



Convenience Advertising



Q Q S R

QUALITATIVE & QUANTITATIVE SOCIAL RESEARCH

**Evaluation of the
Crohn's and Colitis Australia
*#IntoTheOpen***

**Narrowcast Communications Campaign
Carried Out by Convenience Advertising**

**Analysis by Qualitative and Quantative
Social Research (QQSR) for
Crohn's and Colitis Australia**

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Introduction

This report is an evaluation of a **3-month national** poster campaign for Crohn's & Colitis Australia, which was carried out by Convenience Advertising **from January 15th 2015 - April 15th 2015 in 19 venues**. The creative itself is shown at the end of the report (p. 15).

Intercept interviews were carried out by trained interviewers in three types of location—shopping centres, airports and universities. Potential respondents were intercepted close to toilet locations to maximise the likelihood that they had used the toilets and hence been potentially exposed to the poster messages. In the event, 247 people were approached and agreed to interview. Of these, 2 were not included because that had in fact not used the toilets and another 7 were eliminated when they could not recall having seen any posters.

The remaining 238 people formed the interview sample. These were asked a number of questions and their responses recorded. These data were then provided to QQR as an Excel spreadsheet. After some minor tidying and formatting the data were analysed *using SPSS Statistics 22*® with some charts prepared using Excel.

Overall, it appears that there was a high level of success with respect to various measures of awareness and approval and moderate levels with regard to possible action and information seeking:

- The total unprompted recall (Q.2) was high at 75.6 % and, on prompting, this rose to over 90% (91.2%). Thus the campaign was extremely effective in reaching the audience.
- No important gender related effects were observed but there were marked effects for differences in location and age--the two likely interconnected as the airport respondents were older, the shopping centre respondents more in the middle and the university respondents younger than the aggregate of all three.
- The lowest rate of overall recall and also of specific message elements was found in the shopping centres, but even there the penetration of messages was at quite good level. It was excellent in the other two locations.
- Recall of message elements varied widely ranging from a recall of 37% for the link to Crohn's & Colitis Australia on the poster to a low of only 2% for the campaign title #IntoTheOpen.
- The poster was judged to be relevant and appropriate by respondents, especially the older respondents. An approval measure compiled from these showed a clear age effect albeit all age groups approved of the poster.
- Moderate levels of people indicated some related action was possible, with 34% saying they might visit the website and 36% indicating some likelihood of donating.

The report has two main data analysis sections. Section 1 presents the frequency counts for main variables along with some summaries of the open-ended material gathered. The second reports on a couple of composite scores and theme examines these and others as they relate to the location gathered and the age and gender of respondents.

1 Basic Frequency Data and Comments

NOTE: In all the following tables, a row or column backgrounded with light blue contains raw frequency data. A row or column backgrounded with yellow contains percentages.

So, for example, in the first table there total of the whole sample (before the 9 non eligible cases are removed) indicates 130 respondents in shopping centre locations, which is 52.6 percent of the full sample.

	Frequency	Percent
<i>Location</i>		
<i>Shopping Centre</i>	130	52.6
<i>Airport</i>	44	17.8
<i>University</i>	73	29.6
<i>Total</i>	247	100.0

Of these 247, 2 had no used the toilet locations at all and another 7 had no recall of any posters, These 9 were deemed ineligible and not interviewed further. From here, therefore, the data set presented for analysis focuses on the 238 who had poster recall. *N* always equals 238 in the basic tables unless otherwise shown in the total. Later on, the tables refer only to relevant subsets.

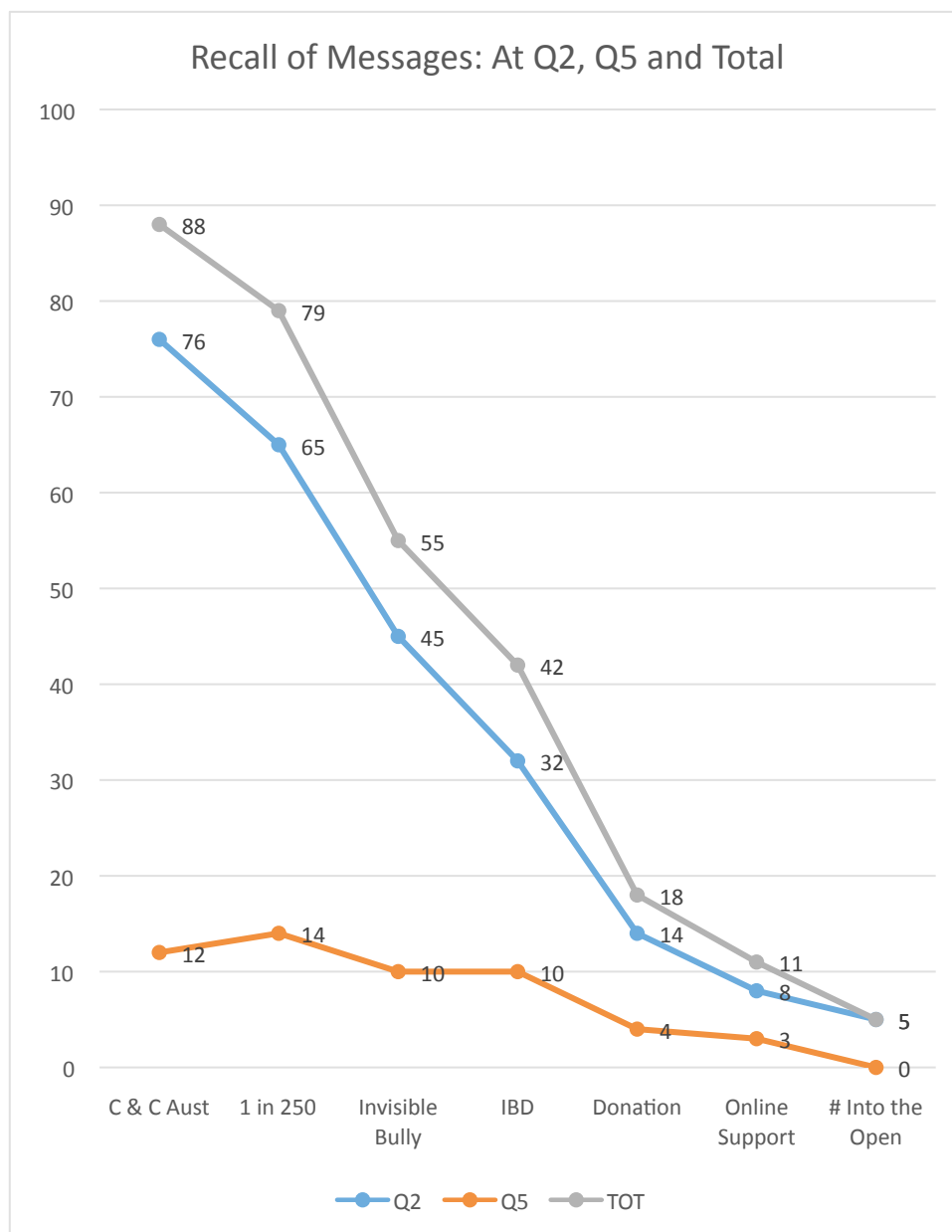
The most important single question is whether respondents recalled the relevant poster and any of the messages on it. As the following table shows, recall levels were high with over three quarters able to recall at least one major message without prompting (Q. 2 data). With a short prompt (Q. 5) this rose further and under 10% had no recall.

	Frequency	Percent
<i>Recall</i>		
<i>Unprompted</i>	180	75.6
<i>Prompted</i>	37	15.5
<i>None</i>	21	8.8
<i>TOTAL</i>	238	100.0

The messages for which we probed were not equally well recalled. Some were recalled very frequently and others quite infrequently as the next table (next page) shows:

<i>Message Recall</i>	Q2 Unprompted	Q5 Prompted	TOTAL
C & C Aust	76	12	88
1 in 250	65	14	79
Invisible Bully	45	10	55
IBD	32	10	42
Donation	14	4	18
Online Support	8	3	11
# Into the Open	5	0	5

When represented graphically, scored from highest to lowest levels of recall, this is striking:



In addition to the messages which the poster contained and which, when reported, were recorded and reported (above) there were also 'other' messages offered by respondents. These included a range of answers, some directly associated with the main message or an element of it (bowel disease, feeling isolated, etc.) and others were more widely scattered. On the first iteration (after Q. 2), the more relevant items included:

- Bowel (2)
- Bowel disease and sufferer feels alone
- Bully and bowel
- Colitis
- Crohn or bowel
- Feel = alone
- Feeling isolated
- I have the disease
- Message was hard to understand
- Prostate cancer/one in 250
- Remember hostages from the first time day after terrorist attack
- Said they felt embarrassed
- Sister has Crohn's so saw it straight away

Those who recalled messages after prompting (Q. 5) gave few 'Other' responses:

- 250 something
- Bowel disease (2)
- Bowel disease and feeling alone
- Bully and bowel
- Bullying
- Colitis
- Colonic
- Gastro – Crohn's 1 in 5?
- Gastro problems
- What effects

The overall recognition of the sponsoring organisation was around 43% as the next table shows, with most of the recall being immediate rather than prompted.

<i>Organisation recognition</i>	No	C & C Aust	Other	TOTAL
<i>Unprompted</i>	95	79	4	178
<i>Prompted</i>	22	12	2	36
TOTAL	117	91	6	214

Others mentioned included:

- Gov't
- IBS (2)
- Some health org

The overall relevance of the poster was judged to be high: over 1/3 thought it very relevant and that plus those who thought it somewhat relevant totalled nearly 75% of all respondents.

Relevance	Frequency	Percent
<i>Very relevant</i>	76	35.2
<i>Somewhat relevant</i>	84	38.9
<i>Neutral</i>	47	21.8
<i>Somewhat irrelevant</i>	8	3.7
<i>Very irrelevant</i>	1	.5
<i>Total</i>	216	100.0

A similar high proportion of the sample judged the poster appropriate (over 40% very and 75% to some extent.)

Appropriate	Frequency	Percent
<i>Very appropriate</i>	94	43.5
<i>Somewhat appropriate</i>	68	31.5
<i>Neutral</i>	47	21.8
<i>Somewhat inappropriate</i>	6	2.8
<i>Very inappropriate</i>	1	.5
<i>Total</i>	216	100.0

Almost half the respondents said they would like more information (although this figure is likely to include an element of polite agreement that has little depth.)

Do you want to know more ...?	Frequency	Percent
<i>Yes</i>	103	47.9
<i>No</i>	112	52.1
<i>Total</i>	215	100.0

If yes, what would you like to know more about? Leaving aside the rather odd response “say no to terrorist”, the responses grouped up like this, with a residual group at the end of people who either found the posters unclear or whose response was somewhat vague or conditional:

ONLINE RESPONSE OF SOME TYPE (27)

- Would go online and tell family about it
- Get more info online/go to website/Google (16)
- Go online or call
- I often go online and check out ads I like
- I will go take a look (2)
- I'd check out Instagram
- Share info on FB
- Look it up now that I am aware
- Look online perhaps
- Use hashtag (2)

MAKE OTHER QUERY/LOOK UP (13)

- Ask my doctor what it is
- Check on it for info
- Enquire
- Don't understand what Crohn's is so would look it up
- Find out more info
- Go to the doctor
- I'll read more about it
- Just check it out- not show support
- Read more (5)
- To find out more

DONATION RELATED RESPONSE (13)

- Donate (2)
- I may make a donation
- I usually do support health organizations
- I will call a number and donate - don't use the internet
- Making donation (6)
- If it is a good cause I might
- Support and make donation

PERSONAL LINK (10)

- Friend has colitis
- I know someone with Crohn's
- I had colitis in hospital last week

- I have it
- I will text my friend
- Know someone with it
- Knows personally of the disease of a friend
- My friend is experiencing some medical problems currently
- We have a friend who has it I'll look it up (2)

DID NOT KNOW ABOUT BOWEL DISEASE (2)

- Because I didn't know about message of 1 in 250 people
- Never heard of it so I'll read

MESSAGE UNCLEAR OR RESPONSE VAGUE/CONDITIONAL (20)

- But message wasn't very clear
- Could happen to anyone
- Depends what media options are on the poster
- Didn't explain it well, want more info
- Don't think message spelled out what Crohn's is
- I would if I knew someone who had the disease
- If I had that problem myself, however I did recommend it to a friend
- If I had the disease
- If it was relevant
- Makes me think
- Maybe (2)
- Sometimes, depends
- Sometimes info is good when you're not familiar with something
- Spread awareness
- Stay healthy
- Sure
- Taken pics of the ad to look at them
- Tell people if they aren't aware
- What is bully in their bowl (sic)- ask question

If no, why not? The range of answers here is not particularly informative with many of the first (large) group being standard 'easy' excuses.

UNINTERESTED / UNINFORMED (43)

- Don't care / can't be bothered / not interested in finding more info (5)
- I didn't read all of it (5)
- No time / too busy (7)
- Can't find out myself
- It's a good idea though it doesn't affect/ doesn't apply to me (9)
- I don't know anything about it (3)
- I don't think about it when I am in the bathroom

- see the organization asking for support
- First time being aware of the disease
- I am not an online person
- I don't know anyone experiencing this, but I guess I should look into it.
- I don't think people really take notice
- I am not interested in advertising
- Maybe but others may need information
- Not really interested (3)
- Not a 'joiner' (2)

UNCLEAR (4)

- Cause it wasn't well explained/ message not clear (3)
- The poster wasn't clear about what we were supposed to do

MISCELLANEOUS (8)

- Get my son to do it
- Glad to know I didn't have the problem- awareness is good
- Gov'ts Problem
- In denial
- Jobless, no money
- Likely to support something I am passionate about
- Not a disease
- Support other organisation

The idea that saying they would like more information includes polite agreement fits with the relatively low percentage who said they would be likely to visit the website, although nearly half expressed some interest in that possibility (the first two rows total 45.4%).

Would you visit the website?	Frequency	Percent
<i>Very likely</i>	31	14.4
<i>Somewhat likely</i>	67	31.0
<i>Neutral</i>	60	27.8
<i>Somewhat unlikely</i>	31	14.4
<i>Very unlikely</i>	27	12.5

Just over 1/3 expressed willingness to donate—the first two rows total 36.4%:

How likely are you to donate?	Frequency	Percent
<i>Very likely</i>	24	11.2
<i>Somewhat likely</i>	54	25.2
<i>Neutral</i>	79	36.9
<i>Somewhat unlikely</i>	25	11.7
<i>Very unlikely</i>	32	15.0

DEMOGRAPHICS

The group was skewed towards the younger end of the age range with over 60% being under 35:

What is your age group	Frequency	Percent
<i>18-24</i>	71	32.7
<i>25-34</i>	62	28.6
<i>35-44</i>	27	12.4
<i>45-54</i>	30	13.8
<i>55+</i>	27	12.4
	217	100

The group was skewed towards female respondents (56%) which fits with a common pattern that women are more cooperative and compliant to the requests of researchers and hence are more often over half the sample in surveys.

What is your gender	Frequency	Percent
<i>Male</i>	94	43.7
<i>Female</i>	120	55.8
<i>Other/prefer not to say</i>	1	.5
<i>Total</i>	215	100.0

2 Multivariate Analysis

In this section, we report on some more detailed analysis. To carry this out we first created some dependent measures that either recode or integrate some of the simpler measures. Then we plot the links—if any—between these measures and other independent variables.

2A COMPOSITE MEASURES

First, we computed a summative approval measure by combining the ‘relevance’ score with the ‘appropriateness’ score. To do this we transformed the individual scores so that the most positive answer was replaced with 2, the weakly positive with 1, the neutral with zero, the weakly negative with -1 and the strongly negative with -2. This allowed us to group those with low approval (net score between -3 and 0) those with limited approval (1 and 2) and high approval (net score 3 or 4).

This was distributed as follows:

Approval	Frequency	Percent
<i>Low</i>	12	6.5
<i>Moderate</i>	78	42.4
<i>High</i>	94	51.1
<i>Total</i>	184	100.0

This allowed us to explore the extent to which—if any—approval of the poster varied by any category such as location to the age of gender of respondent.

2B MULTIVARIATE ANALYSIS ON KEY ITEMS

Here we examine how—if at all—response varied by the location of the interview or the age or gender of the respondent and we see how various measures, including the composite approval measure, are associated one with another.

To begin with there is an unsurprising link between location and age with:

- The University location being disproportionately younger people.
- The airport location being disproportionately people 55 or over

In the next table we show the row percentages of the age groups as well as the total (of those who agreed to provide age) in each location.

Location	18-24	25-34	35-44	45-54	55+	N
<i>Shopping Centre</i>	15	32	20	22	12	102
<i>Airport</i>	14	18	16	18	34	44
<i>University</i>	70	30	0	0	0	71
<i>Total</i>	33	29	12	14	12	217

Turning to the overall recall rate, a striking result is visible in the next table. While unprompted recall exceeded 90% in airports and university locations. It was under 60% in shopping centres. Moreover, ALL of the people who had zero recall were located in shopping centre venues. This seems to indicate a much reduced—albeit not trivial—effectiveness in that location.

Recall	Shopping centre	Airport	Uni	TOTAL
<i>Unprompted</i>	71	43	66	180
%	57.7	97.7	93.0	75.6
<i>Prompted</i>	31	1	5	37
%	25.2	2.3	7.0	16.6
<i>None</i>	21	0	0	21
%	17.1	0.0	0.0	8.8
<i>TOTAL</i>	123	44	71	238
	51.7	18.5	29.8	100.0

In contrast with the marked effect in location, neither age nor gender had any marked impact on overall recall as the next two tables illustrate.

Recall	18-24	25-34	35-44	45-54	55+	TOTAL
<i>Unprompted</i>	61	50	23	26	20	180
%	85.9	80.6	85.2	86.7	74.1	82.9
<i>Prompted</i>	10	12	4	4	7	37
%	14.1	19.4	14.8	13.3	25.9	17.1
<i>TOTAL</i>	71	62	27	30	27	217
%	32.7	28.6	12.4	13.8	12.4	100.0

<i>Recall</i>	M	F	TOTAL
<i>Unprompted</i>	74	103	177
%	78.7	85.8	82.7
<i>Prompted</i>	20	17	37
%	21.3	14.2	17.3
TOTAL	94	120	214
%	43.9	56.1	100.0

As we saw earlier, within the overall recall there were some messages that were more widely recalled than others. The next three tables explore how these were recalled by location, by age and by gender. In each case, rows in regular type show no discernible effect while those that are italicised show effects that, using chi-square as a measure—appear to be significantly varied. (NB: some of the underlying assumptions of chi-square are not met by an availability sample. This is a robust measure and can nonetheless be used as a good guide in this context but results should not be over interpreted.)

Again, some interesting and marked effects merge. For example, there is a sharp variation in each message recall rate by location in ways that seem to defy any easy interpretation. It is not clear why, for example, the identification of *Crohn's & Colitis Australia* ranges from a low recognition in university settings (17%) to a very high rate 68% in airports—and so on for each row.

<i>Recall of message (All)</i>	Shopping centre	Airport	Uni	TOTAL
<i>C & C Aust</i>	37.4	68.2	16.9	37.0
<i>1 in 250</i>	35.8	13.6	40.8	33.2
<i>Invisible Bully</i>	13.8	43.2	26.8	23.1
<i>IBD</i>	11.4	15.9	29.6	17.6

Age groups do not seem to differ in their recall of two of the more common messages (see rows 2 and 3 below) but vary considerably on the other two. Again, there seems no obvious explanation of these variations.

<i>Recall of message (All)</i>	18-24	25-34	35-44	45-54	55+	TOTAL
<i>C & C Aust</i>	32.4	30.6	44.4	53.3	66.7	40.6
<i>1 in 250</i>	33.8	45.2	33.3	33.3	29.6	36.4
<i>Invisible Bully</i>	21.1	33.9	25.9	20.0	22.2	25.3
<i>IBD</i>	29.6	17.7	3.7	16.7	14.8	19.4

Gender, however, shows no link to recall.

	M	F	TOTAL
<i>Recall of message (All)</i>			
C & C Aust	60.6	59.2	59.8
1 in 250	38.3	35.8	36.9
Invisible Bully	21.3	28.3	25.2
IBD	17.0	21.7	19.6

Turning finally to the question of approval, the next two tables show that there is a relationship between approval and age and (quite likely as a result) approval and location. Approval is stronger in the older age groups (the ratings increasing across row 3 below)...

<i>Approval</i>	18-24	25-34	35-44	45-54	55+	TOTAL
<i>Low</i>	9.1	5.9	0.0	3.8	11.5	12
<i>Medium</i>	58.2	39.2	46.2	26.9	26.9	78
<i>High</i>	32.7	54.9	53.8	69.2	61.5	94
TOTAL	55	51	26	26	26	184

... and in universities, where the age group is younger, the approval rating is consequently a little lower.

<i>Approval</i>	Shopping centre	Airport	Uni	TOTAL
<i>Low</i>	4.7	4.7	10.9	12
<i>Medium</i>	41.9	9.3	69.1	78
<i>High</i>	53.5	86.0	20.0	94
TOTAL	86	43	55	184

Gender has no significant effect on approval.

<i>Approval</i>	Male	Female	TOTAL
<i>Low</i>	5.0	6.9	11
<i>Medium</i>	51.2	35.6	77
<i>High</i>	43.8	57.4	93
TOTAL	80	101	181

The Poster

ONE IN 250 AUSTRALIANS ARE FIGHTING AN INVISIBLE BULLY EVERY DAY.

YOU PROBABLY KNOW ONE OF THEM.

People who live with Crohn's disease or Colitis live in constant fear of a bully in their bowel that can strike anywhere, anytime. Their bully can leave them in pain and isolate them from the outside world.

Your donation will help us bring these incurable diseases #IntoTheOpen and make a real difference to sufferers.

Find out more and donate at crohnsandcolitis.com.au



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Evaluation Questionnaire

Preamble

Excuse me, I wonder if you could help with some research we are doing? It will only take about 5 minutes of your time.

My name is _____ and I'm carrying out a project on behalf of a public health advertiser to assess the impact and relevance of some advertising placed in this venue.

The information you give me will help determine the effectiveness of the messages and the communication method. All information collected will be kept in confidence and recorded anonymously. Your answers will help develop better health messages in the future and what is the best way to communicate these messages.

Research Location (Please Circle)

- Shopping Centre
- Airport
- University

Have you used the bathroom facilities at this venue? (Please Circle)

Yes

(Continue with survey)

No

(Terminate Interview

DO NOT INCLUDE IN SAMPLE)

Q.1 When you used the bathroom facilities, did you see any posters on the walls, or anywhere else in the bathroom?

- Yes (go to question 2)
- No (terminate interview DO NOT INCLUDE IN SAMPLE)

Q.2 What were the main message(s) presented in the poster? Circle all responses made (note: wording needs to be close to identical)

- Crohn's & Colitis Australia
- Irritable bowel disease (IBD)
- Donation request
- Invisible bully
- Online support
- One in 250 Australians fighting an invisible bully
- #IntoTheOpen
- Other (Please Specify): _____

- Don't Know (go to question 4)

Q.3 Can you tell me which organisation the messages are from?

- Don't know (go to question 4)
 - Crohn's & Colitis Australia (go to question 7)
 - Other (Please Specify): _____
-

Q.4 Did you see a blue poster with white writing and an image of a mirror and sink?

- I do recall seeing the posters (go to question 5)
- I definitely did not see the posters (TERMINATE INTERVIEW – DO NOT INCLUDE IN SAMPLE)
- I'm not sure (TERMINATE INTERVIEW – DO NOT INCLUDE IN SAMPLE)

Q.5 What were the main message(s) presented in the poster? Circle all responses made (note: wording does not need to be identical)

- Crohn's & Colitis Australia
 - Irritable bowel disease (IBD)
 - Donation request
 - Invisible bully
 - Online support
 - One in 250 Australians fighting an invisible bully
 - #IntoTheOpen
 - Other (Please Specify): _____
-
- Don't Know (TERMINATE INTERVIEW – DO NOT INCLUDE IN SAMPLE)

Q.6 Can you tell me which organisation the messages are from?

- Don't know
 - Crohn's & Colitis Australia
 - Other (Please Specify): _____
-

Q.7 How relevant did you find the poster for thinking about health in today's society?

- Very Relevant
- Somewhat relevant
- Neutral
- Somewhat irrelevant
- Very irrelevant

Q.8 How appropriate do you think it is to receive health information in the bathroom environment?

- Very appropriate
- Somewhat appropriate
- Neutral
- Somewhat inappropriate
- Very inappropriate

Q9. When you read the poster, did it make you want to find out more and show support?

- Yes (Please specify what you would do): _____

- No (Why not?): _____

- Don't Know

Q10. How likely are you to visit the website after seeing this poster to find out more or make a difference to sufferers?

- Very likely

- Somewhat likely

- Neutral

- Somewhat unlikely

- Very unlikely

Q11. How likely are you to donate to the organization to show support after seeing this poster?

- Very likely

- Somewhat likely

- Neutral

- Somewhat unlikely

- Very unlikely

Demographic Screen

Age (Please Circle)

18-24

25-34

35-44

45-54

55+

Gender (Please Circle)

Male

Female

Other/Prefer not to say