



Convenience Advertising

DonateLife Narrowcast Messaging Evaluation Year 2

Prepared for Convenience Advertising by Dr Shaun Ratcliff, Accent
Research

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DonateLife Narrowcast Messaging Evaluation Year 2

An Accent Research Report prepared for Convenience Advertising
www.accent-research.com

About Accent Research

Combining expertise in social and political research with the tools of data science, we have a track record of providing a unique offering to clients from a range of sectors, including political parties, corporate clients, academics, and not for profit organisations. We specialise in survey research, data analysis, and evaluation studies of campaigns.

About the Author

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He was previously Director of Data Science at YouGov; and a Lecturer at the University of Sydney, where he continues to teach data science.

Shaun has a PhD in Political Science from Monash University.

Executive Summary

This report seeks to identify the impact from Year 2 of a two year organ and tissue donation registration messaging campaign by Convenience Advertising displayed in public bathrooms in more than 1,000 shopping centres, licensed venues (pubs, bars and clubs), airports and education venues across Australia on behalf of DonateLife.

Using survey data collected over 115 selected sites, it examines prompted and unprompted recall of campaign messages, and the relevance of public health messaging placement in the bathroom environment on target audiences.

Key findings

The audience for the DonateLife campaign

- Respondents who completed the evaluation survey were overwhelmingly in favour of the idea of organ and tissue donation. Just three per cent said they did not support organ and tissue donation, versus 74 per cent who did. Another 23 per cent were unsure. This support for donation was consistent across all major demographic groups covered in this evaluation (shown in figure 8).
- However, while support for organ donation is widespread, just a third of respondents are registered as donors themselves, with 68 per cent not registered (see figure 9). This includes 42 per cent who support organ and tissue donation but are not registered donors; meaning a majority of those who support organ and tissue donors are not registered. This is, arguably, the target group for this campaign.
- Nine per cent of respondents say they find advertising in bathrooms extremely useful, 20 per cent very useful, and 58 per cent somewhat useful. Just 10 per cent say they do not find them very useful, and three per cent not at all useful.
- Overall, **86 per cent** say that, if they saw an advertisement that was relevant to them, they would take at least one action.

Recall of the message

- A majority of the respondents reported having seen bathroom advertising at the study sites. Nearly half of this group can identify or describe the DonateLife advertising (many with great detail or accuracy); with more who could do so when prompted.
- Self reported visitation rates to the study venues are strongly associated with unprompted recall, and are indicative of the impact of the campaign advertising.
- Additionally, recall rates are also associated with exposure to the campaign material, using the frequency with which respondents report visiting the facilities at the study site venue as a proxy for

exposure. As figure 22 shows, self reported visitation rates to the study venues are strongly associated with unprompted recall, with those who reported using the facilities more than once each time they visited the study venues and who recalled seeing advertising were 12 percentage points more likely to successfully identify DonateLife material than those who used the facilities less than once per visit (47 vs 35 per cent; in addition to six per cent partial recall from frequent users).

- Respondents who are not registered to donate but support organ donation were more likely to recall seeing bathroom advertising, with 74 per cent being able to recall seeing one of these ads without any prompts (although the gap was small; see figure 21).
- However, perhaps of some concern, respondents in this target group are no more likely to successfully identify the DonateLife advertising than those who do not support organ donation, although they are more likely to successfully identify DonateLife advertising than those who are already registered to donate. This suggests more could be done to reach this target group.

Call to action

- There was a high rate of engagement with the DonateLife advertising, **with almost half of respondents saying they engaged with the material** in some way.
- Twenty-two per cent of respondents say they scanned the QR code, 17 per cent registered as an organ and tissue donor, 13 per cent spoke to their family about donation and two per cent are considering registering as a donor (see figure 26).

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Introduction

Convenience Advertising is an out of home bathroom advertising company that delivers place-based public health messaging in over 3,000 venues across Australia. In partnership with DonateLife, Convenience Advertising has completed Year 2 of a two year narrowcast messaging campaign to drive an increase in organ and tissue donor registrations.

The advertisement, an example of which is shown in figure 1, was displayed on over 7,000 panels in more than 1,000 venues across Australia, including shopping centres, airports, tertiary institutions, pubs, bars and clubs. It targeted audiences aged 18 and older in public bathrooms to register to become an organ and tissue donor by texting 'DONATE' to the number provided for more information; or scanning the unique QR code on the advertisement, which opens a registration page on the [DonateLife website](#).

Figure 1: An example of the Year 2 DonateLife advertising artwork displayed at the evaluation locations.

The aim of this evaluation is to understand:

1. Visitation trends including the frequency of visitation.
2. Average dwell time in bathrooms.
3. Unprompted recall and prompted recall rate of the DonateLife messaging campaign.
4. Audience understanding of the messaging.
5. Action taken in response to seeing the campaign material (ie, registering as an organ donor).

This report examines the impact of the messaging campaigns on the target audience over 115 sites in New South Wales (NSW), Victoria (VIC), Queensland (QLD), Western Australia (WA), South Australia (SA), Tasmania (TAS) and the Australian Capital Territory (ACT) (see table 1 in the Study locations section of the Appendix). It examines surveyed responses to the messaging through methods of prompted and unprompted recall, and measures impact factors on the call to action (registering as a donor through the DonateLife website).

The results of this evaluation may be used to inform creative output for future campaigns run for DonateLife, as well as reviewing the efficacy of the captive bathroom advertising environment and dwell times to reach audience groups that are often difficult to target, such as younger Australians.

Background

DonateLife is an initiative of the Organ and Tissue Authority. It was established in 2009 as an independent statutory agency tasked with leading the Australian Government's program to:

1. Increase organ and tissue donation for transplantation.
2. Increase consent rates for deceased organ and tissue donation.
3. Provide specialist support for families involved in the donation process.
4. Enhance systems and processes to support donation and transplantation (Australian Government Organ and Tissue Authority 2022).

The narrowcast messaging campaign DonateLife has initiated with Convenience Advertising is designed to take advantage of the long dwell times in public bathrooms across shopping centres, licensed venues, airports and educational institutions to prompt audiences to register as an organ and tissue donor.

The approach used in this campaign is a social marketing approach. This is a framework that applies commercial marketing principles with behavioural interventions informed by psychology, sociology, anthropology and communications theory (Kotler and Zaltman 1971). Groups within a population are targeted by campaigns designed to deliver behavioural or attitudinal responses that support improved public health and well-being outcomes (French 2017).

Social marketing has been recognised in public health as a valuable tool for addressing key social and health challenges. It has been successfully trialled in a variety of health interventions, ranging from encouraging people to increase physical exercise, improve their diet, to changing behaviours around alcohol and tobacco misuse. Evaluations of these interventions in the United Kingdom have found that social marketing can be effective across a range of target groups, including younger adults, minority and disadvantaged populations, and in settings such as schools, workplaces and supermarkets, with both narrow and broad focused campaigns found to be successful (Gordon et al. 2006).

Findings from the previous evaluation

The Year 1 DonateLife evaluation found that most respondents regularly visit the bathrooms at the study sites, and of these, a majority observed the advertising and were able to fully or partially recall the DonateLife messaging. Of those who did recall seeing an advertisement without prompting, 72 per cent of those who observed the advertising were able to provide general answers relating to organ donation.

Highlighting the success of the campaign in getting to difficult to reach demographics, younger respondents were more likely to recall the campaign messaging than older respondents, with 70 per cent of those aged 18 to 34 who observed the advertising able to fully or partially recall the DonateLife messaging without any prompts, compared to 60 per cent of those aged 65 and older.

It was also observed that spending more time in the venue facilities — and therefore increasing exposure to the campaign messaging — was strongly associated with unprompted recall of the advertising. Controlling for their demographic characteristics, a respondent who spent 5 minutes in these facilities had a 9 percentage point increase in the probability of fully recalling the messages compared to a respondent who spent 1 minute in these facilities (30 per cent versus 21 per cent).

However, the follow through for call to action was lower. Only 12 per cent of respondents said they scanned the QR codes, three per cent sent an SMS to the number on the advertisement and two per cent said they registered to become an organ donor. However, due to the large number of venue patrons observing the advertisements from the campaign, this resulted in a high volume of QR click throughs, with a total of 11,566 as of 29 June 2022.

Methodology

The data used in this evaluation report was collected by Convenience Advertising, working with Accent Research. An approach was adopted — similar to that used by the DonateLife campaign itself — that recruited respondents using posters, placed in 115 venues in which the DonateLife campaign has been run over 2023-24. These included airports, shopping centres, campuses of education facilities and licensed venues. Each piece of promotional material for the survey included a QR code allowing potential respondents to access the survey online using a mobile device (see an example of the survey poster in figure 2). These posters were placed near the hand dryers of the bathrooms and parent rooms of the study venues, so that potential respondents would see them (and scan the QR code to do the survey) as they left the facilities (rather than while in them and exposed to the advertising).

Figure 2: The poster used to recruit participants for the survey, displayed at the evaluation locations.

Surveys were completed through an online platform hosted by survey research vendor Ovation, with respondents able to complete this anonymously using their phone, iPad or similar device (shown in figure 2). Each valid respondent was compensated with a \$10 gift voucher (so long as they provided their details to redeem the voucher, which was voluntary and done at the end of the survey).

Attention check and quality control items were included in the survey, to ensure responses were valid, and automated duplication checks were run to remove those individuals who attempted to complete the survey more than once. This was done using the proprietary software package RelevantID. This software checks



Figure 3: The survey instrument, as it was seen by respondents on their phone.

respondents' behaviour to flag and removes duplicates and fraudsters, mapping each respondent's ID against dozens of data points to verify credentials and avoid duplication. It is compliant with the General Data Protection Regulation (GDPR; The European Union data protection regulation, arguably the gold standard for the industry).

A sample of 252 visitors to the target venues in NSW, VIC, QLD, SA, TAS and the ACT was used to measure the impact of the DonateLife messaging campaign. These surveys were conducted by Convenience Advertising, and fielded in the venues shown in table 1 (see the Appendix), between Wednesday 28 February and Tuesday 12 March, 2024 (with the breakdown of sample collected in each type of study site shown in figure 4). The location of sites at which the survey sampling was conducted, and of respondent postcodes interviewed through this survey, are shown in figure 5.

Figure 4: Sample size by types of venues covered at Year 2 evaluation study sites.

Change in fieldwork methodology from Year 1 evaluation

The change in methodology used for respondent recruitment between the Year 1 and Year 2 evaluations means that there are limitations in comparing the results from these two reports.

The data for the Year 1 evaluation report was collected using in-person intercept interviews conducted on site with visitors to participating venues. Patrons of these venues were approached near bathrooms and parent rooms containing DonateLife campaign advertising, and asked to complete a battery of questions with a live interviewer. Answers were recorded digitally using an iPad.

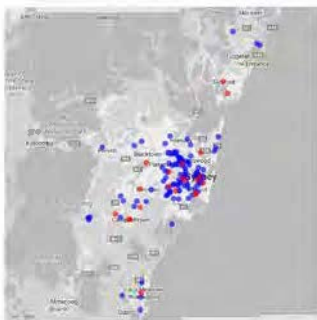
As noted above, the data for the Year 2 evaluation was collected using an online survey, with respondents recruited through posters placed in venues the DonateLife campaign was run at during Year 2 of the program, with each poster including a QR code allowing respondents to access the survey using a mobile device (ie, on their phone).

This approach was adopted to lower fieldwork costs while also allowing for a broader cross-section of venues, and to reduce the potential impact of social desirability bias, and other issues that can be associated with live interviews.

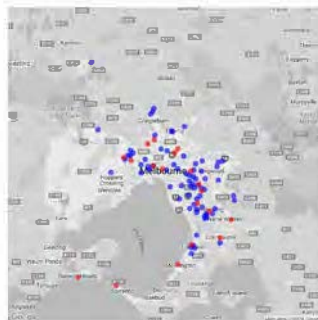
Compared to the intercept surveys used in the Year 1 evaluation, this methodology has allowed us to collect a sample from a larger number and type of venues: 115 study sites (from four types of venues, as

Location of study sites and respondents

Sydney



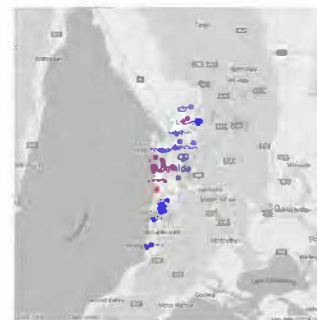
Melbourne



Brisbane



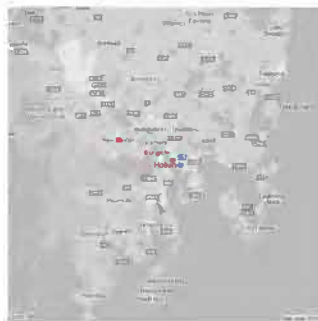
Adelaide



Perth



Hobart



Canberra

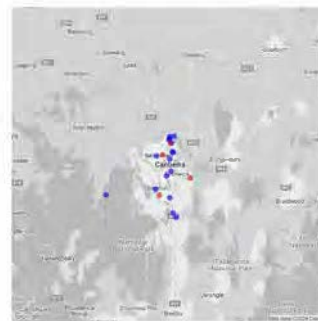


Figure 5: The location of a) study locations, represented by red points; and b) respondents, represented by blue points.

noted above), rather than the seven shopping centres covered in the Year 1 evaluation. Responses were also collected across a more expansive geographic area (every state and territory, except the Northern Territory; rather than just NSW, VIC, QLD and SA, as in the prior study).

An advantage of this measure is that it has allowed us to reach under-represented groups: younger respondents, those who speak a language other than English at home, and those with lower incomes. The demographic characteristics of survey respondents can be seen in figure 6. As can be seen in this plot, the sample skews strongly to younger respondents, with 29 per cent of those who completed the survey aged 18 to 24 and 35 per cent 25 to 34. Another 28 per cent were aged 35 to 54, and eight per cent 55 and older. Similarly, 48 per cent have gross annual incomes of \$50,000 and less, and 36 per cent speak a language other than English at home. See figure 7 for a comparison between the Year 1 and Year 2 evaluation study samples by age and income. In particular, this figure points to one of the complications of face-to-face surveys, with a large share of the respondents who completed the survey for the Year 1 evaluation refusing to provide their income, while a small number (a total of two respondents) refused to provide their age.

This different methodology introduces a few significant changes to the survey experience for respondents, and also potentially the sample itself.

One of the largest differences caused by this change in approach, however, is that the Year 2 survey is completed entirely online. This means there is no interaction with a human interviewer (as in the Year 1 study). This has two main impacts. First, without the in-person intercept interviews, the conversational elements of the survey is reduced. This conversational element allows us to unpack their answers more fully, and more thoroughly explore their recall. As a result of this change, and the reduced conversational element of the interview, there has been a reduction in the responses coded as a partial recall of the DonateLife campaign advertising (when asking respondents about their unprompted recollection of advertising in the venue facilities; see the section on **Messaging recall** below).

Related to this, the new methodology should have resulted in a reduction in any impact of social desirability bias; the tendency of respondents to answer questions in a manner they believe might be viewed positively by the interviewer. As the intercept interviews of the Year 1 study were conducted in-person, *near venue bathrooms and parent rooms*, it was possible that some respondents may have felt the need to censor their answers, or avoid the interview altogether.

By providing an anonymous platform through which to conduct the survey, respondents were less likely to suffer from social desirability bias, or avoid the survey due to embarrassment (or similar).

Other complications

It should also be noted that there was another health campaign running in some of the same locations as the evaluation, at the same time. This clearly influenced the recall rate for the DonateLife campaign, as discussed below.

The demographic profile of the Year 2 evaluation sample

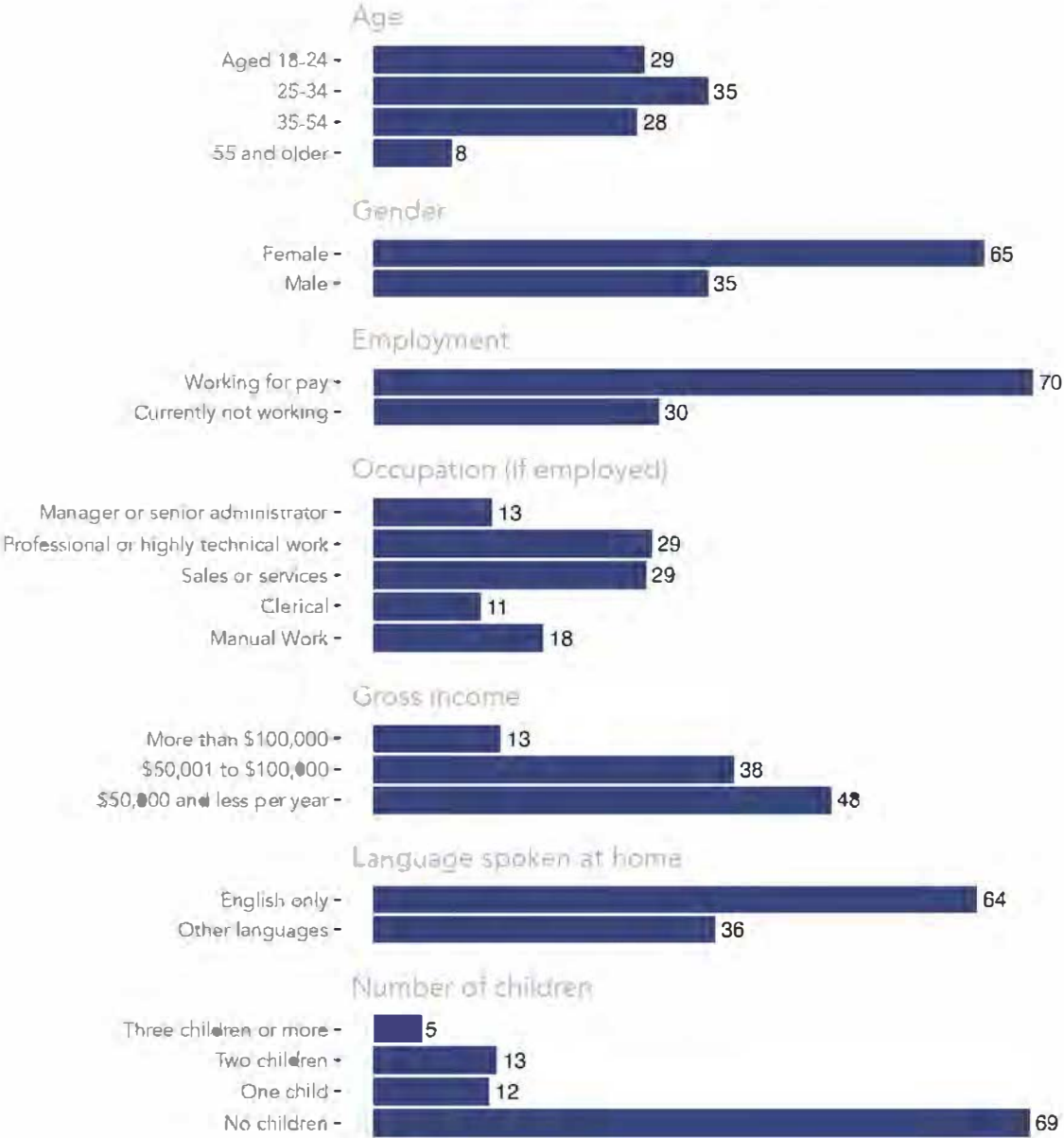
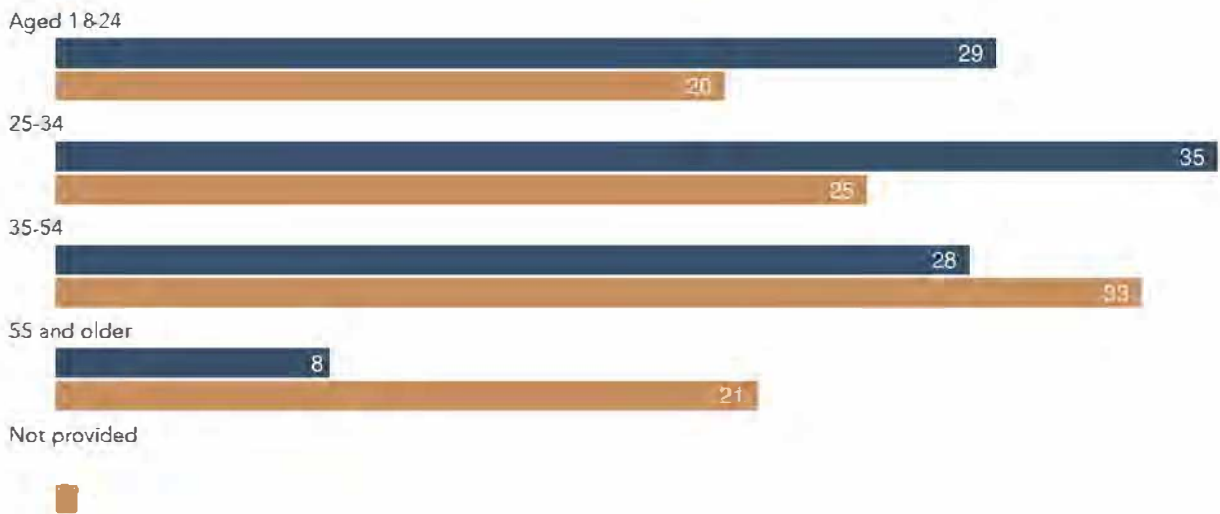


Figure 6: The demographic characteristics of participants in the Year 2 DonateLife evaluation study.

Comparisons of the samples for the Year 1 and Year 2 evaluations

Age



Gross annual income

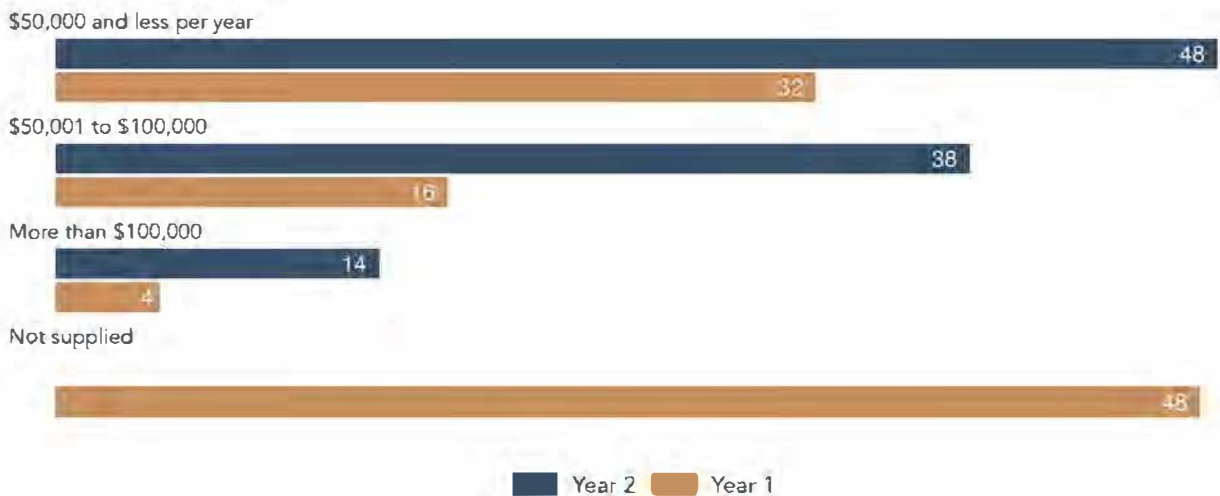


Figure 7: The composition of the samples collected for the Year 1 and 2 evaluation surveys, compared by age and gross annual income. Of note, a large share of respondents in the Year 1 evaluation refused to provide their income, while a small number (two) refused to provide their age.

Setting the scene: support for organ donation and perceived value of narrowcast messaging

Respondents who completed the evaluation survey were overwhelmingly in favour of the idea of organ and tissue donation. Just three per cent said they did not support organ and tissue donation, versus 74 per cent who did. Another 23 per cent were unsure. This support for donation was consistent across all major demographic groups covered in this evaluation (shown in figure 8).

However, while support for organ donation is widespread, just a third are registered as donors themselves, with 68 per cent not registered (see figure 9). This includes 42 per cent of respondents who support organ and tissue donation, but are not themselves registered. This means a majority of those who support organ and tissue donors are not registered. This is our target group.

Does our audience find the approach useful? The majority say they do.

As can be seen in figure 10, nine per cent of respondents say they find advertising in bathrooms extremely useful, 20 per cent very useful, and 58 per cent somewhat useful. Just 10 per cent say they do not find them very useful, and three per cent not at all useful.

Overall, 86 per cent say that, if they saw an advertisement that was relevant to them, they would take at least one action.

Breaking this down by types of actions, almost two thirds (63 per cent) of respondents said that they would scan a QR code on their phone, 30 per cent would go to a website on their phone if it was listed on the ad, and 29 per cent would take a picture. Just 14 per cent said they would not do any of these things (see figure 11). These responses were broadly similar across all major demographic groups covered in this evaluation (shown in figures 12-15).

It should be noted that this sample was collected through a population that agreed to scan a QR code on a bathroom or parent room poster, so this may influence the generalisability of these findings to the target population.

Do you support organ and tissue donation?

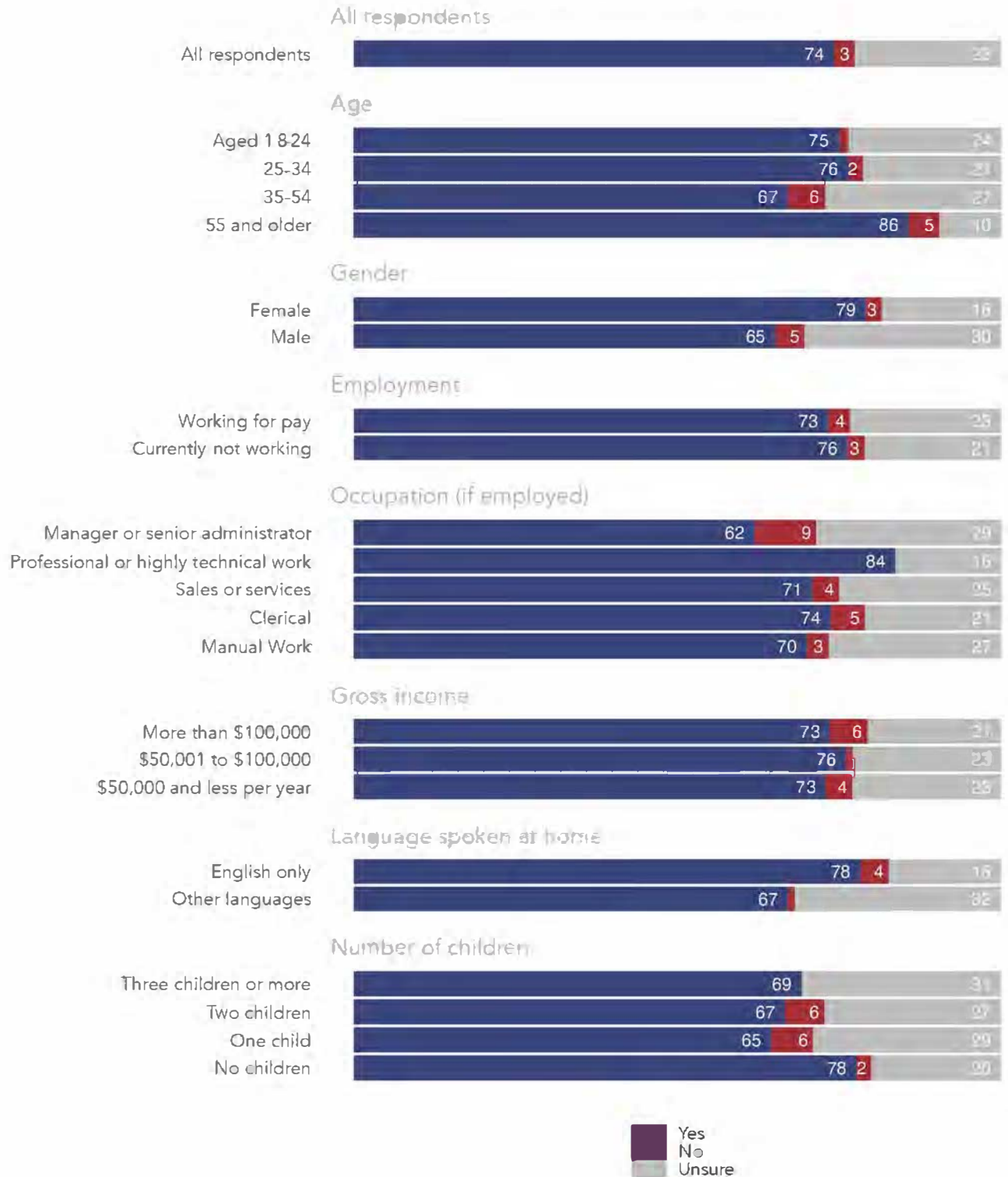


Figure 8: Overall support for organ and tissue donation, by respondent demographic characteristics.



Figure 9: Respondent support for organ and tissue donation and current registration status.

In general, how useful do you find ads in bathrooms or parent rooms?

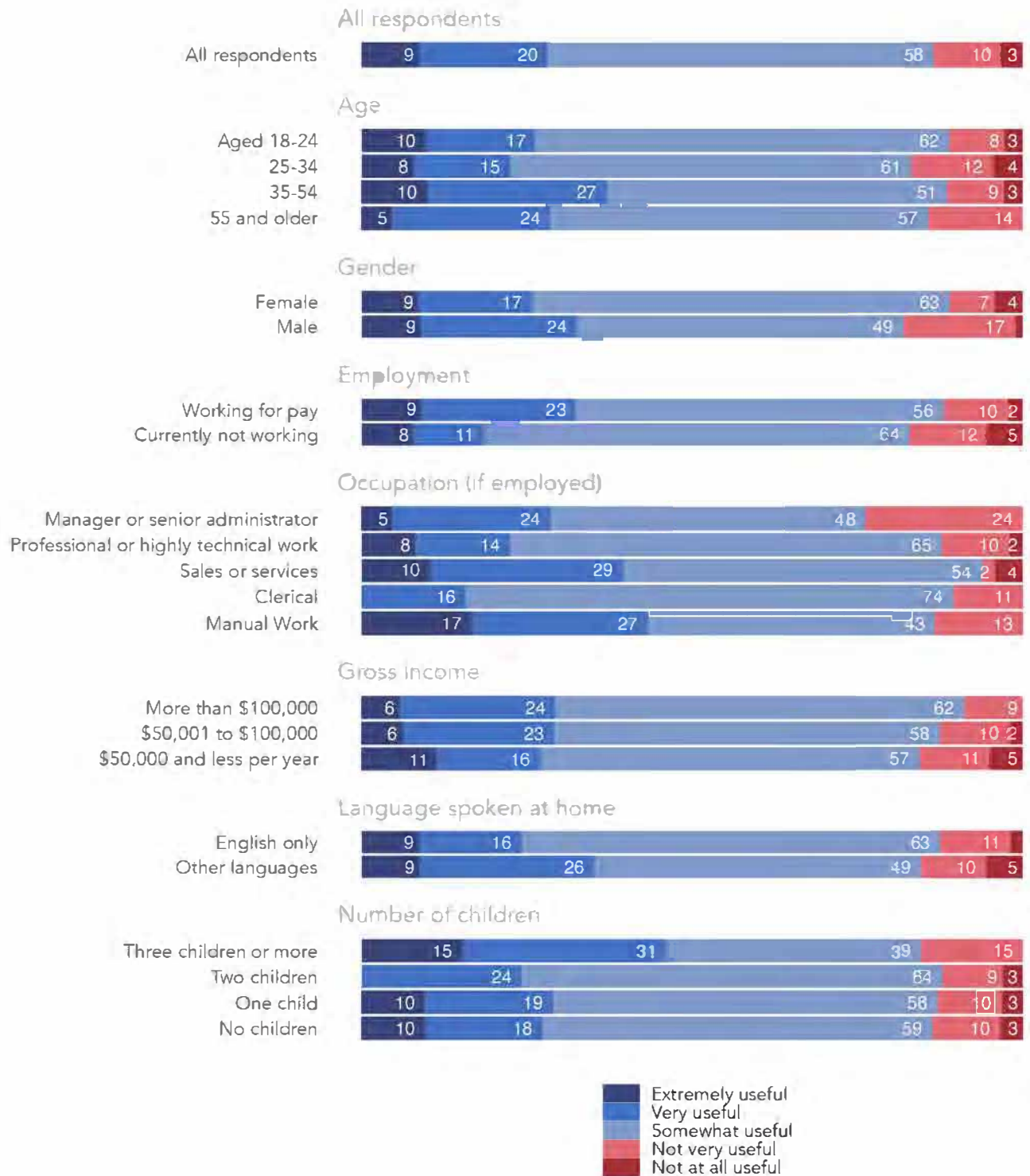


Figure 10: How useful do respondents find advertising in bathrooms and parent rooms, by respondent demographic characteristics.

If an ad was relevant to you, would you do any of the following?

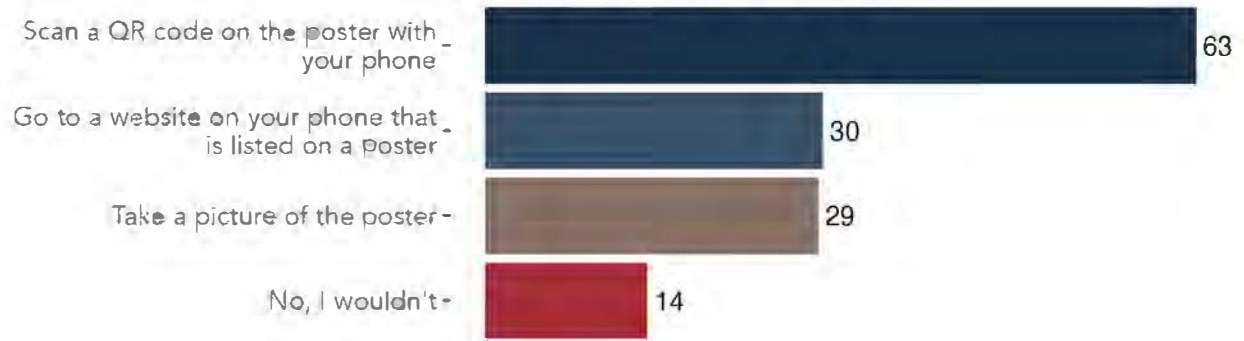


Figure 11: Share of respondents who say they would take each action (or no action), if an ad was relevant to them.

Scan a QR code on the poster with your phone

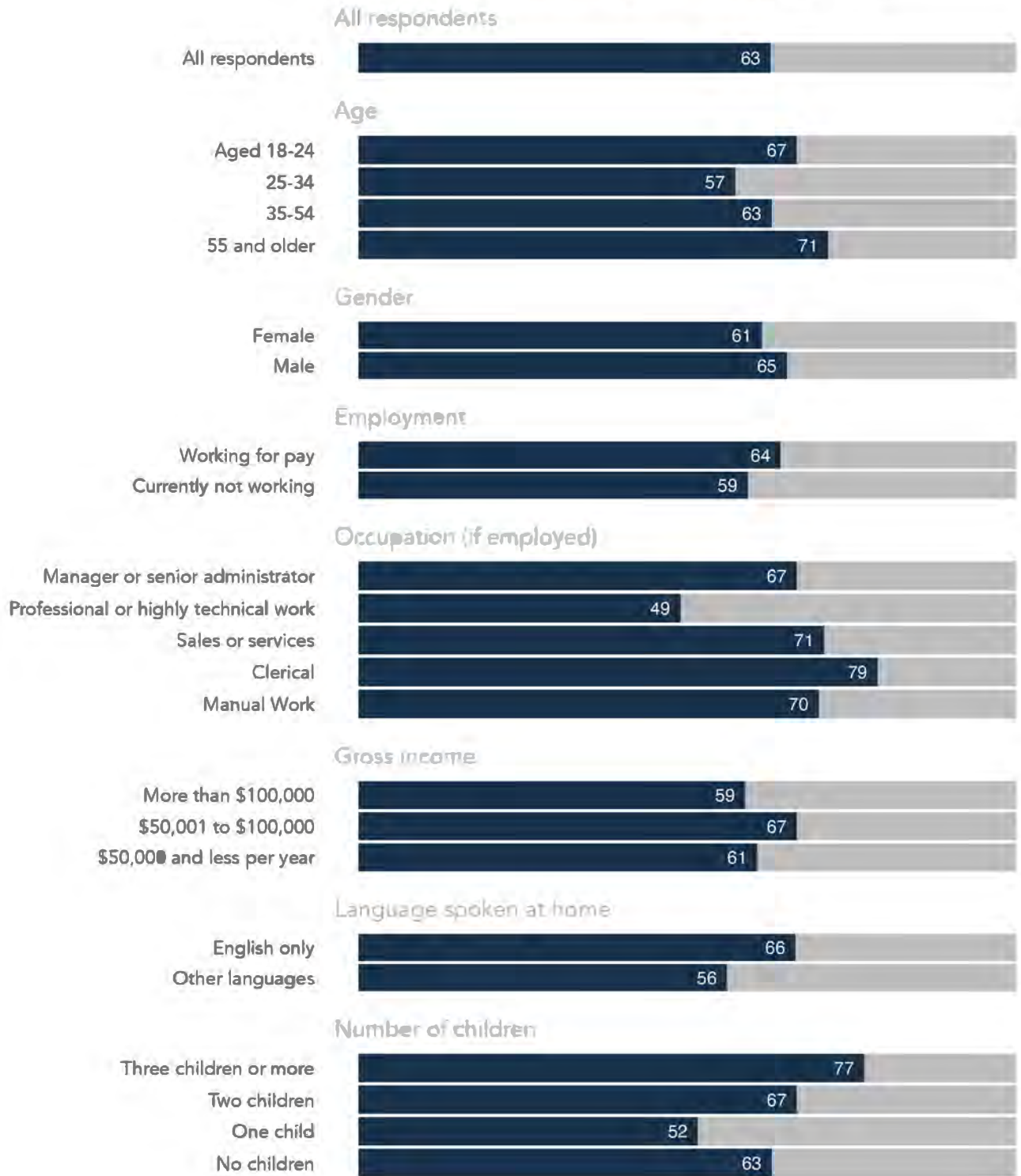


Figure 12: Share of respondents who say they would scan a QR code on a poster with their phone, if they saw an ad that was relevant to them.

Go to a website on your phone that is listed on a poster

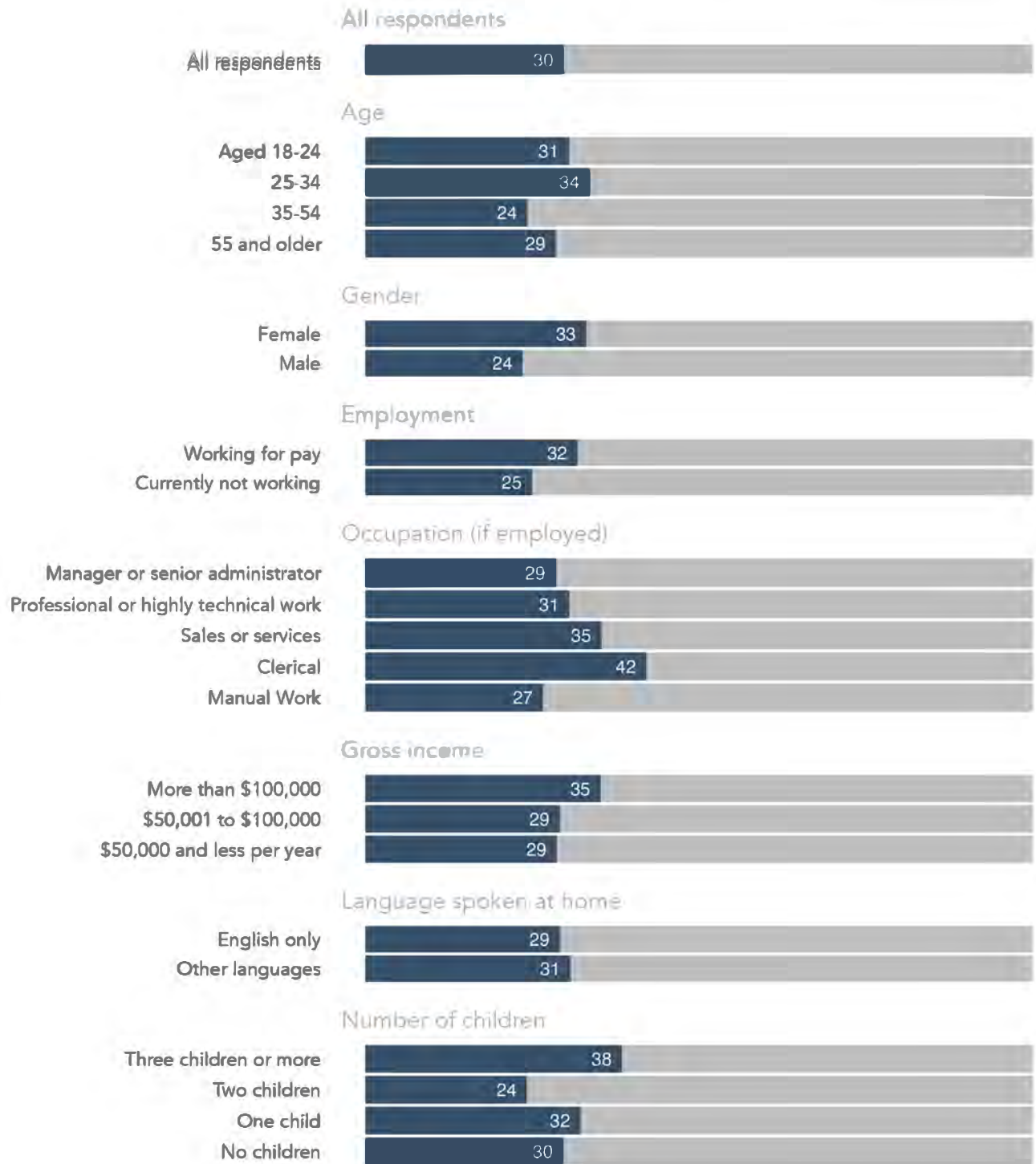


Figure 13: Share of respondents who say they would use their phone to go to a website listed on a poster, if they saw an ad that was relevant to them.

Take a picture of the poster

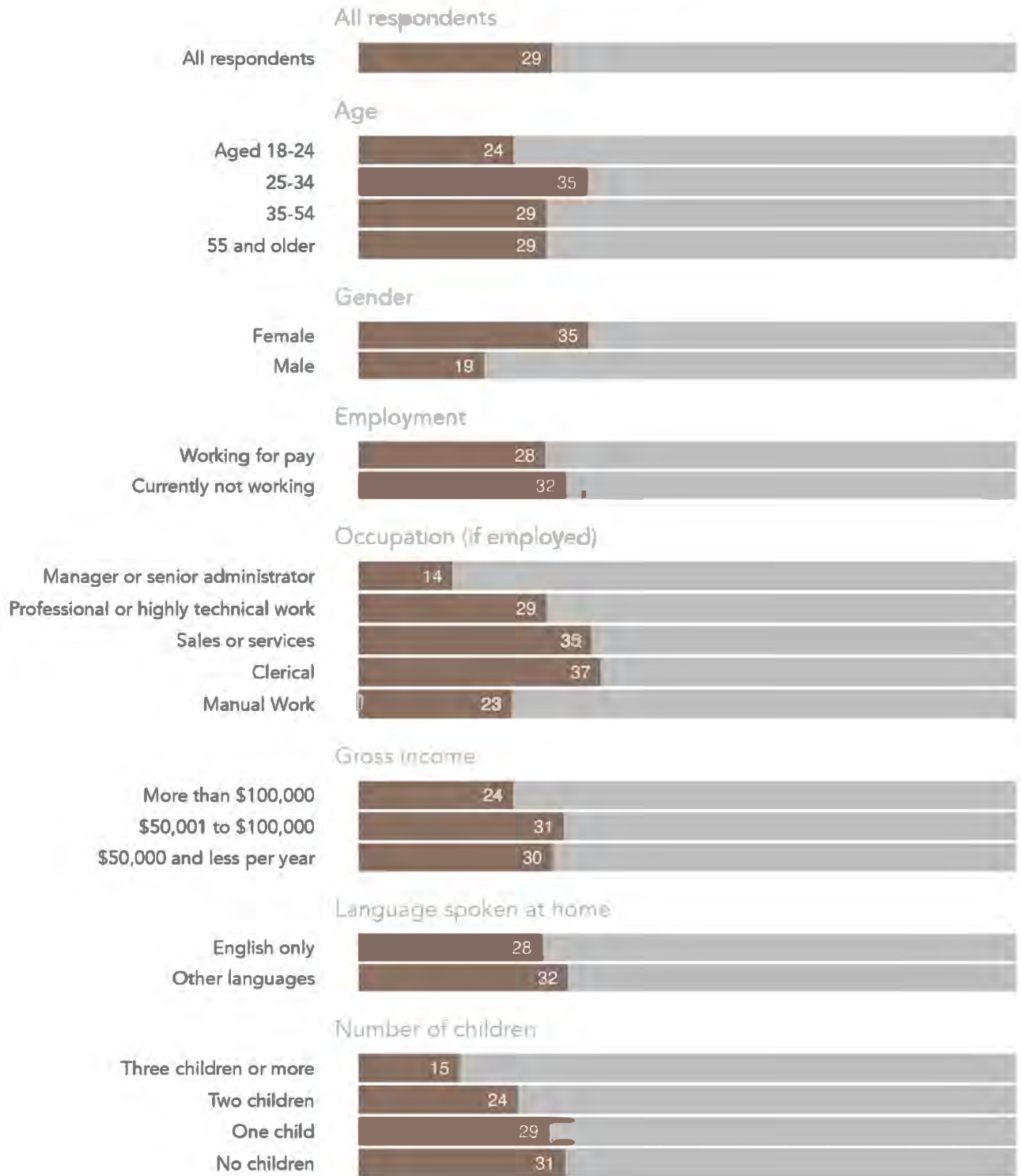


Figure 14: Share of respondents who say they would take a picture of the poster, if they saw an ad that was relevant to them.

Would not take any of the listed actions

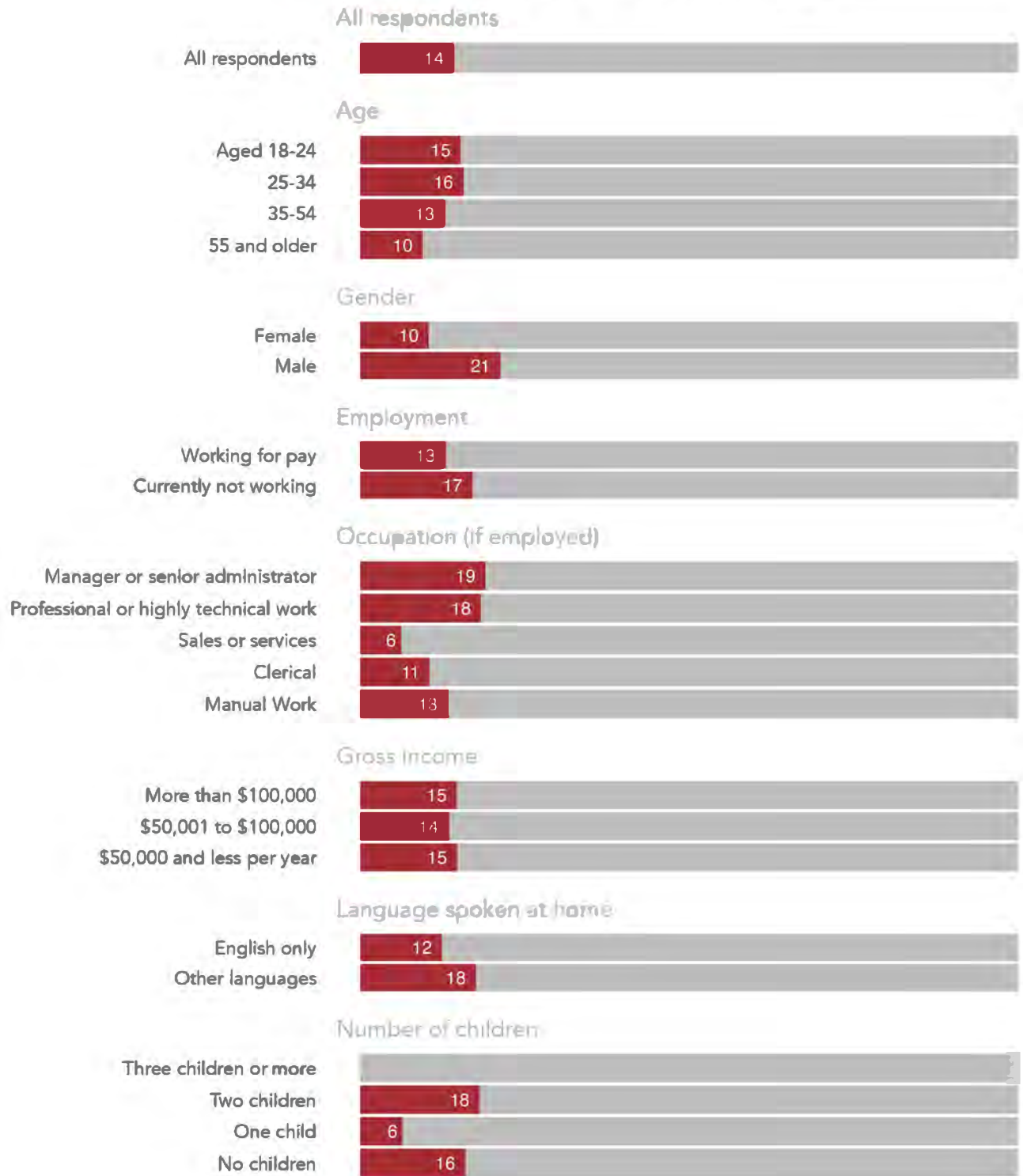


Figure 15: Share of respondents who say they would not take any of the listed actions (scan the QR code, visit the website or take a photo). Note: none of those with three or more children selected this option.

Visitation trends

Most of the study sites — shopping centres, universities, licensed venues — are places that many of our respondents visit regularly, with about half saying they visit weekly or more. As can be seen in figure 16, 31 per cent say they visit several times per week, with another 21 per cent saying they visit at least once a week. Just a fifth say they attend less than once per month. This means they are exposed to the messaging in the DonateLife (or other narrowcast campaign) materials at these sites on a regular basis.

Significantly, our target populations — younger respondents, those with lower incomes and those who speak a language other than English at home — tend to visit more regularly.

Although most respondents have shorter dwell times, a large proportion (30 per cent) say their average dwell time is five to 10 minutes (see figure 17). This results in considerable exposure time to messaging placed at eye level.

Frequency of visits to the venue

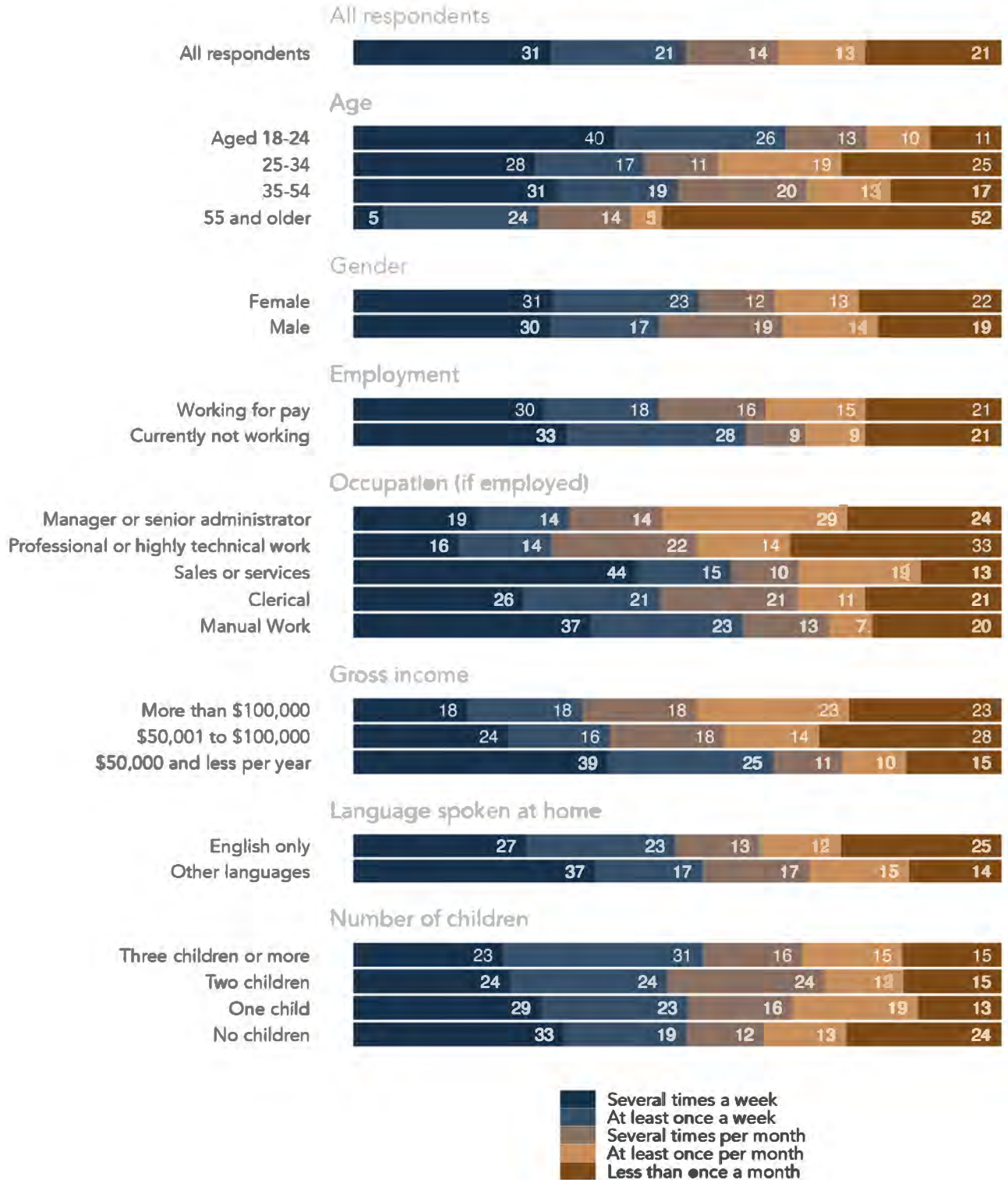


Figure 16: Frequency of reported visits to the study site across the sample, and by respondent demographic characteristics.

Self-reported frequency of facilities use

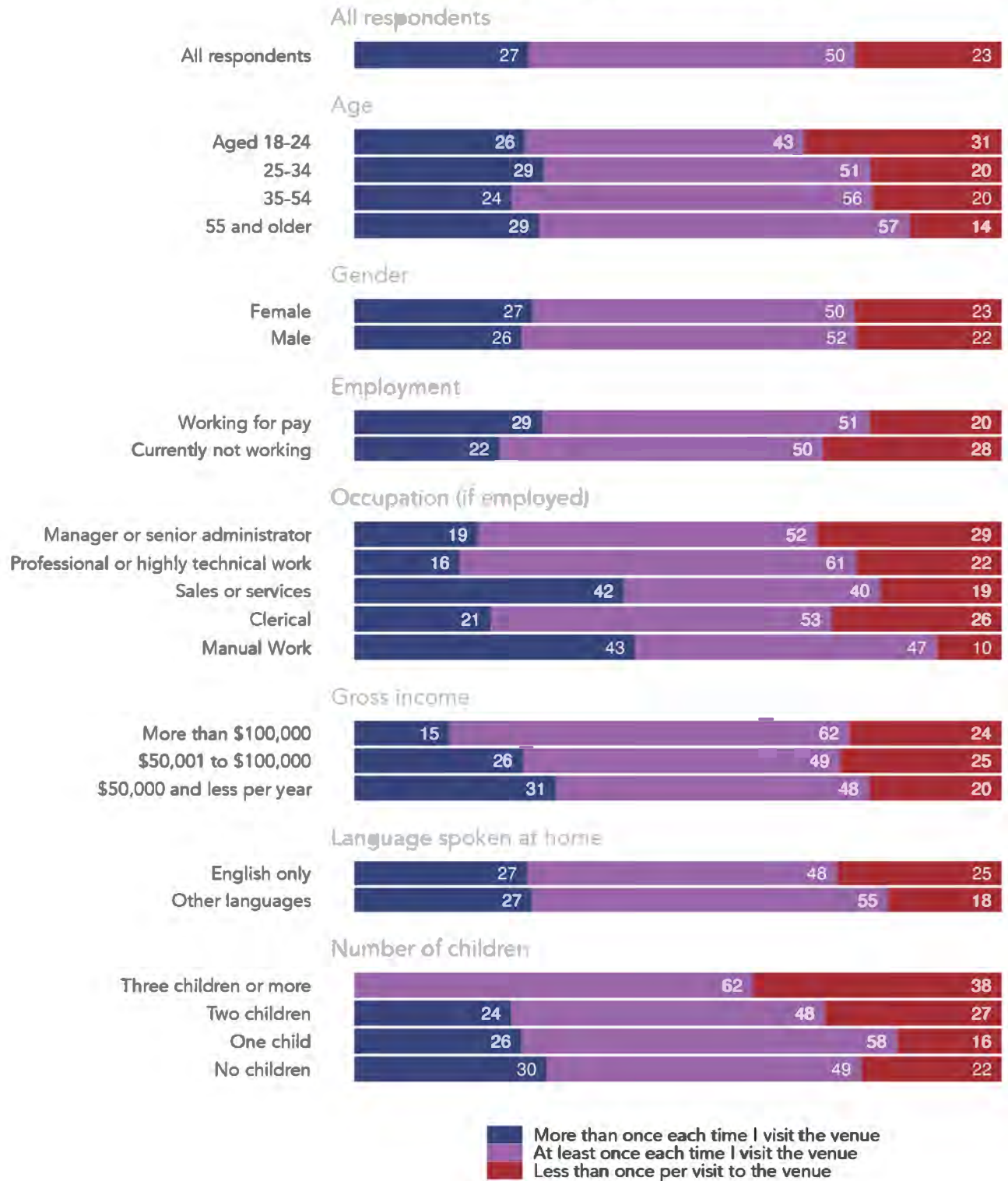


Figure 17: Frequency of reported bathroom and parent room visits across the sample, and by respondent demographic characteristics.

Dwell times in bathrooms or parent rooms

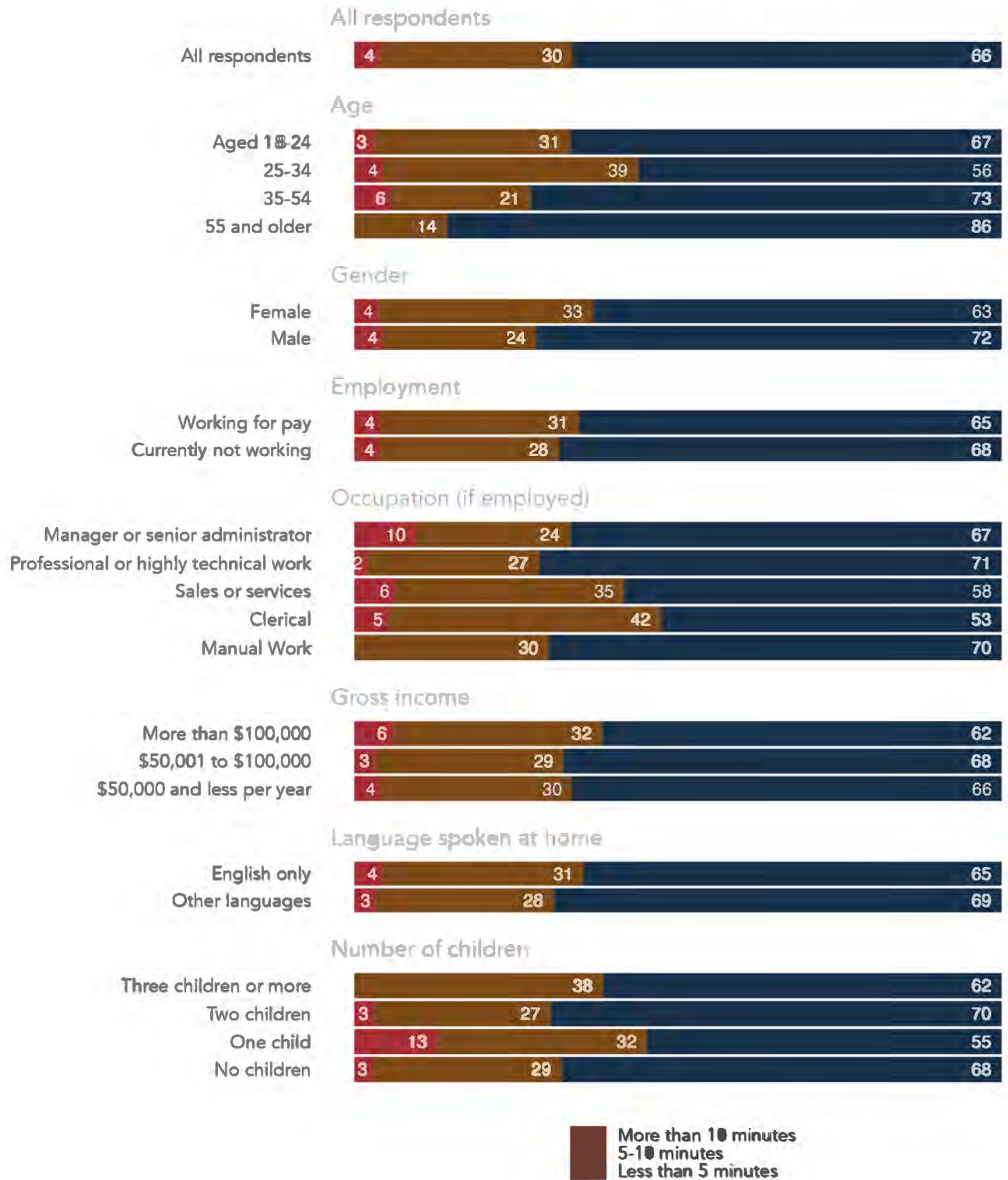


Figure 18: Average dwell time during facility visits, by respondent demographic characteristics.

Messaging recall

Respondent recall of the campaign messaging was tested in two ways.

First, respondents were asked whether they recalled seeing any advertising in the bathrooms and parent rooms of the study site without any prompts, and then to describe what they had seen (**unprompted recall**). Those who could not recall seeing any advertising were then shown the advertising used in that venue and asked if they had seen it, and to explain what they thought it meant (**prompted recall**).

The vast majority of respondents (70 per cent) recalled seeing advertising of any type in the facilities of the study sites (see figure 19). This was higher for younger respondents, those with lower incomes and those who speak a language other than English at home.

Looking at how many of these who were able to recall without any prompting, shown in figure 20, 40 per cent of respondents who said they recalled seeing advertising in these facilities were able to describe the DonateLife ad¹, with another two per cent coded as providing partial recall.² Another 26 per cent mention some other ad related to health or healthcare. Some of these may have meant DonateLife, but they were coded as this if it was either unclear or they clearly meant some other ad related to healthcare. An additional 20 per cent of respondents described some other advertising unrelated to either DonateLife or healthcare, and 12 per cent were not sure (despite reporting that they had seen some kind of advertising in these facilities).

These rates of recall are down from the Year 1 evaluation, but not by a lot. In the last report, 48 per cent of respondents were coded as full recall, and 19 per cent as partially recalling the DonateLife ads. These are very similar full recall rates, but much lower levels of partial recall.

Some of this may be down to the medium in which the survey was taken. The live interviewers who conducted the intercept interviews for the Year 1 evaluation may have potentially (and inadvertently) encouraged respondents to describe what the ads looked like, even if they could not recall specifics (with these answers then coded as partial recall).

Additionally, these results indicate that many of the study sites used during the Year 2 evaluation may have also been noisier environments, with a larger of volume and variety of advertising placed in the facilities of these venues. This is indicated by the larger variety of different advertising recalled by respondents, compared with the Year 1 evaluation. In particular, as noted above (and shown in figure 20), a large share describe advertising about healthcare-related issues that are not necessarily DonateLife campaign materials. Some may be, although it can be difficult to tell, and many are clearly not.

All this said, many of the respondents were able to describe the DonateLife campaign material with great accuracy. Many were able to recall the main message in a fair degree of detail:

- “Takes less than a minute to sign up for kidney donation”.
- “Registering for kidney donor takes less than one minute that could save a lifetime”
- “It only takes 1 min to sign up to become a donor”.

¹In some form. All respondents coded this way mentioned organ donations, or similar

²These provided responses that were highly suggestive of the DonateLife campaign, but were less specific.

More than one respondent recalled the name (with only some error) of the case study presented on one of the posters (“Jayden [*sic*, *Jaylyn*] received a heart transplant”).

Respondents in our target audience — those who are not registered to donate but support organ donation — were more likely to recall seeing bathroom advertising, with 74 per cent being able to recall seeing one of these ads without any prompts (although the gap was small; see figure 21). However, perhaps of some concern, respondents in this target group are no more likely to successfully identify the DonateLife advertising than those who do not support organ donation, although they are more likely to successfully identify DonateLife advertising than those who are already registered to donate.

How strongly are recall rates associated with exposure to the campaign material? One way to measure this is by using the frequency with which respondents report visiting the facilities at the study site venue (where these materials are displayed) as a proxy for exposure. As figure 22 shows, self reported visitation rates to the study venues are somewhat associated with unprompted recall of any advertising in the bathrooms or parent rooms of study site venues, and strongly associated with unprompted recall of the DonateLife campaign advertising in particular.

While 35 per cent of respondents who report visiting the facilities of the study venues less than once per visit and recalled seeing any advertising were able to describe DonateLife materials without prompts, this increases to 38 per cent for those who visited at least once per time they visited the venue and 47 per cent (along with six per cent partial recall) for those who do so more than once each time they visited the venue. This is indicative of the impact of the campaign advertising.

Those respondents who did not recall seeing any bathroom or parent room advertising at the study site unprompted were shown a copy of the DonateLife campaign material, and were asked if they recalled seeing it. The results for this prompted recall are shown in figure 23. When prompted in this way, 53 per cent of these respondents who had not been able to recall seeing the bathroom materials without a prompt reported seeing the material they were shown (note though, the size of this subsample is just $n=75$).

These respondents who were prompted with the advertising copy were then asked to explain their understanding of the message of the material in their own words. Of these, 52 per cent recognise that the material is about organ donation,³ and another 19 per cent something related to this.⁴ An additional 11 per cent provided other answers unrelated to the DonateLife advertising (some of these appear to have thought that the question was still about the advertising they saw in the bathroom) while 19 per cent were unsure (many of these do not appear to have paid attention to the advertising when it was shown to them for the previous question).

³These involved specific mentions of organ donation.

⁴Those that did not mention donations directly, but mentioned other subject matter directly relevant to the campaign material (shown in figure 24). Examples include “Kidney/liver health” and “Medical condition awareness”.

Unprompted recall of any bathroom advertising

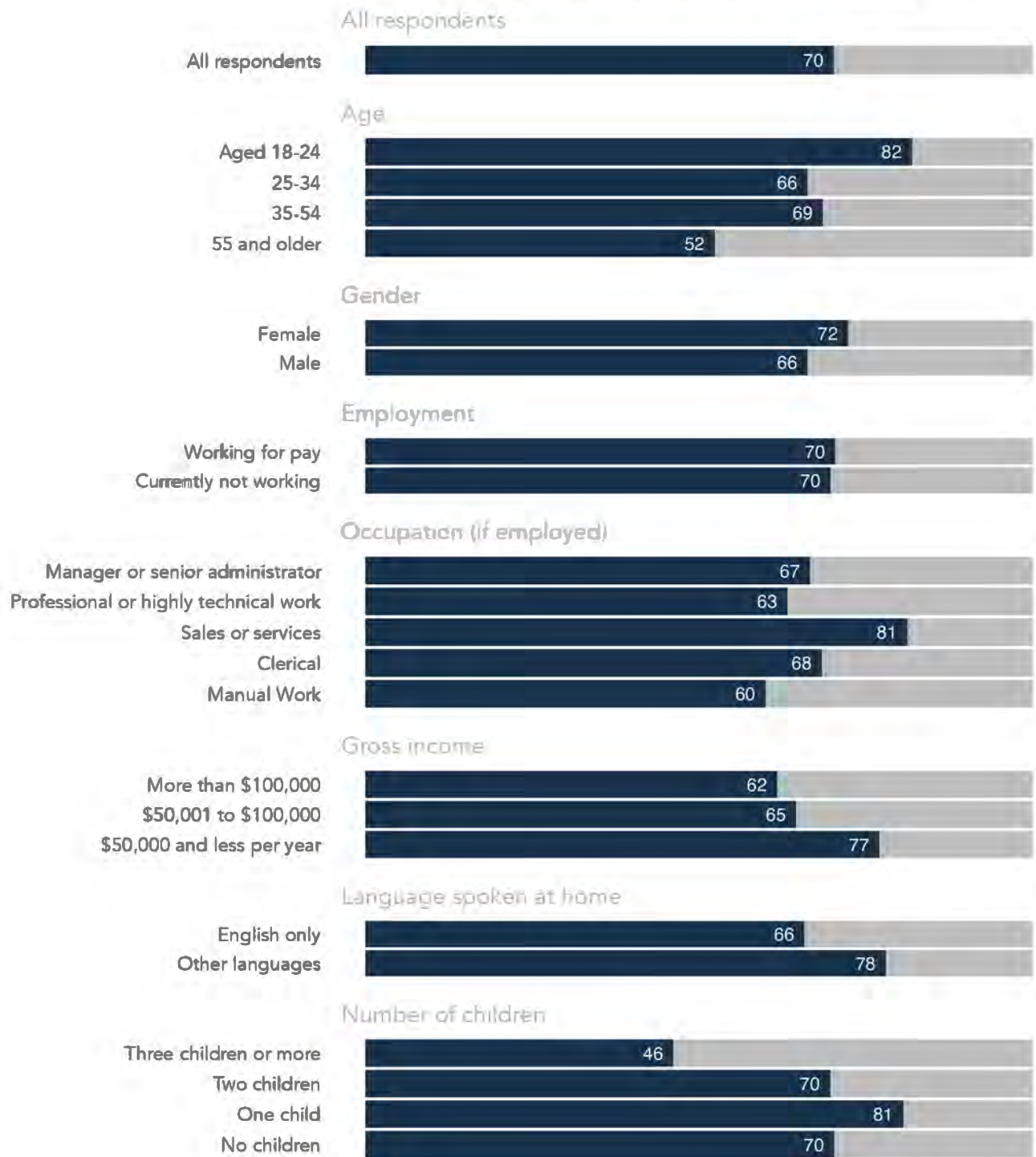


Figure 19: Unprompted recall of any bathroom or parent room advertising in the study venue, by demographic characteristics of participants.

Unprompted recall of DonateLife advertising

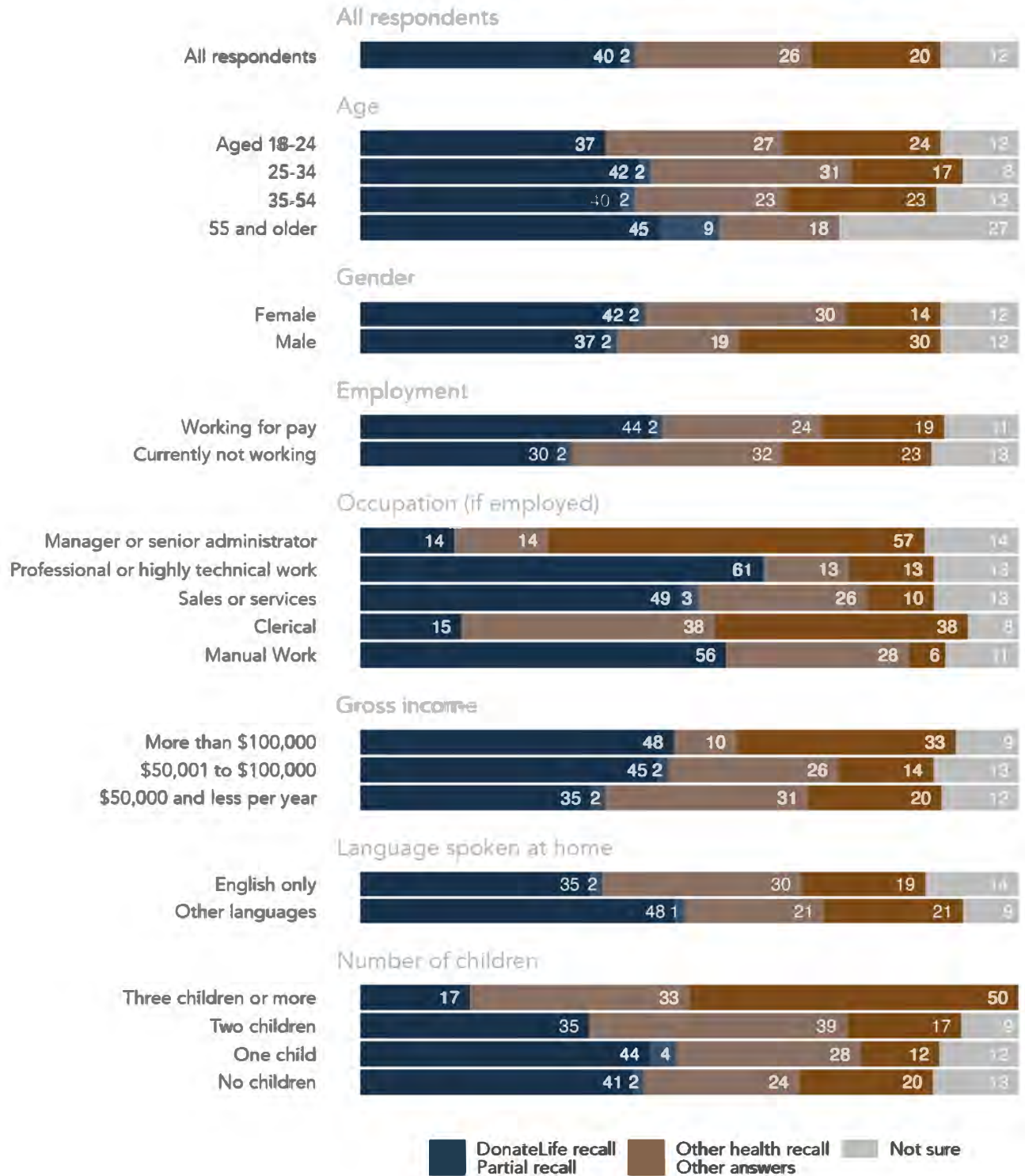


Figure 20: Unprompted recall of DonateLife advertising in the study venue facilities, by demographic characteristics of participants. The base for this analysis is those who without said they saw any advertising without any prompting (n=178).

Unprompted recall of any bathroom advertising and DonateLife advertising by support for organ donation and registration status

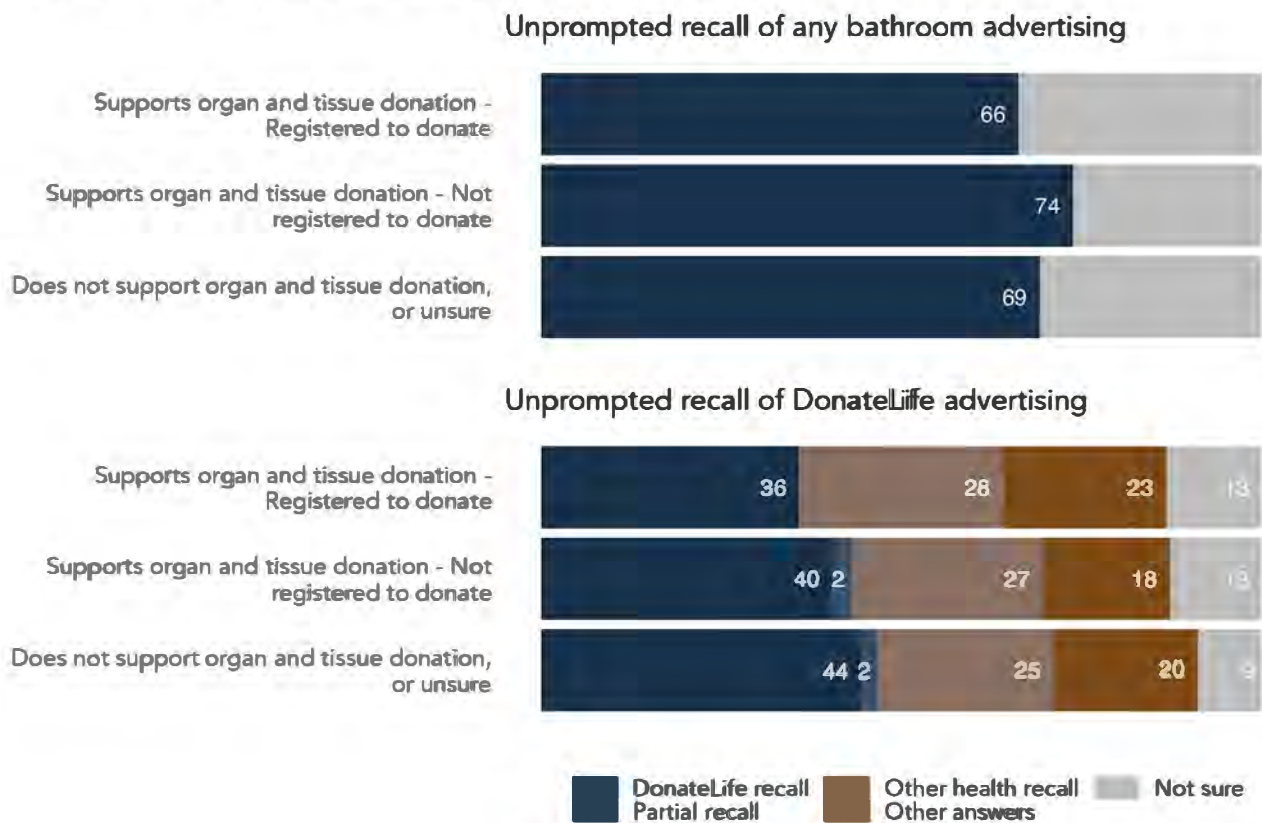


Figure 21: Unprompted recall of DonateLife advertising in the study venue facilities, by support for organ donation and registration status. The base for this analysis is those who without said they saw any advertising (n=178).

Unprompted recall of any bathroom advertising and DonateLife advertising by frequency of visits to study site facilities

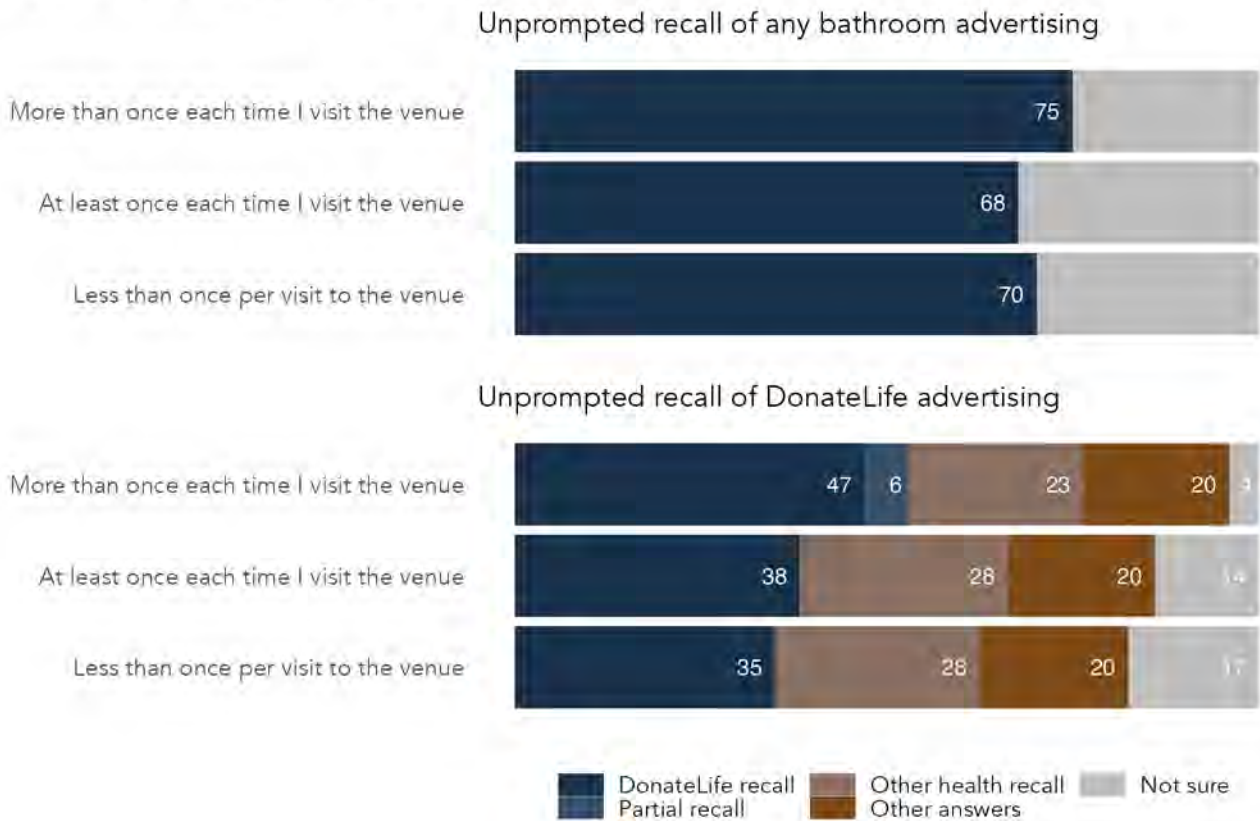


Figure 22: Unprompted recall of DonateLife advertising in the study venue facilities, by frequency respondents reported visiting the to the facilities at the venue which the survey was conducted. The base for this analysis is those who said they saw any advertising without any prompting (n=178).

Prompted recall of DonateLife advertising



Figure 23: Prompted recall of the DonateLife advertising among respondents who could not recall seeing the ad unprompted. These respondents were shown a copy of the ad and asked if they remember seeing it. Base is those who did not recall ads without prompts (N=75).

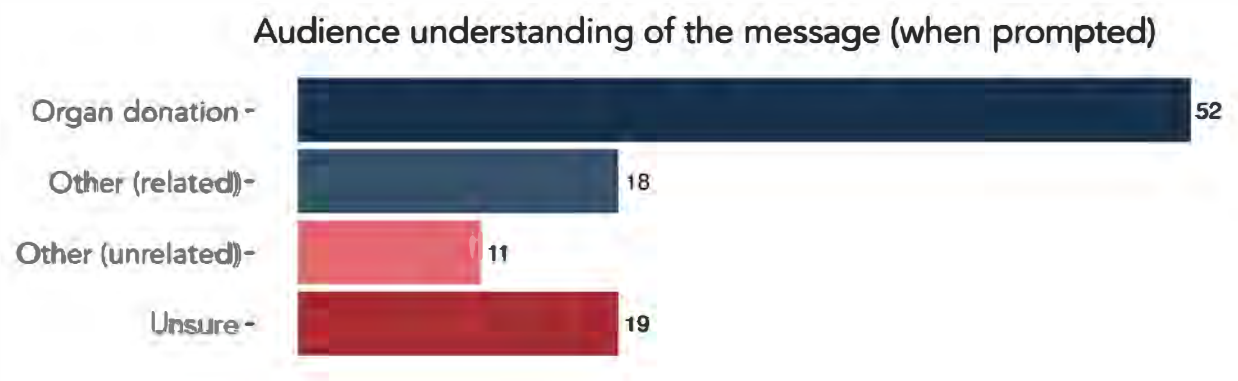


Figure 24: How respondents interpreted the main message of the advertising campaigns when prompted. Base is those who did not recall ads without prompts (N=75).

Call to action

A majority of the respondents interviewed for this study reported having seen bathroom advertising at the study sites. Nearly half of this group can identify or describe the DonateLife advertising (many with great detail or accuracy); with more who could do so when prompted reporting that they saw these materials. However, did this result in any action taken?

Respondents say it did. Of the entire sample — including those who did not see the advertising — 22 per cent say they scanned the QR code, 17 per cent registered as an organ and tissue donor, 13 per cent spoke to their family about donation and two per cent are considering registering as a donor (see figure 26).

When asked to describe their actions, respondents said:

- “I am already an organ donor but the ad sparked conversations with family”
- “I need to conduct more research before I sign up”
- “I already donate my organs however the ad did prompt me to check if my partner is donating organs which he is.”

Respondents could select more than one of these options, with two per cent undertaking three of the actions (the most possible), seven per cent two of them, and 38 per cent one (shown in figure 28). Just over half (53 per cent) said they did not do any of these. This includes six per cent who are already a donor.

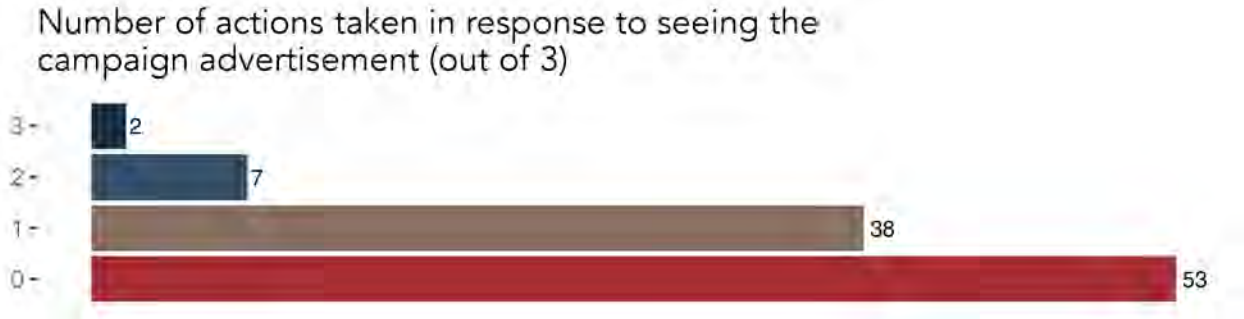


Figure 25: Number of actions taken in response to the DonateLife campaign messaging. Options were: Scanned the QR code, Registered as an organ and tissue donor, Talked to your family about organ and tissue donation and Considering registering as a donor (the last of these was exclusive to registering to donate).

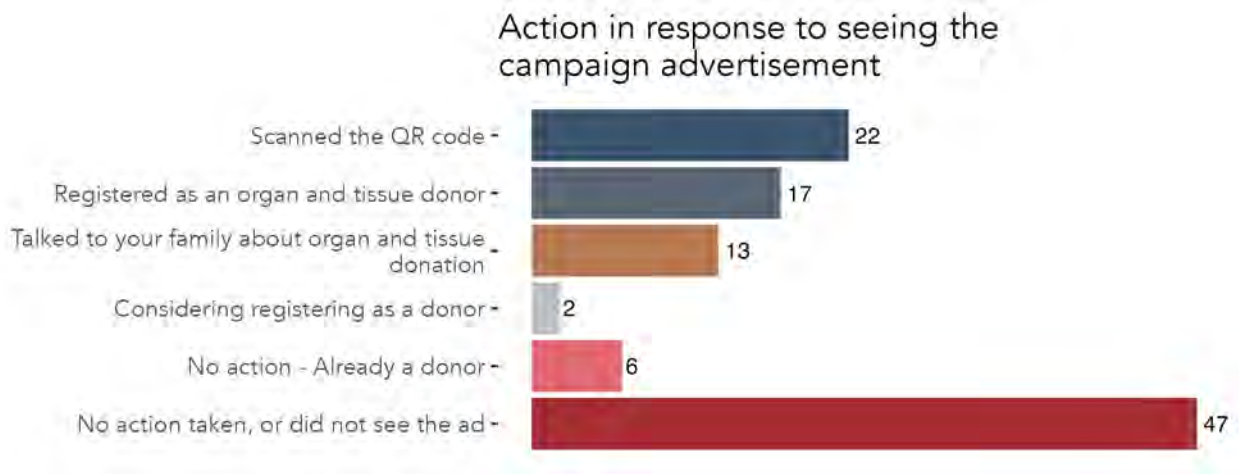


Figure 26: Share of respondents who took each action (or not action), in response to the DonateLife campaign messaging.

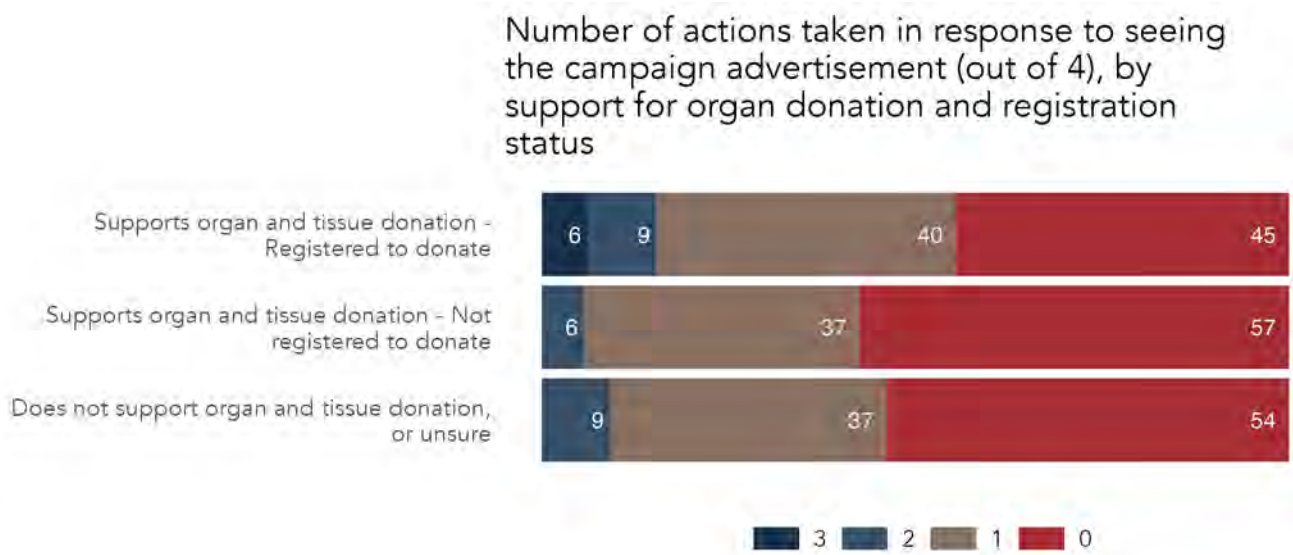


Figure 27: Number of actions taken in response to the DonateLife campaign messaging, by support for organ donation and registration status. Options were: Scanned the QR code, Registered as an organ and tissue donor, Talked to your family about organ and tissue donation and Considering registering as a donor.

Number of actions taken in response to seeing the campaign advertisement (out of 4)

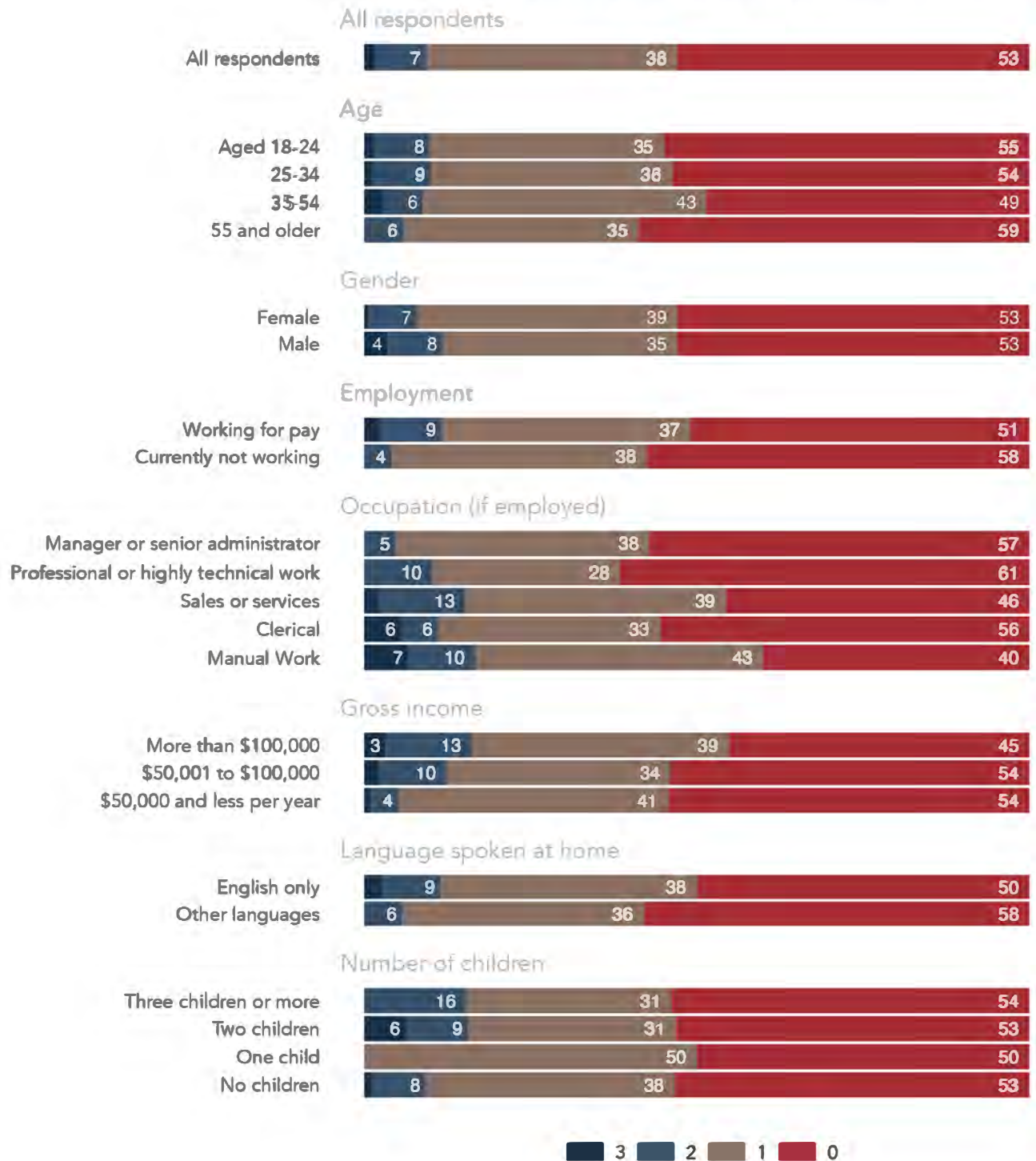


Figure 28: Number of actions taken in response to the DonateLife campaign messaging, by respondent demographic characteristics. Options were: Scanned the QR code, Registered as an organ and tissue donor, Talked to your family about organ and tissue donation and Considering registering as a donor.

Conclusion and recommendations

This report has assessed the impact from Year 2 of the campaign conducted by Convenience Advertising in partnership with DonateLife, gauging the prompted and unprompted recall of campaign messages and the call to action: to register as an organ and tissue donor.

The study found that there is an audience for the DonateLife messaging, and narrowcast advertising is a useful way to reach them.

Respondents who completed the evaluation survey were overwhelmingly in favour of the idea of organ and tissue donation. This was consistent across all major demographic groups covered in this evaluation.

However, while support for organ donation is widespread, just a third are registered as donors themselves; including 42 per cent who support organ and tissue donation but are not registered. This means a majority of those who support organ and tissue donors are not registered. This should be seen as the target group for this campaign.

This research also found that the DonateLife messaging campaigns resulted in high rates of respondent recall over the 115 sites examined, and very high rates of action in response to seeing the messaging.

In particular, the campaign materials were particularly effective in reaching younger respondents, those with lower incomes and those who speak a language other than English at home; although this did not necessarily lead to a greater level of action from these demographics.

RECOMMENDATION 1: methodological efficacy

Convenience Advertising placement of public health messaging in bathroom locations where incidental exposure is highly likely appears to have validity. As figure 22 shows, more frequent visits to these facilities — which increases the chances of exposure to the campaign messages — is associated with higher rates of unprompted recall.

We also observe very high rates of action in response to these advertisements.

This supports the continued use of this narrowcasting approach for public health campaigns, including DonateLife.

RECOMMENDATION 2: unprompted recall and campaign artwork

Unprompted recall was lower in the Year 2 evaluation study than was observed in Year 1. As noted above, this may have been a result of changes to the methodology.

However, it is also possibly a result of the wallpaper effect. Creative for the DonateLife campaign has been in market for 12 months. It is possible that many visitors to the study site venues have seen the campaign message repeatedly, and it has become background noise for them.

This suggests it may be helpful to change the campaign artwork, and evaluate again with consistent field-work methodology in 12 months.

RECOMMENDATION 3: Refined campaign targeting

Forty-two per cent of respondents to the survey conducted for this evaluation said they support organ and tissue donation, but are not themselves registered. This should be seen as the target group for this campaign.

There is some evidence that the advertising is not necessarily targeted at this group, with these respondents no more likely to recall the messaging (without a prompt) than those who did not support organ and tissue donation, and only slightly more likely to do so than those who are already registered donors.

More work may be necessary to identify this audience and what messaging strategies will reach them, and convince them to register as a donor.

RECOMMENDATION 4: Evaluation methodology

The use of an online survey platform accessed by participants using a QR code posted in the facilities of study site venues was successful. It allowed for the recruitment of a diverse sample, including younger respondents, who were difficult to reach using intercept interviews.

This is a highly scalable methodology, and could be used to collect a larger sample for a relatively small additional cost. A larger sample will allow additional segmentation of the results by venue and demographics, with smaller margins of error and therefore greater statistical confidence in the results.

This can be funded by making the reimbursement smaller, or an entry into a raffle instead of a reimbursement for every respondent.

References

- Australian Government Organ and Tissue Authority. 2022. "DonateLife: National Program)." <https://www.donatelife.gov.au/about-us/who-we-are/national-program>.
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- Gordon, Ross, Laura McDermott, Martine Stead, and Kathryn Angus. 2006. "The Effectiveness of Social Marketing Interventions for Health Improvement: What's the Evidence?" *Public Health (London)* 120 (12): 1133–39.
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Appendix: Study locations

Table 1: Sites covered by the DonateLife Year 2 evaluation.

Venue	Address
Airport Terminal	
Adelaide Airport	1 James Schofield Drive, Adelaide Airport SA 5950
Brisbane Domestic Airport	11 The Circuit, Brisbane Airport QLD 4008
Cairns Domestic Airport	Airport Avenue, Cairns Airport QLD 4870
Darwin International Airport	P.O. Box 40996, Darwin NT 800
Hobart Airport	6 Hinwor Rd, Cambridge TAS 7170
Launceston Airport	201 Evandale rd, Western Junction, Evandal TAS 7212
Sydney Airport - Domestic Qantas Terminal (T3)	Kingsford Smith Airport, Mascot NSW 2020
Sydney Airport - Domestic Virgin Terminal (T2)	Kingsford Smith Airport, Sydney NSW 2020
Sydney Airport - International Terminal (T1)	Kingsford Smith Airport, Mascot NSW 2020
Club	
Barooga Sports Club	Burkinshaw Street, Barooga NSW 3644
Bathurst Panthers	132 Piper Street, Bathurst NSW 2795
Bathurst RSL Club	114 Rankin Street, Bathurst NSW 2795
Brothers Leagues Club - Cairns	99/105 Anderson St, Cairns QLD 4870
C.A.F.L.C - Cazaly's	344 Mulgrave Rd, Cairns QLD 4870
Caboolture Sports Club	Station Rd , Morayfield QLD 4506
Caloundra RSL	19 West TCE, Caloundra QLD 4551
Campbelltown RSL Club	1 Carberry Lane, Campbelltown NSW 2560
Cardiff RSL	45 Macquarie Road, Cardiff NSW 2285
Central Coast Leagues Club	Dane Drive, Gosford NSW 2250
Club Burwood RSL	96 Shaftesbury Rd, Burwood NSW 2134
Club Southside	76 Mount Gravatt Capalaba Road , Upper Mount Gravatt QLD 4122
Davistown RSL	19 Murna Rd , Davistown NSW 2251
Forestville RSL Club	22 Melwood Avenue, Forestville NSW 2087
Greenbank RSL Services Club	54 Anzac Ave., Hillcrest QLD 4118
Hervey Bay R.S.L	11 Torquay Road, Pialba QLD 4655
Ingleburn RSL Sub Branch	Chester Rd, Ingleburn NSW 2565
Liverpool Catholic Club	Hoxton Park Road, Hoxton Park NSW 2170
Mayfield Ex-Services Club	58 Hanbury Street, Mayfield NSW 2304
Norths Leagues & Services Club	1347 Anzac Ave , Kallangur QLD 4503
Pittwater RSL	Cnr Mona Vale Rd & Foley ST, Mona Vale NSW 2103
Queanbeyan RSL Memorial Bowling Club	1 Yass Road, Queanbeyan NSW 2620
Redcliffe Dolphins Leagues Club	Cnr Klinger & Ashmole Roads , Redcliffe QLD 4020
The Club	1312-1322 Western Hwy, Caroline Springs VIC 3023
Toowoomba City Golf Club	254 South Street, Toowoomba QLD 4350
Workers Sports Club - Blacktown	170 Reservoir Road, Blacktown NSW 2148
Wynnum RSL	174 Tingal Road, Wynnum QLD 4178
Education	
Flinders University	Sturt Street, Bedford Park SA 5001
La Trobe University - Bundoora	La Trobe University Union, Bundoora VIC 3083
Murdoch University	90 South Street, Murdoch WA 6150
RMIT - Melbourne	360 Swanston Street, Melbourne VIC 3000
TAFE QLD Greater Brisbane - Southbank	14 Glenelg St, South Brisbane QLD 4101
University of Canberra	University Drive, Bruce ACT 2617
University of NSW	Anzac Parade, Kensington NSW 2052
University of New England	Handel Street, Armidale NSW 2350
University of Queensland - St Lucia	Sir Fred Schonell Drive, St. Lucia QLD 4072
University of Sydney	Manning Road, Camperdown NSW 2050
University of Tasmania - Sandy Bay	Churchill Drive, Sandy Bay TAS 7005

Table 1: Sites covered by the DonateLife Year 2 evaluation. (continued)

Venue	Address
University of Wollongong	University Avenue, Wollongong NSW 2522
Victoria University - Footscray Park	Ballarat Road, Footscray VIC 3000
Hotel	
ALH - Albion Hotel	535 Stirling Highway, Cottesloe WA 6011
ALH - Berwick Inn Hotel	1 High St, Berwick VIC 3806
ALH - Blue Cattle Dog Hotel	Lot 7 Mamre Rd , St. Mary's NSW 2760
ALH - Carlyle Hotel	232 Main Road, Derwent Park TAS 7009
ALH - Deer Park Hotel	760 Ballarat Road, Deer Park VIC 3023
ALH - Eureka Hotel	10 Park Terrace, Salisbury SA 5108
ALH - Halfway Hotel	668 Port Road, Beverley SA 5009
ALH - Hendon Hotel	110 Tapleys Hill Road, Royal Park SA 5014
ALH - Pioneer Tavern	Corner Maxwell and Northern Road, Penrith NSW 2750
ALH - Ramsgate Hotel	328 Seaview Road, Henley Beach SA 5022
ALH - Sail & Anchor Hotel	64 South Terrace, Fremantle WA 6160
ALH - Seacliff Beach Hotel	221 Esplanade, Seacliff SA 5049
ALH - Wintersun Hotel	441 Chapman Road, Bluff Point WA 6530
All Year Round Hotel	311 Wellington Road, Kings Meadows TAS 7249
Barwon Heads Hotel	1 Bridge Road, Barwon Heads VIC 3227
Burlington Hotel	51 Victoria Street, Bunbury WA 6230
Canobolas Hotel	248 Summer Street, Orange NSW 2800
Clifton Springs Golf Club	92 - 94 Clearwater Dve, Clifton Springs VIC 3222
Commercial Hotel	27 George Street, Launceston TAS 7250
Dava Hotel	614 The Esplanade, Mt Martha VIC 3934
Dingley Hotel	334 - 348 Boundary Rd, Dingley VIC 3172
Hunter Group - Gladstone Park Hotel - NO NEW INSTALLS	186-202 Mickleham Rd, Tullamarine VIC 3043
Kealba Hotel	Sunshine Ave &, Main Rd E,, Kealba VIC 3021
Kelly's Hotel	38-56 High St, Cranbourne VIC 3977
Portsea Hotel	3746 Point Nepean Rd, Portsea VIC 3944
Pubco - Knox Tavern	1 Capitol City Boulevard, Wantirna South VIC 3152
Pubco - Mornington on Tanti	917 Nepean Hwy, Mornington VIC 3931
Sandown Greyhounds Taberet	View rd, Springvale VIC 3171
Sporting Legends Club Inc	233 York St, Sale VIC 3850
Swan Hotel North Fremantle	201 Queen Victoria Street, North Fremantle WA 6159
The Plough Inn	170 Brisbane Street, Launceston TAS 7250
Vantage - New Norfolk Hotel	79 High Street, New Norfolk TAS 7140
Vantage Group - Molly Malones	34 Best Street, Devonport TAS 7310
Victory Hotel	127 Edward Street, Brisbane QLD 4000
White Sands Tavern	240 West Coast Hwy, Scarborough WA 6019
Shopping Centre	
151 Property - (NSW) Top Ryde City Shopping Centre	109-129 Blaxland Road, Ryde NSW 2112
151 Property - (SA) Rundle Place	77-91 Rundle Mall, Adelaide SA 5000
AMP (NSW) - Macquarie Centre	Cnr Herring Road & Waterloo Road , North Ryde NSW 2113
Brandon Park Shopping Centre	580 Ferntree Gully Rd, Wheelers Hill VIC 3170
Charter Hall - (NSW) Campbelltown Mall	271 Queen Street, Campbelltown NSW 2560
Dartwest Retail - (NSW) Narellan Town Centre	326 Camden Valley Way, Narellan NSW 2567
Elanor Investments - (NSW) - Auburn Central	57-59 Queen St, Auburn NSW 2144
Fawkner Property - Midland Gate	274 Great Eastern Highway, Midland WA 6056
JLL - (NSW) Ashfield Mall	260A Liverpool Road , Ashfield NSW 2131
Mirvac - (NSW) The Met Centre	Corner George and Margaret Street, Sydney NSW 2000
Retail First - Australia Fair	42 Marine Parade, Southport QLD 4215
Retail First - Sunnybank Plaza	Cnr Mains and McCulloch Sts , Sunnybank QLD 4109
Retail First - Toowong Village and Tower	9 Sherwood Road, Toowong QLD 4066
Retpro - (VIC) Dandenong Plaza S.C	49-55 McCrae St, Dandenong VIC 3175

Table 1: Sites covered by the DonateLife Year 2 evaluation. *(continued)*

Venue	Address
Riverlink Shopping Centre	Cnr Downs Rd & The Terrace, Ipswich QLD 4305
South Point Shopping Centre	Anketell Street, Tuggeranong ACT 2900
The Marketplace Gungahlin	30 & 33 Hibberson St., Gungahlin ACT 2912
Vicinity Centres - (NSW) Bankstown Square	North Terrace, , Bankstown NSW 2200
Vicinity Centres - (NSW) Roselands	Roselands Drive, Roselands NSW 2196
Vicinity Centres - (NSW) The Galleries	500 George St, Sydney NSW 2000
Vicinity Centres - (QLD) Grand Plaza	27 -49 Browns Plains Rd, Browns Plains QLD 4118
Vicinity Centres - (QLD) Uptown Queen Street	91 Queen St, Brisbane QLD 4000
Vicinity Centres - (SA) Colonnades	Cnr Goldsmith Drive & Beach Road, Noarlunga SA 5168
Vicinity Centres - (SA) Elizabeth	50 Elizabeth Way, Elizabeth SA 5112
Vicinity Centres - (TAS) Eastlands	26 Bligh st, Rosny Park TAS 7018
Vicinity Centres - (VIC) Bayside	28 Beach Street, Frankston VIC 3199
Vicinity Centres - (VIC) Box Hill Central	1 Main St, Box Hill VIC 3128
Vicinity Centres - (VIC) Broadmeadows Central	1099-1169 Pascoe Vale Road, Broadmeadows VIC 3047
Vicinity Centres - (VIC) Northland	2-50 Murray Road, Preston VIC 3072
Vicinity Centres - (VIC) The Glen	235 Springvale Rd, Glen Waverley VIC 3150
Vicinity Centres - (WA) Rockingham Centre	1 Council Avenue, Rockingham WA 6168

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