of increasing their vegetable consumption in the next six months (24% in the next month). This result is slightly higher than those seen in Waves 2 and 3 (41% and 40% respectively) but is not significantly different from the Wave 1 figure of 43%.

The results for the primary target audience show no significant change since Wave 1. Nor has there been any significant increase since Wave 1 in the proportion of the campaign’s secondary audience intending to increase their vegetable consumption in the next six months. As at Wave 4, members of this group also remained less likely than the total sample to intend increasing their vegetable consumption in the next six months (35% versus 45% of the total sample).

Figure 22 Future intentions to increase vegetable consumption



Base: All respondents excluding Victoria.
 Circled figure indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for the 'next month' category are shown in figure.

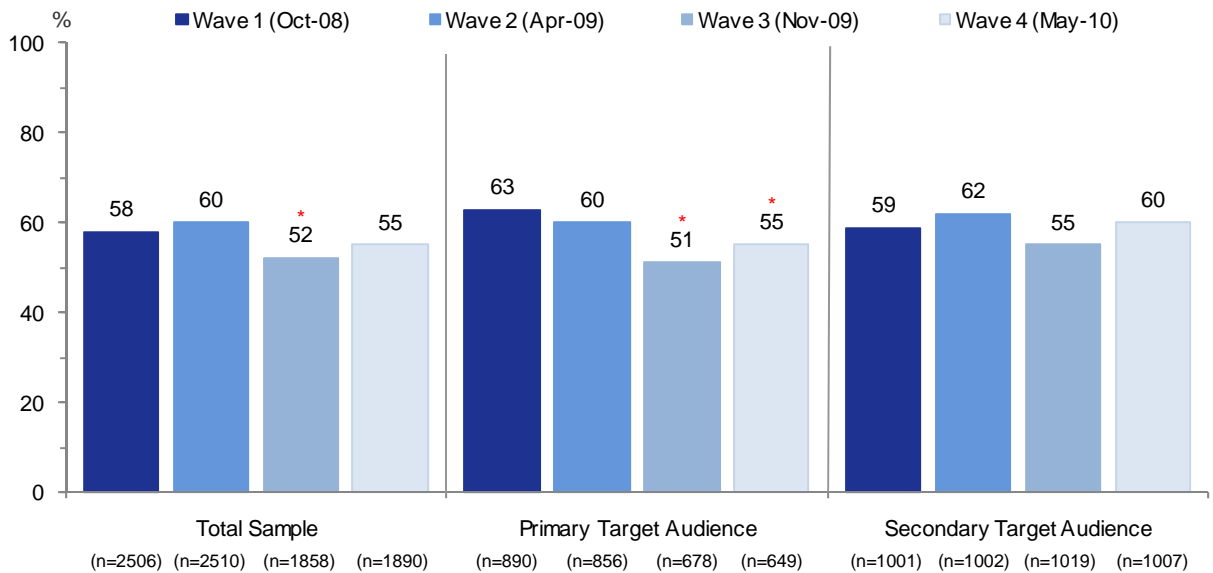
3.5.2 Fruit

Current level of consumption

Respondents were also asked how many serves of fruit they usually eat each day. In Wave 4, the proportion who reported eating the recommended amount of fruit (2 or more serves per day) was 55%, a result which is not significantly different from the figure of 58% reported in Wave 1 (see Figure 23).

Amongst the campaign’s primary audience, the proportion eating the recommended amount of fruit was slightly lower in Wave 4 than in Wave 1 (55% versus 63%), although seasonal effects may well be playing a role here given the timing of the two surveys in spring (Waves 1 and 3) and autumn (Waves 2 and 4). Amongst the secondary audience there was no significant difference in reported consumption between Waves 1 and 4 (59% in Wave 1 versus 60% in Wave 4).

Figure 23 Current consumption of two or more serves of fruit per day



Base: All respondents excluding Victoria.

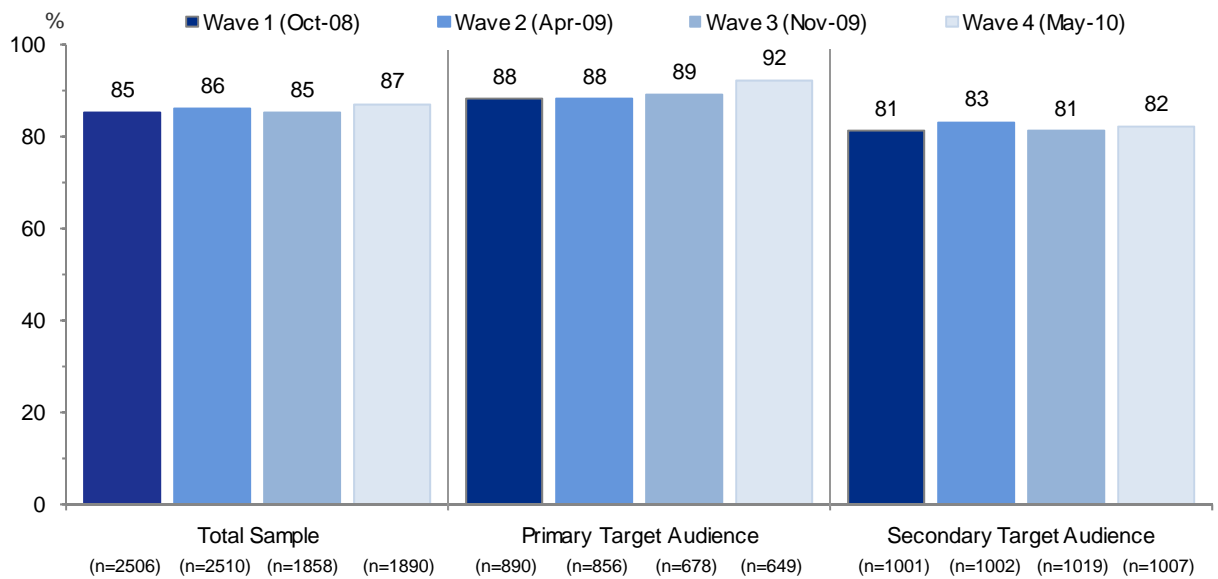
* Result is significantly different from that of Wave 1 (p<.05).

Awareness of the daily consumption of fruit required for good health

All respondents were asked how many serves of fruit they thought should be eaten each day to maintain good health. As shown in Figure 24, most respondents in Wave 4 nominated at least two serves of fruit per day as the requirement for good health. No significant change was evident between Waves 1 and 4 in the proportion mentioning this amount (85% in Wave 1 versus 87% in Wave 4).

This was also true for the campaign’s primary and secondary target audiences. In Wave 4, awareness of the required fruit consumption was slightly higher amongst the primary audience (92%) than amongst the total sample (87%). However, awareness of this requirement appears to be at a high level across most population groups. Thus, for example, even the below average awareness amongst males (81% versus females 93%) and non-parents (83% versus 92% amongst parents) still saw more than four in every five members of these subgroups aware that consumption of two or more serves of fruit per day is the requirement for good health.

Figure 24 **Aware at least two serves of fruit should be consumed each day for good health**



Base: All respondents excluding Victoria.

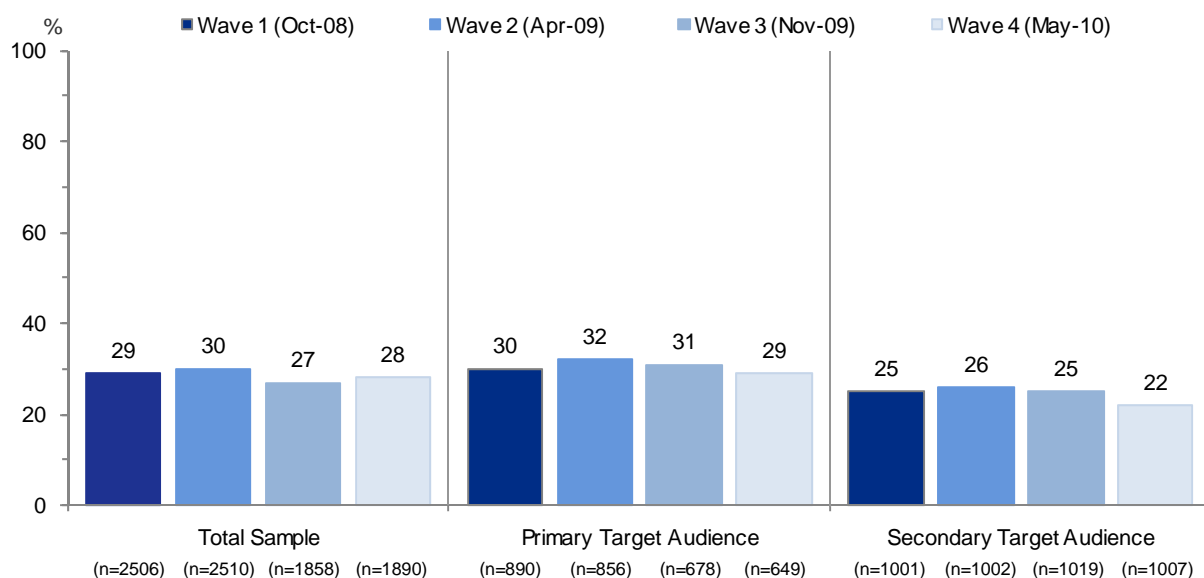
Attempted increase of fruit consumption in the last six months

Respondents were asked if they had tried, during the last six months, to change the amount of fruit they personally eat. Those who had done so were asked if this had been an attempt to increase the amount of fruit eaten.

In Wave 4, 28% of respondents had tried to increase their fruit consumption in the last six months (Figure 25), a result which has not changed significantly since Wave 1 when it was 29%.

Nor have there been any significant changes in the proportions of the campaign’s primary and secondary target audiences who have tried to increase their fruit consumption. However, as was the case with vegetable consumption, members of the secondary audience were generally less likely to have made any attempt to increase fruit consumption in comparison to the total sample (eg: 22% versus 28% in Wave 4).

Figure 25 Attempts to increase fruit consumption in last 6 months



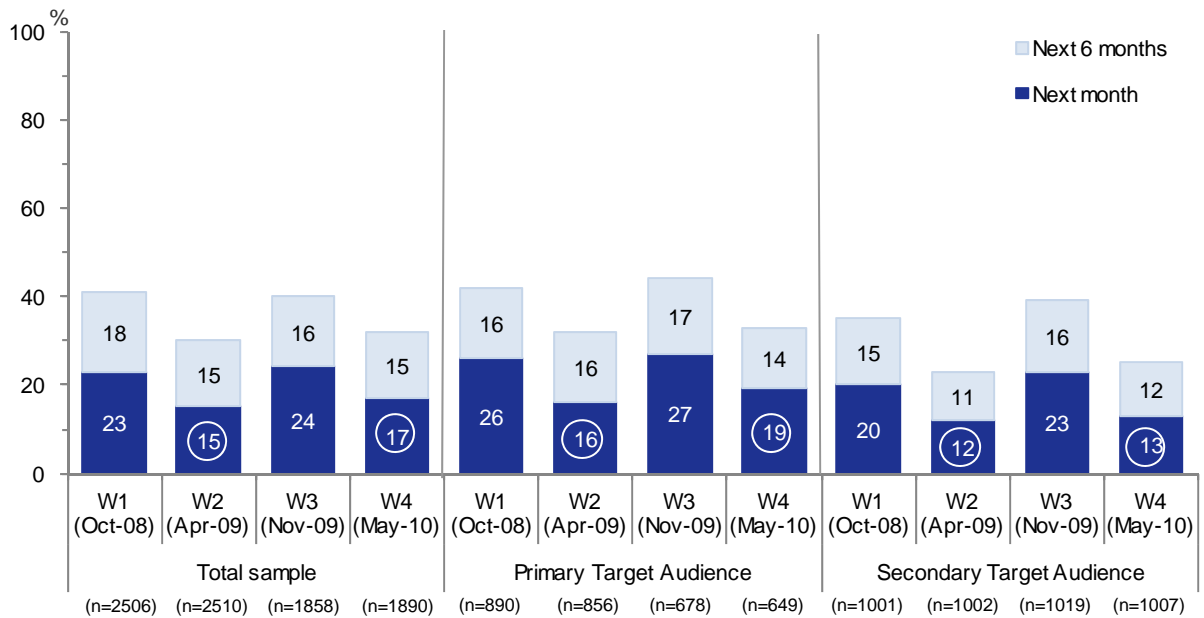
Base: All respondents excluding Victoria.

Improving health in general was the main reason cited for attempting to increase fruit consumption. A very small minority of those who had attempted to increase their consumption of fruit specifically mentioned being influenced by the Measure Up campaign (1% in both Waves 3 and 4). There were no significant changes across waves in the proportion of respondents giving each of these reasons.

Intention to increase fruit consumption in the next six months

Respondents were asked if they intended to increase their consumption of fruit in the next six months and, if so, whether that would be in the next month or just probably in the next six months. As shown in Figure 26, approximately one in three respondents in Wave 4 (32%) expressed an intention to increase their fruit consumption in the next six months (17% in the next month). This result is lower than those recorded in Waves 1 (41%) and 3 (40%) and not significantly different from the 29% recorded in Wave 2. These are interesting results as they suggest a relatively strong seasonal effect with more people intending to increase fruit consumption in the surveys leading into summer (Waves 1 and 3) and less intending to do so in the surveys leading into winter (Waves 2 and 4). This effect is clearly more marked for intention to increase consumption of fruit than was the case with intention to increase consumption of vegetables.

Figure 26 Intention to increase fruit consumption in the next 6 months



Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for the 'next month' category are shown in figure.

3.6 Physical activity

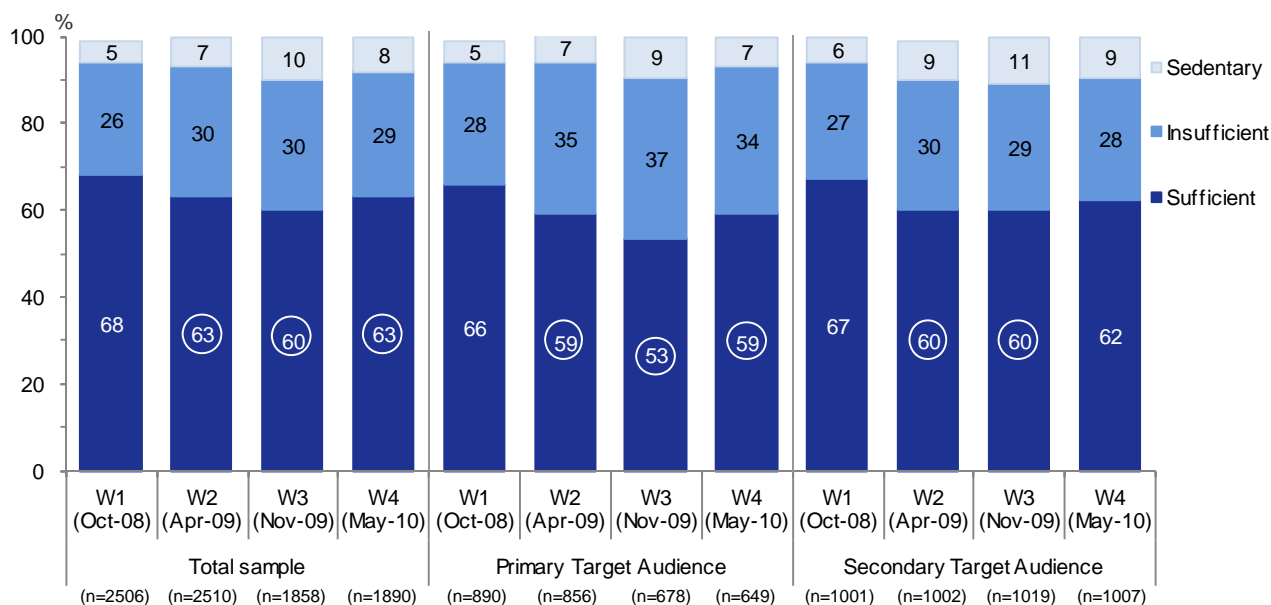
Current level of physical activity

Self reported level of physical activity was measured using the Active Australia scale⁹. This scale consists of a set of prompted questions which measure the duration (number of minutes of activity per week) and frequency (number of sessions of activity per week) of physical activity in each of three categories; vigorous activity; moderate activity; and walking. The scale is tallied and each respondent's score is classified as 'sedentary', 'insufficient activity for health' or 'sufficient activity for health'.

This research used the 'Sufficient Activity for Health' calculation outlined in the Active Australia survey guidelines where 'sedentary' refers to those reporting 0 minutes of activity per week; 'insufficient' refers to those reporting more than 0 but less than either 150 minutes or 5 sessions of activity per week; and 'sufficient' to those reporting more than 150 minutes or more than five sessions of activity per week.

As shown in Figure 27, almost two-thirds of Wave 4 respondents (63%) engage in sufficient physical activity each week for good health while just under one in ten (8%) are classified as sedentary and do not undertake any physical activity at all. Similar levels of sufficient physical activity are evident amongst the campaign's primary (59% sufficient) and secondary (62% sufficient) target audiences.

Figure 27 Current level of physical activity



Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for 'Sufficient' level of activity are shown in figure.

⁹ Australian Institute of Health and Welfare (AIHW) 2003. The Active Australia Survey: a guide and manual for implementation, analysis and reporting. Canberra: AIHW.

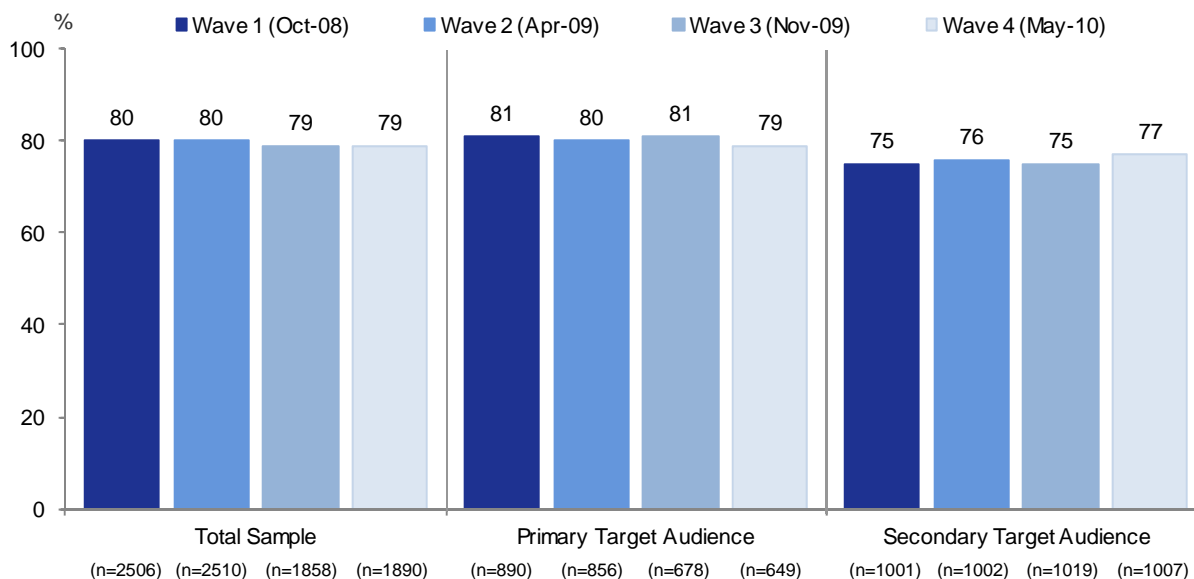
Awareness of the daily level of physical activity required for good health

National guidelines suggest that at least 30 minutes of moderate or vigorous intensity physical activity is required each day for good health. To test awareness of this, all respondents were asked how many minutes of moderate or vigorous physical activity they thought should be done each day to maintain good health.

As shown in Figure 28, the great majority (79%) of respondents nominate 30 minutes or more of physical activity each day as the requirement for good health. This result has been stable since Wave 1 when it was 80%.

Awareness of the daily physical activity requirements for good health were at relatively high levels amongst the campaign’s primary and secondary target audiences and no significant changes in awareness have occurred since Wave 1 for either group.

Figure 28 **Aware at least 30 minutes of moderate or vigorous physical activity should be undertaken each day for good health**



Base: All respondents excluding Victoria.

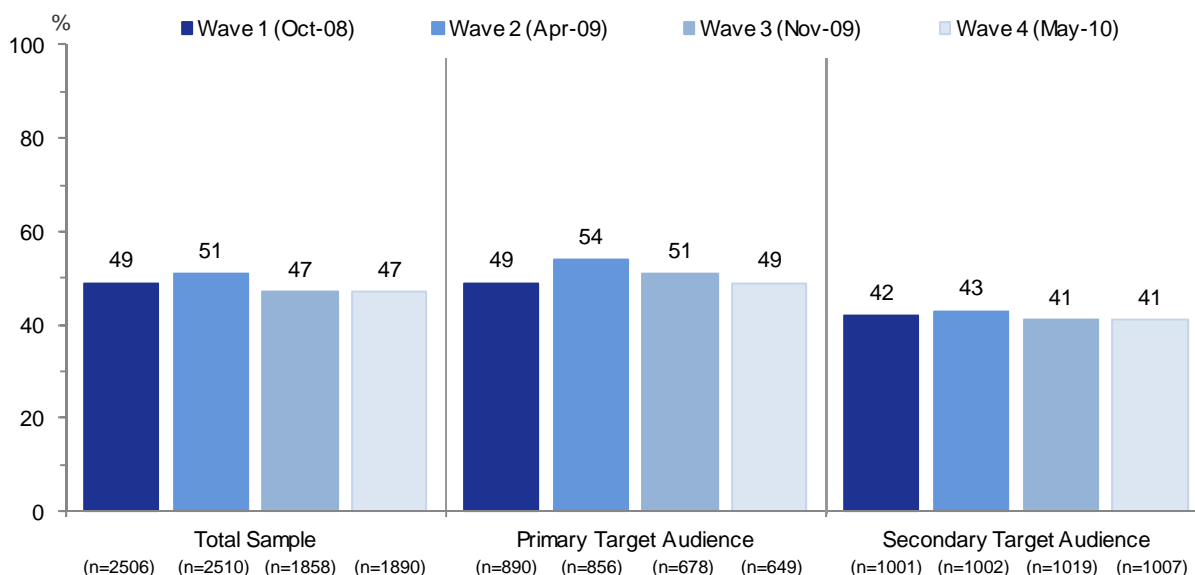
Attempted increase in physical activity in the last six months

Respondents were asked if they had tried, during the last six months, to change the amount of physical activity they undertook. Those who had done so were asked if this had been an attempt to increase their level of physical activity.

Almost half of all respondents (47%) reported trying to increase their level of physical activity in the last six months in Wave 4 (see Figure 29). There has been no significant change in this measure since Wave 1 when the corresponding proportion was 49%.

Nor has there been any significant change since Wave 1 for either the primary or secondary campaign audiences, although attempts to increase levels of physical activity amongst the secondary audience are generally lower than amongst the total sample.

Figure 29 Attempted to increase amount of physical activity in the last six months



Base: All respondents excluding Victoria.

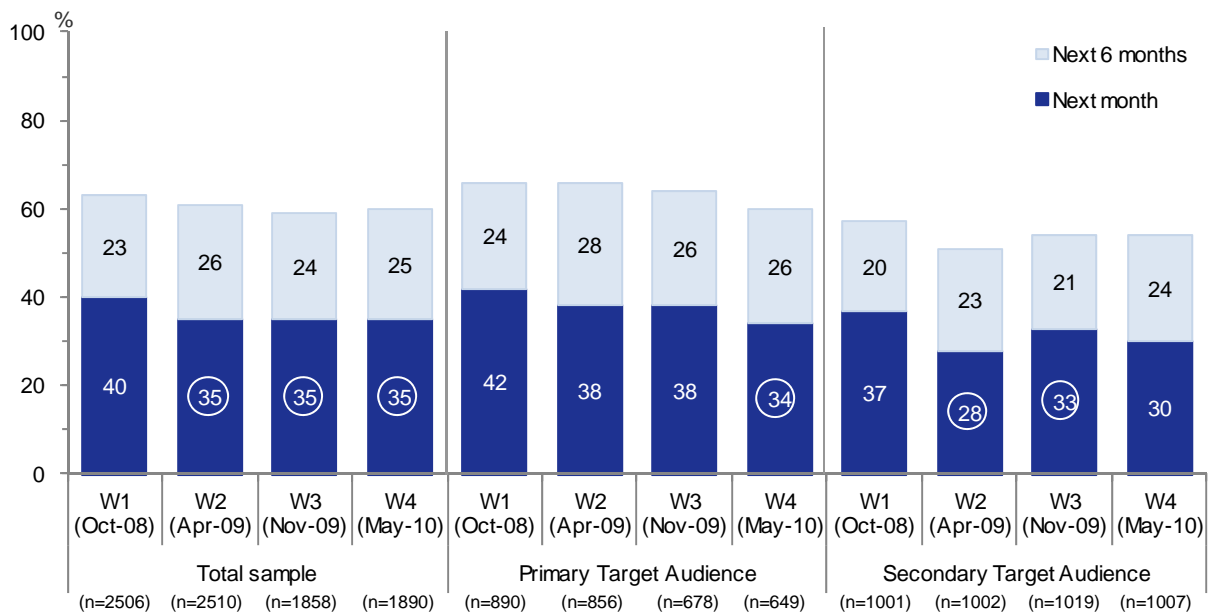
The main reasons cited by respondents for attempting to increase their level of physical activity were largely unchanged in each survey wave and typically included seeking to improve general health, attempting to lose or control weight or to improve fitness. Few of these respondents specifically mentioned being influenced by the campaign (<1% in Waves 1 and 4).

Intention to increase amount of physical activity in the next six months

Respondents were asked if they intended increasing their level of physical activity in the next six months and, if so, whether that would be in the next month or just probably in the next six months. In Wave 4, approximately one third of respondents (35%) said they intended to increase their level of physical activity in the next month (Figure 30) with another 25% saying they would probably do so in the next six months – that is, 60% in total expressed some intention of increasing their level of physical activity in the next six months.

These results show little change from those recorded in Wave 1 when 63% of respondents intended increasing their level of physical activity in the next six months. Amongst members of the primary target audience, there has been a slight decrease since Wave 1 (down from 66% to 60% in the proportion intending to increase physical activity in the next six months). No significant changes are evident amongst the secondary audience between Waves 1 and 4 although overall intentions to increase physical activity are slightly lower than for the total sample.

Figure 30 Future intentions to increase amount of physical activity



Base: All respondents excluding Victoria.
 Circled figures indicate result is significantly different from that of Wave 1 (p<.05).
 Note: Only significant differences for the 'next month' category are shown in figure.

3.7 Attitudinal segments

All respondents were asked the extent to which they agreed or disagreed with sixteen statements¹⁰ relating to attitudes to health promotion and perceived self-efficacy towards making changes in health-related behaviour. Responses to these questions were then used to place respondents in one of five attitudinal segments. Other research reports produced as part of the campaign's development and earlier evaluation have described in full the development and key characteristics of each of these segments and those seeking further background information should refer to these documents¹¹.

Figure 31 shows the proportion of the total sample¹² to be found in each of the five segments across the benchmark and post-launch evaluation surveys. In considering these results, it should be kept in mind that the segments lie on an attitudinal continuum which ranges from those exhibiting the least desirable attitudes (from a health perspective), the "Avoiders", through to those with the most desirable attitudes, the "Balance Attainers".

One of the aims of the campaign was to move people up this continuum. In particular, the focus was on decreasing the population incidence of "Postponers" and "Help Seekers" and increasing the presence of "Endeavourers" and "Balance Attainers" who have a better appreciation of 'what' change is needed, 'why' it is important and 'how' it can be achieved and who are thus at reduced risk of developing lifestyle related chronic disease.

As shown in Figure 31, there was a decrease in the incidence of "Postponers" in the total 18 to 65 year old population from 13% at benchmark to 10% in Wave 2. The 11% incidence recorded for this group in Waves 3 and 4 suggests this decrease has been on the borderline of being maintained since then. There is also some indication that the decrease in "Postponers" may have been offset by a slight increase in the population incidence of the "Endeavourer" segment. These findings are not conclusive at this stage but suggest that positive shifts may be occurring in key attitudes towards healthy lifestyles. Future monitoring will help to clarify and confirm the extent of any such changes.

Insofar as "Help Seekers" are concerned, there have been no significant changes in their population representation in any of the four survey waves.

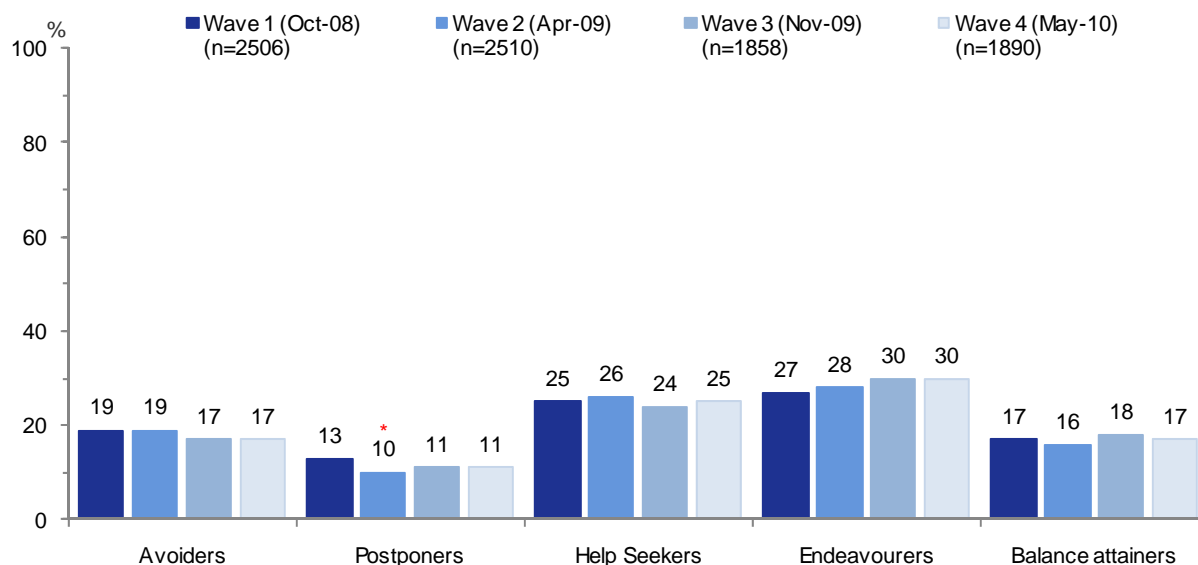
Finally, it is encouraging to note that, while there may not have been a significant decrease, there has certainly not been any increase in the presence of "Avoiders" – that is, those with the least desirable attitudes towards healthy lifestyles.

¹⁰ These statements, and results for Waves 1 and 4 for the primary and secondary audiences, are included at Appendix 2.

¹¹ See formative, segmentation and evaluation reports which are available on-line at:
<http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/About+the+campaign-lp#research>

¹² Due to constraints imposed by sample sizes, segment results are only reported at the total sample level.

Figure 31 Population incidence of attitudinal segments by survey wave



Base: All respondents excluding Victoria.

* Result is significantly different from that of Wave 1 (p<.05).

3.7.1 Campaign awareness amongst segments

Table 13 summarises the key campaign awareness measures by attitudinal segment for the three evaluation surveys. When considering results for the most recent (Wave 4) survey, there are few differences evident between segments on any of these campaign awareness measures. Nevertheless, the following are of interest:

- Unprompted recall of the campaign was significantly lower amongst the “Avoider” (51%) and “Postponer” (59%) segments in comparison to “Help Seekers” (71%), “Endeavourers” (70%) and “Balance Attainers” (68%).
- However, it is more encouraging that recognition of the print advertising appeared to be somewhat stronger amongst “Postponers” (47% at Wave 4) as this may, to some extent, help to offset the lower result on unprompted campaign recall. In the same vein, it is worth noting that “Postponers” were the group most likely to have recognised the radio advertising in Wave 3 (39%).

Table 13 Campaign recall and recognition by attitudinal segments

Campaign Awareness	AVOIDERS			POSTPONERS			HELP SEEKERS			ENDEAVOURERS			BALANCE ATTAINERS		
	Wave 2 (Apr-09) (n=484) %	Wave 3 (Nov-09) (n=327) %	Wave 4 (May-10) (n=318) %	Wave 2 (Apr-09) (n=245) %	Wave 3 (Nov-09) (n=167) %	Wave 4 (May-10) (n=203) %	Wave 2 (Apr-09) (n=628) %	Wave 3 (Nov-09) (n=467) %	Wave 4 (May-10) (n=482) %	Wave 2 (Apr-09) (n=760) %	Wave 3 (Nov-09) (n=538) %	Wave 4 (May-10) (n=541) %	Wave 2 (Apr-09) (n=393) %	Wave 3 (Nov-09) (n=359) %	Wave 4 (May-10) (n=346) %
Recalls category	80	72	71 [#]	85	75	78	88	84	85	84	85	81	77	74	79
Proven recall of Measure Up	65	54 [#]	51 [#]	61	60	59	72	69	71	69	73	70	62	59	68
Recognition of Measure Up															
Any advertising	90	85	92	89	88	91	93	93	95	90	91	94	89	84	88
Television	87	83	89	84	79	88	90	91	90	86	87	89	86	80	86
Radio	24	16 [#]	29	32	39	29	27	28	30	28	34	34	22	21	25
Print	25	19	34 [#]	26	33	47 [#]	32	29	36	29	38 [#]	38 [#]	28	30	34
Shopping trolley	12	8	17	15	19	22	12	15	24 [#]	14	22 [#]	24 [#]	12	11	20 [#]
Online/Digital	10	10	11	11	12	17	9	13	16 [#]	11	12	15	8	9	14 [#]

Base: All respondents excluding Victoria.

[#] Result is significantly different from that of Wave 2 (p<.05).

3.7.2 Intention to engage in health promotion behaviours

Tables 14 and 15 show the proportion of each attitudinal segment who intend to measure their waistline, increase their fruit and vegetable consumption and increase their physical activity in the next month or in the next six months. The following are noteworthy:

- When Wave 4 results are compared with those obtained in the Wave 1 benchmark, few increases are evident. The only positive changes are an increase (from 17% to 23%) in intended vegetable consumption amongst “Balance Attainers”.
- As at Wave 4, “Help Seekers” were above the total sample average on intentions to measure their waists, to increase their consumption of fruit and vegetables and to increase their level of physical activity in the next six months. For “Postponers”, there were above average intentions to increase physical activity and fruit consumption in this time frame. Given these two segments were the key targets of the campaign, these results are encouraging.

3.7.3 Behavioural intentions attributed to seeing the campaign

Table 16 summarises respondents’ intention to engage in specific health promoting behaviours as a direct result of seeing the campaign. Results are presented for each attitudinal segment. As at Wave 4, the intentions of the key target segments to engage in particular behaviours in the next six months were above the total sample average in the following areas:

- “Help Seekers” were more likely, in the next six months, to say they intended to increase their consumption of fruit (45% versus 35% of the total sample) and vegetables (47% versus 38% of the total sample) and to increase the amount of exercise undertaken (64% versus 45% of the total sample). They were also more likely to say they intended trying to reduce their waist measurement (55% versus 42% of the total sample).
- “Postponers” were more likely to say they intended increasing their fruit (48%) and vegetable (54%) consumption and to intend seeking information about healthy lifestyles in next six months (51% versus 29% of the total sample).

As discussed earlier in the report (see Section 3.1.2), these intentions may not necessarily represent fully formed intentions. Nevertheless, these indications of above average positive engagement with the campaign by members of its key target segments should also be seen as encouraging and as suggesting that the campaign is communicating effectively with people from these groups.

Table 14 Health-related behaviour intentions by attitudinal segments

Intentions to ...	POSTPONERS				HELP SEEKERS				ENDEAVOURERS			
	Wave 1 (Oct-08) (n=314) %	Wave 2 (Apr-09) (n=245) %	Wave 3 (Nov-09) (n=167) %	Wave 4 (May-10) (n=203) %	Wave 1 (Oct-08) (n=619) %	Wave 2 (Apr-09) (n=628) %	Wave 3 (Nov-09) (n=467) %	Wave 4 (May-10) (n=482) %	Wave 1 (Oct-08) (n=658) %	Wave 2 (Apr-09) (n=760) %	Wave 3 (Nov-09) (n=538) %	Wave 4 (May-10) (n=541) %
Measure waist												
Next month	29	34	18	26	39	45	29	31	36	39	31	31
Next 6 months	-	-	25	16	-	-	22	21	-	-	26	21
<i>Net: At all in the next month/6 months</i>	29	34	43	42	39	45	50	52	36	39	57	51
Increase vegetable consumption												
Next month	20	19	22	20	37	33	29 [#]	35	27	26	28	30
Next 6 months	22	25	20	31	27	23	23	24	19	20	20	22
<i>Net: At all</i>	42	44	42	51	64	56	52	59	46	46	48	51
Increase fruit consumption												
Next month	22	17	23	23	33	22 [#]	35	24 [#]	29	19 [#]	27	20 [#]
Next 6 months	23	19	15	22	22	18	24	20	17	16	13	14
<i>Net: At all</i>	45	36	38	45	54	39	59	44	45	35	41	34
Increase physical activity												
Next month	33	36	34	35	56	52	48 [#]	46 [#]	49	39 [#]	44	42
Next 6 months	31	32	27	35	26	31	28	33 [#]	25	29	30	23
<i>Net: At all</i>	64	68	61	69	82	83	76	79	74	68	75	65

Base: All respondents excluding Victoria.

[#] Result is significantly different from that of Wave 1 (p<.05).

Table 15 Health-related behaviour intentions by attitudinal segments (continued)

Intentions to ...	AVOIDERS				BALANCE ATTAINERS			
	Wave 1 (Oct-08) (n=499) %	Wave 2 (Apr-09) (n=484) %	Wave 3 (Nov-09) (n=327) %	Wave 4 (May-10) (n=318) %	Wave 1 (Oct-08) (n=416) %	Wave 2 (Apr-09) (n=393) %	Wave 3 (Nov-09) (n=359) %	Wave 4 (May-10) (n=346) %
Measure waist								
Next month	19	24	19	17	17	15	12	10
Next 6 months	-	-	12	18	-	-	9	14
<i>Net: At all in the next month/6 months</i>	19	24	31	34	17	15	21	24
Increase vegetable consumption								
Next month	14	15	12	11	9	5	13	13
Next 6 months	18	17	17	21	8	8	9	11
<i>Net: At all</i>	32	32	29	31	17	13	22	23
Increase fruit consumption								
Next month	11	7	18	12	13	4 [#]	12	5 [#]
Next 6 months	19	12 [#]	18	15	9	7	6	5
<i>Net: At all</i>	30	19	36	26	22	11	18	10
Increase physical activity								
Next month	30	20 [#]	26	25	19	14	14	14
Next 6 months	24	25	18	22	12	13	11	12
<i>Net: At all</i>	54	45	44	46	31	27	25	27

Base: All respondents excluding Victoria.

[#] Result is significantly different from that of Wave 1 (p<.05).

Table 16 Intention to change as a result of the campaign by attitudinal segments

Intentions as a result of seeing the campaign	AVOIDERS		POSTPONERS		HELP SEEKERS		ENDEAVOURERS		BALANCE ATTAINERS	
	Wave 3 (Nov-09) (n=327) %	Wave 4 (May-10) (n=318) %	Wave 3 (Nov-09) (n=167) %	Wave 4 (May-10) (n=203) %	Wave 3 (Nov-09) (n=467) %	Wave 4 (May-10) (n=482) %	Wave 3 (Nov-09) (n=538) %	Wave 4 (May-10) (n=541) %	Wave 3 (Nov-09) (n=359) %	Wave 4 (May-10) (n=346) %
Increase the amount of fruit you eat										
Next month	14	15	22	31	36	34	31	28	8	9
Next 6 months	9	10	17	18	14	11	8	9	7	6
<i>Net: At all</i>	24	25	38	48	50	45	39	37	14	15
Increase the amount of vegetables you eat										
Next month	10	18	32	33	40	34	32	33	7	10
Next 6 months	8	12	13	21	11	12	12	8	7	6
<i>Net: At all</i>	18	30	45	54	51	47	44	41	14	16
Increase the amount of exercise you do										
Next month	17	24	34	31	46	47	41	34	4	8
Next 6 months	11	16	20	21	21	16	15	13	5	8
<i>Net: At all</i>	28	40	54	52	66	64	55	47	8	16
Measure your waist										
Next month	12	15	20	27	29	26	30	28	8	9
Next 6 months	6	13 [#]	16	11	15	11	10	13	3	6
<i>Net: At all</i>	18	28	36	37	44	37	41	42	10	15
Try to reduce your waist measurement										
Next month	17	23	20	26	36	35	33	30	5	6
Next 6 months	11	17	20	24	26	20	16	16	8	8
<i>Net: At all</i>	28	41	40	50	62	55	49	46	13	14
Seek information about healthy lifestyles										
Next month	8	13	16	26	24	23	21	21	5	6
Next 6 months	6	7	19	25	13	12	12	9	2	6
<i>Net: At all</i>	14	20	36	51	38	36	33	30	7	12

Base: All respondents excluding Victoria.

[#] Result is significantly different from that of Wave 1 (p<.05).

4 Summary and Conclusions

This section of the report discusses key findings on the awareness and impact of the campaign, particularly as they pertain to the primary target audience of 25 to 50 year old parents.

4.1 Campaign awareness

Unprompted Campaign Recall

Measure Up has continued to exhibit strong executional cut-through (in the category of advertising about “lifestyle, healthy weight and chronic disease”) with unprompted¹³ recall of 65% and 66%, respectively, in Waves 3 and 4. These results were in line with the figure of 67% recorded in Wave 2. Unprompted recall was particularly strong amongst members of the primary target audience (at around 73% in all three surveys) as was take-out of messages relating to waistline and waistline measurement, results which suggest a higher level of campaign engagement for this audience. Given the campaign’s focus on mainstream media targeting 25 to 50 year old parents, it is not particularly surprising that unprompted recall was a little weaker (at around 57%) amongst the secondary audience of people aged 45 to 65 years. This is especially so as awareness of most mainstream advertising, particularly television, typically tends to be weaker amongst older people.

While the campaign’s general message communication was sound, there has been a slight decline since Wave 2 in recall of specific messages about healthy eating, waistline measurement and the effects of obesity on lifestyle/chronic disease. This has been accompanied by an increase in more general descriptions of the talent and graphics used in the campaign TVCs. These findings suggest a slight degree of campaign wear-out may be occurring insofar as the communication of key messages is concerned. It is also worth noting that recall of specific messages about the appropriate waist size for good health (ie: 94cm for men and 80cm for women) and about the link between waist measurement and chronic disease has been at a low level in all three surveys with six percent the highest primary audience recall for either message.

In attempting to understand the decline in communication effectiveness, it should be noted that the campaign has attempted to convey a relatively large number of messages to its audience. For example, the TVCs include messages about the number of Australians who are overweight, the daily need to engage in 30 minutes of physical activity and to consume two serves of fruit and five serves of vegetables to maintain good health, the waist measurements for men and women which are associated with increased and greatly increased risk of chronic diseases (cancers, heart disease and Type II diabetes are all mentioned). This is in addition to the messages communicated by the executional narrative such as “people tend to gain weight as they get older”, “being overweight limits physical capacity” and “it’s never too late to take action if you are overweight”.

¹³ That is, respondents spontaneously described elements that were consistent with the Measure Up campaign.

In these circumstances, there is a risk of “information overload” and some degree of audience disengagement as a result. There is also a possibility that very specific and somewhat ‘difficult’ messages (such as the ‘risky’ 80cm / 94cm waist measurement values) can get ‘lost’ when a relatively large amount of information is delivered in the space of a 30 or 60 second TVC. Some simplification of message communication may be desirable for future iterations of the Measure Up campaign.

Campaign Recognition

Total campaign recognition has been maintained at very high levels with almost all members of the primary audience having seen or heard at least one campaign element in both Waves 3 (90%) and 4 (93%). Compared to these results, total campaign recognition was marginally lower amongst the older secondary audience. However, even amongst this group, total recognition did not fall below 86% (Wave 3).

These high levels of recognition are primarily driven by the television advertising with at least 88% of the primary audience recognising the TVCs in each of the three surveys. The results suggest the post-Wave 2 switch from ‘top and tail’ presentation of the TVCs in the same advertising break to presentation in separate ad breaks, has had no detrimental effect on recognition.

Recognition of all the non-television elements (ie: print, shopping trolleys and digital) except radio has increased steadily since the Wave 2 survey. As a result, these components appear to be providing significant, and increasing, support to the TVCs in maintaining the campaign’s profile. Within the primary audience, recognition of any of the non-television campaign elements was 58% in Wave 2 rising to 62% in Wave 3 and 63% in Wave 4. Recognition of the print and radio advertising was particularly strong with Wave 4 recognition levels of 40% and 30% respectively amongst members of this group. In addition, at Wave 4 22% of the primary audience recognised the advertising on shopping trolleys and 13% said they had seen the online digital advertising. Recognition of all these aspects of the campaign, apart from the on-line digital advertising, was somewhat lower amongst the secondary audience.

4.2 Campaign impact

Direct influence of the campaign

As at Wave 4, just on half the primary target audience (48%) said they had engaged in at least one of six health promoting behaviours as a result of their having seen the campaign. With regard to what were perhaps two of the campaign’s more specific messages, 15% of this audience said they had measured their waist while 25% had attempted to reduce their waist measurement as a result of having seen the campaign. Amongst the secondary audience, 13% and 23% respectively said they had undertaken these two behaviours.

In addition, 21% of the primary audience said they intended to measure their waist in the next month as a result of seeing the campaign while a similar proportion (24%) intended to reduce their waist measurement in the next month. Similar figures (20% and 27% respectively) were recorded in Wave 4 for the secondary audience.

When considering these results in the context of the behaviours and intentions discussed in the next two sections, it should be kept in mind that, for many of these respondents, the actions and intentions claimed may have either been somewhat short-lived and/or are more of a reflection of what these respondents felt their actions and intentions **should** be rather than what they actually are. Consequently there are some inconsistencies between these two sets of responses. For example at Wave 4, 19% of the primary audience said they had increased their fruit consumption as a result of seeing the campaign. There has however, been no increase since Wave 1 in the proportion of this group who say they have increased their fruit consumption in the last six months.

Waist measurement and Weight

Few members of the primary audience (2% in Wave 4) correctly identified, as 94cm, the waist measurement associated with an increased risk of health problems and chronic disease for **men**. This is a slight improvement on the benchmark, when no-one in the primary audience was able to nominate this value. However, this very specific (and somewhat technical) message does not really seem to have cut through to this stage of the campaign. At the same time, the proportion nominating 94cm or more as the 'risky' value – perhaps not an unreasonable response given the campaign also provided information on the 'greatly increased risk' measurement of 102cm – was considerably higher (32% at Wave 4) and has more or less maintained the Wave 2 increase of 13 percentage points on the benchmark result (23%).

Identification of the corresponding waist measurement (80cm) for **women** was somewhat stronger at 15% for the primary audience in Wave 4. This result is slightly below that obtained in Wave 2 (23%), but remains well above the benchmark result of six percent. Nevertheless, it is clear that most members of the campaign's primary target audience did not know the exact 'risky' waist measurement for women either. Once again the result was stronger when consideration is given to the percentage of the primary audience nominating a figure of 80cm or more – this was 40% in Wave 4, down slightly from 45% in Wave 2 but still well ahead of the benchmark result (23%).

Women tended to be better than men at correctly identifying the 'risky' measurement of 80cm for females. Within the primary target audience, 22% of female respondents nominated 80cm as the 'risky' waist measurement for women while only five percent of male respondents nominated this figure (at Wave 4).

As at Wave 4, 66% of the primary audience felt '*maintaining a waist measurement of no more than 80cm for women and 94cm for men*' is important in preventing chronic disease later in life. This is up 10 percentage points on the benchmark figure of 56%, although there has been no improvement on this measure since Wave 2 when the corresponding figure was 67%. It should also be noted that, despite the marked increase since Wave 1, when compared to the five other health behaviours assessed in the survey (ie: not smoking, maintaining a healthy weight, doing 30 minutes of physical activity each day, low consumption of saturated fats and eating 2 serves of fruit and 5 serves of vegetables each day), maintaining a 94cm/80cm waist measurement remained the behaviour least likely to be considered important.

Encouragingly, at Wave 4 38% of the primary audience had measured their waist in the last six months. Although this was not significantly different from the 39% reached at Wave 2, it did maintain a significant increase on the Wave 1 benchmark when only 29% of the primary audience said they had done this. Furthermore, 60% of the primary audience had attempted to lose weight in the last six months, up 10 percentage points on the benchmark measure of 50%.

Overall, the campaign has coincided with several positive changes in the community's knowledge and behaviour with respect to waist measurement and body weight and their links with good health. However, communication of the specific 'risky' waist measurements of 94 cm for males and 80 cm females does not appear to have been especially strong.

Nutrition and physical activity

Changes, attributable to the campaign, in knowledge, current behaviour, and intentions relating to fruit and vegetable consumption and physical activity were somewhat limited. This is not entirely unexpected given these health behaviours, particularly fruit and vegetable consumption, are typically influenced by a wide range of external factors including those to do with seasonality, (such as price and availability), marketing activities by growers and retailers and other health campaigns and health promotion activities.

At Wave 4 less than one in ten (9%) of the primary audience reported daily consumption of at least the recommended five serves of vegetables per day, a figure which has not changed significantly since the benchmark (7%). There has however, been a significant increase since Wave 1 (up from 36% in Wave 1 to 48% in Wave 4) in the proportion who nominated five or more serves as the amount that should be eaten each day for good health. There has also been an increase in the proportion of the primary audience who had tried to increase their consumption of vegetables during the previous six months (up from 36% in Wave 1 to 43% in Wave 4).

When considering this result it should be kept in mind that the *Go for 2&5*[®] campaign, which promotes the same messages about vegetable consumption, has been active in all states and territories (except Victoria) during the same period as Measure Up – that is, October 2008 to May 2010 – and has probably played some role in driving this increase.

Insofar as fruit was concerned, there have been no significant changes in existing patterns of consumption, awareness of guidelines or consumption intentions since Wave 1. The same was true with respect to the levels of physical activity required for maintaining good health.

Other target audiences

Attitudinal Segments

Some encouraging results were evident for the attitudinal segments ("Postponers" and "Help Seekers") which were the focus of the campaign.

Firstly, there was a decrease in the incidence of "Postponers" in the population, from 13% at benchmark to 10% in Wave 2. The 11% incidence recorded for this group in Waves 3 and 4 suggests this decrease has been on the borderline of being maintained since then. There is also some indication that the decrease in "Postponers" may have been offset by a slight increase in the population incidence of the "Endeavourer" segment. These findings are not conclusive at this stage

but suggest that positive shifts may be occurring in key attitudes towards health. Future monitoring will help to clarify and confirm the extent of any such changes.

Insofar as campaign awareness was concerned, “Help Seekers” had one of the highest levels of unprompted campaign recall (71%), a pleasing result given that a high score on this measure is generally indicative of strong engagement with the advertising. Results were less encouraging for “Postponers” with unprompted recall significantly lower than this at 59% although, potentially offsetting this to some degree was the above average recognition of print and radio advertising by members of this segment.

Finally, as at Wave 4, both of these target segments had above average intentions to engage in various health promoting behaviours. Thus, in the next six months, “Help Seekers” were more likely than the total sample to intend to measure their waists, increase their consumption of fruit and vegetables and increase their level of physical activity. In the same time frame “Postponers” were more likely to intend increasing their fruit consumption and their level of physical activity.

Secondary Target Audience

The preceding discussion pointed to relatively strong levels of engagement between the primary target audience and the Measure Up campaign. However, there is less evidence of such an outcome for the secondary audience of people aged 45 to 65 years. Thus, lower levels of unprompted campaign recall and slightly lower recognition of all campaign elements are evident amongst this audience. At the same time it should be kept in mind that mainstream advertising typically tends to realise weaker results amongst older people and, although the results were lower, as at Wave 4 unprompted campaign recall was still 57% and total campaign recognition an impressive 89%.

Insofar as impact measures were concerned, there have been some changes for the secondary audience since the Wave 1 benchmark. These include increases in the proportion who agree there is a strong link between waist measurement and the development of chronic disease (up from 80% at Wave 1 to 86% at Wave 4), who consider maintaining a waist measurement of 94cm / 80cm important in preventing chronic disease (up from 58% to 65% in Wave 4) and who are aware of the ‘risky’ waist measures of 94cm for men (up 2 points to 2% in Wave 4) and 80cm for women (up 7 points to 14% in Wave 4) although, like all other respondents, total awareness of these exact figures was relatively low, particularly the ‘risky’ measure for men. There have also been increases in the proportion who think waist measurement is the best indicator of good health (up 7 points to 45%) and who agree they should change to a healthier lifestyle (up 5 points to 72%).

4.3 Achievement of campaign objectives

This section considers the campaign’s performance against specific objectives to do with behaviour, awareness, attitudes and intentions (details of these are shown in Table 17). It should be noted that, due to the limitations imposed by a telephone survey, some objectives were not addressed - these are denoted as ‘na’ in the table.

However, most have been evaluated via one or more survey measures and the extent to which these objectives are considered to have been met is indicated with '✓' and 'x' symbols. These symbols have been used as follows:

- '✓✓' where an objective is considered to have been achieved because of the high proportion of the audience who exhibit the attitude, awareness, intention or behaviour;
- '✓' is used where an objective has been partly achieved because the campaign appears to have had a positive effect but the attitude, awareness, intention or behaviour is still not especially widely held (ie: by 65% or more of the target audience);
- 'x' is used where the attitude, awareness, intention or behaviour is not especially widely held and there has been no improvement between Waves 1 and 4.

Table 17 Campaign objectives

Campaign Objectives	Outcome	
	PRIMARY AUDIENCE	SECONDARY AUDIENCE
AWARENESS		
To increase awareness of:		
• The causal link between chronic disease and lifestyle risk factors	✓✓	✓✓
• The high prevalence of chronic disease and its preventability through lifestyle change	x	x
• The immediate and longer term health benefits of good nutrition, being physically active and achieving a healthy weight	na	na
• What constitutes a healthy/lower risk waist circumference	✓	✓
• The national healthy eating and physical activity guidelines. That is:		
o Participate in at least 30 minutes of moderate intensity physical activity on all or most days of the week	✓✓	✓✓
o Eat at least 5 serves of vegetables, and	✓	x
o 2 serves of fruit every day	✓✓	✓✓
o Decrease energy intake, particularly from saturated fats.	✓✓	✓✓
• The availability of support information from the Australian , state and territory governments, industry and the community.	na	na
ATTITUDES		
To generate and reinforce:		
• The need to make lifestyle changes because of;		
o Perceived susceptibility to the risk of chronic disease	✓	x
o Perceived severity of suffering from a chronic disease.	na	na
• A sense of urgency about the need to make lifestyle changes	✓	✓
• Confidence that undertaking the recommended behavioural change will decrease the risk of chronic disease (response efficacy)	✓	✓
• Personal confidence (self-efficacy) in being able to be more physically active and follow healthy eating guidelines/principals	✓	✓
• A re-evaluation of perceptions of what comprises healthy weight	x	x
INTENTIONS		
To increase intentions to:		
• Measure and monitor waist circumference	✓	✓
• Become more physically active	x	x
• Adopt and maintain healthier eating habits	x	x
• Access information and seek support about healthier lifestyles from community sources as required.	x	x
BEHAVIOURAL CHANGE		
To increase the likelihood that adults will reduce their risk of chronic disease by making positive changes to their levels of physical activity and healthy eating in line with national, evidence-based guidelines.		
	✓	x

Details of the individual measures and their outcomes are provided in Tables 18 to 21. However, in terms of overall performance the following points from Table 17 are noteworthy:

- **Awareness** presents a fairly positive picture with recommended levels of vegetable consumption, specific knowledge of 'risky' waist measurements and the prevalence of chronic disease the only areas where there appears to be some scope for improvement.
- **Attitudes** are interesting, particularly in light of the planned focus on 'how' to achieve lifestyle changes in the next phase of the campaign. Most members of the primary and secondary audiences appear to believe in the efficacy of lifestyle factors such as physical activity, nutrition and body weight/waist measurement in reducing the risk of chronic disease. Further, most express personal confidence (self-efficacy) in their ability to increase physical activity and consumption of fruit and vegetables to improve their health.

However, there are some difficulties with this picture. Firstly, not much over one in three members of the primary and secondary audiences feel they are personally susceptible to developing a chronic disease. This suggests that around two in three have probably not fully personalised (ie: 'appreciated') the relationship between these lifestyle factors and the risk of developing chronic disease. Secondly, while there is widespread, and increased, acknowledgement of the importance of waist measurements of 80cm/94cm in chronic disease risk, few have top of mind awareness of the actual figures. That is, personal 'appreciation' of this information is somewhat limited. Thirdly, while most have confidence in their ability to make changes relating to physical activity and nutrition, approximately half of these audiences have doubts about their ability to sustain them. Finally, at least one in three of those who think their current weight is 'acceptable' have an 'overweight' or 'obese' BMI. Such people are unlikely to see much personal need for reducing weight/waist measurement even though they might acknowledge the link between being overweight and/or a 'risky' waist measurement and the development of chronic disease.

These qualifications indicate that the next phase of the campaign may benefit from a focus on increasing personal 'appreciation' of the links between lifestyle factors and chronic disease and on providing information on 'how' to make such changes sustainable.

- **Intentions** to increase physical activity, adopt healthier eating habits and seek additional information about healthy lifestyles are all unchanged and relatively low, with intention to measure waist the only area showing some improvement.
- **Behavioural change** is difficult to achieve. Nevertheless, increases were seen in relation to recent attempts to increase vegetable consumption, to lose weight and to measure waist circumference although only amongst the campaign's primary audience.

An examination of each objective in terms of the specific survey measures used in its evaluation now follows.

Awareness

Outcomes for key awareness measures are shown in Table 18. There is evidence of improvement in relation to awareness of:

- The link between lifestyle risk factors and chronic disease, to very high levels of 88% for the primary audience and 86% for the secondary audience;
- The values which constitute lower risk waist circumference for men and women in both primary and secondary audiences, although the absolute levels are low in both groups; and
- Amongst the primary audience, an increase in awareness of the recommended daily consumption of vegetables required for good health.

In addition, there is strong awareness of the daily guidelines for minimum levels of fruit consumption and physical activity and of the importance of low consumption of saturated fats in preventing chronic disease although these measures have been more or less stable since Wave 1.

Table 18 Awareness objectives

Change recorded between Wave 1 and Wave 4	Primary Audience		Secondary Audience	
	W1 (n=890) %	W4 (n=649) %	W1 (n=1001) %	W4 (n=1007) %
AWARENESS MEASURES				
<u>Link between lifestyle risk factors and chronic disease</u>				
<i>% who agree:</i>				
A person's waist measurement is strongly related to their chances of developing a chronic disease later in life	78	88↑	80	86↑
<u>The high prevalence of chronic disease</u>				
Aware 1 in 2 Australians is overweight	26	25	39	21↓
<u>What constitutes a healthy/lower risk waist circumference</u>				
<i>Unprompted estimates of:</i>				
94cm for men	-	2↑	-	2↑
80cm for women	6	15↑	7	14↑
<u>National healthy eating and physical activity guidelines</u>				
<i>Aware of the following daily requirements for good health:</i>				
Consumption of 5 or more serves of vegetables each day	36	48↑	33	35
Consumption of 2 or more serves of fruit each day	88	92	81	82
Undertake at least 30 minutes of moderate or vigorous physical activity each day	81	79	75	77
<i>% who consider this important in preventing chronic disease:</i>				
Low consumption of saturated fats	79	76	79	78

Base: All respondents excluding Victoria.

Arrows shows significant increase (↑) or decrease (↓) since Wave 1 (p<.05).

Attitudes

Outcomes for the attitudinal measures are presented in Table 19 with increases evident in:

- The proportion of the primary audience who agree they have a high chance of developing a chronic disease, although this still only applies to around one in three;

- The proportion of both audiences who agree they *should* change to a healthier lifestyle and an increase in the primary audience who agree they are *going to* make this change;
- The proportion of both audiences who consider maintaining an appropriate waist measurement is important in preventing chronic disease;
- The proportion of the primary audience who are confident they could increase their fruit and vegetable consumption to improve their health although, at the same time, more have doubts about their ability to sustain such changes; and
- The proportion of the secondary audience who think waist measurement is the best indicator of good health.

Table 19 Attitudinal objectives

Change recorded between Wave 1 and Wave 4	Primary Audience		Secondary Audience	
	W1 (n=890) %	W4 (n=649) %	W1 (n=1001) %	W4 (n=1007) %
ATTITUDINAL MEASURES				
<u>Perceived susceptibility/severity of risk of chronic disease</u>				
% who agree:				
I have a high chance of developing a chronic disease	29	37↑	37	37
I am concerned that I will develop a chronic disease	38	43	44	47
My lifestyle is increasing my risk of getting a chronic disease	33	33	35	34
<u>Sense of urgency about the need for lifestyle change</u>				
Intend to increase either level of physical activity or consumption of fruit or vegetables in the next month	59	48↓	52	45↓
% who agree:				
I know that I should change my lifestyle so it is healthier	74	80↑	67	72↑
I am going to change my lifestyle to become healthier	74	80↑	65	69
<u>Confidence behavioural change will decrease risk of chronic disease</u>				
% who consider this important in preventing chronic disease:				
Maintaining a healthy weight	86	87	86	85
30 minutes of physical activity each day	84	81	82	82
Eating 2 serves of fruit and 5 serves of vegetables each day	70	70	67	66
Maintaining waist measurement of no more than 80cm (f) / 94cm (m)	56	66↑	58	65↑
<u>Personal confidence in ability to follow physical activity and nutritional guidelines</u>				
% who agree:				
I am confident I could increase my physical activity to improve my health	82	87	76	77
I am confident I could increase the amount of fruit and vegetables I eat to improve my health	79	86↑	70	71
I am always trying to make changes to my lifestyle but I find they don't last	43	52↑	40	45
<u>Re-evaluate perceptions of what comprised healthy weight</u>				
% who think measuring waist is best indicator of good health (compared with weight measured by scales)	51	52	38	45↑
% who think their weight is 'acceptable' while their BMI classification is:				
Obese	4	2	5	5
Overweight	32	31	39	34
Net: Obese / Overweight	36	32	44	40
Normal	57	61	50	53

Base: All respondents excluding Victoria.

Arrows shows significant increase (↑) or decrease (↓) since Wave 1 (p<.05).

Intentions

Table 20 presents the outcomes for the measures relating to the campaign's future intentions objectives. Few changes are evident here between Waves 1 and 4 apart from:

- A decrease in the proportion of both audiences who intend to increase their consumption of fruit in either the next month or the next six months. As discussed elsewhere in this report, this result is probably a reflection of the timing of the two surveys – Wave 1 leading into summer (when fruit availability tends to be greater and prices lower) compared with Wave 4 which was conducted in May.
- There has been an apparent increase in the proportion of both audiences who intend to measure their waist in the next month or six months although the Wave 1 and 4 results are not strictly comparable due to a change made to the question to enable comparability with the other intention questions used in the survey.

Prompted intentions expressed as a direct result of seeing the campaign have been included in Table 20 as they provide a survey measure on intentions to seek information about healthy lifestyles (this question was not introduced until Wave 3). It is evident that only around one in four members of the primary (27%) and secondary (24%) audiences expressed an intention to do this as at Wave 4.

Table 20 Objectives relating to future intentions

Change recorded between Wave 1 and Wave 4	Primary Audience		Secondary Audience	
	W1 (n=890) %	W4 (n=649) %	W1 (n=1001) %	W4 (n=1007) %
INTENTION MEASURES				
<u>Intend to increase these activities in the next month or 6 months</u>				
Physical activity	66	61	57	54
Vegetable consumption	44	47	36	35
Fruit consumption	41	33↓	35	25↓
<u>Intention to measure waist in the (next month / 6 months)¹⁴</u>				
Measure waist	31	45↑	29	41↑
<u>Intentions as a direct result of seeing the campaign (next 6 months)</u>				
Measure waist	na	33	na	29
Try to reduce waist measurement	na	45	na	43
Seek information about healthy lifestyles	na	27	na	24

Base: All respondents excluding Victoria.

Arrows shows significant increase (↑) or decrease (↓) since Wave 1 (p<.05).

¹⁴ Note Waves 1 and 4 are not strictly comparable on this measure due to a question change introduced at Wave 3.

Behavioural Change

The key behavioural objective of the campaign is to reduce people's risk of chronic disease by encouraging them to make positive changes in their levels of physical activity and healthy eating in line with national guidelines. Table 21 summarises the situation at Wave 4 with respect to a range of behavioural measures pertinent to this objective.

As discussed earlier in the report, changes in physical activity and nutritional intake as a result of campaign activity are difficult to achieve and identify because of the many different factors which influence these behaviours. Nevertheless, amongst the primary audience there has been a significant increase (from 36% at Wave 1 to 43% in Wave 4) in the proportion trying to increase their vegetable consumption in the last six months.

While not strictly behavioural objectives of the campaign, there is also evidence that more members of the primary audience have measured their waists and tried to lose weight since Measure Up was launched.

Table 21 Behavioural change objectives

Change recorded between Wave 1 and Wave 4	Primary Audience		Secondary Audience	
	W1 (n=890) %	W4 (n=649) %	W1 (n=1001) %	W4 (n=1007) %
BEHAVIOURAL CHANGE				
<u>Physical Activity</u>				
Currently undertake 'sufficient' activity each day for good health	66	59↓	67	62
Tried to increase amount of physical activity in last 6 months	49	49	42	41
<u>Nutrition – Consumption of fruit</u>				
Currently consume 2 or more serves each day	63	55↓	59	60
Tried to increase fruit consumption in last 6 months	30	29	25	22
<u>Nutrition – Consumption of vegetables</u>				
Currently consume 5 or more serves each day	7	9	11	12
Tried to increase vegetable consumption in last 6 months	36	43↑	28	27
<u>Weight</u>				
Tried to lose weight in last 6 months	50	60↑	53	58
<u>Waist measurement</u>				
Measured waist in last 6 months	29	38↑	33	36
Tried to reduce waist measurement in last 6 months	48	51	50	53

Base: All respondents excluding Victoria.
Arrows shows significant increase (↑) or decrease (↓) since Wave 1 (p<.05).

4.4 Implications of the research findings

With respect to future directions for the Measure Up campaign, the following findings appear to be of particular relevance:

- Firstly, campaign recognition is very strong and achieving any significant improvement on the current levels would be a difficult task. In fact, it is likely that comparable television advertising recognition could be achieved with a lower TARP spend and this should be considered in future unless there are new campaign messages to be communicated.

There has also been steady growth in the profile of the campaign's non-television components. There appears to be merit in continuing to use these media and in maintaining (or increasing) the spend on them – not only do they provide support for the television advertising but they also offer the opportunity to deliver more detailed campaign messages.

- Secondly, executional cut-through (as measured by unprompted campaign recall) is also strong. This indicates that the present creative is noticeable. There is still potential to use the existing creative although extension could investigate further developing the family theme (perhaps via a greater role for the wife and/or daughter), which would offer the opportunity to do this without sacrificing the equity that the characters and executional format have now established.
- Thirdly, there has been a slight decline in the effectiveness of some aspects of Measure Up's message communication. This may, at least in part, be a consequence of 'information overload' resulting from the presentation of too many messages within the same advertising execution. There is likely to be value in a greater focus on delivering one key message in each execution and using different executions if there are multiple messages to be conveyed.
- Finally, with respect to the social marketing strategy, it appears that many of the key messages relating to 'what' lifestyle changes are necessary for health and 'why' they are necessary, messages which were the campaign's initial focus, have achieved relatively high levels of awareness amongst the target audience.

For example, insofar as 'why' change is necessary messages are concerned, over 80% of the primary audience know waist measurement is strongly related to the chance of developing chronic disease later in life and that maintaining a healthy weight and undertaking 30 minutes of physical activity each day are important in the prevention of chronic disease. In addition, two-thirds of the primary audience rated maintaining a waist measurement of 80cm/94cm as important in this context.

Similarly, with respect to the messages about 'what' change is necessary, most of the primary audience are aware of the need to consume at least two serves of fruit (92%) and to undertake at least 30 minutes of physical activity (79%) each day for good health and more than one in two are actually doing these things (55% fruit, 60% physical activity). Vegetable consumption is a little more problematic with 48% aware of the need to consume five or more serves each day and only nine percent actually doing so.

Despite this, question marks remain over the extent to which many of the 'why' and 'what' messages have been fully personalised (ie: fully 'appreciated') by members of the target audiences. Further, while most express personal confidence in their ability to make positive changes in levels of physical activity and nutrition, there is evidence that many have reservations about their ability to sustain such changes.

Insofar as the next stage of the campaign is concerned, these results suggest there is still scope for increasing personal 'appreciation' of the 'why' and 'what' messages, particularly those relating to personal risk of chronic disease and of what constitutes an 'acceptable' weight and/or 'risky' waist measurement. Addressing some of the 'how' messages (ie: 'how' to implement the behaviours identified by the 'what' messages) should emphasise 'how' to make changes sustainable.

4.5 Conclusions

The Measure Up campaign has maintained very strong executional cut-through and recognition particularly for the primary audience but also, to an encouraging degree amongst members of the secondary audience. Targeting of the "Postponer" and "Help Seeker" segments also appears to have been successful. However, there is evidence of slightly decreased effectiveness in communication of some of the campaign's specific messages, particularly those relating to the appropriate waist size for good health and to the link between waist measurement and health issues.

There is evidence of positive campaign impact on knowledge and behaviours relating to waist measurement and vegetable consumption although the latest waves appear more likely to have maintained the earlier successes of the campaign rather than seeing further improvements in these areas.

There have also been some improvements in meeting self-efficacy and response efficacy objectives amongst members of the primary target audience although some uncertainty remains as to the degree people have really personalised these issues and as to their confidence about making lifestyle changes which are sustainable.

Appendix 1 Wave 4 Questionnaire

**PR0634 ABHI Evaluation Wave 4 (Apr-May 2010)
Incorporates state question for quota monitoring**

INTRODUCTION

***(PHONE ANSWERER)**

Intro1 Good morning/afternoon/evening my name is _____ calling on behalf of the Australian Government Department of Health and Ageing from the Social Research Centre. We are conducting an important study on health issues affecting Australians.

1. Continue
2. Phone answerer refusal (GO TO RR1)
3. LOTE – target language (follow up) (GO TO PLOTE)
4. Queried about how telephone number was obtained (GO TO PTEL)
5. Wants more information about the study (GO TO PINFO)
6. Back to SMS

***(PHONE ANSWERER)**

***PROGRAMMER NOTE : DISPLAY A QUOTA STATUS FOR LOCATION**

Intro2 May I please speak to the person in the household aged between 18 and 65 years who is going to have the next birthday? Would that be you?

EXPLAIN AS NECESSARY : This is just a way of randomizing who we speak to in the household (to ensure we get a good cross-section of people for the study)

1. Continue with phone answerer (GO TO Intro4)
2. Switch to selected respondent (re-introduce) (CONTINUE TO Intro3)
3. Make appointment (RECORD NAME OF QR AND ARRANGE CALLBACK)
4. Refused to pass on to selected respondent (GO TO RR1)
5. Phone answerer refused to continue (GO TO RR1)
6. LOTE – target language (follow up) (GO TO PLOTE)
7. No one aged 18 to 65 in household (GO TO TERM1)

***(SWITCHED RESPONDENT Intro2=2)**

Intro3 Good morning/afternoon/evening my name is _____ calling on behalf of the Australian Government Department of Health and Ageing from the Social Research Centre. We are conducting an important study on health issues affecting Australians and would like to include your views...

1. Continue
2. Make appointment (RECORD NAME OF QR AND ARRANGE CALLBACK)
3. Selected respondent refusal (GO TO RR1)
4. LOTE – target language (follow up) (GO TO PLOTE)
5. Queried about how telephone number was obtained (GO TO PTEL)
6. Wants more information about the study (GO TO PINFO)

PLOTE RECORD LANGUAGE

(ALL OTHER LANGUAGES RECORDED AS LOTE NO FOLLOW UP)

1. Mandarin (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
2. Cantonese (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
3. Vietnamese (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
4. Italian (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
5. Greek (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
6. Arabic (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)

PTEL Your telephone number has been chosen at random from all possible telephone numbers in your area. We find that this is the best way to obtain a representative sample of all Australians for our study.

1. Snap back to previous question (Intro1 / Intro3)

PINFO This call is for public health research and is NOT a sales call.

We'll be asking questions about things like fruit and vegetable consumption, physical health and wellbeing, your attitudes towards health and chronic disease, and any advertising you may have seen on these issues.

It's part of an important research program which tracks changes in awareness of these health issues over time.

All information provided is protected by strict Commonwealth and State privacy laws

Data will be used to develop programs to improve the health of Australians.

1. Snap back to previous question (Intro1 / Intro3)

*(SELECTED RESPONDENT Intro3=1 OR Intro2=1)

Intro4 It will take about 15 to 20 minutes to run through the questions – I'll be as quick as I can. Please be assured that your answers are completely confidential and you can refuse to answer any question. Are we ok to make a start now?

1. Continue (GO TO PMON)
2. Make appointment (RECORD NAME OF QR AND ARRANGE CALLBACK)
3. Selected respondent refusal (GO TO RR1)

*(REFUSED)

RR1 OK, that's fine, no problem, but could you just tell me the main reason you do not want to participate, because that's important information for us?

1. No comment / just hung up
2. Too busy
3. Not interested
4. Too personal / intrusive
5. Don't like subject matter
6. Don't believe surveys are confidential / privacy concerns
7. Silent number
8. Don't trust surveys / government
9. Never do surveys
10. 15-20 minutes is too long
11. Get too many calls for surveys / telemarketing
12. Too old / frail / deaf / unable to do survey (CODE AS TOO OLD / FRAIL / DEAF / UNABLE TO DO SURVEY)
13. Not a residential number (business, etc) (CODE AS NOT A RESIDENTIAL NUMBER)
14. Language difficulty (CODE AS LANGUAGE DIFFICULTY NO FOLLOW UP)
15. Going away / moving house (CODE AS AWAY DURATION)
16. Other (SPECIFY_____)
17. Asked to be taken off list and never called again
18. No one 18 to 65 in household (CODE AS NO ONE 18 TO 65 IN HOUSEHOLD)
19. Respondent unreliable / drunk (CODE AS OTHER OUT OF SCOPE)

*(REFUSED)

RR2 RECORD RE-CONTACT TYPE

1. Definitely don't call back
2. Possible conversion

*(REFUSED)

RR3 RECORD GENDER

1. Male
2. Female
3. Not established (only to be used when the phone answerer does not speak when they pick up the phone)

*(ALL)

PMON. Just to let you know, this call may be monitored for training and quality purposes. Is that ok with you?

1. Monitoring allowed
2. Monitoring not permitted

*(ALL)

S1. Record gender:

1. Male
2. Female

*(ALL)

S2. Firstly, could I just ask your age? (CODE TO APPROPRIATE CATEGORY)
IF RELUCTANT, ASK: To which of the following age groups do you belong?

1. Under 18 years (GO TO TERM2)
2. 18-24 years
3. 25-34 years
4. 35-44 years
5. 45-49 years
6. 50-54 years
7. 55-65 years
8. 66+ years (GO TO TERM2)

*(ALL)

S2s And could I just confirm which State or Territory you live in?

1. New South Wales
2. Victoria
3. Queensland
4. South Australia
5. Western Australia
6. Tasmania
7. Northern Territory
8. Australian Capital Territory

*KNOWLEDGE, ATTITUDES, BEHAVIOUR – CURRENT STATE / PERSONAL EXPERIENCE

*DIET

*(ALL)

S3 To begin with, I'd like to ask you a few questions about food and health....
Which of the following BEST describes your role in choosing food for your household?

1. I am the main or joint decision maker regarding the purchase of food for the household
2. Somebody else in the household makes most of the food purchase decisions
3. (Don't know) (AVOID)

*(ALL)

Q1 How many serves of VEGETABLES do you usually eat each DAY? One serve is ½ cup of cooked vegetables or 1 cup of salad vegetables.

INTERVIEWER NOTE: IF DECIMAL / FRACTION / RANGE GIVEN, ROUND DOWN TO NEAREST WHOLE NUMBER
NOTE: "HOT CHIPS" AS A TAKE AWAY FOOD NOT INCLUDED

DO NOT PROMPT

1. 1 serve
2. 2 serves
3. 3 serves
4. 4 serves
5. 5 serves
6. More than 5 (Specify ____) (RANGE 6 to 20)
7. Less than one serve per day
8. Don't eat vegetables at all
9. (Don't know)
10. (Refused)

*(ALL)

Q2 To maintain good health, how many serves of VEGETABLES do you think you SHOULD eat every day?
READOUT IF NECESSARY A serve is equal to ½ a cup of cooked vegetables or 1 cup of salad vegetables.

INTERVIEWER NOTE: IF DECIMAL / FRACTION / RANGE GIVEN, ROUND DOWN TO NEAREST WHOLE NUMBER
DO NOT PROMPT

1. 1 serve
2. 2 serves
3. 3 serves
4. 4 serves
5. 5 serves
6. More than 5 (Specify ____) (RANGE 6 to 20)
7. Less than one serve per day
8. Don't eat vegetables at all
9. (Don't know)
10. (Refused)

*(ALL)

Q3 In the last six months, have you TRIED to change the amount of vegetables you eat?

IF YES: Is that increase or decrease?

NOTE: Only record as "Yes" if the respondent has made a CONSCIOUS DECISION to change

1. Yes, tried to increase amount
2. Yes, tried to decrease amount (GO TO Q5)
3. No, haven't tried to change (GO TO Q5)
4. (Don't know / refused) (GO TO Q5)

*(Q3=1 - TRIED TO INCREASE AMOUNT OF VEGETABLES EATEN IN LAST SIX MONTHS)

Q4 What has influenced you to try and eat more vegetables? DO NOT PROMPT

PROBE: Anything else?

MULTIPLES ACCEPTED

1. To lose or control weight
2. Improve health in general
3. To improve fitness
4. Advice from others
5. Advertising campaigns (Specify _____)
6. To encourage children / family to eat more
7. I / we like eating vegetables / they taste good
8. Substitute for other foods / trying to eat less or no red meat
9. Decrease risk of cancer
10. Decrease risk of heart disease
11. Decrease risk of Diabetes / Type 2 Diabetes
12. Decrease risk of chronic disease
13. Price (they are getting cheaper)
14. Other (Specify_____)
15. (Don't know / no particular reason) ^s
16. (Refused) ^s

*(ALL)

Q5 Do you intend on increasing your consumption of vegetables in the NEXT 6 months?

IF YES: is that in the next month or probably sometime in the next 6 months?

1. Yes, in the next month
2. Yes, probably in the next 6 months
3. No
4. (Don't know)
5. (Refused)

*(ALL)

Q6 How many serves of FRUIT do you usually eat each day? A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced fruit.

INTERVIEWER NOTE:

An example of a "medium piece of fruit" is an apple.

An example of a "small piece of fruit" is an apricot.

INTERVIEWER NOTE: IF DECIMAL / FRACTION / RANGE GIVEN, ROUND DOWN TO NEAREST WHOLE NUMBER

1. 1 serve
2. 2 serves
3. More than 2 serves (Specify____) (RANGE 3 to 20)
4. Less than one serve per day
5. Don't eat fruit at all
6. (Don't know)
7. (Refused)

*(ALL)

Q7 To maintain good health, how many serves of FRUIT do you think you should eat every day?

READ OUT IF NECESSARY A serve is equal to one medium piece, two small pieces of fruit, or 1 cup of diced fruit.

DO NOT PROMPT

INTERVIEWER NOTE: IF DECIMAL / FRACTION / RANGE GIVEN, ROUND DOWN TO NEAREST WHOLE NUMBER

1. 1 serve
2. 2 serves
3. More than 2 serves (Specify ____) (RANGE 3 to 20)
4. Less than one serve per day
5. Don't eat fruit at all
6. (Don't know)
7. (Refused)

*(ALL)

Q8 In the last six months, have you TRIED to change the amount of fruit that you eat?

IF YES: Is that increase or decrease?

NOTE: Only record as "Yes" if the respondent has made a CONSCIOUS DECISION to change

1. Yes, tried to increase amount
2. Yes, tried to decrease amount (GO TO Q10)
3. No, haven't tried to change (GO TO Q10)
4. (Don't know) (GO TO Q10)
5. (Refused) (GO TO Q10)

*(Q8=1 – TRIED TO INCREASE AMOUNT OF FRUIT EATEN IN LAST SIX MONTHS)

Q9 What has influenced you to eat more fruit? DO NOT PROMPT

PROBE: Anything else?

MULTIPLES ACCEPTED

1. To lose or control weight
2. Improve health in general
3. To improve fitness
4. Advice from others
5. Advertising campaigns (Specify _____)
6. To / encourage children / family to eat more
7. I / we like eating fruit / they taste good
8. Substitute for other foods / trying to eat less or no red meat
9. Decrease risk of cancer
10. Decrease risk of heart disease
11. Decrease risk of Diabetes / Type 2 Diabetes
12. Decrease risk of chronic disease
13. Price (they are getting cheaper)
14. Other (Specify_____)
15. (Don't know / no particular reason) ^s
16. (Refused) ^s

*(ALL)

Q10 Do you intend on increasing your consumption of fruit in the next six months?

IF YES: is that in the next month or probably sometime in the next 6 months?

1. Yes, in the next month
2. Yes, probably in the next 6 months
3. No
4. (Don't know)
5. (Refused)

*(Q11 to Q14 deleted)

*(Q15 is located after Q21)

***EXERCISE**

*(ALL)

Q16intro The next few questions are about physical activity and health.....

1. Continue

*(ALL)

Q16 In the last WEEK, how many times have you walked continuously for at least 10 minutes for recreation, exercise or to get to or from places?

IF ASKED, INCLUDE ANY WALKING FOR SELF-TRANSPORT

NOTE: DOES NOT INCLUDE WALKING AT THE WORKPLACE, BUT INCLUDES WALKING TO OR FROM THE WORKPLACE

1. None (GO TO Q18)
2. Number of times given (Specify____) (RANGE 1 TO 99) *(DISPLAY "UNLIKELY RESPONSE" IF >14)
3. (Don't know) (GO TO Q18)
4. (Refused) (GO TO Q18)
5. (Unable to exercise in this way due to disability/injury e.g. hip replacement) (GO TO Q18)

*(Q16=2 – WALKED CONTINUOUSLY FOR AT LEAST 10 MINUTES AT LEAST ONCE IN PAST WEEK).

Q17 What do you estimate was the total time you spent walking in this way in the last WEEK?

1. Time per week given in HOURS (Specify____)
2. Time per week given in MINUTES (Specify____)
3. (Don't know)
4. (Refused)

*(ALL)

Q18 In the last week, how many times did you do any VIGOROUS physical activity which made you breathe harder or puff and pant? (such as football, competitive tennis, netball, squash, athletics, cycling, jogging, keep-fit exercises and vigorous swimming)

1. None (GO TO Q20)
2. Number of times given (Specify____)
3. (Don't know) (GO TO Q20)
4. (Refused) (GO TO Q20)
5. (Unable to exercise in this way due to disability/injury e.g. hip replacement) (GO TO Q20)

*(Q18=2 – DID VIGOROUS PHYSICAL ACTIVITY AT LEAST ONCE IN PAST WEEK).

Q19 What do you estimate was the total time you spent doing VIGOROUS physical activity in the last week?

1. Time per week given in HOURS (Specify____)
2. Time per week given in MINUTES (Specify____)
3. (Don't know)
4. (Refused)

*(ALL)

Q20 In the last week, how many times did you do any other more MODERATE physical activity that you haven't already mentioned? Moderate activity can be anything you do that causes a slight increase in your breathing and heart rate for a sustained period such as gentle swimming, golf, social tennis, lawn bowls, tai chi, sailing.

1. None (GO TO Q15)
2. Number of times given (Specify____)
3. (Don't know) (GO TO Q15)
4. (Refused) (GO TO Q15)
5. (Unable to exercise in this way due to disability/injury e.g. hip replacement) (GO TO Q15)

*(Q20=2 – DID MODERATE PHYSICAL ACTIVITY AT LEAST ONCE IN PAST WEEK).

Q21 What do you estimate was the total time that you spent doing MODERATE physical activity in the last week?

1. Time per week given in HOURS (Specify____)
2. Time per week given in MINUTES (Specify____)
3. (Don't know)
4. (Refused)

*(ALL)

Q15 To maintain good health, how many minutes of moderate or vigorous physical activity do you think you should do every day? Just confirming, moderate activity can be anything you do that causes a slight increase in your breathing and heart rate for a sustained period such as a brisk walk.

INTERVIEWER NOTE: IF GIVEN A RANGE, RECORD THE MINIMUM TIME MENTIONED

NOTE: Generic "you" (not specific to respondent's circumstances).

1. Moderate or vigorous activity is not needed
2. Minutes per day given (Specify: _____) (RANGE 1 TO 999)
3. (Don't know)
4. (Refused)

*(ALL)

Q22 In the past 6 months, have you tried to change the amount of moderate or vigorous physical activity that you do?

IF YES: Is that increase or decrease?

1. Yes, tried to increase amount
2. Yes, tried to decrease amount (GO TO Q24)
3. No, haven't tried to change (GO TO Q24)
4. (Can't say) (GO TO Q24)
5. (Refused) (GO TO Q24)

*(Q22=1 – TRIED TO INCREASE AMOUNT OF MODERATE / VIGOROUS ACTIVITY)

Q23 What influenced you to try and be more active? DO NOT PROMPT

PROBE: Anything else?

MULTIPLES ACCEPTED

1. Advertising campaigns (Specify _____)
2. To lose / control weight
3. Improve health in general
4. To improve fitness
5. Advice from school
6. Influence of friends or family members
7. To influence others / family to exercise more
8. Decrease risk of cancer
9. Decrease risk of heart disease
10. Decrease risk of Diabetes / Type 2 Diabetes
11. Decrease risk of chronic disease
12. Other (Specify____)
13. (Don't know) ^s
14. (Refused) ^s

*(ALL)

Q24 Do you intend on increasing the amount of physical activity you do in the next six months?

IF YES: is that in the next month or probably sometime in the next 6 months?

1. Yes, in the next month
2. Yes, probably in the next 6 months
3. No
4. (Don't know)
5. (Refused)

*PHYSICAL HEALTH / WELLBEING

*(ALL)

Q25intro I'm now going to ask you a few questions about your health and lifestyle in general.....

1. Continue

*(ALL)

Q25 In your opinion, which of these is the best indicator of good health?

NOTE: DO NOT "FORCE" RESPONSE – "DON'T KNOW" IS ACCEPTABLE

1. Your weight as measured by the scales
2. Measuring your waist with a tape measure
3. (Don't know)
4. (Refused)

*(ALL)

Q26 In general would you say your health is....

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. (Don't know)
7. (Refused)

*(ALL)

Q27 How satisfied are you with your current waist measurement? Are you...

1. Very satisfied
2. Satisfied
3. Neither satisfied nor dissatisfied
4. Dissatisfied
5. Very dissatisfied
6. (Don't know)
7. (Refused)

*(ALL)

D15 Have YOU measured your waist in the last 6 months?

IF NO, PROBE: Has a doctor or other health professional measured your waist in the last 6 months?

1. Yes, self
2. No
3. (Don't know) (AVOID)
4. (Refused)
5. Yes, doctor or other health professional

*(ALL)

D16 Have you TRIED to reduce your waist measurement in the last 6 months?

NOTE: Only record as "Yes" if the respondent has made a CONSCIOUS DECISION to reduce waist measurement

1. Yes
2. No (GO TO PRED17)
3. (Don't know) (GO TO PRED17)
4. (Refused) (GO TO PRED17)
5. (Pregnant) (GO TO PRED17)

*(D16=1 – TRIED TO REDUCE WAIST MEASUREMENT)

Q30 What influenced you to try and decrease your waist measurement? DO NOT PROMPT MULTIPLES ACCEPTED

1. Advertising campaigns (specify _____)
2. Improve health in general
3. To improve fitness
4. Advice from school
5. Influence of friends or family members
6. To influence others / family to exercise more
7. Decrease risk of cancer
8. Decrease risk of heart disease
9. Decrease risk of Diabetes / Type 2 Diabetes
10. Decrease risk of chronic disease
11. To look better
12. Other (Specify____)
13. (Don't know) ^s
14. (Refused) ^s

PRED17 IF D15=1 (MEASURED WAIST IN LAST 6 MONTHS) CONTINUE. OTHERS GO TO D18.

*(D15=1 – MEASURED WAIST IN LAST 6 MONTHS)

D17 Can you tell me what your waist measurement is?

1. Response given in centimetres (Specify _____)
2. Response given in inches (Specify:_____)
3. (Don't know)
4. (Rather not say)
5. (Pregnant)

*(ALL)

D18 Do you intend to measure your waist in the next month, in the next six months or so, or not at all?

1. Yes, in the next month
2. Yes, probably in the next 6 months
3. No
4. (Don't know)
5. (Rather not say)

*(ALL)

Q28 Do you consider yourself to be underweight, an acceptable weight, or overweight?

1. Underweight
2. Acceptable weight
3. Overweight
4. (Don't know)
5. (Refused)

*(ALL)

Q29 In the past 6 months, have you attempted to increase or decrease your WEIGHT?

NOTE: Only record as tried to increase / decrease weight if the respondent has made a CONSCIOUS DECISION to do so

1. Tried to increase
2. No change attempted
3. Tried to decrease
4. (Pregnant)
5. (Don't know)
6. (Refused)

*(Q30 placed before D17)

*ATTITUDES TOWARD HEALTH, CHRONIC DISEASE, OBESITY (INCLUDING LINKS)

*(ALL)

Q31 The next questions are about your perceptions of health, lifestyle and chronic disease, and are asked of everyone. To what extent do you agree or disagree with the following statements....

PROBE: Is that strongly or somewhat (agree / disagree?)

RANDOMISE STATEMENTS

- a) I really want to change to be healthier
- b) I am going to change my lifestyle to become healthier
- c) Others would say that I have a very healthy lifestyle
- d) My lifestyle is increasing my risk of getting a chronic disease
- e) I know that I should change my lifestyle so it is healthier
- f) I tell others that life's too short to worry about having a healthy lifestyle
- g) I am confident I could increase my physical activity to improve my health
- h) I am confident I could increase the amount of fruit and vegetables I eat to improve my health

RESPONSE FRAME

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. (Don't know) (AVOID)
7. (Refused)

*(Q32 deleted)

PREQ33 IF S1=1 (MALE), ASK Q33 THEN Q34. IF S1=2 (FEMALE), ASK Q34 THEN Q33.

*(ALL)

Q33 Thinking about men only, what waist measurement is associated with an increased risk of health problems and chronic disease for MEN?

1. Response given in centimetres (Specify _____)
2. Response given in inches (Specify:_____)
3. Waist measurements aren't associated with health problems and chronic disease
4. (Don't know)
5. (Refused)

*(ALL)

Q34 Thinking about women only, what waist measurement is associated with an increased risk of health problems and chronic disease for WOMEN?

1. Response given in centimetres (Specify _____)
2. Response given in inches (Specify:_____)
3. Waist measurements aren't associated with health problems and chronic disease
4. (Don't know)
5. (Refused)

*(ALL)

Q35 Approximately what proportion of Australian adults do you believe are overweight?

INTERVIEWER NOTE: RECORD FRACTION AS PERCENTAGE (i.e. half=50%, one third=33%, one quarter=25%, one fifth=20%)

1. Response given as proportion (e.g. 1 in 2)
2. Response given as percentage (Specify _____) (RANGE 0 TO 100) (GO TO Q36)
3. (Don't know) (GO TO Q36)
4. (Refused) (GO TO Q36)

*(RESPONSE GIVEN AS PROPORTION – Q35=1)

Q35p RECORD PROPORTION

1. 1 in 2
2. 1 in 3
3. 1 in 4
4. 1 in 5
5. Other proportion (Specify _____)
6. (Don't know)
7. (Refused)

*PROGRAMMER NOTE; IN DATA, Q35 AND Q35p WILL BE CONSOLIDATED INTO "PER CENT" VARIABLE. SEPARATE VARIABLE TO BE CREATED TO CAPTURE MENTIONS OF Q35p=1 (CAMPAIGN MESSAGE)

*(ALL)

Q36 I'm now going to read out a few more statements about your perceptions of health, lifestyle and chronic disease. To what extent do you agree or disagree with the following statements. PROBE: Is that strongly or somewhat agree / disagree?

RANDOMISE STATEMENTS

- a) I avoid thinking about or discussing how healthy my lifestyle is
- b) I don't need to make any changes to my lifestyle
- c) I keep putting off healthy changes – I'll do it later
- d) I know exactly how to change my lifestyle to be healthier
- e) I am always trying to make changes to my lifestyle but I find they don't last
- f) I have a high chance of developing a chronic disease
- g) I am concerned that I will develop a chronic disease
- h) A person's waist measurement is strongly related to their chances of developing a chronic disease later in life

RESPONSE FRAME

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. (Don't know) (AVOID)
7. (Refused)

*(ALL)

Q37 Using a scale from 0 to 10 where 0 is not at all important and 10 is extremely important, in your opinion how important are the following in preventing chronic disease later in life...

RANDOMISE STATEMENTS

- a) Eating 5 serves of vegetables every day
- b) Doing 30 minutes of physical activity every day
- c) Maintaining a waist measurement of no more than (DISPLAY "80cm" IF S1=2 (Female.) OR "94cm" IF S1=1 (Male))
- d) Not smoking
- e) Maintaining a healthy weight
- f) (There is no statement f)
- g) Low consumption of saturated fats

RESPONSE FRAME

RECORD IMPORTANCE RATING 0 TO 10.
DK / REF ACCEPTED

*(Q38, Q39 – INFORMATION SOURCES – deleted)

***AD AWARENESS**

*(ALL)

Q40 Now, thinking about advertising....

In the last month have you seen, read or heard any advertising campaigns about lifestyle, healthy weight and chronic disease?

1. Yes
2. No (GO TO Q43)
3. (Don't know) (GO TO Q43)
4. (Refused (GO TO Q43)

*(Q40=1 – SEEN ADVERTISING)

Q41 Where did you see, read or hear any part of this / these advertising campaign(s)?

RECORD FIRST MENTION

PROBE: Where else?

MULTIPLES ACCEPTED.

1. TV advertising
2. TV news / current affairs
3. Television program
4. Radio advertising
5. Radio news
6. Radio program
7. Cinema
8. Magazine article
9. Magazine advertising
10. Newspaper article
11. Newspaper advertising
12. Brochure / booklet
13. Website
14. Word of mouth
15. Bus / tram / train / public transport
16. Local area / health service
17. Doctor / general practitioner
18. School activity / education program
19. Information night
20. Shopping trolley
21. Shopping centre adshel (advertising board)
22. Other (Specify)
23. (Don't know / can't say)^s
24. (Refused) ^s

*(Q40=1 – SEEN ADVERTISING)

Q42 Can you describe what you saw, read or heard from this / these advertising campaigns? PROBE AS
APPROPRIATE:

What happened in the ad?

What was the ad trying to say?

Is there anything else you remember about the ad?

1. Response given (Specify_____)
2. (Don't know)
3. (Refused)

*(Q40=1 – SEEN ADVERTISING)

Q42c INTERVIEWER CODED QUESTION – DO NOT ASK

Is the respondent describing an ad from the Measure Up campaign?

1. Yes
2. No

*(ALL)

Q43 I am now going to read out a brief description of two recent TV ads and I would like to know if you have seen either of them?

The first ad shows a man walking towards us along a tape measure on the floor. With each step he gets heavier and ages a little. You see him chase after his daughter, but only goes a few steps and is out of breath. The man says "...life gets busier, you let yourself go a bit, I'm not worried. But when I first realised it was affecting my health, well yeah I got worried".

Have you seen this ad?

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ALL)

Q43b The second ad shows the same man walking towards us along a tape measure on the floor. With every step forward, he looks heavier and unhealthier. He decides to turn his life around and turns around and walks back down the tape measure.

Have you seen this ad?

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(PROGRAMMER NOTE- NEED TO CREATE CONSOLIDATED VERSION OF Q43 AND Q43b TO MATCH PREVIOUS DATA SETS)

*(ALL)

Q44 In a radio version of the ads I just described we hear a man walking briskly to begin with and then more slowly. You hear his daughter say "You're it!" and the man puffing. The man says "I'm not worried, but when I first realised it was affecting my health, well yeah I got worried".

In the shorter radio ad, you hear the man say "...from today, I'm going to turn my life around..." You hear a voice say "It's never too late to start taking steps. What measures will you take?"

Do you recall hearing either of these ads on the radio?

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ALL)

Q45 There was also a newspaper and magazine ad for the same campaign where a man or a woman stand on a tape measure with the heading "The more you gain the more you have to lose" or "Time to take some healthy measures? Do you recall seeing these ads in a newspaper or magazine recently?"

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ALL)

Q46 This campaign also had ads in shopping trolleys or at the supermarket which say "How does your trolley measure up?" or shows a woman standing on a tape measure and says "How will your choice of groceries measure up?" Do you recall seeing these ads in a trolley or supermarket recently?"

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ALL)

Q47 There have also been ads on the internet where a man walks along the tape measure on the floor and he gets heavier around the middle and ages a little as he walks along. The text reads: "How do you measure up? or "What measures will you take?" Have you seen any online ads for this campaign?"

1. Yes
2. No
3. (Don't know)
4. (Refused)

*(ALL)

PROGRAMMER CREATE DUMMY VARIABLE
Q48dum AWARE OF CAMPAIGN

1. Aware of the campaign (Q43=1 OR Q43B=1 OR Q44=1 OR Q45=1 OR Q46=1 OR Q47=1)
2. All others

*(ALL)

PREQ48 IF D48dum=1 (AWARE OF CAMPAIGN) CONTINUE. OTHERS GO TO Dintro

*(Q48dum=1 – AWARE OF CAMPAIGN)

Q48 Whether or not you have seen all of the ads I described earlier, we are interested in YOUR THOUGHTS about it. ...

What do you think were the main messages in the ads you saw?

PROBE: Anything else?

IF SAYS "HEALTHY LIFESTYLES" – PROBE FOR MORE INFORMATION (EG PHYSICAL ACTIVITY, DIET).

IF SAYS: "DON'T GET OVERWEIGHT" PROBE WHY NOT

1. Main message given (Specify_____)
2. (Don't know)
3. (Refused)

*(Q48dum=1 – AWARE OF CAMPAIGN)

Q49 Please tell me if you think the ads communicate each of the following or not... We don't want to know if you think the statement is true, we just want to know if the ads communicated this message to you.

*PROGRAMMER DISPLAY BEFORE EACH STATEMENT

(Did the ads communicate that...)

RANDOMISE STATEMENTS

- a) For most people, waistlines of over 94cm for men and 80cm for women increase the risk of some cancers, heart disease and type 2 diabetes.
- b) 30 minutes or more physical activity every day helps you maintain good health.
- c) 2 serves of fruit and 5 serves of vegetables a day can improve your health.
- d) Body Mass Index is the only way to measure if you're overweight
- e) Vigorous exercise is the only way to lose weight

RESPONSE FRAME

1. Yes
2. No
3. (Don't know)
4. (Refused)

*ACTION AND INTENTION AS RESULT OF CAMPAIGN

*(Q48dum=1 – AWARE OF CAMPAIGN)

Q50 Which, if any, of the following have you done as a result of seeing this campaign?

As a result of seeing this campaign, have you...

MULTIPLES ACCEPTED

ROTATE 1 TO 7

1. Increased the amount of fruit you eat
2. Increased the amount of vegetables you eat
3. Increased the amount of exercise you do
4. Measured your waist
5. Tried to reduce your waist measurement
6. Sought information about healthy lifestyles
7. (None of these) ^s

*(Q48dum=1 – AWARE OF CAMPAIGN)

Q51 Which, if any, of the following do you intend on doing in the next 6 months as a result of seeing the campaign?

IF YES, PROBE "Is that in the next month or probably in the next 6 months".

ROTATE STATEMENTS

(PRESENT IN SAME ORDER AS Q50)

1. Increase the amount of fruit you eat
2. Increase the amount of vegetables you eat
3. Increase the amount of exercise you do
4. Measure your waist
5. Try to reduce your waist measurement
6. Seek information about healthy lifestyles

RESPONSE FRAME

1. Yes, in the next month
2. Yes, probably in the next 6 months
3. No
4. (Don't know)
5. (Refused)

DEMOGRAPHICS

*(ALL)

Dintro Now, I would like to ask some questions about you just to check we have surveyed a good cross-section of the population...

1. Continue

*(ALL)

D1. Including yourself, how many adults, 18 years or older, are living in your household?

1. Number of adults 18 plus given (Specify____) (RANGE 1 TO 20)
2. (Don't know)
3. (Refused)

*(ALL)

D2. And how many children aged 0-17 years live in your household?

1. Number of children 0-17 given (Specify____) (RANGE 1 TO 20)
2. None (GO TO D5)
3. (Don't know) (GO TO D5)
4. (Refused) (GO TO D5)

*(D2=1 - CHILD AGED 0-17 LIVES IN HOUSEHOLD)

D3. Are you a parent or guardian of any of the children aged 0-17 years living in your household?

1. Yes
2. No (GO TO D5)
3. (Refused) (GO TO D5)

*(D3=1 – PARENT / GUARDIAN OF CHILDREN 0-17 LIVING IN HOUSEHOLD)

D4. How many of these children are in each of the following age groups?

STATEMENTS

- a) Under 5 years
- b) 5-12 years
- c) 13-17 years

RESPONSE FRAME

1. Number given (Specify____)
2. None
3. (Don't know)
4. (Refused)

*(ALL)

D5 Which one of the following best describes your household?

1. Live alone
2. Couple
3. Couple with children
4. Single parent
5. Live just with related adults
6. Live with related adults with children
7. Live just with unrelated adults
8. Live with unrelated adults with children
9. Other (Specify____)
10. (Don't know)
11. (Refused)

*(ALL)

D6 What is the highest level of education you have completed? PROMPT IF NECESSARY

1. Primary school
2. Year 10 or below
3. Year 11
4. Year 12
5. Trade / apprenticeship
6. TAFE / Technical Certificate
7. Diploma
8. Bachelor Degree
9. Post-Graduate Degree
10. Other (Specify_____)
11. (Don't know)
12. (Refused)

*(ALL)

D7 What is your current employment status? Are you ...

1. Employed full-time (35 hours or more)
2. Employed part-time
3. Unemployed
4. Retired or on a pension
5. A full-time student
6. Engaged in home duties
7. Other (Specify_____)
8. (Don't know)
9. (Refused)

*(ALL)

D8 Would you mind telling me which of the following categories your household's approximate annual income from all sources, before tax, falls into? Would it be....

1. Less than \$30,000
2. \$30,000 - \$49,999
3. \$50,000 - \$69,999
4. \$70,000 - \$99,999
5. \$100,000 and over
6. (Don't know)
7. (Refused)

*(ALL)

D9 What is the main language spoken in your home?

1. English
2. Other (Specify_____)
3. (Refused)

*(ALL)

D10 Are you from an Aboriginal or Torres Strait Islander background?

1. Yes
2. No
3. (Refused)

*(ALL)

D11 Do you currently smoke cigarettes?

1. Yes
2. No
3. (Refused)

*(ALL)

D12 Have you been told by a doctor or nurse that you currently have any of the following long-term health conditions.....

MULTIPLES ACCEPTED

1. Arthritis
2. Asthma
3. Heart disease
4. Stroke, or at risk of a stroke
5. Chronic kidney disease
6. Cancer of any kind
7. Depression
8. Type 2 Diabetes
9. Oral Disease (e.g. Gum disease)
10. Osteoporosis
11. (None of these) ^s

*(ALL)

D13 How much do you weigh without shoes?

EXPLAIN AS NECESSARY: We ask weight and height information to enable researchers to calculate Body Mass Index

1. Response given in kilograms (SPECIFY KILOGRAMS_____)
2. Response given in stones and pounds (SPECIFY STONES____) / (SPECIFY POUNDS____)
3. Response given in pounds only (SPECIFY POUNDS)
4. Don't know
5. (Refused)

*(ALL)

D14 How tall are you without shoes?

EXPLAIN AS NECESSARY: We ask weight and height information to enable researchers to calculate Body Mass Index

1. Response given in centimetres (Specify_____)
2. Response given in feet and inches (Specify feet____) / (Specify inches _____)
3. Don't know
4. (Refused)

*(ALL)

D17 And lastly, could I just confirm your postcode?

IF NECESSARY: This is just so we can look at the statistical results by geographic area.

DISPLAY POSTCODE FROM SAMPLE RECORD

1. Postcode from sample record correct
2. Postcode from sample record incorrect (Specify correct postcode_____) (RANGE 800 TO 8999)
3. Don't know postcode (Specify suburb / locality_____)
4. (Refused)

CLOSE That's the end of the survey. Just in case you missed it my name is (...) and this survey was conducted on behalf of the Australian Government Department of Health and Ageing. Thanks for your help.

Appendix 2 Attitudes towards health, lifestyle and chronic disease

Table 22 Attitudes towards health, lifestyle and chronic disease

Wave 4 Data % who strongly agree/agree with each statement	Primary Audience		Secondary Audience	
	W1 (n=890) %	W4 (n=649) %	W1 (n=1001) %	W4 (n=1007) %
I really want to change to be healthier	77	79	74	75
I am going to change my lifestyle to become healthier	74	80 [#]	65	69
Others would say that I have a very healthy lifestyle	67	64	65	68
My lifestyle is increasing my risk of getting a chronic disease	33	33	35	34
I know that I should change my lifestyle so it is healthier	74	80 [#]	67	72 [#]
I tell others that life's too short to worry about having a healthy lifestyle	10	10	14	11
I am confident I could increase my physical activity to improve my health	82	87	76	77
I am confident I could increase the amount of fruit and vegetables I eat to improve my health	79	86 [#]	70	71
I avoid thinking about or discussing how healthy my lifestyle is	29	30	28	30
I don't need to make any changes to my lifestyle	22	22	27	26
I keep putting off healthy changes – I'll do it later	40	47 [#]	37	38
I know exactly how to change my lifestyle to be healthier	88	92 [#]	84	87
I am always trying to make changes to my lifestyle but I find they don't last	43	52 [#]	40	45
I have a high chance of developing a chronic disease	29	37 [#]	37	37
I am concerned that I will develop a chronic disease	38	43	44	47
A person's waist measurement is strongly related to their chances of developing a chronic disease later in life	78	88 [#]	80	86 [#]

Base: All primary/secondary audience excluding Victoria.

[#] Result is significantly different from that of Wave 1 (p<.05).