Convenience
Advertising

Convenience Advertising: City of Melbourne Hepatitis C Campaign

Evaluation Report

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SEPTEMBER 2004

CITY OF MELBOURNE HEPATITIS C CAMPAIGN: EVALUATION REPORT

A REVIEW OF THE CONVENIENCE ADVERTISING PROGRAMME FOR THE CITY OF MELBOURNE

SEPTEMBER 2004

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2. Introduction

This report provides an evaluation of a narrowcast communication programme implemented and managed by Convenience Advertising for the Hepatitis C Campaign and for the Drugs Action Team, City of Melbourne.

The evaluation comprises two parts. The first part evaluates the hepatitis C campaign in relation to the general community and the 'Handling Hep C' communication stream. The second part evaluates the campaign in relation to intravenous drug users and the 'It may contain Hep C' communication stream. The evaluation is based on the analysis of data gathered in 100 survey interviews: 50 interviews with members of the general community and 50 interviews with intravenous drug users. The report focuses on the extent to which the material delivered specific, appropriate and relevant messages to each of these target groups, in accordance with the aims of the campaign.

The material prepared for the campaign was developed in conjunction with a number of key interest groups. In relation to the general community, the campaign focused on raising awareness of hepatitis C and the steps taken by the City of Melbourne in relation to hepatitis C. For intravenous drug users, the campaign focused on raising awareness about hepatitis C transmission and reinfection, and prevention strategies. Approximately 121 A4 messages (50 'It may contain Hep C', 48 'Handling Hep C' and 18 'Needle disposal') and a number of take-away card dispensers were placed in key public toilets in the central business district of Melbourne. The Convenience Advertising narrowcast media methodology was used, with 24 separate locations in the CBD displaying the campaign material.

All survey interviews took place on the street in the Melbourne CBD and were conducted by youth drug workers in conjunction with 'Youth Projects'. No incentives were offered in recruiting participants for the survey interviews.

The interview schedule contained a range of questions. These addressed the level and rate of message recall, message content knowledge, prior knowledge of hepatitis C, and perceptions of the message. Relevant demographics were also recorded.

Interviews were conducted in the locations on an availability basis, so the sample is not a random sample. For this reason, some statistics such as the chi-square as a measure of association between variables cannot be treated with the same level of confidence as would be the case with a random sample, since there is a possibility that the non-randomness of the selection process violates underlying assumptions of the method. Furthermore, the small size of the sample limits the power of the statistical tests, and any generalizations from the findings presented should be made with caution.

3. 'Handling Hep C' – General Community

This part of the report evaluates the hepatitis C campaign in relation to the general community and the 'Handling Hep C' communication stream.

3.1 Analysis of data

This section presents an analysis of data relating to the questions asked on the general community questionnaire. The results are presented under five headings: level and rate of recall of campaign materials, message content recall, perceptions of the message/message source, behavioural or anticipated behavioural responses to the message, and prior knowledge and campaign impact. Firstly, however, a description of the general community sample characteristics is provided.

3.1.1 Sample characteristics

A total of 50 respondents comprised the general community sample, all of whom had used a public toilet in the Melbourne CBD immediately prior to interview or within two days prior.

Women were slightly over-represented in the general community sample, comprising 64%.

Over half of the sample were aged between 17 and 35 years, 32% were aged between 35 and 50 years, and 12% were aged over 60 years. All major age groups were represented, except for young people under the age of 17 years.

The age and gender of respondents is summarized in Table 3.01.

Table 3.01 Sample by gender and age

		N of respondents	%
Gender	Male	18	36%
	Female	32	64%
Age Group	Under 17	0	0%
	17-20	4	8%
	21-25	13	26%
	26-30	6	12%
	31-35	4	8%
	36-40	4	8%
	41-45	6	12%
	46-50	6	12%
	51-55	1	2%
	56-60	0	0%
	60+	6	12%

There was no significant difference between age groups in the percentages of men compared with women in each age group (chi-square test=10.24, (df = 10,50) p>.05).

Respondents primarily comprised residents of the City of Melbourne (30%), visitors to the City of Melbourne (36%), and those that work in the City of Melbourne (32%). These figures are summarized in Table 3.02.

Table 3.02 Sample by resident, visitor, worker and student

	N	%
Resident	15	30%
Visitor	18	36%
Worker	16	32%
Other (Student)	1	2%

Most of those respondents in the general community sample who described themselves as workers in the City of Melbourne were women (81%).

Approximately one-quarter of the sample had no prior knowledge of hepatitis C (had not heard anything or did not know anything about hepatitis C prior to seeing the campaign posters), whilst 73% did have prior knowledge.

Further analysis of respondents with prior knowledge showed that women were somewhat more likely than men to have heard something about hepatitis C prior to seeing the campaign messages. However, this difference was statistically non-significant (chi-square test = 1.35 (df=1,33) p>.05).

Table 3.03 Prior knowledge of hepatitis C by gender

Q18 Before seeing the poster did you hear anything or know anything about hepatitis C?		
	Yes	No
Females	80%	20%
Males	62%	38%

Note: 17 respondents did not specify yes or no

Also, as shown in Table 3.04, residents of the City of Melbourne were significantly more likely than visitors or workers in the City of Melbourne to

have heard something about hepatitis C prior to seeing campaign materials (chi-square test=5.92 (df=2,32) p<.05).

Table 3.04 Prior knowledge of hepatitis C by resident, visitor and worker

Q18 Before seeing the poster did you hear anything or know anything about hepatitis C?		
	Yes	No
Resident	100%	0%
Visitor	55%	45%
Worker	64%	26%

Note: 17 respondents did not specify yes or no

Finally, as shown in Table 3.05, respondents in the general community sample between the ages of 17 and 35 years were significantly more likely to have prior knowledge of hepatitis C than those respondents aged over 35 years (chi-square test=9.17 (df=1,33) p<.05). People aged over 35 years in the general community may be a particularly relevant target group for future hepatitis C communication programmes.

Table 3.05 Prior knowledge of hepatitis C by age group (recoded)

Q18 Before seeing the poster did you hear anything or know anything about hepatitis C?		
	Yes	No
17-35 years	91%	8%
36 and over	42%	58%

Note: 17 respondents did not specify yes or no

This concludes the description of the general community sample characteristics.

3.1.2 Level and rate of recall of campaign materials

To establish the level and rate of message recall, respondents were asked a number of questions in the following sequence:

Q3 Have you just now or over the last few days used a public toilet in the City of Melbourne?

All 50 respondents answered yes to this question. Respondents were then asked:

Q4 Whilst you were in one of the public toilets did you see any posters with health messages on the walls, or anywhere else in the bathroom?

The majority of respondents, 34 (68%), answered yes to this question, and 16 answered no.

Respondents who had seen health messages were then asked:

Q5 Can you tell me what was the topic of the poster(s)?

The large majority of these respondents, 30 (88%), said yes and four said no. At this point, respondents may have been referring to any posters present in the bathrooms. In order to verify the level of unprompted recall of Hepatitis C Campaign posters, these respondents were then asked:

Q8 What did the poster say?

Out of 30 respondents, 20 stated that the poster said "Hepatitis C" and three stated that the poster said "Handling Hep C". A further two respondents

described message content. These 25 respondents in total represent a 50% unprompted recall rate of the campaign posters for the full sample, thus 50% of the sample were able to spontaneously recall the campaign posters. The remaining five respondents in this group were unable to describe what the posters said at this point.

Further analysis of the group of respondents who were able to spontaneously recall the campaign posters showed that men were somewhat more likely than women to demonstrate spontaneous recall, however, this difference did not reach statistical significance (chi-square test=1.40 (df=1,50) p>.05).

Table 3.06 Unprompted recall by gender

	Yes	No
Males	11 (61%)	7 (39%)
Females	14 (44%)	18 (56%)

Also, as shown in Table 3.07, visitors to the City of Melbourne and residents of the City of Melbourne were slightly more likely to spontaneously recall the campaign posters than were workers in the City of Melbourne. Once again, this difference did not reach statistical significance (chi-square test=2.29 (df=2,50) p>.05).

Table 3.07 Unprompted recall by resident, visitor and worker

	Yes	No
Resident	8 (53%)	7 (47%)
Visitor	10 (56%)	8 (44%)
Worker/student	7 (41%)	10 (59%)

Finally, as shown in Table 3.08, in the general community sample, people aged between 17 and 35 years were slightly more likely than those aged over 35 years to demonstrate unprompted recall of the campaign posters. This, however, also did not reach statistical significance (chi-square test=0.73, (df=1,50) p>.05).

Table 3.08 Unprompted recall by age group (recoded)

	Yes	No
17-35 years	15 (56%)	12 (44%)
36 and over	10 (44%)	13 (56%)

In order to examine rates of prompted recall, respondents who were unable to tell the interviewer what the posters they had seen were about (Q5, Q8, n=9) were then asked:

Q6 Did you see any posters about hepatitis C/hep C?

One respondent in this group confirmed that he had seen the poster, but could not describe what the poster said. All remaining respondents (n=8) as well as those respondents who reported that they did not see any health messages on the walls (Q4, n=16) were then shown an example of the poster and asked:

Q7 Can you remember seeing this poster in the bathroom?

Out of the 24 remaining respondents, seven answered yes and 17 answered no. Those respondents answering yes were then asked:

Q8 What did the poster say?

All seven respondents correctly described the poster topic, title or message content.

In short, a further 16% of respondents in the general community sample were able to recall the campaign posters with prompting – 2% with minimal verbal prompting and 14% with visual prompting.

Further analysis of the total group of respondents who were able to recall the campaign posters showed that men in the general community sample were slightly more likely than women to recall the campaign posters. However, this difference did not reach statistical significance (chi-square test=0.48 (df=1,50) p>.05).

Table 3.09 Unprompted and prompted recall by gender

	Yes	No
Males	13 (72%)	5 (28%)
Females	20 (63%)	12 (38%)

As shown in Table 3.10, workers in the City of Melbourne were slightly more likely than visitors in the City of Melbourne to recall the campaign posters. Once again, however, this difference was not statistically significant (chi-square test=0.35 (df=2,50) p>.05).

Table 3.10 Unprompted and prompted recall by resident, visitor and worker

	Yes	No
Resident	10 (67%)	5 (33%)
Visitor	11 (61%)	7 (39%)
Worker/student	12 (71%)	5 (29%)

As shown in Table 3.11, people aged between 17 and 35 years were significantly more likely than those aged over 35 years to recall the campaign posters (chi-square test=3.63 (df=1,50) $p<.05$). This finding suggests that the campaign was more successful in attracting the attention of younger people compared with older people in the general community.

Table 3.11 Unprompted and prompted recall by age group (recoded)

	Yes	No
17-35 years	21 (78%)	6 (22%)
36 and over	12 (52%)	11 (48%)

In summary, 33 out of 50 respondents, or two-thirds of the sample, noticed and recalled seeing the campaign posters, most with no prompting. Furthermore, 50% of respondents were able to name the campaign topic or content with no prompting. These figures reflect a moderately good rate of campaign awareness and suggest that the campaign posters were moderately successful in attracting the attention of their audience. Findings also suggest that the campaign posters were most successful in attracting the attention of respondents between 17 and 35 years of age.

66% of respondents recalled seeing the campaign posters

The majority of respondents (52%) recalled the posters with no or minimal prompting

50% of respondents were able to recall the campaign title, topic or message content with no prompting

People aged 17 to 35 years were more likely than those aged over 35 years to recall seeing the campaign posters

Concluding this section, level and rate of recall of materials in terms of numbers and percentages for the full sample are listed in Table 3.12 below.

Table 3.12 Level and rate of recall of materials

Level of recall of materials	Rate of recall	
	N	%
Message topic or title unprompted	23	46%
Message content unprompted	2	4%
Campaign posters with verbal prompt only	1	2%
Campaign posters with detailed visual prompt	7	14%
Campaign posters recalled in total	33	66%

3.1.3 Message content recall

Message content knowledge and type of message 'out take' was gauged by analysis of responses to the following question:

Q8 What did the poster say?

In response to Q8, respondents described what the poster said by stating the leading phrase of the message, such as "Handling Hep C", by stating the topic, such as "Hepatitis C", "Blood-borne virus" or "Safe syringe disposal", or by describing a part of the message content. The statements that respondents made are listed in Tables 3.13 and 3.14 following. Respondents predominantly described the topic of the message rather than the leading statement or message content. However, survey questions regarding the content of the poster were minimal. Further probing may have revealed a greater degree of specific content knowledge.

Table 3.13 Rates of topic or leading statement recall

Topic or leading statement *(Q8 What did the poster say?)*	Rate of recall	
	N	% (of total sample)
Hepatitis C	23	46%
Safe syringe disposal	6	12%
Handling Hep C	5	10%
Blood-borne virus	3	7%

Note: some respondents made more than one response

Table 3.14 Rates of content recall

Content statements *(Q8 What did the poster say?)*		
	N	% (of total sample)
You get it through blood-to-blood contact	7	14%
You can't get it through touching or kissing	2	4%
City of Melbourne are doing something about Hep C	2	4%
You get it through a cut or punctured skin	1	2%
A swab does not kill Hep C	1	2%
Be blood aware	1	2%
Treat all blood as if it were infected	1	2%
Watch out for drops of blood	1	2%
Treat all blood as if it contains Hep C	1	2%
Infect 3 to 4 million people	0	0%
16,000 new cases annually	0	0%

Note: some respondents made more than one response

Further analysis of message content recall (Q8) showed that:

- 52% of the sample remembered the topic or leading statement, and
- 24% of the sample remembered detailed message content.

Furthermore, analysis of message content recall by type showed that:

- 22% of the sample recalled content regarding modes of hepatitis C transmission,
- 4% of the sample recalled content regarding the City of Melbourne, and
- No respondents recalled content regarding hepatitis C infection rates.

As shown in Table 3.15, women were slightly more likely than men to remember detailed message content. Statistically, differences were non-significant (chi-square test=0.29 (df=1,33) p>.05).

Table 3.15 Rates of content recall by gender

	Yes	No
Males	4 (31%)	9 (69%)
Females	8 (40%)	12 (60%)

As shown in Table 3.16, visitors and workers were somewhat more likely than residents to recall detailed message content. Once again, however, this difference fell short of statistical significance (chi-square test=4.36 (df=2,33) p>.05).

Table 3.16 Rates of content recall by resident, visitor and worker

	Yes	No
Resident	1 (10%)	9 (90%)
Visitor	5 (46%)	6 (54%)
Worker/student	6 (50%)	6 (50%)

Finally, as shown in Table 3.17, people aged between 17 and 35 years were somewhat more likely than those aged over 35 years to remember detailed message content. Once again, differences were statistically non-significant (chi-square test=1.05 (df=1,33) p>.05).

Table 3.17 Rates of content recall by age group (recoded)

	Yes	No
17-35 years	9 (43%)	12 (57%)
Over 35 years	3 (25%)	9 (75%)

In summary, the majority of respondents (52%) in the general community sample remembered topics, such as "Hepatitis C", "Safe Syringe Disposal" and "Blood-borne virus" or the leading statement, "Handling Hep C". A smaller percentage of respondents (22%) remembered specific content on the modes of hepatitis C transmission and infection, primarily the statement "*you get it by blood-to-blood contact*". Only 4% of respondents recalled content pertaining to the City of Melbourne and what it is doing about hepatitis C.

It is likely that a higher percentage of respondents remembered specific message content than indicated by these figures, due to the limited questioning on content knowledge. In fact, when respondents were later asked why they found the messages relevant or helpful, five respondents referred to content regarding rates of infection, and a further four respondents referred to content regarding the City of Melbourne. Including data from responses to questions on the relevance and/or helpfulness of the messages, 32% of respondents demonstrated detailed content knowledge. Furthermore, when considering only the subset of respondents who recalled seeing the posters, the analysis shows that almost all respondents attended to and processed at least the leading statement or topic of the campaign and almost one half (48%) attended to and processed more detailed aspects of the

campaign message. These figures suggest that, when the poster was noticed, the campaign was very successful in raising awareness of hepatitis C.

There were no statistically significant differences found between genders, age groups or types of respondents (resident, visitor or workers) in the rates of detailed message content recall. Therefore, findings suggest that the campaign was equally successful in raising awareness and specific knowledge amongst all groups in the general community. It should be noted, however, that the sample size was small, making it difficult to show statistical differences between groups.

Overall, the data suggests that the campaign was successful in bringing the issue of hepatitis C forward for a strong majority of members of the general community. These results are positive, but must also be considered in terms of respondents' affective response or perceptions of the message, which is considered next.

64% of respondents recalled at least one leading statement, topic or message content statement

32% of respondents recalled at least one detailed message content statement

22% of respondents received messages regarding modes of infection

12% of respondents received messages regarding the City of Melbourne and hepatitis C/syringe bins

10% of respondents received messages regarding rates of hepatitis C infection

3.1.4 Perceptions of the message

As a measure of respondents' perceptions of message relevance, respondents were asked:

Q9 Who do you think the poster is intended for?

Responses are presented below in Table 3.18, in order of prevalence.

Table 3.18 Perceived target audience

Group	N	% (of 33)
Anybody/everyone	14	42%
People who use drugs	11	33%
Men	4	12%
Women	2	6%
Young people	1	3%
People who use public toilets	1	3%

As detailed in Table 3.18, respondents mostly perceived that campaign messages were intended for anybody or everyone. However, many respondents (33%) also perceived that messages were intended for people who use drugs. Given the environment in which the messages appear (i.e. public toilets with sharp safe needle disposal units), and that hepatitis C is strongly associated with injecting drug use, it might be expected that a percentage of respondents identify drug users as the intended audience. Given that only a minority of respondents in the general community sample perceived that the messages were for drug users, the messages were quite successful in appealing to a general audience.

Furthermore, of those respondents who identified the target audience as '*men*', '*women*' or '*young people*' (n=7, 22%), only one respondent did not belong to

the category that they nominated as the target audience. This indicates that the large majority of these respondents believed that the message was particularly relevant to them.

As shown in Table 3.19, there were some differences between men and women in the perceived target audience of the campaign, however, these differences were statistically non-significant (chi-square test= 10.37 (df=5,33) p>.05). As suggested above, women were more likely than men to perceive messages as intended for women, and men were more likely than women to perceive that messages were intended for men. Males were particularly likely to perceive that the messages were intended for men.

Table 3.19 Perceived target audience by gender

Q9 Who do you think the poster was intended for?				
	'Anybody'	*'Women'*	*'Men'*	*'Drug Users'*
Males	4 (31%)	0	4 (31%)	4 (31%)
Females	10 (50%)	2 (10%)	0	7 (35%)

As shown in Table 3.20, there were also some differences between City of Melbourne residents, visitors and workers in the perceived intended audience of the campaign messages. In particular, a relatively higher percentage of residents perceived that the messages were intended for drug users. This may explain the lower rates of detailed content recall shown by residents. Once again, however, differences between groups were statistically non-significant (chi-square test =12.92 (df=10,33) p>.05).

Table 3.20 Perceived target audience by resident, visitor and worker

Q9 Who do you think the poster was intended for?				
	'Anybody'	*'Women'*	*'Men'*	*'Drug Users'*
Residents	5 (50%)	0	0	5 (50%)
Visitors	4 (36%)	0	3 (27%)	2 (18%)
Workers	5 (46%)	2 (18%)	1 (9%)	3 (27%)

Finally, as described in Table 3.21, there were some differences between those aged 17 to 35 years and those aged over 35 years in the perceived intended audience of the campaign. Those aged 17 to 35 years were more likely than those aged over 35 years to perceive that messages were intended for anybody or everybody, and were also less likely to perceive that the messages were intended for men. These differences were not, however, statistically significant (chi-square test=7.98 (df=5,33) p>.05).

Table 3.21 Perceived target audience by age group (recoded)

Q9 Who do you think the poster was intended for?				
	'Anybody'	*'Women'*	*'Men'*	*'Drug Users'*
17-35 years	11(52%)	1 (5%)	1 (5%)	8 (38%)
Over 35 years	3 (25%)	1(8%)	3 (25%)	3 (25%)

Overall, the majority of respondents perceived that the messages were intended for anybody or everybody, their own gender, and those who use public toilets. Only one-third of respondents perceived that the messages were intended for drug users. Therefore, the analysis suggests that most respondents identified with the messages and that most respondents were unlikely to dismiss messages on the basis that they were intended for drug users. This is a positive outcome given that hepatitis C is strongly associated with intravenous drug use.

As the next two questions show, all respondents found the material easy to understand and many also found the material relevant and/or helpful.

Q12 Did you find the message easy to understand?

Of the 32 respondents who answered this question, 32 answered yes.

Q14 Did you find the poster relevant and/or helpful?

The majority of respondents, 18 (55%), answered yes and 15 answered no in response to this question. The reasons why respondents found the messages relevant and/or helpful are listed in order of prevalence in Table 3.22.

Table 3.22 Reasons why messages were relevant and/or helpful

Q14 Why did you find the information relevant or helpful?		
Reason	N	% (of 33)
It told me how Hep C is transmitted	7	21%
It told me what the City of Melbourne is doing about Hep C	4	12%
Told me why the syringe bins are placed in the bathrooms	4	12%
Because it provided a general reminder about Hep C	4	12%
It told me how many people have been infected with Hep C	3	9%
Conveyed important safety information about safe disposal	2	6%
It told me how many cases occur each year in Australia	1	3%
It gave an important public health message	1	3%
It helped me gain understanding	1	3%
I just thought it was a good thing	1	3%
It's alarming statistical information	1	3%

Note: some respondents gave more than one response

Further analysis of responses to Q14 showed that the information respondents found most relevant and/or helpful was:

- information pertaining to syringe bins and safe needle disposal (7 respondents, 21%),
- information pertaining to modes of transmission (7 respondents, 21%), and
- statistical information pertaining to rates of infection (5 respondents, 15%).

Respondents who did not find the poster relevant and/or helpful (n=15) generally provided one of three types of explanation for this. The most common explanation (n = 11) was that the information was not relevant or helpful because hepatitis C was unlikely to affect the respondent personally. For example, five respondents explained that the message was not relevant to them because they did not use drugs or syringes, or were not in a high risk group. The second type of explanation, offered by two respondents, was that that the information was not helpful because they already knew a lot about hepatitis C. Finally, two respondents explained that the messages were not relevant and/or helpful because they had been treated for or vaccinated against hepatitis C, and therefore were knowledgeable and/or not at risk of contracting hepatitis C. No respondent was critical of the messages themselves in relation to their relevance or helpfulness.

Respondents' perceptions of the campaign messages as an initiative of the City of Melbourne were gauged by asking:

Q 15 How appropriate do you think it is for the City of Melbourne to tell people about hepatitis C?

As Table 3.23 shows, 91% of respondents felt that it was very appropriate or appropriate for the City of Melbourne to tell people about hepatitis C.

Table 3.23 Perceptions of appropriateness of the message

Q15 How appropriate do you think it is for the City of Melbourne to tell people about hepatitis C?		
	N	% (of 33)
Very appropriate	24	73%
Appropriate	6	18%
Undecided/DK	2	6%
Inappropriate	1	3%
Highly inappropriate	0	0%

The only respondent who found the messages inappropriate was male, aged over 60 years and a visitor to the City of Melbourne. This respondent explained that he felt that it was inappropriate for the City of Melbourne to tell people about hepatitis C because "*it would not deter anyone who uses drugs*". This respondent may have misinterpreted the health messages as an effort to reduce drug use.

In many respects, and for the majority, messages were perceived in positive ways. Respondents tended to believe that the messages were intended for everybody or for their own gender. All respondents reported that the messages were easy to understand, and the majority reported that the messages were relevant and/or helpful. Almost all respondents thought it was appropriate for the City of Melbourne to deliver information about hepatitis C. These findings further support a positive evaluation of the campaign programme.

3.1.5 Behavioural or anticipated behavioural responses

Respondents' actions or anticipated actions in response to the campaign were investigated with the following question:

Q17 Have you or would you speak to anyone about hepatitis C as a result of seeing the information on the poster?

Out of the 33 respondents who answered this question, the majority, 24 (73%), stated yes, they would speak to someone, and 9 stated no, they wouldn't speak to someone. This is a strong outcome – approximately half of the respondents in the general community sample had or intended to speak further about hepatitis C as a result of the City of Melbourne Hepatitis C Campaign. These results give a good indication that the campaign was successful in encouraging discussion and raising awareness about hepatitis C.

3.1.6 Prior knowledge and campaign impact

In order to assess the level of prior knowledge of hepatitis C, and the ways in which the campaign made an impact on hepatitis C knowledge and awareness, respondents were asked:

Q18 Before seeing the poster, did you hear anything or know anything about hepatitis C? and
Q19 What did you know previously about hepatitis C?

In response to Q18, as discussed under section 3.1.1, Sample characteristics, 24 respondents out of 33 (73%) answered yes, they had heard about hepatitis C prior to seeing the poster, and nine answered no, they had not.

In response to Q19, all 24 respondents who had previously heard something about hepatitis C described their prior knowledge. Respondents' answers were categorized under the headings: *'extensive knowledge'*, *'limited knowledge'* and *'some specific knowledge'*. The numbers of respondents in each category are shown in Table 3.24 below:

Table 3.24 Level of prior knowledge of hepatitis C

Q 19 What did you know previously about hepatitis C?		
	N	%
Extensive knowledge i.e. "I'm a nurse" or "I have hep C"	5	15%
Some specific knowledge i.e. "It's a blood-borne virus"	14	43%
Limited knowledge i.e. "Just that it exists" or "It's a virus"	5	15%
No prior knowledge	9	27%

Extensive knowledge

Of the five respondents who described their prior knowledge of hepatitis C as extensive, two respondents were nurses and three respondents had hepatitis C or had been treated for hepatitis C.

Further analysis of this group of respondents showed that, although they already knew a lot about hepatitis C, the majority (n=3, 60%) found the messages relevant and helpful (Q12). These respondents explained that the information in the campaign messages served as a general reminder about hepatitis C and the need for public awareness.

Some specific knowledge

Fourteen respondents knew at least one specific fact about hepatitis C, and four of these respondents knew two facts. Respondents specific knowledge is listed in Table 3.25 below in order of prevalence.

Table 3.25 Prior knowledge of hepatitis C

Q 19 What did you know previously about hepatitis C?		
	N	% (of 33)
"It's a blood-borne virus" or "It's transmitted via blood"	7	21%
"It is transmitted through syringes/drugs" or "It affects IDUs"	6	18%
"It affects the liver" or "It's a disease of the liver"	4	12%
"There are different strains of hepatitis"	1	6%

Note: four respondents gave two responses

Further analysis of this group of respondents showed that the majority (n=9, 64%) found the campaign messages relevant and/or helpful because they learnt additional information concerning hepatitis C (n=6) or because it increased their general awareness or understanding (n=3).

Limited knowledge

Of the five respondents whose prior knowledge was categorized as limited, two respondents described that they knew "Just that it exists", one respondent knew "Just that Pamela Anderson has it", one respondent knew that "It's a virus" and one respondent said "It's easy to catch".

Further analysis of this group showed that the majority of these respondents (n=4, 80%) recalled specific message content, such as "*You get it through blood-to blood contact*" or specific topic statements, such as "*Blood-borne virus*" or "*Safe syringe disposal*" (Q8). This suggests that, although these respondents had heard of hepatitis C prior to seeing the campaign messages, their awareness and specific knowledge of hepatitis C increased as a result of the campaign.

No prior knowledge of hepatitis C

Of the nine respondents who had no prior knowledge of hepatitis C, the majority (n=5, 56%) found the messages relevant and/or helpful in relation to specific

message content such as '*why syringe bins are placed in the bathroom*', and '*how hepatitis C is transmitted*'.

In summary, 14 out of the 33 respondents (42%) who saw the campaign posters demonstrated an increase in specific knowledge about hepatitis C. Of these 14 respondents, five (36%) had no prior knowledge of hepatitis C, three (21%) had very limited prior knowledge and six (43%) had some prior knowledge. Furthermore, six respondents described seeing the posters as relevant and/or helpful as a general reminder or booster to general awareness and understanding. These figures represent an increase in specific knowledge in 28% of the sample, and a valued increase in general awareness in 12% of the sample.

In evaluating the impact of the programme on awareness and knowledge of hepatitis C, it should be noted that, regardless of the level of prior or subsequent knowledge, simply viewing the posters has some impact on awareness. This point is evident in the finding that three out of the five respondents with extensive prior knowledge described the campaign messages as 'a good general reminder' of hepatitis C issues. As such, the fact that 58% of respondents recalled seeing the posters and recalled either the campaign topics or message content with minimal or no prompting indicates that some minimum level of awareness was increased in at least three-fifths of the sample.

58% of the sample demonstrated some level of increase in awareness of hepatitis C

28% of the sample demonstrated an increase in specific knowledge regarding hepatitis C and/or the City of Melbourne

12% of the sample valued the programme as a reminder or booster to general awareness and knowledge

Finally, in order to better understand the ways in which people had learnt about hepatitis C in the past, respondents were asked:

Q20 If you did hear about hepatitis C previously, where did you hear about it?

All respondents who had heard something prior about hepatitis C (n=24) answered this question. The largest single source of information about hepatitis C was doctors or health practitioners (n= 6, 21% of responses) followed by friends and school or university (n = 4, 14% of responses, respectively). The full list of responses in order of prevalence are listed in Table 3.26 following.

Table 3.26 Sources of prior knowledge about hepatitis C

Q 27 If yes, where did you hear about it		
Source	N	% (out of 33)
Doctor/Health Practitioner	6	18%
Friend	4	12%
School or university	4	12%
Unsure exactly– general knowledge or general media	3	9%
Family member	3	9%
Work	3	9%
Social worker or community health worker	2	6%
Read about it on a poster	1	3%
Read about it in a brochure	1	3%
Read about it in a newspaper	1	3%
No prior knowledge	9	27%

Note: some respondents gave more than one source of prior knowledge

Further analysis of the ways in which in respondents had previously learnt about hepatitis C showed that informal sources of knowledge, such as friends, family

and the media, were almost as prevalent as more formal or structured sources, such as doctors, social workers or universities.

In total,

- 11 respondents (46% of those with prior knowledge) had learnt about hepatitis C from formal sources of knowledge,
- 10 respondents (42% of those with prior knowledge) had learned about hepatitis C from informal sources, and
- 3 respondents (12% of those with prior knowledge) identified both formal and informal sources of knowledge.

These results suggest that informal sources of knowledge have played an important role in raising awareness and knowledge about hepatitis C in the general community. As such, the campaign methodology – using visual media located within informal settings, is consistent with the ways in which people learn and think about health issues such as hepatitis C.

In light of the role of informal sources of knowledge in the general community, it is also important to consider that 48% of the total sample intended to speak to others about hepatitis C as a result of seeing the campaign messages. Discussion generated by the posters is, therefore, very likely to make a further impact on hepatitis C awareness in those who do not see the messages.

The next section will briefly summarise the analysis of data for the 'Handling Hep C' communication stream and the general community sample.

3.2 Summary

The general aim of the 'Handling Hep C' communication stream was to 1) increase awareness of hepatitis C and 2) inform the community of what the City of Melbourne is doing about hepatitis C. In total, 66% of respondents recalled seeing the campaign posters and 58% of the sample were able to recall the campaign topic or content with minimal or no prompting. This suggests that awareness of hepatitis C increased in at least 58% of the sample as a result of the campaign programme. Furthermore, detailed knowledge about hepatitis C increased in 28% of respondents, and 48% of respondents had or intended to speak with others about hepatitis C as a result of the campaign.

With respect to increasing awareness of the City of Melbourne Hepatitis C initiatives, the campaign appears to have been less successful. In total, 12% of respondents recalled information relating to the City of Melbourne and the provision of sharp safe disposal units. Members of the general community may have been less interested in this aspect of hepatitis C, or reluctant to discuss syringe/drug use and needle disposal in the survey.

In most respects, however, the campaign has been successful. Respondents perceived the messages as appropriately delivered by the City of Melbourne and easy to understand. In the majority, respondents perceived the messages as relevant and helpful. Importantly, the majority of respondents believed that the messages were intended for everybody rather than drug users in particular.

Overall, the good rates of recall, increase in knowledge and awareness, and acceptance for the major aspects of the campaign materials suggest that the City of Melbourne Hepatitis C Campaign was a successful communication programme.

3.3 Recommendations

The good rate of recall of the campaign posters (66%) suggests that the messages were successful in attracting the initial attention of members of the general community. Rates of recall of specific knowledge (32%) were lower, and indicate that around half of the participants that noticed the posters did not attend to the content of the posters.

Although the messages were successful in raising general awareness, they were less successful in increasing more specific knowledge regarding hepatitis C and the initiatives of the City of Melbourne. This may have been due to the fact that about one-third of respondents perceived that the messages were intended for drug users rather than members of the general community, and that hepatitis C messages are not personally relevant.

In view of some community attitudes regarding hepatitis C and intravenous drug use (i.e. it doesn't concern me), the current hepatitis C programme should be considered successful in the level of awareness and knowledge generated. In the design of future hepatitis C awareness programmes, engaging the attention and interest of the general community in this issue should be considered further.

4. 'It may contain Hep C' –Intravenous Drug Users

This part of the report evaluates the hepatitis C campaign in relation to users of intravenous drugs and the 'It may contain Hep C' communication stream.

4.1 Analysis of data

This section presents an analysis of data relating to the questions asked on the IDU questionnaire. The results are presented under five headings: level and rate of recall of campaign materials, message content recall, perceptions of the message/message placement, behavioural or anticipated behavioural responses to the message, and prior knowledge and campaign impact. Firstly, however, a description of the IDU sample characteristics is provided.

4.1.1 Sample characteristics

A total of 50 respondents comprised the IDU sample, all of whom had used a public toilet in the Melbourne CBD immediately prior to interview or within two days prior.

Men comprised the majority of the sample (76%), which reflects the over-representation of males in the population of intravenous drug users and those diagnosed with hepatitis C[1].

Over half of the sample were aged 28 years or younger, 28% were aged between 29 and 35 years, and 10% were aged over 35 years.

[1] National Centre in HIV Epidemiology and Clinical Research. HIV/Aids, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2003. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales, Sydney, NSW, 2003.

The gender and age of respondents is summarized in Table 4.01.

Table 4.01 Sample by gender and age

		N of respondents	%
Gender	Male	37	76%
	Female	12	24%
Age Group	Under 17	1	2%
	17-20	6	12%
	21-24	9	18%
	25-28	15	30%
	29-31	9	18%
	32-35	5	10%
	36-40	2	4%
	40+	3	6%

Note: one respondent did not specify gender

There was no significant difference between age groups in the percentages of men compared with women in each age group (chi-square test=8.13, (df = 7, 49) p>.05).

Respondents primarily comprised residents of the City of Melbourne (44%) and visitors to the City of Melbourne (40%). The status of respondents are summarized in Table 4.02.

Table 4.02 Sample by resident, visitor and worker

	N	%
Resident	22	44%
Visitor	20	40%
Worker	8	16%

Approximately one-third of the sample used public toilet facilities '*all of the time*' and two-thirds of the sample used public toilets '*some of the time*'. Respondents' reported use of public toilet facilities is summarized in Table 4.03.

Table 4.03 Sample by public toilet usage

	N	%
All of the time	15	30%
Some of the time	33	66%
Not often	2	4%

All respondents in the IDU sample had prior knowledge of hepatitis C (had heard something about or knew something about hepatitis C prior to seeing the campaign posters).

4.1.2 Level and rate of recall of campaign materials

To establish the level and rate of recall of the campaign posters, respondents were asked a number of questions in the following sequence:

Q3 Have you just now or over the last few days used a public toilet in the City of Melbourne?

All 50 respondents answered yes to this question. Respondents were then asked:

Q5 Whilst you were in one of the public toilets did you see any posters with health messages on the walls, or anywhere else in the bathroom?

The majority of respondents, 32 (64%), answered yes to this question, and 18 answered no.

Respondents who had seen health messages were then asked:

Q6 Can you tell me what was the topic of the poster(s)?

The majority of these respondents, 22 (69%), said yes, and ten said no. At this point, respondents may have been referring to any posters present in the bathrooms. In order to verify the level of unprompted recall of hepatitis C campaign posters, these respondents were then asked:

Q9 What did the poster say?

Out of 22 respondents, ten stated that the poster said "Hepatitis C" and one stated that the poster said "It may contain hep C". A further three respondents talked about content such as "don't share needles" and to "treat all blood as infected". These 14 respondents in total represent a 28% unprompted recall rate of the campaign posters for the full sample, thus almost one-third of the sample were able to spontaneously recall the campaign posters. The remaining eight respondents in this group were unable to describe what the posters said at this point.

Further analysis of the group of respondents who were able to spontaneously recall the campaign posters showed that men and women in the IDU sample were equally likely to spontaneously recall the campaign posters.

Table 4.04 Unprompted recall by gender

	Yes	No
Males	10 (27%)	27 (73%)
Females	3 (25%)	9 (75%)
Unknown	1	0

Note: one respondent did not specify gender

As shown in Table 4.05, visitors to the City of Melbourne were slightly more likely to spontaneously recall the campaign posters than were workers and residents. This difference did not reach statistical significance (chi-square test=0.83 (df=2,50) p>.05)

Table 4.05 Unprompted recall by resident, visitor and worker

	Yes	No
Resident	5 (23%)	17 (77%%)
Visitor	7 (35%)	13 (65%)
Worker	2 (25%)	6 (75%)

As shown in Table 4.06, people aged under 21 years were somewhat more likely to spontaneously recall the campaign posters than those aged between 21 and 28 years, and over 28 years. Once again, however, this difference was not statistically significant (chi-square=1.24 (df=2,50) p>.05).

Table 4.06 Unprompted recall by age group (recoded)

	Yes	No
Under 21 years	3 (43%)	4 (57%)
21-28 years	7 (29%)	17 (71%)
29+ years	4 (21%)	15 (79%)

Finally, as shown in Table 4.07, respondents who reported using public toilets some of time or less were slightly more likely to spontaneously recall the campaign posters than those respondents who reported using the toilets all of the time. This difference was not statistically significant (chi-square test=0.68 (df=1,50) p>.05).

Table 4.07 Unprompted recall by public toilet usage (recoded)

	Yes	No
All of the time	3 (20%)	12 (80%)
Some of the time or less	11 (31%)	24 (69%)

In order to examine rates of prompted recall, respondents who were unable to tell the interviewer what the posters they had seen were about (Q6, Q9, n=18) were then asked:

Q7 Did you see any posters about hepatitis C/ hep C?

Four respondents in this group said they had seen posters about hepatitis C, and 14 said no. Of the four respondents who thought they had seen a poster about hepatitis C, one was able to correctly recall the content of the posters. This one respondent represents a 2% minimal prompt recall rate. In other words, 2% of the sample were able to recall the posters with a minimal verbal prompt. Remaining respondents (n=17) as well as those respondents who reported that they did not see any health messages on the walls (Q5, n= 18) were then shown an example of the poster and asked:

Q8 Can you remember seeing this poster in the bathroom?

Six respondents out of 35 subsequently recalled seeing the campaign posters and recalled the topic or content, and 29 did not.

In short, an additional 14% of respondents in the IDU sample were able to recall the campaign posters with prompting – 2% with minimal verbal prompting and 12% with visual prompting.

Further analysis of the total group of respondents who were able to recall the campaign posters showed that women in the IDU sample were slightly more likely than men to recall the campaign posters. However, this difference did not reach statistical significance (chi-square test=0.56 (df=1,49) p>.05).

Table 4.08 Unprompted and prompted recall by gender

	Yes	No
Males	14 (38%)	23 (62%)
Females	6 (50%)	6 (50%)
Unknown	1	0

Note: one respondent did not specify gender

As shown in Table 4.09, visitors to the City of Melbourne, workers and residents of the City of Melbourne, were all about equally likely to recall the campaign posters.

Table 4.09 Unprompted and prompted recall by resident, visitor and worker

	Yes	No
Resident	9 (41%)	13 (59%)
Visitor	9 (45%)	15 (55%)
Worker	3 (38%)	5 (62%)

As shown in Table 4.10, people aged under 21 years were more likely to recall the campaign posters than those aged between 21 and 28 years, and aged over 28 years. Once again, however, these differences were not statistically significant (chi-square test=2.90 (df=2,50) p>.05).

Table 4.10 Unprompted and prompted recall by age group (recoded)

	Yes	No
Under 21 years	5 (71%)	2 (29%)
21-28 years	9 (38%)	15 (62%)
29+ years	7 (37%)	12 (63%)

Finally, as shown in Table 4.11, when both prompted and unprompted recall is considered, respondents who recalled the posters did not differ in their usage of public toilets.

Table 4.11 Unprompted and prompted recall by public toilet usage (recoded)

	Yes	No
All of the time	6 (40%)	9 (60%)
Some of the time or less	15 (43%)	20 (35%)

In summary, 21 out of 50 respondents, or 42% of the sample, noticed and recalled seeing the campaign posters, most with no prompting. Furthermore, 30% of respondents were able to name the campaign topic or content with no or minimal prompting. There were no significant differences in the gender, age or type of respondent that recalled the campaign posters, or between those respondents who used public toilets more or less often. These findings reflect a moderate rate of campaign awareness across all groups.

42% of respondents recalled seeing the campaign posters

Almost one-third of respondents (30%) recalled the posters with no or minimal prompting

Almost one-third of respondents (30%) were able to recall the campaign topic or message content with minimal or no prompting

As a measure of card-dispenser recall, respondents who recalled the campaign posters (n=21) were asked:

Q18 Some of the posters had a card dispenser attached, did you see one?

In response to this question, seven respondents answered yes and 14 answered no. Therefore, one-third of respondents who recalled seeing the posters recalled seeing the take-away card-dispensers.

The characteristics of the group of respondents who recalled the take-away card-dispensers is detailed in Tables 4.12 to 4.15. The analysis showed that:

- Women and men were about equally likely to recall the dispensers (Table 4.12),
- Workers in the City of Melbourne were somewhat more likely than residents or visitors to recall the dispenser (Table 4.13),
- Respondents under the age of 21 years did not recall the dispenser at all, compared with 80% of those aged 21 to 28 years (Table 4.14), and
- Respondents who used the public toilets some of the time or less were more likely to recall the dispenser than those who used the toilets all of the time (Table 4.15).

However, none of these differences were statistically significant. It should be noted that large differences between groups would be required to show statistical significance in a sample size this small (i.e. n=21)

Table 4.12 Card-dispenser recall by gender

Q18 Some of the posters have a take-away card dispenser, did you see one?		
	Yes	No
Male	4 (29%)	10 (71%)
Female	2 (33%)	4 (66%)
Unknown	1	0

Note: one respondents did not specify gender

Table 4.13 Card-dispenser recall by resident, visitor and worker

Q18 Some of the posters have a take-away card dispenser, did you see one?		
	Yes	No
Resident	2 (22%)	7 (78%%)
Visitor	3 (33%)	6 (66%)
Worker	2 (66%)	1 (33%)

Table 4.14 Card-dispenser recall by age group (recoded)

Q18 Some of the posters have a take-away card dispenser, did you see one?		
	Yes	No
Under 21 years	0 (0%)	5 (100%)
21-28 years	4 (80%)	5 (20%)
29+ years	3 (43%)	4 (57%)

Table 4.15 Card-dispenser recall by public toilet usage (recoded)

Q18 Some of the posters have a take-away card dispenser, did you see one?		
	Yes	No
All of the time	1 (17%)	5 (83%)
Some of the time or less	6 (40%)	9 (60%)

Respondents were also asked:

Q19 Did you take one of the cards?

In response to this question, all seven respondents who recalled the card-dispenser did not take a card.

The above results suggest that many respondents that noticed and recalled the campaign posters also noticed and recalled take-away card-dispensers, but most did not. Also, none of the respondents in this sample utilized the take-away card facility. For this sample of intravenous drug users, this facility was not an effective device.

Maintenance records kept for the first seven-month period of the campaign programme (June 2003 – December 2003) indicate that approximately 1,000 cards per month were taken up. The current data-set, therefore, may not be representative of all intravenous drug users who noticed the posters and take-away cards for the duration of the programme.

Concluding this section, level and rate of recall of materials in terms of numbers and percentages for the full sample are listed in Table 4.16 following.

Table 4.16 Level and rate of recall of materials

Level of recall of materials	Rate of recall	
	N	%
Specific campaign topic unprompted	11	22%
Campaign message content unprompted	3	6%
Campaign posters with verbal prompt only	1	2%
Campaign posters with detailed visual prompt	6	12%
Campaign posters recalled in total	21	42%
Card-dispensers recalled by those recalling posters	7	33%

4.1.3 Message content recall

Message content knowledge and type of message 'out take' was gauged by analysis of responses to the following question:

Q9 What did the poster say?

In response to Q9, respondents described what the posters said by stating the leading phrase of the message, i.e. "It may contain Hep C" or "Handling Hep C", by stating the topic, i.e. "Hepatitis C" or "Drugs", or by describing a specific part of the message content. The statements that respondents made are listed in Tables 4.17 and 4.18 following. As shown in Table 4.17, respondents mostly described what the poster said by stating the topic, however, more than half of the respondents who recalled seeing the posters also described more specific message content. Survey questions on the content of the posters were minimal, and further probing may have revealed an even greater degree of specific content knowledge.

Table 4.17 Rates of leading statement or topic recall

Topic or leading statements *(Q9 What did the poster say?)*	Rate of recall	
	N	% (of total sample)
Hepatitis C	15	30%
It may contain Hep C	3	6%
Handling Hep C	2	4%
Drugs	1	2%

Note: some respondents made more than one response

Table 4.18 Rates of content recall

Content statements *(Q9 What did the poster say?)*		
	N	% (of total sample)
Don't share or re-use needles/injecting equipment	6	12%
Treat all blood as if it contains Hep C	3	6%
Hep C can be on your clothes, skin, spoon & equipment	2	4%
Hep C exists in amounts too small to see	1	2%
Hep C infects 3 to 4 million people	0	0%
16,000 new cases annually	0	0%

Note: some respondents made more than one response

Further analysis of message recall (Q9) showed that:

- 36% of the sample remembered topic or leading statements, and
- 22% of the sample remembered message content statements.

Furthermore, analysis of content recall by type showed that:

- 18% of the sample recalled content regarding prevention of hepatitis C,
- 4% of the sample recalled content regarding the transmission of hepatitis C, and

- No respondents recalled content regarding hepatitis C infection rates.

Further analysis of respondents who demonstrated detailed content recall showed that men and women were equally likely to remember detailed message content, as shown in Table 4.19

Table 4.19 Rates of content recall by gender

	Yes	No
Males	7 (50%)	7 (50%)
Females	3 (50%)	3 (50%)
Unknown	1	0

Note: one respondent did not specify gender

As shown in Table 4.20, a somewhat higher percentage of workers, than residents or visitors in the City of Melbourne, recalled detailed message content. This difference was not, however, statistically significant (ch-square test=0.51 (df=2,21) p>.05).

Table 4.20 Rates of content recall by resident, visitor and worker

	Yes	No
Resident	4 (44%)	5 (56%)
Visitor	5 (56%)	4 (44%)
Worker	2 (67%)	1 (33%)

As shown in Table 4.21, respondents aged 21 to 28 years, and over 28 years were significantly more likely than those aged under 21 years to remember detailed message content (chi-square test=7.26 (df=2,21) p<.05). This finding may suggest that the campaign messages were not successful in maintaining the sustained attention of young people under 21 years of age.

Table 4.21 Rates of content recall by age group (recoded)

	Yes	No
Under 21 years	0 (0%)	5 (100%)
21-28 years	6 (67%)	3 (33%)
29+ years	5 (71%)	2 (29%)

Finally, as shown in Table 4.22, rates of detailed content recall did not differ between those that used the public toilets all the time, and those that used the toilets some of the time or less.

Table 4.22 Rates of content recall by public toilet usage (recoded)

	Yes	No
All of the time	3 (50%)	3 (50%)
Some of the time or less	8 (53%)	7 (47%)

In summary, many respondents (34%) in the IDU sample recalled the leading statement of the campaign messages, such as "It may contain Hep C" or "Handling Hep C", or the topic of the campaign, such as "Hepatitis C". Some respondents (22%) also remembered the specific content of the messages, in particular, prevention messages such as *"Don't share or re-use needles/injecting equipment"*.

It is likely that a higher percentage of respondents recalled specific content than indicated by these figures, due to the limited questioning on content knowledge. In fact, when respondents were later asked why they found the messages relevant or helpful, a further six respondents referred to detailed message content regarding transmission and prevention of hepatitis C. Including data from responses to questions on the relevance and/or helpfulness of the messages, 34%

of respondents demonstrated detailed content knowledge. Furthermore, when considering only the subset of respondents who recalled seeing the posters, the analysis shows that all respondents attended to and processed at least the leading statement or topic of the campaign messages, and 80% attended to and processed more detailed aspects of the message. These figures suggest that when the poster was noticed, the campaign was highly successful in raising awareness of hepatitis C.

Further analysis of responses to Q9 showed that respondents aged under 21 years of age were significantly less likely to recall detailed message content than respondents aged over 21 years of age. As described in the previous section, this younger age group was also less likely to recall the card-dispensers attached to some posters. This may suggest that intravenous drug users under the age of 21 require additional or more targeted communication messages to encourage more sustained attention or detailed processing of information content.

Overall, the data suggests that the campaign was successful in bringing both the issue of hepatitis C, and specific messages about the prevention of hepatitis C forward for a many members of the IDU community. These results are positive, but must also be considered in terms of respondents' affective response or perceptions of the message, which is considered next.

42% of respondents recalled at least one leading statement, topic, or message content statement

34% of respondents recalled at least one detailed message content statement

20% of respondents recalled information regarding transmission / reinfection

22% of respondents recalled messages regarding prevention of hepatitis C

4.1.4 Perceptions of the message

As a measure of respondents' perceptions of message relevance, respondents were asked:

Q10 Who do you think the poster was intended for?

Responses are presented below in Table 4.23, in order of prevalence.

Table 4.23 Perceived target audience

Group	N	% (of 21)
Anybody/everyone	13	62%
People who inject in public toilets	4	19%
People who use drugs	3	14%
People who use the public toilet	1	5%

As shown in Table 4.23, the majority of respondents perceived that campaign messages were intended for anybody or everyone. Many respondents (33%), however, perceived that the messages were intended for either people who inject in public toilets or people who use drugs in particular. The messages evaluated in this part of the report were, of course, intended for intravenous drug users. However, it is not particularly problematic that respondents identified anybody or everybody as the target audience as this category is inclusive of the actual target audience.

Overall, many respondents correctly identified drug users as the target audience and almost all others perceived that the messages were intended for anybody or everybody. The results, therefore, suggest that respondents mostly identified with the messages and were unlikely to dismiss or resist messages on the basis that they were intended for people different from themselves.

As the next two questions show, almost all respondents (95%) found the material easy to understand and also relevant and helpful.

Q11 Did you find the message easy to understand?

Of the 20 respondents who answered this question, 19 answered yes and one answered no. The respondent that did not find the message easy to understand reasoned that the message was *"not big enough to engage you"* and that *"HIV is left out"*.

Q13 Did you find the poster relevant and/or helpful?

Of the 20 respondents who answered this question, 19 answered yes and one answered no. The single respondent who did not find the poster relevant and/or helpful explained that she *"already knew the information on the poster"*.

The reasons why respondents found the messages relevant and/or helpful are listed in order of prevalence in Table 4.24.

Table 4.24 Reasons why messages were relevant and/or helpful

Q15 Why did you find the information relevant or helpful?		
Reason	N	% (of 21)
Using a swab to clean your equipment will not kill the virus	6	30%
Provided a general reminder/ reinforcer of Hep C issues	5	25%
Your clothes, spoon or equipment may be infected	4	20%
To reduce the spread of Hep C avoid sharing or re-using	4	20%
I didn't know how easy it was to get Hep C	1	5%
Treat all blood as if it contains Hep C	1	5%
16,000 new cases in Australia annually	1	5%

Note: one respondents gave more than one response

Further analysis of responses to Q15 showed that the messages respondents found most relevant or helpful were:

- messages pertaining to the contamination of equipment/clothes and regarding the use of swabs (10 respondents, 50%), and
- directives regarding the prevention of hepatitis C (5 respondents, 25%).

Also, many respondents (25%) found the information relevant and helpful as a general reminder of the issue of hepatitis C or reinforcer of hepatitis C knowledge.

Regarding the information printed on the take-away cards, respondents were also asked:

Q22 Do you think this type of information is useful?

Of the 21 respondents who answered this question, 19 (90%) answered yes and two answered no. The two respondents who did not think the take-away cards were useful said: *"People don't give a shit and won't take one"* and *"I wouldn't take a card...it's not the sort of thing I'd like to carry"*.

Respondents' perceptions of the appropriateness of displaying hepatitis C posters in public toilets was gauged by asking:

Q16 How appropriate do you think it is to display posters about hepatitis C in the bathroom?

As Table 4.25 shows, all respondents felt that it was very appropriate or appropriate to place messages about hepatitis C in public toilets.

Table 4.25 Perceptions of appropriateness of message placement

Q16 How appropriate do you think it is to display posters about hepatitis C in the bathroom?		
	N	%
Very appropriate	14	67%
Appropriate	7	33%

In summary, the campaign messages were perceived in positive ways for the overwhelming majority of IDU respondents. Respondents perceived that the campaign was intended for everybody or for drug users in particular. Almost all respondents found the information on the posters and cards relevant and useful, and easy to understand. All respondents thought that it was appropriate to display hepatitis C messages in public toilets. These results suggest that, for intravenous drug users who noticed the campaign posters, the messages were well received and highly effective in communicating important information.

4.1.5 Behavioural or anticipated behavioural responses

Respondents' actions or anticipated actions in response to the campaign were investigated with the following question:

Q24 Have you or would you speak to anyone about hepatitis C as a result of seeing the information on the poster?

Out of the 21 respondents who recalled seeing the campaign posters, the majority, 14 (67%), stated yes, they would speak to someone, and seven stated no, they wouldn't speak to someone. In total, 28% of the respondents in the IDU sample had or intended to speak further about hepatitis C as a result of the City of Melbourne Hepatitis C Campaign. These results give a good indication that the

campaign was successful in encouraging some discussion and in raising awareness about hepatitis C.

4.1.6 Prior knowledge and campaign impact

In order to assess the level of prior knowledge of hepatitis C and the ways in which the campaign made an impact on hepatitis C knowledge and awareness, respondents were asked:

Q25 Before seeing the poster, did you hear anything or know anything about hepatitis C? and
Q26 What did you know previously about hepatitis C?

In response to Q25, 21 respondents out of 21 answered yes, they had heard about hepatitis C prior to seeing the campaign posters.

In response to Q26, all 21 respondents described their prior knowledge of hepatitis C. The most common piece of information known was that hepatitis C affects the liver. Prior knowledge reported by respondents is summarized in Table 4.26, in order of prevalence.

Table 4.26 Prior knowledge of hepatitis C

Q26 What did you know previously about hepatitis C?		
	N	% (of 21)
It affects the liver and/or has implications for diet	10	48%
Information about transmission/ risks of sharing, tattooing	6	29%
Blood-borne virus or hepatitis C exists in blood	6	29%
Associated with intravenous drug use/or drug users	4	19%
Easy to catch	4	19%
'A lot'	3	14%
Hep C is a major issue	1	5%

Note: 11 respondents gave more than one response

Respondents' answers were categorized under the headings: *'extensive knowledge'*, *'limited knowledge'* and *'some specific knowledge'* according to the content of their answers. The numbers of respondents in each category are shown in Table 4.27 below.

Table 4.27 Level of prior knowledge of hepatitis C

Q26 What did you know previously about hepatitis C?		
	N	% (of 21)
Extensive knowledge i.e. "I have had Hep C and researched it"	4	19%
Some specific knowledge i.e. described two facts about Hep C	8	38%
Limited knowledge i.e. described one fact about Hep C	9	43%
No prior knowledge	0	0%

Extensive knowledge

Of the four respondents who described their prior knowledge of hepatitis C as extensive, one respondent explained that he had had hepatitis C.

Further analysis of this group of respondents showed that, although they stated that they already knew a lot about hepatitis C, they all found the messages

relevant and helpful (Q13). Two of these respondents found the information '*Using a swab to clean your equipment will not kill the virus'* relevant and/or helpful, one respondent found the information '*Avoid sharing and reusing'* relevant and/or helpful, and one respondent found the statement '*Treat all blood as if it contains hepatitis C'* relevant and/or helpful. Given the available data, it cannot be determined whether this specific information was already known by these respondents. However, the point to note is that all of these respondents felt that this information contained in the campaign messages was relevant and/or helpful.

Some specific knowledge

Eight respondents in the sample described two specific facts about hepatitis C and were classified as having some specific knowledge. Despite having some knowledge of hepatitis C, once again, the majority (n=7, 88%) found the campaign messages relevant and/or helpful (one respondent did not specify). Two respondents valued the messages because they provided an important reminder about hepatitis C, two respondents found the information *'Using a swab to clean your equipment will not kill the virus'* helpful and/or relevant, and two respondents found the information *'Your clothes, spoon or equipment may be infected'* relevant and/or helpful.

Although some of these respondents said that they had prior knowledge regarding transmission of hepatitis C and the risks of sharing needles, they did not describe having prior knowledge of the specific and detailed information recalled from the campaign messages. It can be therefore inferred that four respondents in this group gained new or more detailed knowledge about hepatitis C, and that two respondents in this group were reminded or made more aware of hepatitis C as a result of seeing the messages.

Limited knowledge

Nine respondent in the sample provided one piece of information about hepatitis C when describing their prior knowledge, and were classified as having limited prior knowledge.

Further analysis of this group showed that the majority of these respondents (n=8, 89%) found the messages relevant and/or helpful. Three respondents valued the messages as a general reminder of hepatitis C issues, and four respondents identified new or additional information as relevant and/or helpful. Only one respondent did not recall any information different to that described as prior knowledge.

In summary, at least eight of the 21 respondents (38%) who saw the campaign posters demonstrated an increase in specific knowledge about hepatitis C. Of these eight respondents, four had some prior knowledge of hepatitis C, and four had limited prior knowledge of hepatitis C. Furthermore, five respondents described seeing the posters as relevant and/or helpful as a general reminder or as a booster to general awareness and understanding. These figures represent an increase in specific knowledge in 16% of the sample, and an increase in general awareness in 10% of the sample.

In evaluating the impact of the programme on awareness and knowledge of hepatitis C, it should be noted that, regardless of the level of prior or subsequent knowledge, simply viewing the posters has some impact on awareness. This point is evident in the finding that five respondents with prior knowledge described the campaign messages as 'a good general reminder' of hepatitis C issues. As such, the fact that 30% of respondents recalled seeing the posters and recalled either the campaign topics or message content with minimal or no

prompting indicates that some minimum level of awareness was increased in close to one-third of the sample.

30% of the sample demonstrated some level of increase in awareness of hepatitis C
16% of the sample demonstrated an increase in specific knowledge regarding hepatitis C
10% of the sample valued the programme as a reminder or booster to general awareness and knowledge

Finally, in order to better understand the ways in which people had learnt about hepatitis C in the past, respondents were asked:

Q27 If you did hear about hepatitis C previously, where did you hear about it?

All 21 respondents who had heard something about hepatitis C answered this question. The largest single source of information about hepatitis C was doctors or health practitioners (n=8, 38% of responses) followed by social or community workers (n=5, 24% of responses). The full list of responses in order of prevalence is listed in Table 4.28 following.

Table 4.28 Sources of prior knowledge about hepatitis C

Q27 If yes, where did you hear about it		
Source	N	% (of 21)
Doctor/Health Practitioner	8	38%
Social worker or community health worker	5	24%
Friend	3	14%
Gaol	3	14%
School	2	10%

These results indicate that the majority of intravenous drug users in this sample first learnt about hepatitis C from doctors and from social or community workers. Although doctors and social workers are an important source of information and further consultation, it is reasonable to assume that drug users are often at risk of contracting hepatitis C long before they begin to access medical or social supports. More informal sources of information, such as the current campaign programme and other general media, need to provide awareness and knowledge in order to prevent transmission of hepatitis C at the outset of intravenous drug use.

In light of the importance of informal sources of knowledge for intravenous drug users, it is positive to note that 28% of the total sample intended to speak to others about hepatitis C as a result of seeing the campaign messages. Discussion generated by the posters may, therefore, make a further impact on hepatitis C transmission and prevention in those who do not see the messages.

The next section will briefly summarise the analysis of data for the 'It may contain Hep C' communication stream and the IDU sample.

4.2 Summary

The general aim of the 'It may contain Hep C' communication stream was to 1) increase awareness about modes of hepatitis C transmission and infection and 2) increase awareness about hepatitis C prevention strategies. In total, 34% of respondents recalled information about the prevention of hepatitis C or the transmission and reinfection of hepatitis C. Therefore, awareness of these issues increased in around one-third of the sample. In particular, 20% of respondents recalled information about the transmission of hepatitis C, and 22% of respondents recalled messages about the prevention of hepatitis C.

Furthermore, specific knowledge about hepatitis C prevention and transmission increased in 16% of respondents, and 10% of respondents valued the campaign messages for bringing these issues to 'top of mind'. In addition, 28% of respondents had or intended to speak with others about hepatitis C as a result of the campaign.

Results showed that only 42% of the sample recalled seeing the campaign posters. The results also suggest that the impact of the campaign would have been far greater had more respondents noticed and recalled the campaign posters in the first instance. For example, 80% of respondents who recalled the posters were able to recall detailed messages about the transmission and prevention of hepatitis C. All respondents perceived the messages as easy to understand, and 95% found the messages relevant and helpful. This suggests that the messages were very well received and highly effective in meeting the aims of the campaign once they were noticed by respondents. However, on the basis of this sample, the effectiveness of the campaign was limited to some extent by the number of IDUs who did not notice or recall the poster.

4.3 Recommendations

The moderate rate of campaign poster recall in this sample may be due to 1) the nature of the target audience and/or the environment or 2) the timing of the data collection in relation to the life cycle of the campaign programme. Regarding the nature of the target audience, it may be somewhat difficult to catch the initial interest of many intravenous drug users. For example, if the public toilet is being used as a space to inject drugs, users maybe wholly occupied with this task and not really looking at the surrounds.

With regard to the timing of the data collection, surveys were performed around one year after the initial implementation of the posters. Respondents may have, therefore, habituated to the campaign posters. In other words, respondents were so used to seeing the posters that they no longer noticed them as a distinct feature of the environment. There is some indication in the data that this may have been the case. For example, the unprompted recall rate for respondents who used the toilets all the time was 20%, compared with 31% for respondents who used the toilets some of the time or less (see Table 4.02).

Given that the posters were very successful in meeting the communication aims of the Hepatitis C Campaign once noticed by intravenous drug users, it is recommended that further consideration be given as to how the attention of a greater number of users can be captured. This may involve updating or redesigning the current message, or changing the location of display points.