

## **PCFA Public Convenience Advertising Campaign 2012**

### **Introduction**

In 2012 Prostate Cancer Foundation of Australia (PCFA) developed a national narrowcast advertising campaign to raise awareness of the resources and support available to men and their families affected by prostate cancer<sup>a</sup>. Advertising commenced in venues on 15<sup>th</sup> August 2012 and will run for two years.

The campaign specifically aims to raise awareness of the information, educational resources and support available through PCFA. It features A4 posters and takeaway cards in public conveniences right across Australia and targets both men and women.

As part of the campaign, the locations around 20 support groups were more heavily targeted for a four-month trial to see if this is an effective way to change men's help seeking behaviours. The 20 support groups were chosen to cover a cross section of urban, suburban and regional locations.

This report details the development of the advertising campaign and evaluation of the results of the targeted trial and first five months of the national campaign.

### **Background**

Prostate cancer is a major health issue in Australia. The latest available figures from the Australian Institute of Health and Welfare show that diagnoses approximately doubled from 10,621 in 1999 to 19,438 in 2009<sup>1</sup>. Prostate cancer is generally a disease of older men with diagnoses under age 40 rare but not unknown. In 2009 men were estimated to have a 1 in 7 chance of being diagnosed with prostate cancer by age 75 and a 1 in 5 chance of being diagnosed by age 85. Currently, there are estimated to be some 120,000 men living with prostate cancer in Australia and this is predicted to increase to 267,000 by 2017<sup>2</sup>. 3,294 men died of prostate cancer in 2011, making it the second most common cause of male cancer deaths after lung cancer and the fifth most common cause of male deaths overall<sup>3</sup>.

Men and their families who experience a diagnosis of prostate cancer face daunting decisions about treatment and may suffer from initial shock, anger, fear and depression<sup>4</sup>. For many, attendance at a support group is effective at mitigating the psychosocial aspects of the disease by enabling them to learn more about their diagnosis, share their concerns, and compare their physical and emotional progress with others. PCFA has a network of some 150 peer-led prostate cancer support groups covering every State and Territory of Australia.

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<sup>a</sup> The campaign was developed through the *Supporting men with prostate cancer through evidence-based resources and support project*, a Cancer Australia initiative funded by the Australian Government.

It is known that men seek help and access medical services less frequently than women and that men have poorer health outcomes<sup>5</sup>. For example, a comparative study of recently diagnosed women with breast cancer and men with prostate cancer found that whilst 33% of women attended a breast cancer support group at least once, only 13% of men attended a prostate cancer support group at least once<sup>6</sup>.

The national narrowcast advertising campaign was developed to raise awareness of the resources and support available to men and their families affected by prostate cancer and to improve their help seeking behaviours. The campaign utilised a social marketing approach. Social marketing is a framework or process that has been successfully used to elicit behaviour and attitudinal change at a group or community level. Social marketing is commonly defined as a program-planning process that applies concepts and techniques of commercial marketing to promote voluntary behaviour change<sup>7</sup>. It frequently utilises a range of theories, principles and models, predominantly from commercial marketing, but also from such diverse areas as psychology, sociology, communications theory, behaviour change theory and anthropology.

## **Methods**

### The Media Campaign

PCFA commissioned Convenience Advertising<sup>b</sup> to select appropriate venues and monitor and maintain the display points and behaviour change agency The Shannon Company<sup>c</sup> to develop the creative for the campaign. The advertising is placed in venues frequented by the target audience, including shopping centres, hotels and clubs.

As part of the two-year national campaign, the locations around the 20 support groups were more heavily targeted for a four-month trial to see if this is an effective way to change men's help seeking behaviours. The 20 support groups were chosen to cover a cross section of urban, suburban and regional locations (see Table 1). The advertising venues were selected to be in close proximity to the support group to ensure ease of travel to attend the group if desired.

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<sup>b</sup> <http://www.conads.com>

<sup>c</sup> <http://theshannoncompany.com.au>

**Table 1: Support group locations for the targeted four-month trial**

Adelaide, SA	Alice Springs, NT
Bendigo, VIC	Bunbury, WA
Bundaberg, QLD	Cairns, QLD
Canberra, ACT	Coffs Harbour, NSW
Essendon, VIC	Fremantle, WA
Gold Coast, QLD	Launceston, TAS
Melbourne <sup>d</sup> , VIC	Mount Gambier, SA
Orange, NSW	Penrith, NSW
Perth, WA	Shepparton, VIC
St George, NSW	Sunshine Coast, QLD

Separate, but similar, executions of the creative were developed for the two-year national campaign and targeted four-month trial. The creative contained the two-pronged message ‘if you’ve discovered you’ve got prostate cancer, you’re not alone’ i.e. prostate cancer is very common, but also support is available so you do not have to deal with the issue on your own. Messages were gender specific with approximately 50% of advertisements targeting men over age 40 and 50% targeting women over age 40 as influencers (see Appendix A).

For both executions, the advertising consisted of A4 posters and six-page roll fold takeaway cards placed in bathrooms in a variety of locations, including near hand dryers, in cubicles and above urinals. A toll-free number and PCFA’s website address were displayed on the posters, enabling people to access information and support easily. A dedicated 1300 number was set up for the targeted four-month trial.

#### Creative Development and Testing

The Shannon Company developed a number of creative concepts. The two concepts that were felt to be most appropriate were selected for testing. The key messages for these concepts were:

- ‘While you’ve got your pants down, take a prostate examination’
- ‘If you’ve discovered you’ve got prostate cancer, you’re not alone’.

Two versions of each were developed – one appropriate to men’s bathrooms and the other to women’s.

To ensure that the messaging resonated with the target audience, three separate focus groups were held with men over age 40; women over age 40; and gay and bisexual men. The focus groups were conducted by Convenience Advertising in their Melbourne offices. A representative from PCFA and the Shannon Company was in attendance at each focus group.

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<sup>d</sup> In Melbourne, gay friendly venues were chosen for PCFA’s Gay Melbourne Prostate Cancer Support Group

Attendees were asked to fill out a demographic questionnaire on arrival at the focus group. The facilitator then presented each concept and participants were asked to provide written responses to a second questionnaire (see Appendix B) without group discussion. Once this part of the session was completed the group was encouraged to engage in a broad discussion, which was documented.

Overall, very positive feedback was received from each of the three groups. However, participants clearly thought the 'while you've got your pants down, take a prostate examination' concept was intended to encourage men to get tested rather than to access information and support. Hence, it was concluded that this concept would not elicit the intended help seeking behaviour.

The 'if you've discovered you've got prostate cancer, you're not alone' concept was also well received with all three groups clearly understanding the message and believing it to be credible. As a result of the focus group testing, it was decided to proceed with this concept only and to further finesse the creative prior to roll out.

#### Development of a Telephone-based, Peer-led, Virtual Call Centre

An important aspect of the four-month trial was to develop and trial a telephone-based, peer-led, virtual call centre, in which experienced support group leaders answered calls to the dedicated 1300 number.

Having experienced support group leaders who would understand the issues callers were facing as the first point of contact was deemed much more appropriate than the use of a conventional call centre. Calls were routed to mobile phones based on the State/ Territory in which the call originated. This enabled calls to be routed to a support group leader with local knowledge. A further benefit of using a dedicated 1300 number is that it enabled us to track calls resulting from trial separately.

In conjunction with a specialist consultant, a training manual and materials were developed for a one-day training session in which call takers learned how to handle calls; how to keep calls within agreed boundaries; and how to provide feedback to PCFA on calls taken. All training took place prior to campaign commencement, allowing time for call takers to ask questions and ensure they were comfortable with their mobile phones. The data capture form used by call takers is shown in Appendix C.

## Campaign Evaluation

The following quantitative measures were identified in advance to assess campaign outputs:

- Reach of the campaign
- The number of takeaway cards taken
- Clearance rate of takeaway cards
- Traffic to relevant web pages on the PCFA website
- Number of calls to the 1300 number.

To evaluate the impact of the campaign an intercept survey was developed by the Centre for Health Initiatives at University of Wollongong with input from PCFA and Convenience Advertising.

Four support group locations were surveyed: Essendon, Shepparton, Coffs Harbour and St George. Data was collected from 398 adults aged 40 years or older who had used the bathroom facilities at least once in the week prior to being interviewed. These 398 people were asked if they had seen posters on the walls or any other locations in the bathrooms. Of these, 369 reported that they had seen the PCFA posters and 4 did not respond and were therefore excluded from the analysis. The remaining 25 individuals were then prompted by the interviewers to assess their recall. Of these 22 people recalled seeing the PCFA posters. The remaining 3 people were excluded from the analysis. Hence, the intercept survey analysis was restricted to 391 respondents who either unprompted or prompted reported that they remembered seeing the posters in the bathrooms.

The intercept survey results provide valuable insights into behaviours that can be used to help interpret the quantitative results (see Discussion).

## **Results**

### Reach

The broad based national advertising campaign takes advantage of pro bono media space in the Convenience Advertising inventory. Consequently, the number of display points fluctuates with each fortnightly maintenance period. There are a guaranteed minimum number of 600 display points and 100 takeaway card holders throughout the two-year course of the campaign.

Estimated reach has fluctuated with each fortnightly maintenance period but has consistently been in excess of 3 million patron visits a week. As at 15th January 2013 there were 837 display points and 106 takeaway card holders being maintained in 174 venues, with an estimated reach of over 3.5 million patron visits a week. The reach is estimated from information supplied by venue management based on recorded venue demographics.

For the targeted trial a total of 1,153 display points 419 card holders were installed and maintained in 185 venues. Over the four-month period it is estimated that the campaign reach was 44.5 million patron visits. Figures 1, 2, 3 and 4 show the number of display points and card holders by State and Territory; display points by venue type; patron visits per week by venue type; and gender placement respectively.

**Figure 1: Display points and card holders by State and Territory**

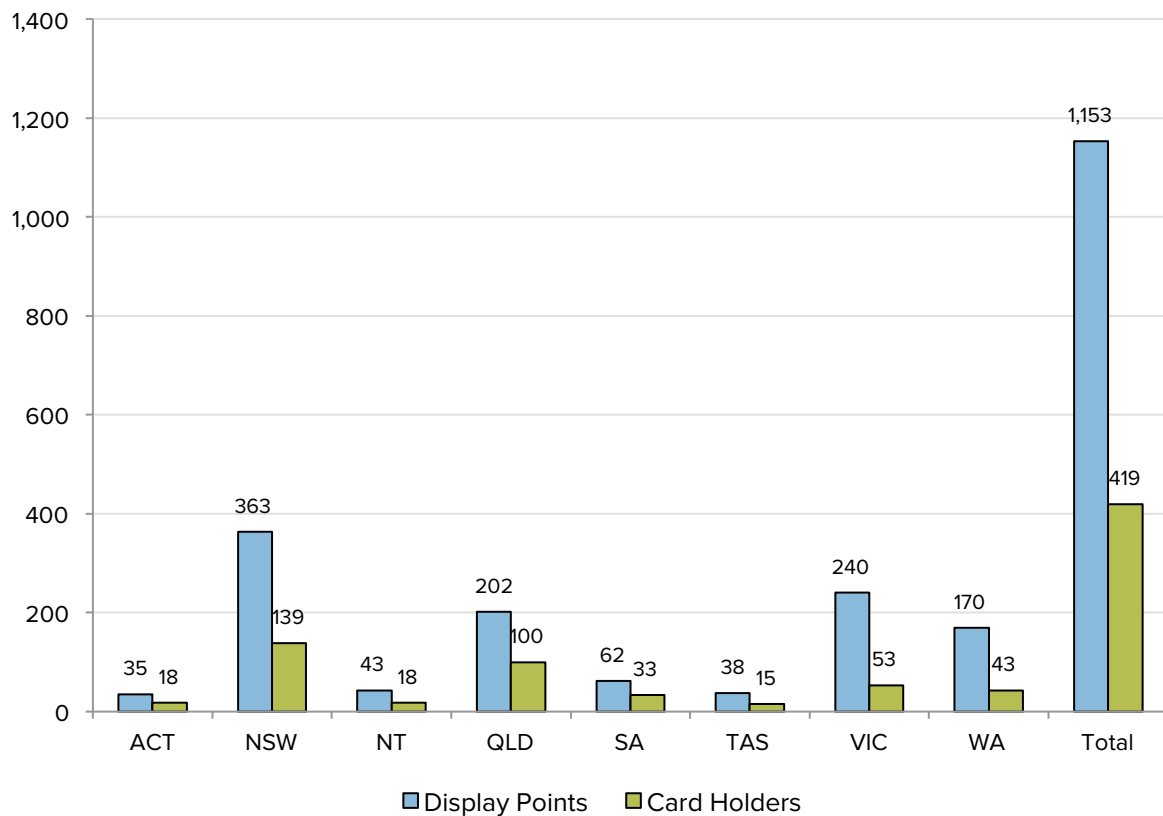


Figure 2: Display points by venue type

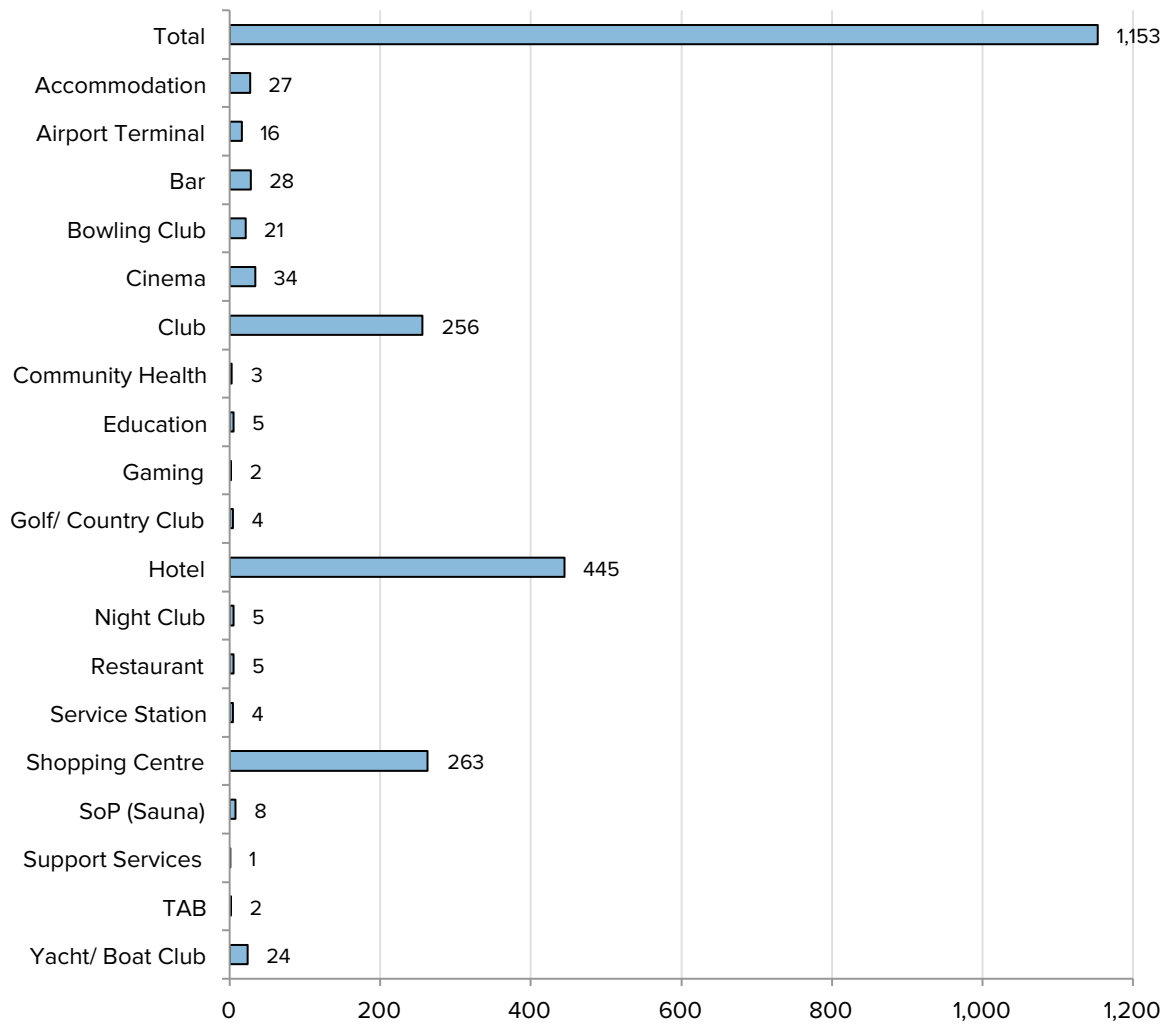


Figure 3: Patron visits per week by venue type

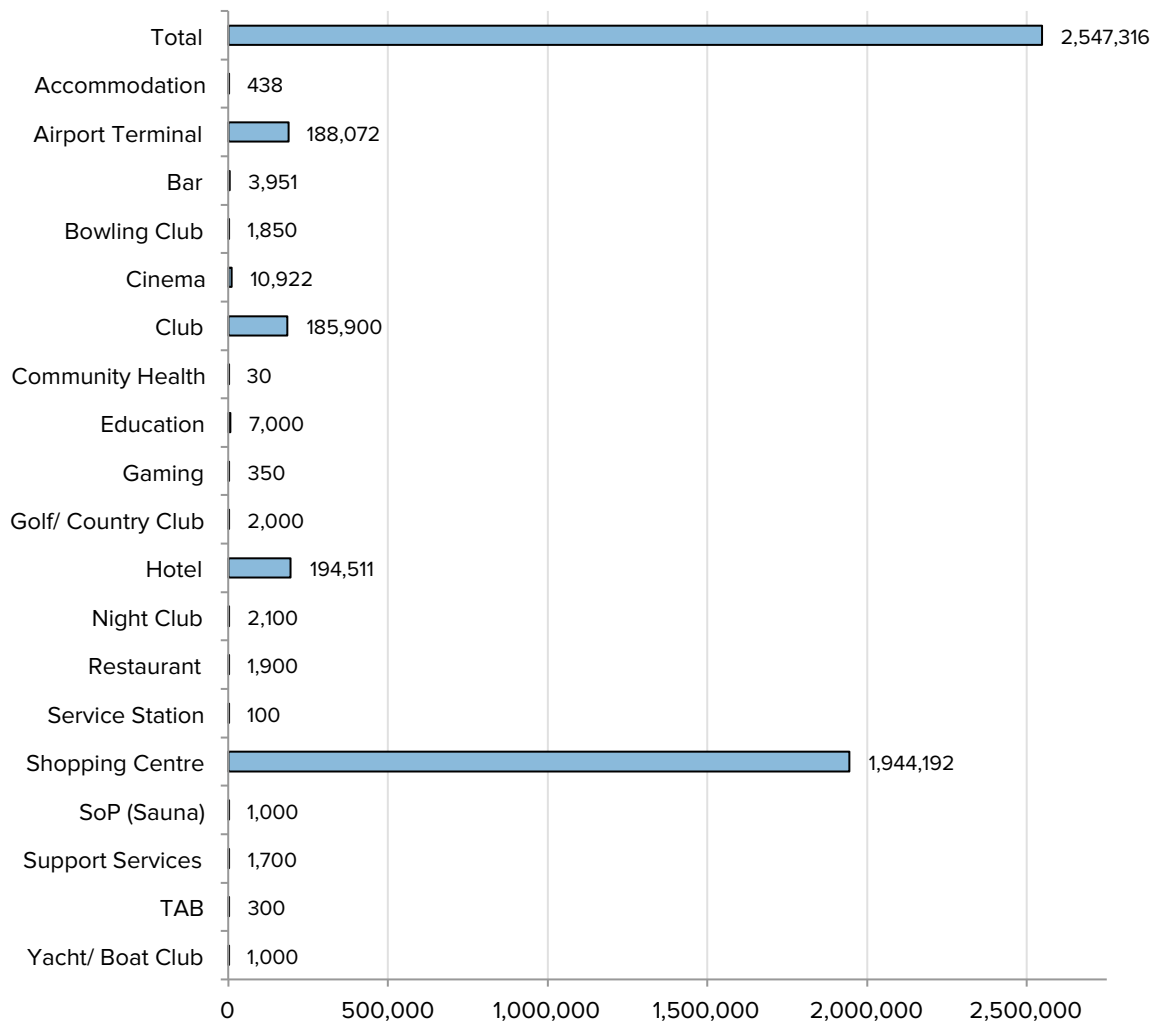
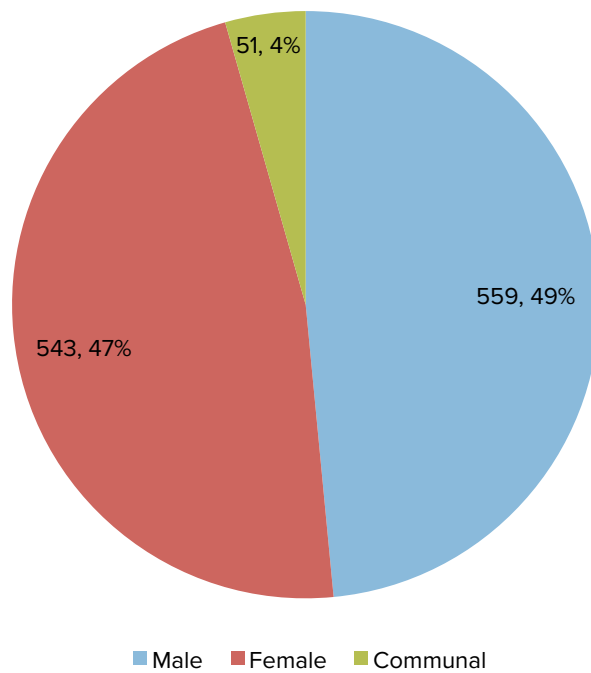


Figure 4: Gender placement



#### Takeaway Card Uptake and Clearance Rate

Tables 2 and 3 show the uptake of takeaway cards for the national campaign and targeted four-month trial respectively. The uptake of cards was extremely high with a total of 74,355 takeaway cards taken across the campaign as at 15<sup>th</sup> January 2013. At 60% the clearance rate<sup>e</sup> for the targeted four-month trial was high compared to other similar campaigns e.g. the Victorian Responsible Gambling Foundation problem gambling campaign which achieved a 31% clearance rate in the period April to June 2013. It should, however, be noted that comparisons between clearance rates are problematic due to differing target audiences, venues, locations and timing.

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<sup>e</sup> The clearance rate for a given period is the percentage of cards taken.

**Table 2: Takeaway card uptake for the national campaign**

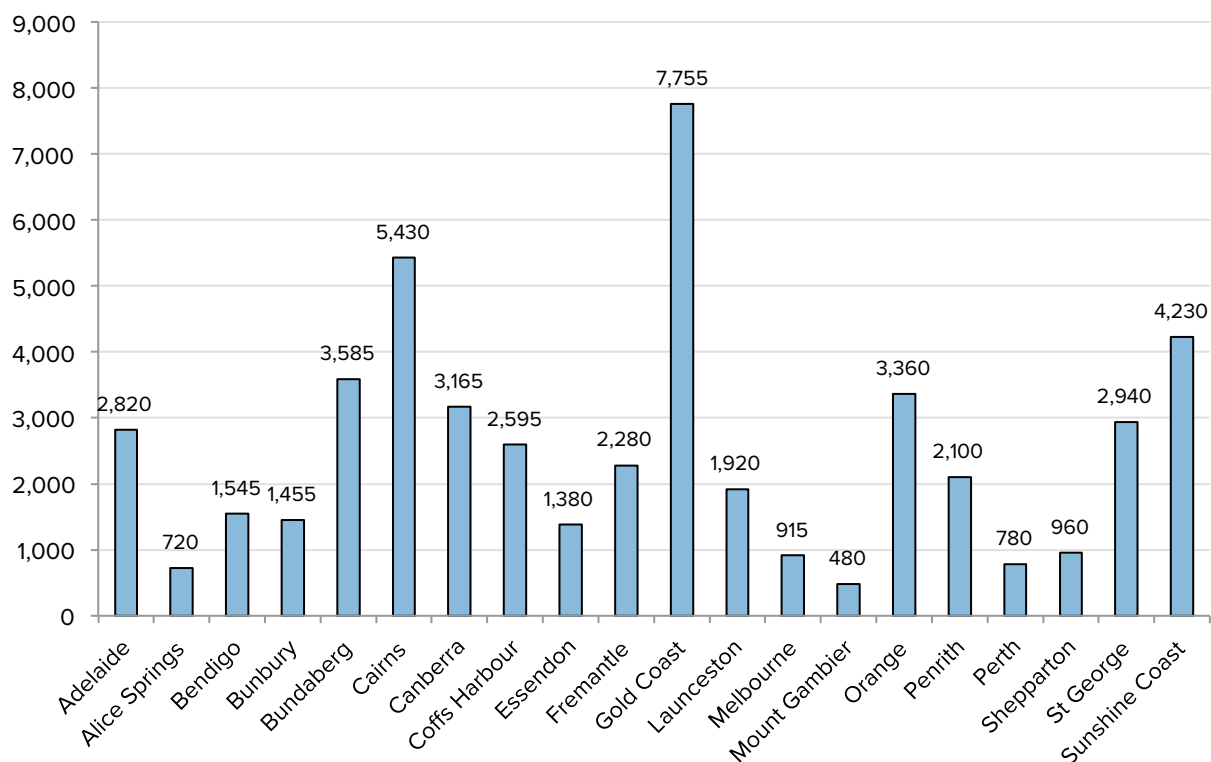
<b>Maintenance Round</b>	<b>Start Date</b>	<b>End Date</b>	<b>Takeaway Card Uptake</b>
1	15/08/12	29/08/12	2,085
2	30/08/12	14/09/12	2,145
3	15/09/12	29/09/12	2,655
4	30/09/12	14/10/12	3,255
5	15/10/12	29/10/12	2,895
6	30/10/12	14/11/12	2,790
7	15/11/12	29/11/12	1,500
8	30/11/12	14/12/12	1,530
9	15/12/12	29/12/12	2,220
10	30/12/13	14/01/13	2,865
<b>TOTAL</b>			<b>23,940</b>

**Table 3: Takeaway card uptake for the targeted four-month trial**

<b>Maintenance Round</b>	<b>Start Date</b>	<b>End Date</b>	<b>Takeaway Card Uptake</b>
1	15/08/12	29/08/12	1,440
2	30/08/12	14/09/12	6,825
3	15/09/12	29/09/12	6,780
4	30/09/12	14/10/12	8,775
5	15/10/12	29/10/12	5,610
6	30/10/12	14/11/12	8,865
7	15/11/12	29/11/12	7,590
8	30/11/12	14/12/12	4,530
<b>TOTAL</b>			<b>50,415</b>

Card uptake varied across the 20 support groups with the highest uptake generally, but not exclusively, in locations with high patronage venues, such as shopping centres. For example, 2,055 cards were taken at Australia Fair Shopping Centre on the Gold Coast which has an estimated 227,000 patron visits a week.

**Figure 5: Card uptake by support group**



#### Traffic to PCFA Website and Calls to 1300 Number

In the period 15<sup>th</sup> August to 14<sup>th</sup> December 2012 PCFA’s website ([www.pcfa.org.au](http://www.pcfa.org.au)) received 89,095 unique visitors. This compares to 74,444 unique visitors in the period 15<sup>th</sup> August to 14<sup>th</sup> December 2011, i.e. a 19.7% increase on prior year. It should be noted, however, that it is not possible to ascertain the extent to which this is directly attributable to the narrowcast advertising campaign.

Turning to content, in the period 15<sup>th</sup> August to 14<sup>th</sup> December 2012 the website received 299,650 page views. Of these, 18.1% were of the home page followed by ‘the prostate – what is it?’ (7.5%); ‘testing and diagnosis’ (6.2%); ‘symptoms’ (4.8%); and ‘prostate cancer statistics’ (4.6%). Over the same period the support group pages received 13,608 page views, which was an 8.9% increase on prior year (12,495 page views).

Interestingly the very high card uptake did not translate into a high volume of calls to the 1300 number, with less than 100 calls to the dedicated 1300 number over the four month trial period. The intercept survey provides valuable insight into behaviours that can be used to help interpret this outcome (see Discussion).

#### Intercept Survey

Of the 391 intercept respondents 72.1% were male and 27.9% female. 37.5% know someone with prostate cancer. Respondent demographics are shown in Table 4.

**Table 4: Intercept survey respondent demographics**

Characteristic	Percentage (Number)
<b>Age</b>	
40 to 45	10.0% (39)
45 to 54	38.1% (149)
55 to 64	29.1% (114)
65+	22.8% (89)
<b>Gender</b>	
Male	72.1% (281)
Female	27.9% (109)
<b>Know someone with prostate cancer</b>	
Yes	37.5% (145)
No	62.5% (242)
<b>Location</b>	
Metropolitan	49.1% (192)
Non-metropolitan	50.9% (199)

Respondents were asked to recall the main messages in the posters (multiple responses were possible). Recall was very high with 84.7% of respondents identifying prostate cancer as a main message, 37.9% support groups and 27.9% you're not alone. Details are shown in Table 5.

**Table 5: What was the main message(s) presented in the poster?**

Message	Percentage (Number)
Prostate cancer	84.7% (331)
Support groups	37.9% (148)
You're not alone	27.9% (111)
Hotline	24.0% (94)
Australian Government	17.4% (68)
He's not alone	14.1% (55)
Website	12.5% (49)
Helping your partner	10.7% (42)
Cards	4.9% (19)
Others	3.1% (12)
Don't know	2.3% (9)

As shown in Table 6 there were statistically significant differences in message recall between men and women. There was also a statistically significant difference ( $p = .003$ ) in recall of prostate cancer as a main message between those who know someone who has been affected by prostate cancer (91.7%) and those who do not (80.6%) and ( $p < .001$ ) between metropolitan (75.5%) and non-metropolitan (93.5%) locations.

**Table 6: What was the main message(s) presented in the poster? Male/ Female**

	<b>Male (N = 281)</b>	<b>Female (N = 109)</b>	<b>p-value</b>
Helping your partner	2.4% (1)	97.6% (41)	< .001
He's not alone	0.7% (2)	48.6% (53)	< .001
You're not alone	37.7% (106)	4.6% (5)	< .001
Hotline	26.7% (75)	16.5% (18)	.034

Respondents were asked whether the messages were relevant to them or someone they know. A substantial proportion (70.4%) indicated that the message was relevant with no statistically significant differences between men (74.6%) and women (65.1%) or between metropolitan (68.9%) and non-metropolitan (74.9%) locations. However, there was a statistically significant difference ( $p < .001$ ) between those who know someone with prostate cancer (90.3%) and to those who do not (62.0%). 89.7% of respondents said that displaying the information in a bathroom environment was appropriate.

25.1% of respondents said that they left the bathroom with a takeaway card. There was a statistically significant difference ( $p < .001$ ) between those who know someone with prostate cancer (34.7%) and those who do not (19.6%) and ( $p < .001$ ) between those in metropolitan (17.6%) and non-metropolitan (32.2%) locations.

35.1% of respondents reported that they had mentioned the information contained in the posters to someone they know. There was a statistically significant difference ( $p < .001$ ) between men (28.9%) and women (50.5%) and ( $p = .008$ ) between those who know someone with prostate cancer (43.4%) and those who do not (30.2%).

About one quarter of respondents (25.1%) indicated that they had talked to their friends and family about prostate cancer after seeing the posters. However, as shown in Table 7, only a small percentage indicated that they visited the PCFA website, called the 1300 number, or joined a prostate cancer support group. Perhaps not surprisingly the percentages decrease with the degree of engagement with PCFA of the activity.

**Table 7: Since you saw this poster, have you:**

<b>Engagement</b>	<b>Percentage (Number)</b>
Talked to friends and family about prostate cancer	25.1% (100)
Visited PCFA website	5.9% (23)
Suggested to a friend/ partner that they call 1300 number	3.3% (13)
Called 1300 number	1.5% (6)
Joined prostate cancer support group	1.0% (4)

Turning to the effect of the poster on the respondent’s likelihood of engaging with PCFA if they or their partner were to be diagnosed with prostate cancer, 58.2% said that they ‘very likely’ or ‘likely’ to join a prostate cancer support group; 67.5% to visit the PCFA website and 80.2% to call the 1300 number.

**Table 8: Having seen this poster, if you or your partner was diagnosed with prostate cancer, how likely would you be to:**

	<b>Very Unlikely</b>	<b>Unlikely</b>	<b>Neither Likely or Unlikely</b>	<b>Likely</b>	<b>Very Likely</b>
Talk to friends and family about prostate cancer	1.8% (7)	9.7% (38)	9.0% (35)	54.6% (213)	24.9% (97)
Visit PCFA website	6.4% (25)	12.6% (49)	13.6% (53)	42.6% (166)	24.9% (97)
Suggest to a friend/ partner that they call 1300 number	3.3% (13)	19.5% (76)	18.5% (72)	46.0% (179)	12.6% (49)
Call 1300 number	2.8% (11)	9.0% (35)	7.9% (31)	58.7% (229)	21.5% (84)
Join prostate cancer support group	6.4% (25)	17.4% (68)	17.9% (70)	46.7% (182)	11.5% (45)

## Discussion

Overall the targeted trial and first five months of the national campaign proved to be very successful. The initial focus group testing results that the campaign messaging resonated with the audience; was clearly understood; and was believed to be credible; was borne out both in the high take up of cards (50,415 for the targeted trial and 23,940 for the first five months of the national campaign) and through the results of the intercept survey.

The intercept survey demonstrated that recall of the main messages was very high with 84.7% of respondents identifying prostate cancer, 37.9% support groups and 27.9% you’re not alone as main messages. 70.4% of respondents said the message was relevant and 89.7% that displaying the information in a bathroom environment was appropriate. 25.1% of respondents left the bathroom with a takeaway card and 25.1% indicated that they talked to friends and family about prostate cancer after seeing the posters.

The effect of the poster on the respondent's likelihood of engaging with PCFA if they or their partner were to be diagnosed with prostate cancer was also high with 67.5% of respondents saying they were 'very likely' or 'likely' to visit the PCFA website, 80.2% to call the 1300 number and 58.2% to join a prostate cancer support group. However, these intentions were not reflected in immediate action. One third of respondents (37.5%) reported they know someone with prostate cancer, but only 5.9% of respondents reported that they visited the PCFA website, 1.5% that they called the 1300 number and 1.0% that they joined a prostate cancer support group. These self-reported data are corroborated by the small number of calls to the 1300 number (less than 100) and modest increase (9%) in traffic to the support group pages of the PCFA website.

These results can be interpreted within the context of the Health Action Process Approach to behavioural change<sup>8</sup> which divides the behavioural change process into two phases: motivation and volition. In the volition phase there are two groups of individuals: those who have not yet translated their intentions into action and those who have. Thus the high card uptake and likelihood of engaging with PCFA, but small number of calls to the 1300 number and modest additional traffic to the support group pages of the PCFA website could be interpreted as an indication that the majority of the target audience has moved from the motivational to the volitional phase, but that they are currently 'intenders' who have yet to become 'actors'.

This insight is important in refining the creative and execution as we move into the next phase of the campaign. In particular, it may be appropriate to adjust the messaging from a focus on joining a support group to messaging about the availability of information, educational resources and support more broadly.

## References

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## Appendix A: Gender Specific Creative



Around 120,000 Australian men are living with prostate cancer. If you're one of them, you and your family don't have to face it alone. There are 125 Prostate Cancer Support Groups across Australia, where you can get emotional and practical support from people who know what you're going through.

**If you need support, call 1300 109 831 between 9am-6pm, Monday to Friday.**

[www.pcf.org.au](http://www.pcf.org.au)



Prostate Cancer Foundation of Australia.  
Supporting people with prostate cancer.

*Male Creative - with takeaway card*



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Prostate Cancer Foundation of Australia. Supporting people with prostate cancer.

*Male Creative - no takeaway card*



Around 120,000 Australian men are living with prostate cancer. It's important for anyone with prostate cancer and their families to know they're not alone. There are 125 Prostate Cancer Support Groups across Australia where they can get support from people who know what they're going through.

**If you need support, call 1300 109 831 between 9am-6pm, Monday to Friday.**

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Prostate Cancer Foundation of Australia.  
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*Female Creative - with takeaway card*



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Prostate Cancer Foundation of Australia. Supporting people with prostate cancer.

*Female Creative - no takeaway card*

## **Appendix B: Focus Group Questionnaire**

### **Prostate Cancer Foundation of Australia (PCFA) National Awareness Program Focus Test Questionnaire**

This focus test questionnaire has been developed to assess the relevance and usefulness of a series of advertisements about prostate cancer.

The focus test process will run for approximately one hour. The process is as follows:

1. Welcome and Introduction
2. Questionnaire A asks a series of demographic questions. These questions are designed to provide some background information about the respondents. It is completely confidential and anonymous (please do not write your name). Please fill in the blank spaces where provided and circle relevant options.
3. Presentation of Prostate Cancer Foundation of Australia Advertisements
4. Questionnaire B asks a series of questions related to your thoughts and opinions about the PCFA print advertisements presented to you. Please fill in the blank spaces where provided and circle relevant options.
5. Group Discussion about PCFA Advertisements (Not Related to your Questionnaire Responses).

The questionnaires will be stapled together at the end of the session and put into a sealed envelope. Thank you for your participation.

Questionnaire A – Demographic Information

1) Gender (please circle)

Male

Female

2) What is your age? \_\_\_\_\_

3) Do you identify as Gay, Lesbian, Bisexual, Transgender or Intersex? (please circle)

Yes

No

4) Do you or someone close to you suffer(ed) from prostate cancer? (please circle)

No

Yes, I do

Yes, I did

Yes, I know someone who does

Yes, I know someone who did

5) What is your employment status? (please circle)

Employed full-time

Employed part-time

Unemployed

Employed on a casual basis

6) What is your marital status? (please circle)

Married

Single

Divorced

In a relationship, but not married

7) What is your highest level of education? (please circle)

School certificate

Higher School Certificate

Trade qualification

Diploma or Certificate

Bachelor Degree

Postgraduate Degree

Other

8) What is the range of your combined household income?

Less than \$30,000

\$30,000 - \$60,000

\$60,000 - \$90,000

\$90,000 - \$120,000

\$120,000 - \$150,000

\$150,000 - \$180,000

\$180,000 - \$250,000

\$250,000+

9) What is your racial background? (please specify)

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Thank you Please put this questionnaire to one side until you have finished Questionnaire B.

## Questionnaire B – Response to Messages

You will be shown a series of A4 messages and asked to carefully read what they say. You will then be asked to fill in answers to the following questions, with as much detail as you can.

### **First A4 Message**

What is your immediate response to this A4 message?

In a couple of sentences, what did you think when you read it?

In your opinion, what do you think the message is trying to say? Do you think it is believable?

Who do you think the message is intended for?

If this message was aimed at you would there be anything that you would change? If yes, what would it be?

### **Second A4 Message**

What is your immediate response to this A4 message?

In a couple of sentences, what did you think when you read it?

In your opinion, what do you think the message is trying to say? Do you think it is believable?

Who do you think the message is intended for?

If this message was aimed at you would there be anything that you would change? If yes, what would it be?

### **Third A4 Message**

What is your immediate response to this A4 message?

In a couple of sentences, what did you think when you read it?

In your opinion, what do you think the message is trying to say? Do you think it is believable?

Who do you think the message is intended for?

If this message was aimed at you would there be anything that you would change? If yes, what would it be?

#### **Fourth A4 Message**

What is your immediate response to this A4 message?

In a couple of sentences, what did you think when you read it?

In your opinion, what do you think the message is trying to say? Do you think it is believable?

Who do you think the message is intended for?

If this message was aimed at you would there be anything that you would change? If yes, what would it be?

#### **Fifth A4 Message**

What is your immediate response to this A4 message?

In a couple of sentences, what did you think when you read it?

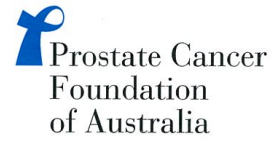
In your opinion, what do you think the message is trying to say? Do you think it is believable?

Who do you think the message is intended for?

If this message was aimed at you would there be anything that you would change? If yes, what would it be?

# Appendix C: Data Capture Form

## SUPPORT GROUPS CONVENIENCE ADVERTISING DATA CAPTURE FORM



### GENERAL CALLER DEMOGRAPHICS

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date/time of call: \_\_\_\_\_

Message: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex:  Male  Female

Marital Status:  Married  
 Divorced  
 Widowed  
 Separated  
 Never been married  
 A member of an unmarried couple

Stage of the disease: *may logically flow from conversation*  
 Recently diagnosed  
 Localised prostate cancer  
 Advanced prostate cancer

## NATURE OF THE INFORMATION PROVIDED

Please provide a brief overview of the information provided to you by the caller:

- Purpose of the call:**
- To discuss an immediate issue
  - To find out the details of their local support group
  - To find out more about support groups generally
  - To request information on a specific issue

- Actions taken:**
- Discussion over the phone for immediate support
  - Referral to local support group
  - Discussion about support groups
  - Referral to relevant specific information
  - Referral to another organisation (e.g. doctor, cancer)

*Details:* \_\_\_\_\_

How did you find out about support groups and get our contact number?

\_\_\_\_\_

Are you happy for us to pass your details on to a support group or call you back?  Yes  No

Are there any resources to be sent?  Yes  No

Resources to be sent \_\_\_\_\_

Phone number:

Mobile:

Address:

## Appendix D: Creative in Situ



## Appendix E: Evaluation Questionnaire

### Preamble

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

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

The information you give me will help determine the effectiveness of the messages and will be kept in confidence and recorded anonymously. Your answers will help develop better health messages in the future.

### Research Location

- Essendon
- Shepparton
- Coffs Harbour
- St.George

### Age (Please Circle)

18-24                  25-34                                  35-44    45-54    55+

### Gender

- Male
- Female

Where were you born?

- Australia
- Other (please specify) \_\_\_\_\_

What is your highest level of education?

- Year 10 or equivalent
- Higher School Certificate or equivalent (Year 12)
- TAFE/diploma
- Undergraduate degree
- Postgraduate degree

What is your current employment status?

- Full time
- Part time
- Casual work
- Not currently employed
- Other (please specify) \_\_\_\_\_

Are you

- Married
- Widowed
- Separated/Divorced
- Never Married/Single

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

Yes

No

Go to Question 1

Terminate Interview

DO NOT INCLUDE IN  
SAMPLE

Q.1 Whilst you were in the bathroom did you see any posters on the walls, or anywhere else in the bathroom?

Yes 1 go to question 3a

No 2 go to question 2

Q.2 The posters are blue and are about health. Do you remember seeing them now?

I do recall seeing the posters 1 go to question 3a

I definitely did not see the posters 2 TERMINATE INTERVIEW

I'm not sure 3 TERMINATE INTERVIEW

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

The Prostate Cancer Foundation 1 go to question 3b

Other 2 Please Specify: \_\_\_\_\_ go to question 3b

Q.3b What was the main message(s) presented in the poster? Circle all responses made (note: wording need not be identical)

- Prostate Cancer 1
- Helping your partner 2
- Support groups 3
- He's Not Alone 4
- You're Not Alone 5
- Hotline 6
- Website 7
- Australian Government/Cancer Australia 8
- Cards 9
- Other 11 Please Specify: \_\_\_\_\_
- Don't Know 12 - Why? \_\_\_\_\_

Q.4a What was your initial reaction to the poster?

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Q.4b Were the messages in the poster relevant to you or someone you know?

- Yes 1 go to question 4c
- No 2 go to question 4d

Q.4c If you think it is relevant, why?

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Q.4d If you think it is irrelevant, why?

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Q.5a Did you take a takeaway card?

- Yes 1 go to question 5b
- No 2

Q.5b Why did you take one?

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Q.5c What do you intend to do with the card?

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Q.6 How appropriate do you think it is to display this kind of health information in the bathroom environment?

- Very appropriate 1
- Quite appropriate 2
- Undecided 3
- Somewhat inappropriate 4
- Very inappropriate 5

Q.7 Have you mentioned the information contained in these posters with someone that you know?

- Yes 1
- No 2

Q.8a Since you saw this poster, have you: (please circle)

- i) Joined a PCFA affiliated support group  Yes 1  No 2
- ii) Talked to your friend(s) and family about prostate cancer  Yes 1  No 2
- iii) Visited the PCFA website  Yes 1  No 2
- iv) Called the PCFA 1300 number  Yes 1  No 2
- v) suggested to a friend/partner that they call the 1300 number  Yes 1  No 2

Q.8b Having seen this poster, if you, or your partner was diagnosed with prostate cancer, how likely would you be to: (please circle)

- i) Join a PCFA affiliated support group

*Very unlikely   Unlikely   Neither likely or unlikely   Likely   Very Likely*

- ii) Talk to your friend(s) and family about prostate cancer

*Very unlikely   Unlikely   Neither likely or unlikely   Likely   Very Likely*

iii) Visit the PCFA website

*Very unlikely   Unlikely   Neither likely or unlikely   Likely   Very Likely*

iv) Call the PCFA 1300 number

*Very unlikely   Unlikely   Neither likely or unlikely   Likely   Very Likely*

v) Suggest to a friend/partner to call the 1300 number

*Very unlikely   Unlikely   Neither likely or unlikely   Likely   Very Likely*

Q.8a Had you heard of the PCFA prior to seeing the advertisements in the bathroom?

Yes 1 go to question 9b

No 2 go to question 9c

Q.8b If so, how did you hear about the PCFA?

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Q.8c What is your understanding of what the PCFA do?

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Q.9a. Do you or have you ever known someone with prostate cancer?

Yes go to question 10b

No

Q.9b. If Yes, was it a family member (father, brother, uncle) or a friend?

Family member

Friend

How strongly do you agree or disagree with the following statements?

Q10. I search for new information to improve my health (please circle)

*Strongly agree*

*Agree*

*Disagree*

*Strongly disagree*

Q11. I feel it is important to carry out activities which will improve my health (please circle)

*Strongly agree*

*Agree*

*Disagree*

*Strongly disagree*

Q12. Screening will decrease the chance of dying from prostate cancer (please circle)

*Strongly agree*

*Agree*

*Disagree*

*Strongly disagree*

Please answer true or false to the following statements.

Q13. A man is more likely to develop prostate cancer if his father had it.

True

False

Unsure

Q14. Men older than 50 years of age are more likely to develop prostate cancer.

- True
- False
- Unsure

Q15. One in every 10 men will develop prostate cancer in his lifetime.

- True
- False
- Unsure

Q16. Indigenous men are at higher risk of getting prostate cancer than non-Indigenous men.

- True
- False
- Unsure

Q17. Men with prostate cancer always have signs or symptoms of prostate cancer.

- True
- False
- Unsure

Thanks for giving us your time and your input into this research project.