

National Tobacco Campaign: Indigenous

Evaluation Report on the Don't Make Smokes Your Story Campaign

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Australian Government Department of Health

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Acknowledgements

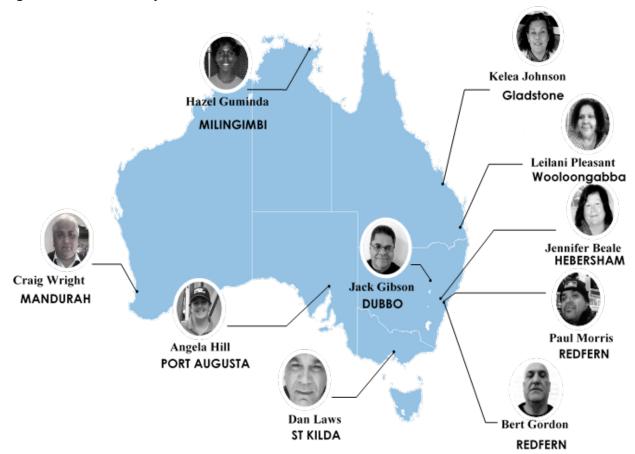
ORC International would like to acknowledge our partner organisations operating in Indigenous communities who recruited and interviewed Aboriginal and Torres Strait Islander people on our behalf.

- Butucarbin Aboriginal Corporation, Hebersham and Dubbo
- Bathurst Local Land Council, Bathurst
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- Tribal Warrior, Redfern
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- Mission Australia, Port Augusta
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- Bahloo Womens Youth Shelter
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- Ghymarhl Corporation, Gladstone
- Nai-Beguta Agama Aboriginal Corporation, Bamaga
- WYDAC Learning Centre, Yuendumu
- Australian Red Cross, Port Augusta
- Gippsland & East Gippsland Aboriginal Co-operative, Bairnsdale

Without the generous assistance and advice of these organisations and the individual interviewers, the research would not have been possible. Photographs of some of the interviewers from our partner organisations are shown below in Figure 1 and a complete list of interviewers is shown in Table 1.



Figure 1: Interviewers by location



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Table 1: Interviewers by location

Location	Interviewer
Redfern, NSW	Paul Morris & Bert Gordon
Hebersham, NSW	Jennifer Beale & Jack Gibson
Dubbo, NSW	Jack Gibson
Bathurst, NSW	Patricia Edwards
St Kilda, VIC	Dan Laws
Lake Entrance, VIC	Kathy So
Zillmere, QLD	Milliana Nuga
Wooloongabba, QLD	Leilani Pleasant
Gladstone, QLD	Kelea Johnson
Cairns, QLD	Imelda Stevens
Bamaga, QLD	Colina Wymarra
Alice Springs, NT	Michelle Krauer
Milingimbi, NT	Hazel Guminda
Yuendumu, NT	Aaron Bradshaw
Largs Bay, SA	Tina Quitadamo
Port Augusta, SA	Angela Hill
Perth, WA	Clint Bussey & Paige Pryor
Tom Price, WA	Karis Drummond
Mandurah, WA	Craig Wright
Smithton, TAS	Rihanna Blakemore



1 Executive Summary

On 1 May 2016 the Australian Government Department of Health (the department) launched *Don't Make Smokes Your Story* - an Indigenous focused anti-smoking campaign.

The campaign contributes to the department's overall goal of halving Indigenous smoking rates by 2018 (from 44.8% in 2008) and is intended to build on the success of the previous Indigenous focussed anti-smoking campaign *Break the Chain*. In contrast to previous tobacco campaigns, *Don't Make Smokes Your Story* has a positive tone which focuses on the benefits of quitting, rather than just the consequences of smoking.

The aim of the research was to measure the effectiveness of the campaign amongst the target audience: Indigenous smokers and recent quitters aged 15 years and over. Specifically the research aimed to measure awareness of the campaign and quit tools available, as well as smoking behaviours and intentions, resulting from the campaign.

1.1 Method

Two rounds of research were conducted amongst the target audience of Aboriginal and Torres Strait Islander current smokers and recent quitters (quit within the last 12 months) aged 15 years and over. An initial benchmark survey (n=201) was completed prior to the launch of *Don't Make Smokes Your Story* to provide a baseline of smoking attitudes and behaviours. A follow up evaluation survey (n=310), which is the focus of the present report, was completed following the end of the media buy for the campaign.

Indigenous interviewers were recruited from Indigenous organisations nationally and trained by the research team. These interviewers conducted face to face interviews with respondents from their local community, often with the assistance of the Indigenous organisation.

1.2 Results

The research found that 75% of respondents reported being aware of the campaign. This equates to approximately 130,000 of Australia's 172,200 Indigenous smokers aged 15 years or older. In addition, 59% reported that they had seen the television commercial (TVC), 35% had heard the radio ad and 40% reported seeing the print ads.

Furthermore, 34% reported they had seen the social media/online ads and 28% that they had seen the campaign at a community outreach event, including the National Indigenous Television's (NITV's) League Nation sponsorship.

Exposure to the campaign was lower in remote areas (58%) than regional (81%) and urban (80%) areas for all campaign materials and channels.

Diagnostic performance of the TVC was strong, particularly in terms of being regarded as easy to understand (97% of respondents agreed), being believable (90%) and making respondents 'stop and think' (84%).

The majority of respondents agreed that the campaign directed them to call the Quitline hotline (71%), visit the Quitnow website (65%) or download the My QuitBuddy app (58%).

Significant behavioural changes have been reported as a direct result of campaign exposure, with 58% of respondents who had seen or heard the campaign reporting they had taken some form of action as a result. Nine percent of respondents reported that they had quit smoking, and 27% reported that they had reduced the amount they smoked. In addition, 26% of respondents exposed to



the campaign reported that they intended to quit smoking within the next month, and 30% intended to reduce the amount they smoked.

1.3 Conclusion

The results from the research suggest that the campaign delivered a quit smoking campaign that has provoked significant behaviour change among the target audience.

Even allowing for some over-claim on stated intentions, the campaign has generated large numbers of quit attempts among the target audience, and contributed strongly to increased use of support tools (the My QuitBuddy app, Quitnow website and Quitline) which is supported by other reporting tools used by the department. The research suggests that the campaign should be run again in order to capitalise on the possibility of entrenching behaviour change (long-term smoking cessation) among the target audience.



2 Introduction

2.1 Background

On 1 May 2016 the department launched the Indigenous anti-smoking campaign, *Don't Make Smokes Your Story* as part of the National Tobacco Campaign (NTC). The objective of the NTC is to help achieve the Council of Australian Governments' (COAG) goal to halve the Aboriginal and Torres Strait Islander adult daily smoking rate by 2018 (from 44.8% in 2008).

The Australian Bureau of Statistics (ABS) National Aboriginal and Torres Strait Islander Social Survey 2014-15 reported that 39% of Aboriginal and Torres Strait Islander people aged 15 years and over were daily smokers. As a result, these populations in urban, regional and remote locations were the priority audience for this phase of the NTC, *Don't Make Smokes Your Story*.

Don't Make Smokes Your Story is intended to build on the achievements of the previous Indigenous focused Anti-Smoking campaign *Break the Chain*. The *Break the Chain* campaign was evaluated using a similar methodology, and achieved strong recognition and recorded an impact on behaviour and intentions.

Don't Make Smokes Your Story features an Aboriginal man (Ted) reflecting on his experiences of smoking and the benefits of quitting; with a particular focus on spending time with his family. The main TVC concludes with a call to action, which encourages smokers to download the My QuitBuddy app, call the Quitline number, or visit the Quitnow website. In contrast to previous NTC campaigns, Don't Make Smokes Your Story has a positive tone which focuses on the benefits of quitting, rather than just the consequences of smoking.

The media campaign ran across television (mainstream and Indigenous), radio (regional and Indigenous), print (mainstream and Indigenous advertising), online and social media, and below the line community outreach events, including a feature on the NITV's League Nation.

The campaign was specifically aimed at smokers, recent guitters and their families.

The key objectives of the campaign were to:

- encourage quit attempts among current smokers and to encourage them to keep trying to quit
- encourage family members and service providers to reinforce the campaign
- drive people to the support resources including the Quitline, the quit smoking apps and the website
- communicate the risks of smoking
- show the benefits of quitting for smokers and their families.

Key campaign material can be found in appendices B, C and D.

The department commissioned independent research agency ORC International to conduct a benchmark and evaluation survey to assess the effectiveness of the campaign among Aboriginal and Torres Strait Islander people in urban, regional and remote locations.

Research Objectives

An initial benchmark survey was conducted prior to the launch of the campaign to obtain a baseline measure of knowledge, attitudes, beliefs, behaviours and intentions in relation to smoking and quitting.

The follow up evaluation described in this report aimed to measure the effectiveness of the campaign among the target audience against the campaign's objectives.



Specifically the research aimed to measure:

- level of campaign awareness
- awareness of the support tools available to help quit smoking
- increased quit attempts, attributed to exposure to campaign messages
- intention for target groups to quit or stay quit
- campaign wear out, providing recommendations for future use of *Don't Make Smokes Your Story*.

2.2 About this report

This report focuses on the campaign measures assessed in the evaluation survey.

Response options which were not selected by any respondents are not included in the report. Therefore, if a response is reported at 0%, this indicates that some respondents did select the response, but the result was less than 0.5% and so has been rounded down.

Totals for questions with single-response answers may not add to 100% due to rounding. Multiple-response items may add to more than 100% due to respondents selecting multiple response codes.

Sample sizes may vary between questions, either because the question was only asked of specific respondents, or because some respondents may not have answered a particular question.

Some sections and questions reported on have a small sample size – these findings should be interpreted with caution.



3 Methodology

The project was carried out in compliance with ISO 20252 and membership requirements for AMSRO (The Association of Market and Social Research Organisations) and AMSRS (The Australian Market and Social Research Society).

3.1 Dates of fieldwork

The evaluation round (n=310), which is the focus of the current report, was conducted from 20 June to 12 August, following the end of the paid media buy for the campaign.

3.2 Community engagement and recruitment

In conducting the research, ORC International sought to engage in an appropriate way with Indigenous communities, to meet the research objectives while at the same being sensitive to local needs and protocols and aiding in local capacity building. To conduct the research fieldwork, ORC International worked closely with our local Indigenous community organisation partners in each community who provided advice on local protocols and practices, as well as recommending appropriate interviewing personnel and providing logistical support. The use of commercial market research fieldwork companies was eschewed in favour of using Indigenous interviewers recruited from our partner organisations and trained in basic interviewing techniques by the ORC International research team, using a mixture of face-to-face, skype and telephone training.

These interviewers conducted face to face interviews with respondents from their local community, with administrative and logistical support (such as a venue to conduct interviews in) provided by the local Indigenous organisation.

Interviews were conducted using hard copy questionnaires but tablets were used to show campaign materials to ensure correct recall measures.

ORC paid community organisations for their participation and support of the research, and paid interviewers for the interviewing work done as well as for attending training on market research techniques and briefing on the questionnaire.

All survey respondents were paid for their participation, with the amount and form of incentives based on the advice of our partner organisations.

Across the research program, 28 individuals were provided with market research training and casual employment and over \$90,000 was paid to Indigenous organisations and individuals.

3.3 Sampling points

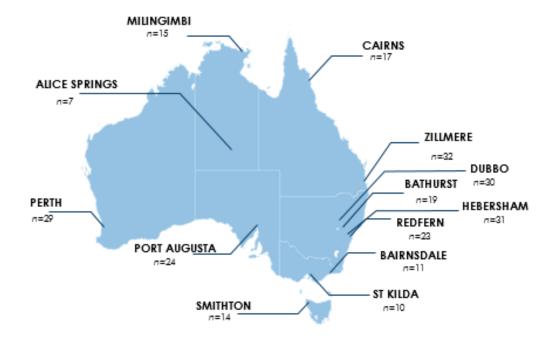
A national sample design was constructed with geographic stratification in proportion to the Indigenous population in urban, regional and remote locations in each state or territory.

Where possible the same interviewers and locations were used for the benchmark and the evaluation round. Respondents who had been interviewed for the benchmark survey were not eligible for reinterview for the evaluation survey. Due to time constraints for the benchmark fieldwork, there were fewer sampling points and interviews conducted than for the evaluation round. For the benchmark survey, interviews were conducted across 13 different locations, and the evaluation was conducted across 20 locations.



The sampling points and sample sizes for each location for the benchmark and evaluation round are shown below in Figure 2 and Figure 3. The collective evaluation sample size for urban areas was 115, 136 for regional areas and 59 for remote areas.

Figure 2 Benchmark sampling points and sample sizes





BAMAGA MILINGIMBI n=15 CAIRNS GLADSTONE ALICE SPRINGS n=34 ZILLMERE TOM PRICE n=16 n=10 WOOLOONGABBA YUENDUMU n = 17DUBBO n=4n=28 BATHURST PERTH HEBERSHAM n = 10n=32 REDFERN n=22PORT AUGUSTA MANDURAH LAKES ENTRANCE n=11ST KILDA SMITHTON n = 14

Figure 3 Evaluation sampling points and sample sizes

3.4 Questionnaire Development

A draft pen and paper questionnaire was developed by ORC International. The questionnaire drew on the questions used for the 2011 evaluation of *Break the Chain*. The questionnaire was reviewed by the department before being finalised.

While interviewing was conducted using hard copy questionnaires, tablets were used during the evaluation survey in order to show respondents the TVC, radio, print and social media/ online ads.

3.5 Data weighting

The data for smokers was weighted by age, gender, state and geographical remoteness, to represent the national Indigenous smoker population aged 15 years and over. The weights were calculated with rim weighting using three sets of smoker population totals: (1) Age x gender; (2) State/territory; and (3) Region (defined by Main cities; Regional; and Remote). Estimates of Indigenous smokers for these classifications were obtained from the ABS publication 4714.0 National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014–15, released on Thursday 28 April, 2016. The smoker weights were scaled so that the sum of the weights equalled the smoker sample size. The data for recent quitters were all given a weight of 1, as no suitable population data for recent quitters was available for weighting.

3.6 Sample Profile

As shown in Figure 4 the majority of the sample (79%) were daily smokers, 9% being weekly smokers (both classified as current smokers) and the remaining 12% had quit smoking within the previous 12 months, and were classified as recent quitters. The primary target audience for *Don't Make Smokes*

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Your Story was Indigenous smokers and recent quitters aged 15 years and over, and therefore the sample was intentionally focussed on this segment.

79% 9% 12%

0% 20% 40% 60% 80% 100%

Daily smoker • Weekly smoker • Recent quitter

Figure 4: Respondents' smoking status

Base: All respondents (n=310), percentages are unweighted

As shown in Figure 5, the majority of respondents identified as being Aboriginal (85%), with a further 4% identifying as Torres Strait Islanders and 11% reporting as both.

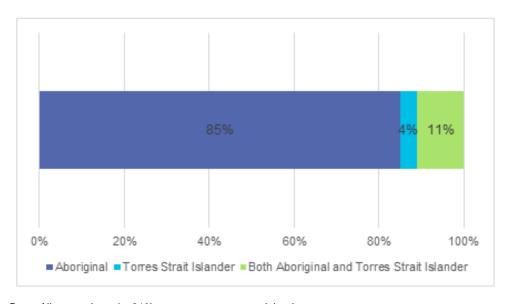


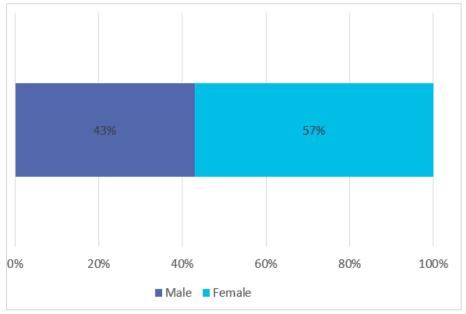
Figure 5: Respondents' Indigenous status

Base: All respondents (n=310), percentages are unweighted

As shown in Figure 6, the sample consisted of more females (57%) than males (43%).



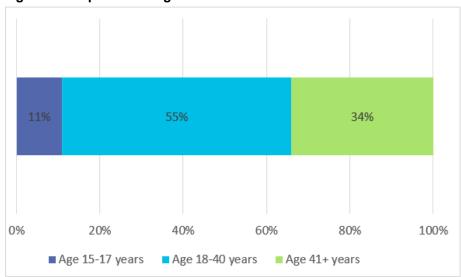
Figure 6: Respondents' gender



Base: All respondents (n=310), percentages are unweighted

As shown in Figure 7, 11% of respondents were aged 15 to 17 years old, 55% were 18 to 40 years old, and 34% were aged 41 years or older. The primary target audience of *Don't Make Smokes Your Story* was Indigenous smokers and recent quitters aged 15 years and over, and therefore the sample deliberately targeted this segment.

Figure 7: Respondents' age



Base: All respondents (n=310), percentages are unweighted



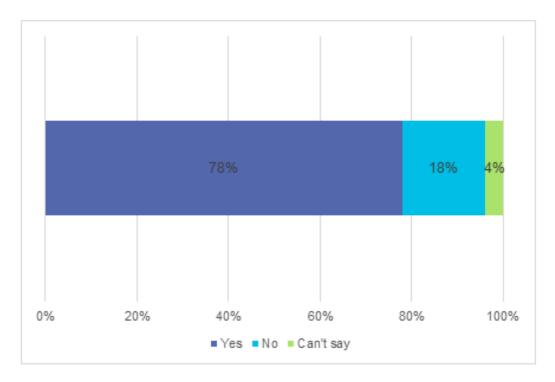
4 Results

4.1 Campaign Awareness and Outcomes

Respondents were asked whether they had seen or heard any advertisements about the dangers of smoking, and to describe the first two advertisements that came to mind. As shown below in Figure 8, just over three-quarters of respondents (78%) reported having seen or heard information or ads about the dangers of smoking, or encouraging them to quit smoking, in the past 6 months. The proportion of respondents who reported being exposed to quit smoking material increased with age, from 65% of 15 to 17 year olds, to 75% of 18 to 40 year olds, and 85% of those aged 41 years and over.

Significantly fewer respondents from remote areas (57%), reported being exposed to quit smoking material compared to those from urban (81%) or regional areas (87%).

Figure 8: In the past 6 months, have you seen or heard any information or ads about the dangers of smoking, or encouraging you to quit smoking?

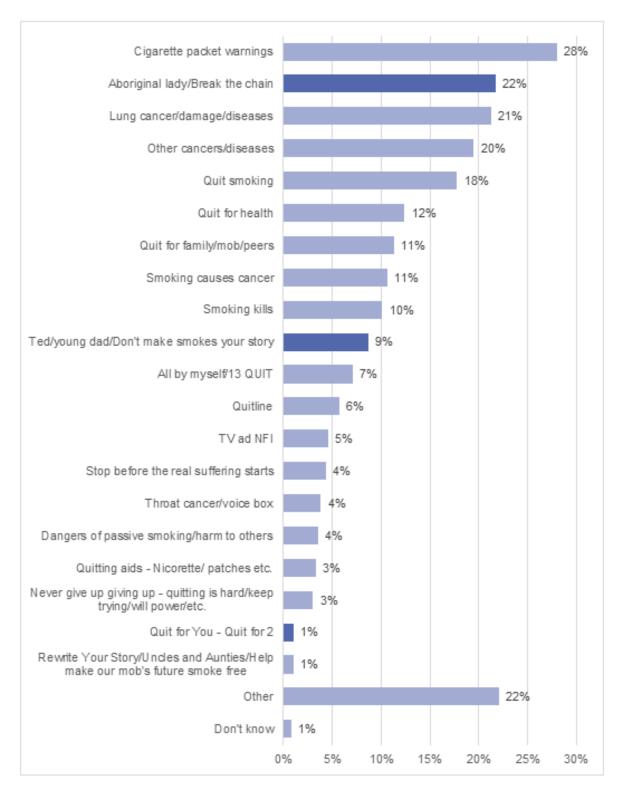


Base: All respondents (n=310)

As illustrated in Figure 9, cigarette packet warnings were the most common spontaneously recalled source of quit smoking advertising (28%). This was followed by the *Break the Chain* campaign (22%) which was being aired again at the same period as *Don't Make Smokes Your Story*. The *Don't Make Smokes Your Story* campaign was spontaneously recalled by 9% of respondents.



Figure 9: Can you please describe the first ad that comes to mind? Can you please describe the next ad that comes to mind?



Base: Respondents who reported seeing or hearing information about the dangers of smoking in the past 6 months (n=237)



Don't Make Smokes Your Story Prompted Recall

The *Don't Make Smokes Your Story* TVC was played to all respondents, who were then asked if they had seen it before. Figure 10 shows that 59% of respondents reported having seen the TVC, with Figure 11 showing that the majority saw it on TV only (48%), 2% saw it online, 6% saw it on TV as well as online and 3% reporting having seen it but could not recall where. Significantly fewer respondents from remote areas reported seeing the TVC (40%) compared to those from urban and regional areas (both 66%).

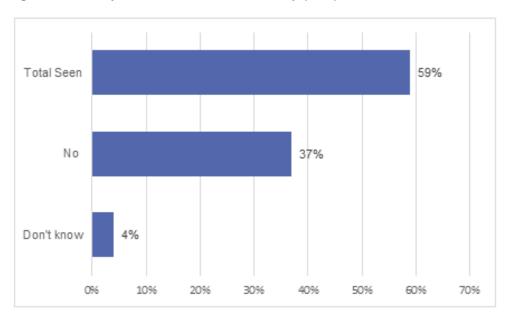


Figure 10: Have you seen this ad before today (TVC)?

Base: All respondents (n=309)

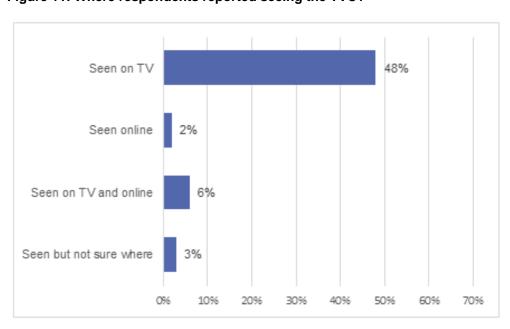


Figure 11: Where respondents reported seeing the TVC?

Base: Respondents who reported seeing the TVC (n=182)



Respondents who reported seeing the TVC (n=185) were asked whether they agreed or disagreed with various statements about the ad. As shown in Figure 12, 97% of respondents agreed that the ad was easy to understand, and 90% that the ad was believable. Eighty-four percent of respondents agreed that the ad made them stop and think, 78% that it made them feel worried about their smoking, and 71% that it made them more likely to quit/ stay quit. Seventy-one percent agreed that the ad made them feel hopeful, 63% that it made them feel inspired, and 60% that it made them feel empowered to quit/stay quit. The statements with the lowest level of agreement were that 'the ad taught me something new' (50%) and that 'the ad made me feel uncomfortable' (41%).

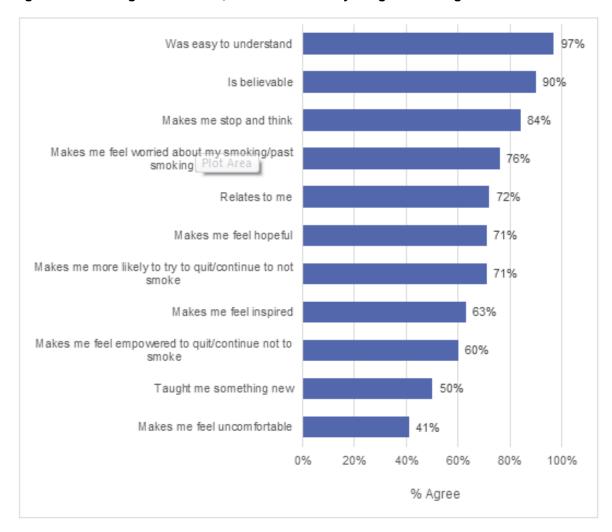


Figure 12: Thinking about this ad, to what extent do you agree or disagree it.

Base: Respondents who reported they had seen the Don't Make Smokes Your Story TVC (n=184-185)

To assess 'wear out' (getting sick of seeing the ad), respondents who recognised the TVC were asked if they agreed or disagreed that they were getting tired of seeing the ad. As shown in Figure 13, 23% of respondents agreed with this contention. Further analysis showed that significantly fewer respondents from urban areas agreed that they were tired of seeing the TVC (15%) than those from regional and remote areas (28%).



7% 16% 20% 41% 14% 2%

0% 20% 40% 60% 80% 100%

Strongly agree Agree Neither agree or disagree

Disagree Strongly disagree Don't know

Figure 13: How much do you agree or disagree that you are getting tired of seeing this ad?

Base: Respondents who reported they had seen the Don't Make Smokes Your Story TVC (n=185)

The radio ad was played for all respondents, who were then asked if they had heard it before. As shown in Figure 14, just over one third of respondents (35%) reported having heard the ad, 64% reported not hearing it, and 2% did not know. Similar to the TVC, significantly fewer respondents from remote areas reported hearing the radio ad (17%) compared to those from urban (37%) or regional areas (43%).

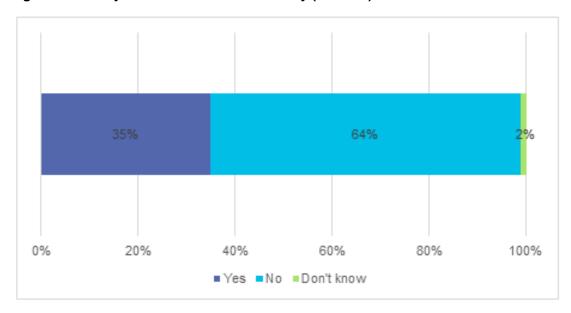


Figure 14: Have you heard this ad before today (radio ad)?

Base: All respondents (n=308)

Respondents were then shown the *Don't Make Smokes Your Story* print ads and asked if they had seen any of them before (see <u>Appendix B</u> for print ads displayed). As shown in Figure 15, 40% of respondents reported seeing the ads, with 20% having seen them in an out of home poster or



billboard, 12% in a magazine or newspaper, and 8% who had seen them but weren't sure where. As with the TVC and radio ad, significantly fewer respondents from remote areas reported seeing the print ads (24%) than those from urban (44%) or regional areas (46%).

Total Seen

Seen out of home posters or billboards

Seen in magazine or newspaper

Seen, but not sure where

No

Don't know

3%

0%

20%

40%

59%

Figure 15: Have you seen any of these before today (Print ads)?

Base: All respondents (n=308)

Respondents were shown images from *Don't Make Smokes Your Story* online and social media ads and asked if they had seen them before (see <u>appendices C</u> and \underline{D} for ads displayed). As shown in Figure 16, 34% of respondents reported seeing the ads, with 18% having seen them on social media, 7% online and 8% having seen them, but weren't sure where. As with the campaign material described above, significantly fewer respondents from remote areas reported seeing the ads (15%) compared to those from urban (40%) or regional areas (41%).



Total seen

Seen in social media

Seen, but not sure where

Seen online

No

Don't know

2%

Figure 16: Have you seen any of these before today (online/social media ads)?

Base: All respondents (n=310)

0%

Respondents who reported having seen or heard any of the campaign material were asked what they thought were the key messages of the ads. This was an open question to which respondents could answer multiple responses to. As shown in Figure 17, the most commonly cited key messages were 'trying to get them to quit smoking' (44%) followed by 'you should quit for your kids/family' (40%), and quitting has health benefits (33%).

20%

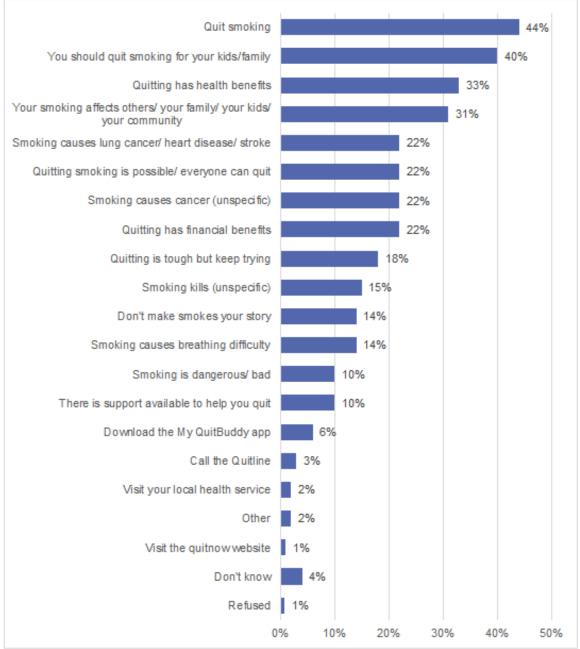
40%

60%

80%



Figure 17: What would you say were the MAIN things the ads were trying to say to you?

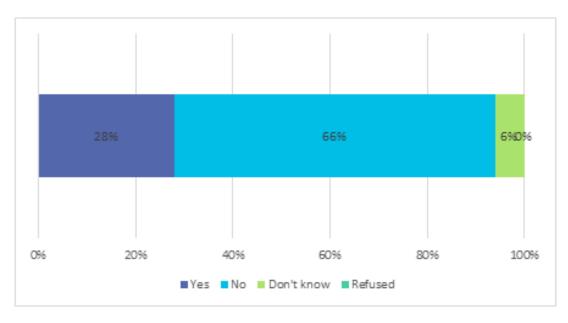


Base: Respondents who had reported seeing any Don't Make Smokes Your Story ads (n=222)

To assess exposure to *Don't Make Smokes Your Story* at community outreach programs and events, respondents were asked if they had seen or heard anything else about *Don't Make Smokes Your Story* at community events (including NITV's League Nation). As shown in Figure 18, 28% of respondents reported seeing *Don't Make Smokes Your Story* somewhere else. Consistent with the previous material described earlier, significantly fewer respondents from remote areas reported seeing the campaign at these events (13%) compared to those from urban (38%) and regional areas (29%).



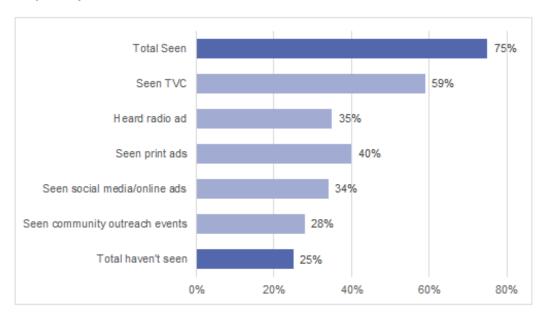
Figure 18: Have you seen or heard anything else about the 'Don't Make Smokes Your Story' campaign anywhere such as music festivals, on NITV's League Nation or at community events or activities?



Base: All respondents (n=309)

As shown in Figure 19, three quarters of all respondents (75%) reported seeing or hearing *Don't Make Smokes Your Story* in some form, with the TVC being the most commonly seen (59%). Overall, significantly fewer respondents from remote areas reported having seen the campaign in any form (58%), than those from regional (81%) and urban areas (80%). Exposure varied based on age, with 83% of respondents aged 41 years and older reporting hearing or seeing the campaign in some form, 78% of respondents aged 15 to 17, and 69% of respondents aged 18 to 40.

Figure 19: Overall proportion of respondents who reported seeing *Don't Make Smokes Your Story* in any form



Base: All respondents (n=310)

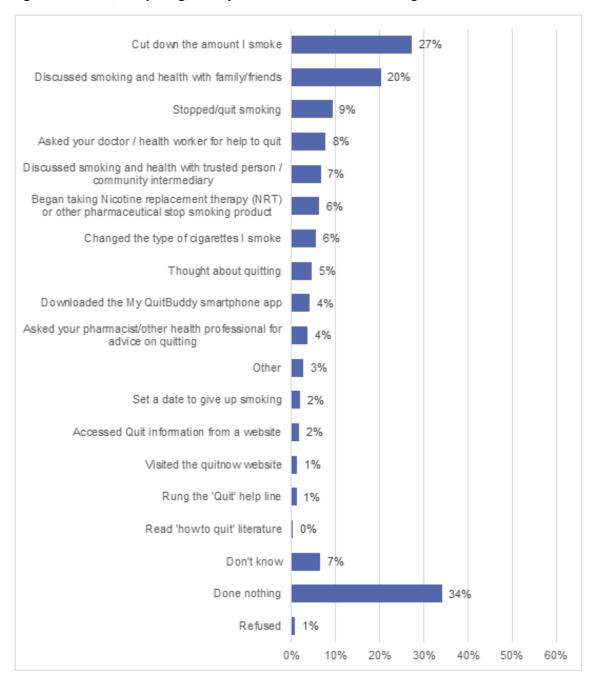


4.2 Campaign Impact

Respondents who reported seeing or hearing any of the *Don't Make Smokes Your Story* campaign material (*n*=237) were asked what, if anything, they had done as a result of seeing these ads. This was an open response question and multiple responses were accepted. As shown in Figure 20, the most commonly cited actions were 'cutting down the amount they smoke' (27%), 'discussing smoking and health with family/friends' (20%) and 'quit smoking' (9%). Thirty-four percent of respondents reported they had done nothing and 7% did not know. By way of comparison, Figure 21, shows the results of the same question from the *Break the Chain* 2011 evaluation. Comparison of the results from the two surveys shows that the four most commonly cited actions were the same for both campaigns. However a higher proportion of respondents exposed to *Don't Make Smokes Your Story* reported taking action of some kind as a result of being exposed to the campaign (58%) compared to *Break the Chain* (48%).



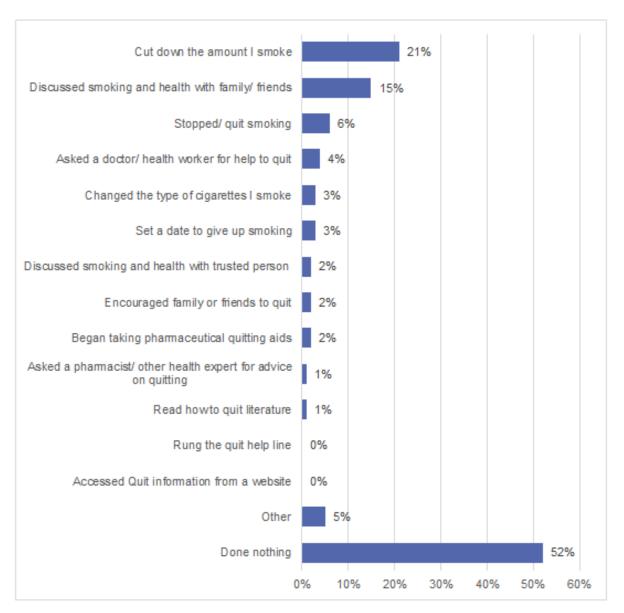
Figure 20: What, if anything, have you done as a result of seeing these ads?



Base: Respondents who had reported seeing any Don't Make Smokes Your Story ads (n=237)



Figure 21: Actions taken as a result of exposure to *Break the Chain*, results from the 2011 *Break the Chain* evaluation



Base: Respondents exposed to any Break the Chain ads from the 2011 evaluation (n=302)



Respondents who reported seeing or hearing any *Don't Make Smokes Your Story* campaign material were asked what, if anything, they will do in the next month in response to seeing the ads. As shown in Figure 22, the most commonly cited intentions were 'reduce the quantity of cigarettes they smoke' (30%), 'quit smoking' (26%) and 'discuss smoking and health with others' (19%). Seventeen percent of respondents reported no intentions and 11% did not know. Figure 23, shows the results of the same question from the 2011 evaluation of *Break the Chain* 2011. As with the results for actions already taken, the four most commonly cited intentions were consistent for both campaigns. Again, a higher proportion of respondents exposed to *Don't Make Smokes Your Story* reported the intention to take some action (72%) compared to those exposed to *Break the Chain* in the 2011 evaluation (50%).

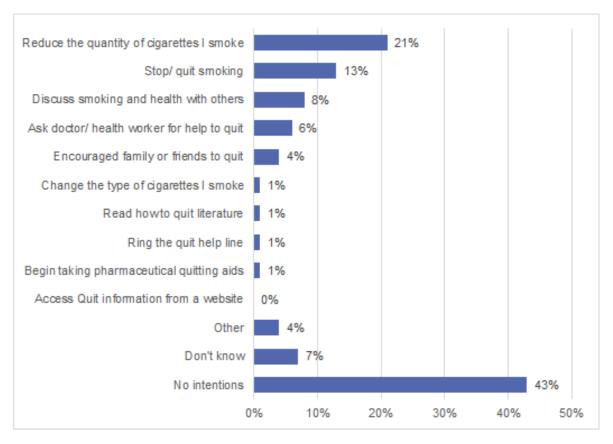
Reduce the quantity of cigarettes I smoke 30% 26% Stop/quit smoking Discuss smoking and health with others 19% 9% Ask your doctor / health worker for help to quit 5% Ring the 'Quit' help line Download the My QuitBuddy smartphone app 5% 3% Change the type of cigarettes I smoke Visit the quitnow website Begin taking Nicotine replacement therapy (NRT) or other pharmaceutical stop smoking products Think about quitting Read 'howto quit' literature Access Quit information from a website Other Don't know No intentions Refused 20% 30% 40% 50%

Figure 22: What, if anything, will you do in the next month in response to seeing these ads?

Base: Respondents exposed to any Don't Make Smokes Your Story ads (n=237)



Figure 23: Actions planned in the next month as a result of exposure to *Break the Chain*, results from the 2011 *Break the Chain* evaluation



Base: Respondents exposed to any Break the Chain ads from the 2011 evaluation (n=302)



In order to obtain a read on the level of exposure to other campaigns, respondents were shown key images from the *Break the Chain* and *Quit for You, Quit for Two TV* ads and asked if they had previously seen them. As shown in Figure 24, just under two thirds of respondents reported seeing *Break the Chain* (65%) and 38% reported seeing *Quit for You, Quit for Two*. Respondents from regional areas were more likely to report exposure to the *Break the Chain* campaign (79% compared with 67% from urban and 39% from remote areas). There were no significant differences by geography in terms of exposure to *Quit for You, Quit for Two*.

 Quit for You, Quit for Two
 38%
 60%
 2%

 Break the Chain
 65%
 32%
 3%

 0%
 20%
 40%
 60%
 80%
 100%

 ■ Yes
 No
 Don't know

Figure 24: Have you seen this ad (for both Break the Chain and Quit for You, Quit for Two)?

Base: All respondents (n=308-309)



Respondents who reported being exposed to any *Don't Make Smokes Your Story*, *Break the Chain* or *Quit for You*, *Quit for Two* ads, were asked if the campaigns communicated a number of messages (listed in Figure 25). As shown in Figure 25, the messages that respondents most commonly felt were communicated to them were 'you can quit smoking for a better future for you and your family' (97%), 'smoking affects others' (96%) and 'there is support available to help you quit' (94%). Less resonant were messages around the quit tools available, these being 'call the quitline' (71%) 'visit the Quitnow website' (65%) and 'download the MyQuitBuddy app' (58%).

You can quit smoking for a better future for you 97% and your family Your smoking affects others/your family/your 96% kids/your community When you choose to quit smoking there is support 94% available to help you quit If you want to quit smoking you should never give 93% up trying There are many short and long term health 93% benefits to quitting smoking 92% There are financial benefits to quitting smoking 91% Quitting can be tough but it is possible You are more likely to stay quit with support 85% Visit your local health service 74% Disease and dying from smoking is not normal 73% Call the Quitline 71% 65% Visit the Quitnow website Download the My QuitBuddy app 58% 0% 30% 60% 90% % Yes

Figure 25: Do you think the ad communicated this message to you?

Base: Recognised any of the Don't Make Smokes Your Story, Break the chain or Quit for You, Quit for Two ads (n=269-273)



5 Conclusion

The evaluation research suggests that the *Don't Make Smokes Your Story* campaign has delivered against all key campaign objectives.

Seventy-five percent of the target audience of Indigenous smokers aged 15 years and over, reported being aware of the campaign. This is a similar total reach to that achieved by the *Break the Chain* campaign when initially launched. In terms of the reach of individual channels, the results demonstrate the effectiveness of an integrated multi-channel strategy, with the TVC having a total reach of 59%, radio 35%, print 40%, online 34% (including 18% specifically on social media) and community events (including NITV's League Nation) 28%.

The diagnostic performance of the TVC was very strong. In particular, it was regarded as being easy to understand (by 97% of respondents), being believable (90%) and 'making me stop and think' (84%). More than 70% of respondents felt that the TVC related to them, made them worry about their smoking, and would make them more likely to quit/stay quit. Importantly, the TVC has successfully encouraged smokers in a non-judgemental, positive way, with 71% of smokers saying the TVC 'made me feel hopeful', 63% saying it made them feel inspired, and 60% saying it made them feel empowered to quit.

The campaign was effective in conveying messaging to direct smokers to the quit smoking support tools, with a significant majority of respondents agreeing that the campaign directed them to call the Quitline (71%), visit the Quitnow website (65%) and download the My QuitBuddy app (58%).

In terms of generating behaviour change, the campaign must be regarded at this stage as being highly effective, with 58% of respondents exposed reporting they had taken some form of action. Nearly one in ten (9%) Indigenous smokers exposed to the campaign reported that they had quit as a result of the campaign, and 27% said they had reduced the amount they smoke. Substantial proportions of Indigenous smokers said they had discussed smoking/quitting with family or friends (20%), or with a doctor (8%) or health intermediary (7%). Stated future intentions to change smoking behaviour were also very high.

TVC 'wear out' (those reporting that they were getting sick of seeing the ad) was an acceptable 23%, though this should be monitored closely if the campaign is re-run. Wear out against mainstream audiences should also be measured.

In summary, the campaign has delivered on the objective of creating a quit smoking campaign with a positive tone, provoking significant behaviour change in the target audience.

Even allowing for some over-claim on stated intentions, the campaign has generated large numbers of quit attempts among the target audience, and contributed strongly to increased use of support tools (the My QuitBuddy app and Quitnow website) which is supported by the department's own internal data. The research suggests that the campaign should be run again in order to capitalise on the possibility of entrenching behaviour change (long-term smoking cessation) among the target audience.



Appendix A: Evaluation Questionnaire

NTC	Evaluation Surve	,	
	partment of Health	'	
nterview Number:	paranent of freath		
Interviewnumber is the last 3 letters of and increasing by intervals of 1, i.e. AD			umber sta
INTERVIEWER NAME			
INTERVIEW DATE (dd-mm-yy)			
RECORD LOCATION	Suburb:		State:
RECORD START TIME (24hr time)		:	
RECORD FINISH TIME (24hr time)		;	
Australian Government Department of I community thinks about smoking and in 0 minutes to complete. Graph I need to ask you a few questions accreener QUESTIONS Indigenous Identification	Health. The purpose of t nformation about smokin to find out whether you	he survey is to fir g. The survey sh	nd out wha ould take
Thank you for agreeing to participate in Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether respond aboriginal (CONTINUE)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether responsional (CONTINUE)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
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Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether respondence Strait Islander (CONTINUE) Torres Strait Islander (CONTINUE) Both Aboriginal and Torres Strait Islander (THANK AND END) Record Gender: Male (CONTINUE) Female (CONTINUE)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether respondence Strait Islander (CONTINUE) Torres Strait Islander (CONTINUE) Both Aboriginal and Torres Strait Isla Neither (THANK AND END)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether responding (CONTINUE)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether respondance (CONTINUE)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
Australian Government Department of I community thinks about smoking and in 20 minutes to complete. First, I need to ask you a few questions SCREENER QUESTIONS Indigenous Identification Interviewers to confirm whether responding (CONTINUE)	Health. The purpose of the formation about smoking to find out whether you condent identifies as:	he survey is to fing. The survey sh	nd out wha
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2016 ORC International AU3000230



NTC 2016 FINAL post-campaign survey

2

INTERVIEWERS - CHECK AGE AND GENDER QUOTAS

I	332. How often, if at an, do you currently shoke digarettes: Do you shoke them	
ŀ	READ OUT	
I	Daily (CLASSIFY AS SMOKER AND GO TO SS5)	1
1	At least weekly (CLASSIFY AS SMOKER AND GO TO SS5)	
I	At least monthly (ASKSS3)	3
I	Less often than monthly (ASK SS3)	4
I	Not at all (ASK SS3)	5
I	Refused (THANK AND END)	.99

SS3. Have you <u>ever</u> smoked cigarettes at least weekly?	
Yes (ASK SS4)	1
No, never (THANK AND END)	2
Can't say (THANK AND END)	.98

SS4. Did you stop smoking cigarettes at least weekly within the last 12 months?
Yes (CLASSIFY AS RECENT QUITTER AND GO TO SS5)
No – it was longer than 12 months ago or longer (THANK AND END)
Can't say (THANK AND END)

SS5: SAMPLE SUMMARY:	
SS2=Daily or weekly (RESPONDENT IS A CURRENT SMOKER - GO TO SECTION A)	1
SS4Yes (RESPONDENT IS A RECENT QUITTER - GO TO SECTION C)	2
None of the above (NOBODY IN QUOTA, END INTERVIEW)	3

THANK AND END TEXT: Unfortunately, you don't qualify for our survey as we are looking to speak with people who currently smoke, or who have recently quit smoking. Thank you very much for your time. INTERVIEWER CHECK: ATLEAST85% CURRENTSMOKERS



NTC 2016 FINAL post-campaign survey

3

SECTION A: CURRENT SMOKERS' QUITTING ATTEMPTS & EXPERIENCE

A1	Have you ever tried to quit smoking?	
Yes		
No (G	O TO A7)	,
Can't	say (GO TO A7)	3

A2 How many times have you tried to quit smoking?	
IF UNSURE: Your best guess will do	
Once	
Twice	2
Three times	3
Four times	
Five times	5
6-10 times	6
More than 10 times	7
Can't say	98

АЗ Which, if any, of the following have you ever done to help you quit smoking? READ OUT. MULTIPLES ACCEPTED. **Quitting Aids** Used Zyban. 2 Used Champix 3 (PLEASE SPECIFY): No quitting aids or advice <u>Other</u> (SPECIFY): Can't say (DO NOT READ OUT)98



NTC 2016 FINAL post-campaign survey

A4 SING	A4 How long ago did you (last) try to quit smoking? SINGLE RESPONSE; ENCOURAGE BEST GUESS			
1.	Record days: or			
2.	Record weeks: or			
3.	Record months: or			
4.	Record years:			
98.	Can't say			
99.	Refused			

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A5 Thinking about the last time you quit smoking, what, if anything, made you quit?	
DO NOT READ OUT. MULTIPLES ACCEPTED	
Health & Fitness Asthmatic/trouble breathing. Had a cough/ cold/ flu/ chest infection. Health scare (E.g. pneumonia, coughing fits) Heart attack. Decline in health/ bad for my health. Affecting my fitness. Other health or fitness reason. (SPECIFY): Health reasons/ ill Health (UNSPECIFIED, NOT CODES 1-7).	.2 .3 .4 .5 .6
Family & Friends I became pregnant	9 0 1 2 3 4
Mone y Cost/ too expensive 1 Waste of money 1 Wanted to save money 1	7
Physical Appearance The smell (On my body/clothes) 1 Causing ageing (Wrinkles, etc.) 2	
Advertising & Promotions Health warnings on packs	2
Others 2 Just stopped/ spur of the moment 2 Just wanted to 2 Availability of cheaper NRT 2 Other 9 (SPECIFY):	96 97 96



6

A6 SINC		id you stay off the cigarettes? ICOURAGE BEST GUESS
1.	Record days: or	
2.	Record weeks: or	
3.	Record months: or	
4.	Record years:	
98.	Can't say	
99.	Refused	

ASK ALL CURRENTSMOKERS

A7 During the past 6 months has anybody you know been trying to get you to quit smoking?	
Yes1	1
No (GO TO A9)	2
Can't say (GO TO A9)	

ASK CURRENT SMOKERS WHO HAVE HAD SOMEBODY TRYING TO GET THEM TO QUIT

A8 And who has been trying to get you to quit smoking?	
DO NOT READ OUT. MULTIPLES ACCEPTED.	
Partner/ spouse	
Child/ children	2
Sibling (brother or sister)	3
Parents/ guardians	4
Other family member (e.g. aunts and uncles)	
Friend/ flatmate/ work colleague	
Doctor/ medical practitioner/ health worker	7
Other	
(SPECIFY):	
Don't know	98
Don't know	98



7

ASK ALL CURRENT SMOKERS

A9a On a scale of 1-10, how much do you want to quit smoking? Where 1 is not at all and 10 is very much?			
IF NE	CESSARY: by quit we mean stop totally.		
	4 Not at all		
	1Not at all		
1	2		
1	3		
1	4		
1	5		
l	6		
	7		
	8		
	9		
	10Very Much		
1	98Can't Sav		

ASK ALL CURRENT SMOKERS

A9b	Do you intend to quit smoking?
Yes (G	O TO A10)
No (GC	O TO A12)
Don't k	now (GO TO A12)

ASK CURRENT SMOKERS WHO INTEND TO QUIT.

A12 I would now like to ask you how much you agree or disagree with the following statements about smoking and quitting.							
		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know
b.	You are confident you could quit smoking if you wanted to	1	2	3	4	5	98



8

A13 How much do you think you would benefit financially if you were to quit smoking in the next 6 months?		
READ OUT		
Not at all	1	
Slightly	2	
Moderately	3	
Very much	4	
Extremely	5	
Don't know (DO NOT READ OUT)	98	
Potugod (DO NOT PEAD OLIT)	00	

A14 How much do you think your health would benefit if you were to quit smoking in the next 6 months?



9

SECTION B SMOKING & HEALTH (CURRENT SMOKERS)

B2	How much, if at all, has smoking damaged your health? Would you say	
READ	OUT	
	alllittle	
	amount	
A grea	t deal	4
Don't k	rnow (DO NOT READ OUT)	98
Refuse	ed (DO NOT READ OUT)	99

B3 How much, if at all, has your smoking affected the health of others? Would you say.... READ OUT Not at all 1 Just a little 2 A fair amount 3 A great deal 4 Don't know (DO NOT READ OUT) 98 Refused (DO NOT READ OUT) 99



10

SECTION C RECENT QUITTERS QUITTING ATTEMPTS & EXPERIENCE

_	ago did you quit sn	earlier that you smoked cigarettes in the past. Approximately how noking?
1.	Record days: or	
2.	Record weeks: or	
3.	Record months: or	
4.	Record years:	
98.	Can't say	
99.	Refused	
C2.	Not including the NSURE: Your best go	e most recent time, how many times have you tried to quit smoking? uess will do
Neve	r	
Once	9	1
Twice	e	2
		3
		4
		5
		6
More	than 10 times	7
Can'	tsay	99
C3.	On average, how	v many cigarettes did you smoke before you quit?
		,
1	Perday:	
	or	
2	Perweek	:
98	Refused	
C4.	ls it likely or unli	kely that you'll be able to stay quit?
	,	
ENC	OURAGE BEST GU	ESS
Lileat	,	1
		2
Jan		90



C5. What, if anything, made you quit?	
DO NOT READ OUT. MULTIPLES ACCEPTED	
Health & Fitness Asthmatic/trouble breathing Had a cough/ cold/ flu/ chest infection Health scare (e.g. pneumonia, coughing fits) Heart attack Decline in health/ bad for my health Affecting my fitness Other health or fitness reason	2 4 5
(SPECIFY):	8
Family & Friends I became pregnant My partner became pregnant Children in the house/ children's health/ role model for children/children encouraged me to quit Family/ partner/ parents Friends/ colleagues Family history of illness (e.g. throat cancer) Know someone who is ill/ has died from smoking related illness	10 11 12 13 14
Money Cost/ too expensive Waste of money Wanted to save money	17
Physical Appearance The smell (On mybody/ clothes) Causing ageing (Wrinkles, etc.)	
Advertising & Promotions Health warnings on packs Health warning advertisements/ anti-smoking advertisements/health information Smoking support groups/programs GP or other health worker advice	22 23
Others Just stopped/spur of the moment Just wanted to Availability of cheaper Nicotine Replacement Therapy Other (SPECIFY): Can't say	26 27 96



12

C6. Which, if any, of the following have you <u>ever</u> done to help you quit smoking?
READ OUT. MULTIPLES ACCEPTED.
Quitting Aids Used Nicotine Replacement Therapy (patches, gum, inhaler, lozenges etc.). 1 Used Zyban. 2 Used Champix 3
Advice Rung the Quitline
(PLEASE SPECIFY) Asked your doctor for help to quit (including health nurses, Aboriginal Medical Services) 7 Asked a pharmacist/ other health professional for advice on quitting 8 Taken part in Quit smoking programs (individual or group) 9 Used an online/internet support tool such as an online Quitcoach 10
No quitting aids or advice Gave up on my own
Other Other
(SPECIFY):

	Before you gave up, had anybody you know been trying to get you to quit smoking?	
Yes	(ASK C8)	
	GO TO SECTION D)	
Can't	say (GO TO SECTION D). 98	

ASK THOSE WHO HAVE HAD SOMEBODY TRYING TO GET THEM TO QUIT

C8. And who was trying to get you to quit smoking?	
DO NOT READ OUT. MULTIPLES ACCEPTED.	
Partner/ spouse	1
Child/ children	2
Sibling (brother or sister)	3
Parents/ guardians	4
Other family member (e.g. aunts and uncles)	
Friend/ flatmate/ work colleague	
Doctor/ medical practitioner/ health worker	
Other	96
(SDECIEV):	
(SPECIFY):	-00
Don't know	98



13

SECTION D ATTITUDES TOWARDS SMOKING AND QUITTING (EVERYONE)

(ASK ALL)

D1 I will now read out some statements about smoking and quitting. How much do you agree or disagree that ...

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree?

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know
	Australians generally disapprove of smoking	1	2	3	4	5	9
b.	Aboriginal and/or Torres Strait Islander community leaders where you live disapprove of smoking	1	2	3	4	5	9
c.	Smoking is widely disapproved of in my community	1	2	3	4	5	9
d.	There are more positives from smoking than negatives	1	2	3	4	5	9
e.	Quitting smoking is easy	1	2	3	4	5	9
f.	It's never too late to quit smoking	1	2	3	4	5	9
g.	Quitting will reduce your risk of sickness caused by smoking	1	2	3	4	5	9
h.	There are many benefits to quitting smoking	1	2	3	4	5	9
i.	lf you want to quit smoking you should never give up trying	1	2	3	4	5	9
j.	You're more likely to stay quit with support	1	2	3	4	5	9
I.	If you had to do it over again, you would not have started smoking	1	2	3	4	5	9



14

D2 In your opinion, what, if any, are the benefits to you of quitting smoking?
DO NOT READ OUT. MULTIPLES ACCEPTED
Decreased risk of premature death/ less likely to die early
Decreased risk of cancer
Decreased risk of stroke
Decreased risk of heart disease
Decreased risk of other diseases/ illness/ getting sick
Improved smell and taste6
Improved lung function/breathing7
Improved blood flow to the skin8
Improved fitness/ general health9
Fewer complications during pregnancy/healthier baby
Save money/ more money11
Kids/ family would like it
Not being a bad role model to others in the family or community
Stopping others from being exposed to cigarette smoke (passive smoking)
Easier when going out
Not smelling like smoke/ cigarettes
Other benefit
(SPECIFY):
No benefits
Don't know
Refused

SECTION E SMOKING INDOORS

ASK ALL



15

SECTION F ADVERTISING AWARENESS (EVERYONE)
Unprompted Recall
The next few questions are about advertising
F1 In the past six months, have you seen or heard any information or ads about the dangers of smoking, or encouraging you to quit smoking? Yes
F2 i. Can you please describe the first ad that comes to mind? And what was the ad
trying to say? PROBE FULLY
Record Response:
F3 ii. Can you please describe the next ad that comes to mind? And what was the ad trying to say? PROBE FULLY
Record Response:
Don't know



16

Don't Make Smokes Your Story' Campaign – Prompted Recall (ASK ALL)

F4 I am now going to show you a recent TV ad and I would like to know if yo it.	u have seen
(PLAY DON'T MAKE SMOKES YOUR STORY TV AD)	
Have you seen this ad before today?	
IF YES ASK WHERE, MULTIPLES ACCEPTED	
Yes – seen on TV	1
Yes – seen online (voutube, facebook, etc)	2
Yes – seen online (youtube, facebook, etc)	3
Yes - seen but not sure where	4
No (GO TO F7)	5
Don't know (GÓ TO F7)	99
Refused (GO TO F7)	98



INTERVIEWER - CIRCLE RELEVANT RESPONSE

17

(ASK IF SEEN DON'T MAKE SMOKES YOUR STORY AD, HIDE TV AD BEFORE ASKING)

F5 Thinking about this ad, to what extent do you agree or disagree it ...

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree?

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't Know
a.	Was easy to understand	1	2	3	4	5	98
b.	Taught me something new	1	2	3	4	5	98
c.	Makes me stop and think	1	2	3	4	5	98
d.	ls believable	1	2	3	4	5	98
e.	Makes me feel uncomfortable	1	2	3	4	5	98
f.	Relates to me	1	2	3	4	5	98
g.	Makes me feel worried about my smoking/past smoking	1	2	3	4	5	98
h.	Makes me more likely to try to quit/continue not to smoke	1	2	3	4	5	98
i.	Makes me feel empowered to quit/continue to not smoke	1	2	3	4	5	98
j.	Makes me feel hopeful	1	2	3	4	5	98
k.	Makes me feel inspired	1	2	3	4	5	98

(ASK IF SEEN DON'T MAKE SMOKES YOUR STORY AD)



18

(ASK ALL)

F7 There is also a radio version of this ad. I am going to play you the ad and would like to know if you have heard it.

(IF RECORDING DOES NOT PLAY BACK PROPERLY, READ SCRIPT: "Over the years, I've had my battles with smokes. My lungs got pretty bad, sometimes I could hardly breathe. I'm not sure why I smoked; I just did. I wanted to be there for my kids, so I quit. I've quit before; I just kept trying. I get to see their smiles every day. Mum and the Aunties are pretty happy too. They didn't want me to die from smokes like Dad did. My name is Ted, and family is my story. Don't make smokes your story. For help download the My Quitbuddy app, call the Quitline, or visit quitnow."

Have you heard this ad before today?)

	Yes1
	No
ı	Don't know 99
ı	Refused 98

(ASK ALL)

F8 There are also print versions of this ad that might be used in magazines, new spapers or out of home posters/billboards in shopping centres or at bus stops.

(SHOW PRINT ADS)

Have you seen any of these before today?

IF YES, PROBE WHERE:

 Yes – seen in magazine or newspaper
 1

 Yes – seen out of home posters or billboards
 2

 Yes – seen, but not sure where
 3

 No
 4

 Don't know
 99

 Refused
 98

F9 There are also versions for online or social media.

(SHOW ONLINE/SOCIAL MEDIA ADS)

Have you seen any of these before today?

IF YES, PROBE WHERE:

Yes – seen online	1
Yes – seen in social media (e.g Facebook)	2
Yes – seen, but not sure where	3
No	4
Don't know. 99	9
Refused 98	



19

(ASK IF SEEN ANY 'DON'T MAKE SMOKES YOUR STORY' TELEVISION, RADIO, MAGAZINE, NEWSPAPER, OUT OF HOME OR ONLINE ADS)

F10 Thinking about any of the television, radio, magazine, newspaper, out of home or online ads I have just described to you, what would you say were the MAIN things the ads were trying to say?

DO NOT READ OUT, MULTIPLES ACCEPTED

Smoking causes cancer (unspecific)	1
Smoking causes lung cancer/ heart disease/ stroke	2
Smoking causes breathing difficulty	3
Quitting smoking is possible/ everyone can quit	4
You should quit smoking for your kids/family	5
Smoking kills (unspecific)	6
Quitting is tough but keep trying	7
Your smoking affects others/ your family/ your kids/ your community	8
Smoking is dangerous/ bad	9
Quit smoking	10
Quitting has financial benefits	11
Quitting has health benefits	
Don't make smokes your story	13
There is support available to help you quit	
Visit your local health service	
Download the My QuitBuddy app	
Call the Quitline	
Visit the quitnow website	
Other	96
(SPECIFY):	
Don't know	
Refused	98

Don't Make Smokes Your Story Below the Line - Prompted Recall

(ASK ALL)

F11 As well as being on air in advertising Don't Make Smokes Your Story has been featured at community events and other activities.

Have you seen or heard anything else about the 'Don't make smokes your story' campaign anywhere such as music festivals, on NITV's league nation or at community events or activities?

Yes	1
No	2
Don't know.	99
Refused	98



20

Break the Chain - Prompted Recall

(ASK ALL)

F12 I am now going to show you some pictures from another recent TV ad and I would like to know if you have seen it. You may have also seen images in posters, print or online.

(SHOW KEY IMAGES FROM 'BREAK THE CHAIN' TV AD)

Have you seen this ad?

Yes	1
No	2
Don't know.	
Refused	98

Quit for You Quit for Two - Prompted Recall

(ASK ALL)

F13 I am now going to show you some pictures from another recent TV ad and I would like to know if you have seen it. You may have also seen images in posters, print or online.

(SHOW KEY IMAGES FROM 'QUIT FOR YOU QUIT FOR TWO' TV AD)

Have you seen this ad?

Yes	1
No	2
Don't know	99
Refused	98



21

Key Campaign Message Takeouts

(ASK IF RECOGNISED ANY ELEMENT OF THE ABOVE MENTIONED CAMPAIGNS)

F14 Whether or not you have seen ALL of the ads shown to you today, we are interested in YOUR THOUGHTS about the ads you saw.

Please tell me if you think the ads communicated each of the following or not ... we don't want to know if you think the statement is true, we want to know if you felt that this is what the ad was trying to say to you.

READ OUT EACH STATEMENT ... THEN ... Do you think the ad communicated this message to you?

		Yes	No	Don't know
a.	There are many short and long term health benefits to quitting smoking	1	2	98
b.	There are financial benefits to quitting smoking	1	2	98
c.	You can quit smoking for a better future for you and your family	1	2	98
d.	Quitting can be tough but it is possible	1	2	98
e.	If you want to quit smoking you should never give up trying	1	2	98
f.	Your smoking affects others/your family/your kids/your community	1	2	98
g.	Disease and dying from smoking is not normal	1	2	98
h.	When you choose to quit smoking there is support available to help you quit	1	2	98
i.	You are more likely to stay quit with support	1	2	98
j.	Call the Quitline	1	2	98
k.	Visit the Quitnow website	1	2	98
I.	Download the My QuitBuddy app	1	2	98
m.	Visit your local health service	1	2	98



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Direct Influence of the Campaign

(ASK IF RECOGNISED ANY ELEMENT OF THE DON'T MAKE SMOKES YOUR STORY CAMPAIGN)

F15 What, if anything, have you done as a result of seeing these ads? MULTIPLES ACCEPTED, DO NOT READ OUT Discussed smoking and health with family/friends1 Discussed smoking and health with trusted person / community intermediary2 Cut down the amount I smoke4 Stopped/quit smoking5 Accessed Quit information from a website......8 Asked your doctor / health worker for help to quit......9 Began taking Nicotine replacement therapy (NRT), or other pharmaceutical stop smoking . Set a date to give up smoking......11 Asked your pharmacist/other health professional for advice on quitting.......12 (SPECIFY): Refused

(ASK IF RECOGNISED ANY ELEMENT OF THE CAMPAIGN)

F16	What, if anything, will you do in the next month in response to seeing these ads?	
MULTIF	PLES ACCEPTED, DO NOT READ OUT	
Change Reduce Stop/qu Ring th Read "I Access	s smoking and health with others	2 3 4 5 6 7
Begin to Downlo	aking Nicotine replacement therapy (NRT) or other pharmaceutical stop smoking products 9 ad the My QuitBuddy smartphone app	9
	96	
Don't k	IFY): ntions	9



23

SECTION G USE OF APPS (EVERYONE)

ASK ALL

 $\mbox{G1.\,I'm}$ going to show you some images of phone apps developed to help people quit smoking.

SHOW MYQUITBUDDY APP

Have you seen this app before today?

ACCEPT MULTIPLE RESPONSES

IF YES, PROBE WHERE/ WHETHER DOWNLOADED

Yes – I downloaded it (ASK G2)	
Yes – I saw it on someone else's phone (GO TO SECTION H)	2
Yes – in an ad (GO TO SECTION H)	3
Yes – seen, but not sure where (GO TO SECTION H)	4
No (GO TO SECTION H)	5
Don't know (GO TO SECTION H)	98
Refused (GO TO SECTION H)	99

G2. How useful did you find the My QuitBuddy app? Was it...?

READ OUT

Very useful	1
Somewhat useful	2
Not at all useful	3
Don't know (DO NOT READ)	98
Refused (DO NOT READ)	99



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SECTION H DEMOGRAPHICS

ASK ALL

Now I just have a few simple questions about your use of TV, the internet and other media.

		Daily	A few	A few	Once a	Never	Refused
		Daily	times a week	times a month	month or less	Never	Keiuseu
a.	Watch commercial free-to-air television channels 9, 7, 10,or SBS and NITV (not ABC)?	1	2	3	4	5	99
b.	Watch Pay TV channels?	1	2	3	4	5	99
c.	Watch catchup TV (like Tenplay or 7Two)	1	2	3	4	5	99
d.	Listen to commercial radio stations (not including ABC)	1	2	3	4	5	99
e.	Listen to an Indigenous radio station	1	2	3	4	5	99
f.	Read an Indigenous newspaper (like the Koori Mail or the National Indigenous Times) online	1	2	3	4	5	99
g.	Read an Indigenous newspaper (like the Koori Mail or the National Indigenous Times) in hard copy	1	2	3	4	5	99
h.	Read (other non-Indigenous specific) newspapers – online	1	2	3	4	5	99
i.	Read (other non-Indigenous specific) newspapers – in hard copy	1	2	3	4	5	99
j.	Read magazines	1	2	3	4	5	99
k.	Access social media (like Facebook, Instagram, snapchat) on mobile phone	1	2	3	4	5	99
I.	Access social media (like Facebook, Instagram, snapchat) on a tablet or computer	1	2	3	4	5	99
m.	Use the Internet to search for information or to read articles or view video clips on a mobile phone	1	2	3	4	5	99
n.	Use the Internet to search for information or to read articles or view video clips on a tablet or computer	1	2	3	4	5	99
О.	Go to the cinema / movies	1	2	3	4	5	99
p.	Read about health information on social media	1	2	3	4	5	99



To make sure we've spoken with a good range of people, I'd like to ask you a few final questions.

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H2	Do you speak an Aboriginal or Indigenous language at home?
Yes	1
No	2
Can't S	Say
Refuse	ed

H3 In your household, what is the main income earner's job?
PROBE IF NECESSARY.
IF RETIRED OR NOT CURRENTLY WORKING, PROBE FOR PREVIOUS OCCUPATION IF ANY
Manager 1 Professional 2 Technician or trades worker 3 Community or personal service worker 4 Clerical or administrative worker 5 Sales worker 6 Machinery operator or driver 7 Labourer 8 Student 9 Other 96
(SPECIFY):

H4	Are there any people aged under 18 years of age living in this household?
Can't S	98 d

H5 Can you please tell me what is your highest level of education?	
Some primary school	1
Finished primary school	2
Some secondary school	3
Finished secondary school	
Some tertiary education (university or college)	
Finished tertiary education	
Higher degree or higher diploma (e.g. PhD, masters, grad dip)	
Can't say	
Refused	



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H8 Have you been told by a doctor or nurse that you currently have any of the health conditions:	e following
READ OUT. MUTIPLES ACCEPTED	
Arthritis	1
Asthma	
Heart disease	3
Have had, or at risk of stroke	4
Chronic kidney disease	5
Cancer of any kind	6
Mental Health problems such as Depression	7
Type 2 Diabetes	8
Oral Disease (e.g. Gum disease)	9
Osteoporosis	10
Chronic Obstructive Pulmonary Disease (COPD)	11
No (DO NOT READ OUT)	12
Can't say (DO NOT READ OUT)	98



For quality control purposes we may contact you again just to ask you about your experience of being interviewed today. We will not be asking you to do another survey.

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The Department of Health just wants to make sure that you were actually interviewed and that you were happy with the way the interview went, and that you thought the interview was conducted fairly. We will remove your contact details when all interviewing is completed.

Can I just confirm your name and phone number? Respondent's Name: Respondent's Phone: (.....) Respondent's Signature: (confirming they have received their incentive): CLOSE: That's the end of the interview. Thanks so much for your help it has been very helpful. Just in case you missed it my name is (...) and this survey was conducted for the Department of IF NECESSARY: If you have any queries about this survey, or would like any further information, you can call us on 02 8912 5605 between 9am and 5pm Sydney time. As this is a market research interview, I can assure you it is carried out in compliance with the Australian Privacy Act and the information you provided will be used only for research purposes. IF ASKS FOR FURTHER INFORMATION ON SMOKING AND QUITTING: www.quitnow.gov.au - Quitline 137 848 INTERVIEWER TO COMPLETE BEFORE SIGNING I have informed the respondent of the purpose of the research and their rights. I have informed the respondent that their identity will be kept confidential and that any information they supply will only be used for the purposes of the research. I have informed the respondent of their right to stop the interview at any time and / or ask that the information provided not be used. The respondent has consented to participate. Signature: Interviewer Name: Date:_____/___/ 2016



Appendix B: Don't Make Smokes Your Story - Print Ads









Appendix C: Don't Make Smokes Your Story - Online Ads









Appendix D: Don't Make Smokes Your Story – Social Media Ads











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