

Process evaluation of the advertising campaign for the NSW Get Healthy Information and Coaching Service[®]

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Introduction

In New South Wales, 53.9% of adults report being overweight and obese, 45.5% do not undertake the recommended levels of physical activity, and 43.3% and 89.7% do not eat the daily recommended servings of fruit and vegetables, respectively.^{1,2}

Australian governments substantially invest in healthy lifestyle campaigns to prevent further increases in obesity rates. In February 2009, the NSW Health Department implemented the NSW Get Healthy Information and Coaching Service[®] (GHS), a telephone-based information and coaching service about healthy eating, being active, and achieving and maintaining a healthy weight for NSW adults (www.gethealthynsw.com.au). Participants can receive detailed information or enrol in a personalised six-month telephone coaching program that provides support to achieve lifestyle-based goals. The GHS is based on theoretically grounded and efficacious telephone-based lifestyle counselling strategies,³ and targets adults who do not meet National Physical Activity Guidelines;⁴ the Australian Guide to Healthy Eating standards⁵ or who are overweight.

Mass media advertising can be effective at promoting awareness and use of a new service or program.⁶⁻⁸ Unlike the well-established relationship between mass-reach campaigns and telephone-based smoking cessation services,⁹⁻¹¹ the relationship between advertising and the uptake of telephone-based healthy lifestyle counselling services is not known.

This paper aims to examine the relationship between advertising and GHS utilisation and explores the type of advertising most successful at generating new GHS calls.

Methods

Service social marketing activities

GHS marketing activities were led by television, radio and print advertising. These included GHS-specific advertising (television and print) and the National 'Measure Up' campaign (television and radio), which was re-branded to include the GHS phone number at the end of the advertising.

Abstract

Issue addressed: Introducing a new and free population-wide telephone service to assist adults to be more active, eat healthier and achieve a healthy weight requires large-scale marketing. The challenge is to understand the pattern of advertising that is effective at generating public awareness and interest in using the new service.

Methods: A mass media campaign, consisting mainly of television advertising, was launched in March 2009 to promote the NSW Get Healthy Information and Coaching Service[®] (GHS). This included GHS-specific and re-badged National 'Measure Up' campaign television advertisements. The number of calls and website visits to the GHS were monitored during the first 10 months of the initiative. GHS participants were also asked where they heard about the service.

Results: Paid television advertising shows a dose-response relationship with contacts to the GHS. The 30-second GHS-specific advertising was significantly more effective at generating contacts compared to 'Measure Up' advertising, and compared to GHS advertising that involved the 15-second advertising. Participants were significantly more likely to report television advertising as their referral source during periods of GHS advertising when compared to 'Measure up' advertising.

Conclusions: On-going marketing of state-wide prevention initiatives is necessary to achieve population-wide engagement. On the whole, specific GHS-promoting messages were more effective in recruiting participants than the re-badged national 'Measure Up' Campaign advertising. The relevance of the creative execution, the call to action and the length of time a viewer is exposed to the GHS details have an impact on the numbers of calls to the GHS.

Key words: mass media campaigns, telephone service, nutrition, physical activity, weight loss, television, advertising.

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So what?

The implementation of a population-based support service requires sustained and tailored media messaging to promote its use, if higher population-wide use of the service is to be achieved.

Get Healthy-specific advertising

The GHS television advertising included two 30-second advertisements and a 15-second advertisement that encouraged people to think about healthier lifestyles, modelled telephone-based coaching and directed people to the GHS. The 30-second advertisements showed an animation of a phone becoming dull and overweight, and then regaining shape. The first advertisement featured male and female voices talking about the difficulties they had "getting healthy" and the second advertisement featured the coaches' voices demonstrating the GHS coaching experience. This approach was designed for widespread appeal and aimed at maximising personal relevance.

'Measure Up' advertising

The National 'Measure Up' campaign (www.measureup.gov.au) depicted a young adult male becoming overweight by middle age. In NSW, the GHS was promoted at the end of these advertisements through a voice over and graphic displaying the phone number.

Data collection

Service and website usage information

Weekly information about the number and category of incoming calls to the GHS was collected. The number of 'new' calls was calculated by excluding existing participants, withdrawals and wrong numbers. Weekly visitors to the website were collected and Google Analytics used to determine unique visitors.

Get Healthy specific and 'Measure Up' television advertising

Information regarding the type of television advertising and Target Audience Rating Points (TARPs) were collected. TARPs are a measure

of the volume of weekly television advertising scheduled to reach the target audience.¹²

Service participant questionnaire

Service users who registered their interest in either information or coaching were asked how they heard about the Service.

Results

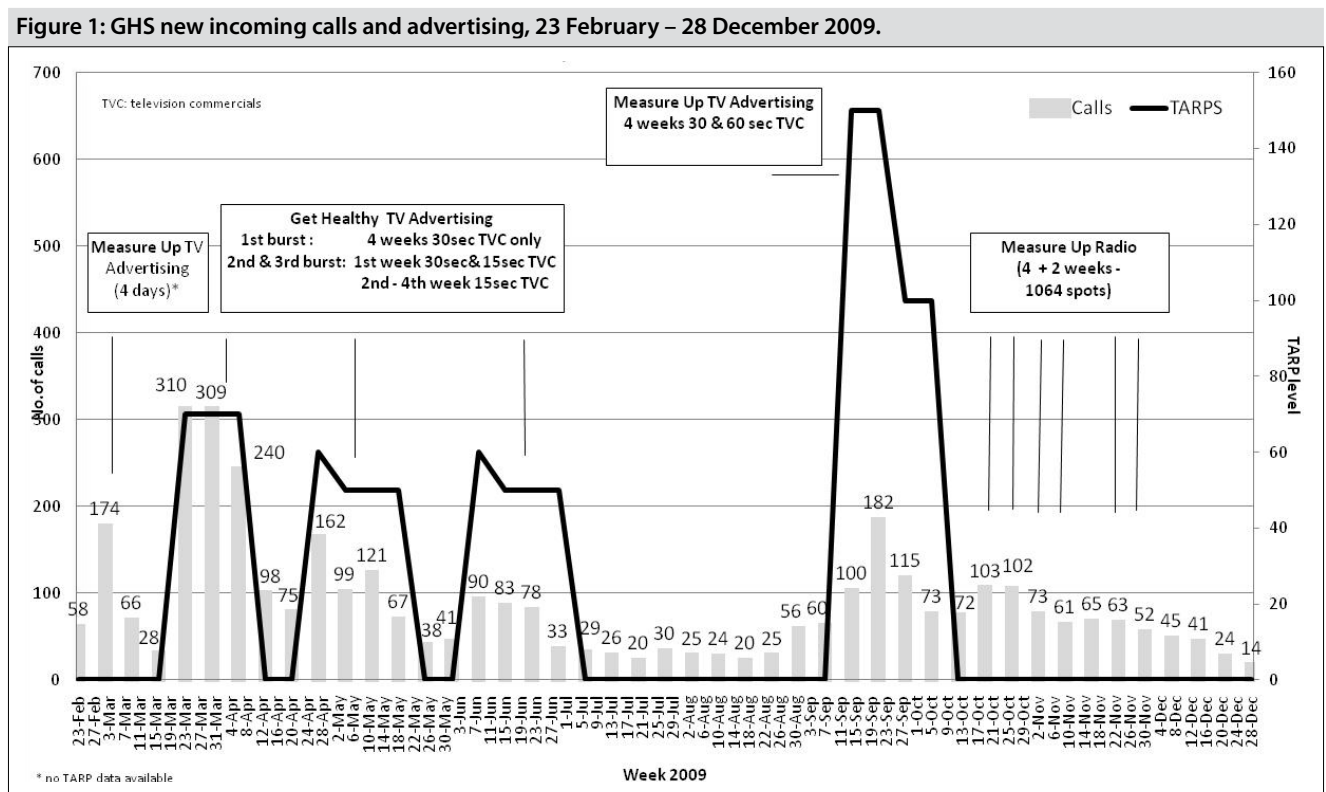
Service and website usage information

Between 23 February and 31 December 2009, the GHS received 5,548 incoming calls; 1,519 were from existing participants and 365 were wrong numbers, prank calls or other, resulting in 3,664 new incoming service calls. For the same period, 17,098 unique visitors visited the GHS website, an average of 389 visitors per week over the 44-week period.

Get Healthy specific and 'Measure Up' television advertising

Between February and December 2009 there were four bursts of paid media activity. GHS-specific advertising commenced late-March, with three weeks of advertising using the 30-second commercial. After two weeks, there were four weeks of advertising (30 and 15-second messages shown in the first week, and the 15-second message shown in subsequent weeks). This pattern of advertising was repeated. The fourth media burst featured the 'Measure Up' Campaign (four weeks from mid-September, featuring both the 60-second and 30-second advertisement, with the 60-second advertising weighted more heavily in the first week).

Figure 1 compares new call volume in relation to the type and level of advertising. The number of new calls and unique website visitors



was significantly higher in the advertising weeks (both GHS-specific and 'Measure-up') than non-advertising weeks. In non-television advertising weeks, the GHS received an average of 53.6 new calls and 282.9 unique website visitors, and in weeks when television advertising was present there was an average of 137.5 new calls and 547.0 unique website visitors ($t(43)=4.680, p<0.001; t(43)=4.596, p<0.001$ respectively).

During GHS advertising, the website received an average of 591.5 unique visitors (range 275 to 1,092), which was higher than the average number of unique website visitors received during 'Measure Up' advertising ($\chi^2=525.8$), although this was not statistically significant ($t(13)=0.378, p=0.71$).

New calls to the GHS were higher ($\chi^2=144.7$) during the GHS advertising phases compared to 'Measure Up' advertising ($\chi^2=117.5$), although these differences were not significant ($t(13)=0.525, p=0.608$). An average of 286.3 calls resulted when the GHS 30-second advertisement was aired on its own. An average of 126.0 weekly calls resulted when a combination of the GHS 30-second and 15-second advertisement was used and an average of 80.2 weekly calls resulted when the GHS 15-second advertisement was used on its own. When a combination of the 60-second and 30-second re-badged 'Measure up' advertisements were used, an average of 117.5 weekly calls resulted to the GHS. The GHS 30-second advertisement periods generated significantly more calls to the service than the combination of 30- and 15-second GHS advertising, the 15-second GHS advertising and the Measure Up advertising ($t(3)=3.990, p=0.028; t(7)=8.818, p<0.001; t(5)=5.026, p=0.004$, respectively). No other differences were significant.

Service participant questionnaire

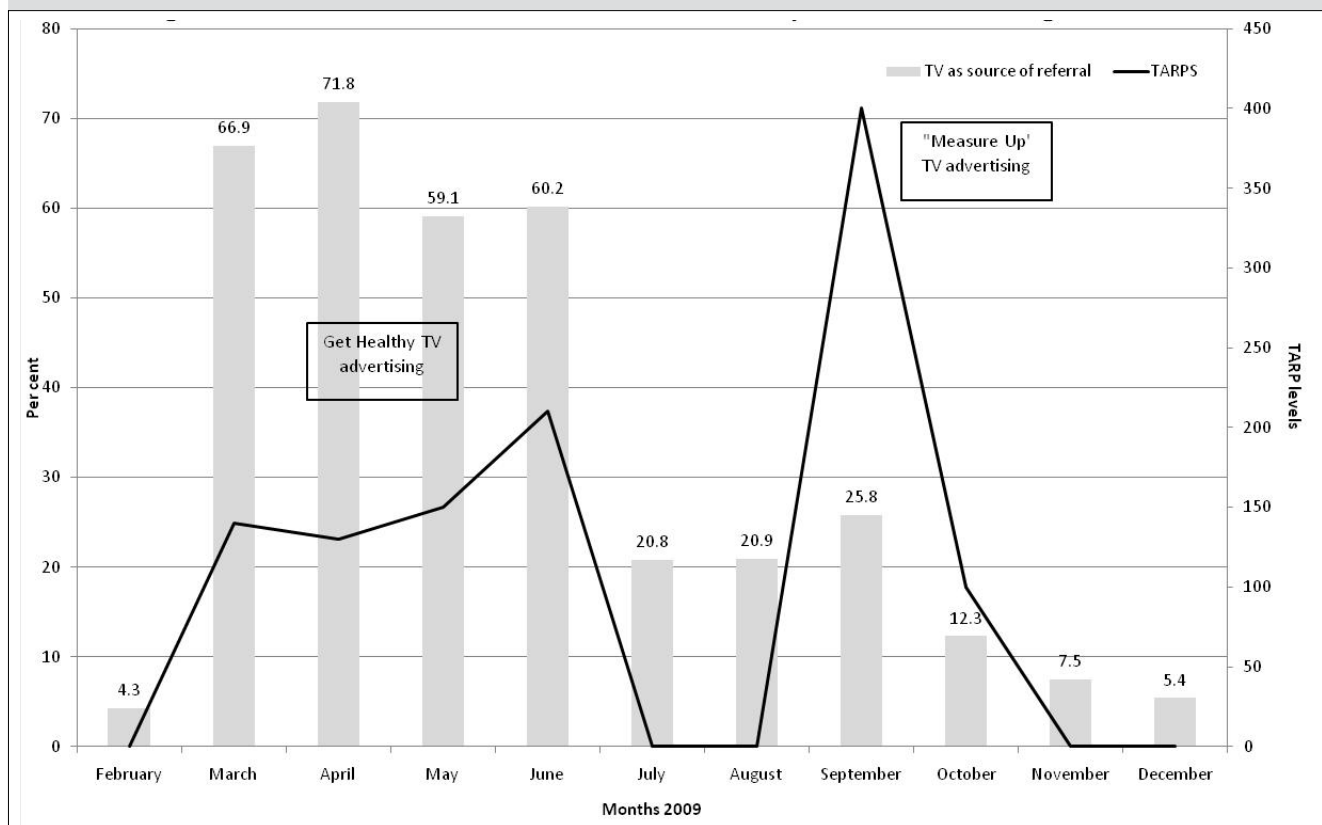
Figure 2 shows that the presence and type of advertising had an impact on GHS participants' reporting of referral source. When GHS-specific advertising and, to a lesser extent, 'Measure Up' advertising was on air, participants were significantly more likely to report that they heard about the GHS through television ($\chi^2(1, n=2,838) = 330.00, p<0.001$). In the period when GHS advertising was present 66.1% of participants cited the television as their referral source; in the period when 'Measure Up' advertising was present 19.6% of participants cited the television as their referral source ($\chi^2(1, n=2,221) = 423.28, p<0.001$).

Discussion

To achieve a significant public health impact the GHS needs to attract substantially more calls than it did in its first 10 months of operation, where it received 3,664 relevant calls. This represented 0.2% of the overweight and obese NSW population. A greater volume of sustained advertising will be necessary to achieve higher levels of service usage. Based on the experience of smoking cessation helplines,^{10,13} a population target between 3% and 6% could be an optimal goal for population participation in the GHS program.

This study found that mass media television advertising is effective at generating contacts to GHS. The media campaign periods resulted in increased contacts to the GHS (both in terms of new calls and unique website visitors). However, the 30-second GHS-specific advertising was more effective than the 'Measure Up' campaign at generating contacts; this was unrelated to the higher TARP levels (greater media spend) afforded to the 'Measure Up' campaign. There

Figure 2: Television as source of GHS referral compared to advertising TARPs.



was an average of 2.5 new calls per GHS advertising TARP, compared to an average of less than one new call per TARP for the 'Measure Up' campaign. Further, it can also be argued that at a time of limited overall exposure to GHS-specific advertising, the 15-second GHS advertising on its own was not as effective at generating calls to the service when compared to combinations involving the 30-second GHS advertising and the 'Measure Up' advertising, which itself was a campaign of significant public awareness.

Possible reasons for this difference include greater specificity of the GHS messages^{14,15} with these messages providing a clear cue to call the GHS and describing the GHS service experience; contrasted with the more generic awareness-raising message of the 'Measure Up' campaign. Message duration and legibility may also have been important. The GHS advertising showed the phone number for the full 30-seconds of the advertising, whereas the 'Measure Up' advertising showed the phone number for fewer than five seconds. Longer exposure, especially from the 30-second GHS message may facilitate more cognitive deliberation, leading to noting and calling the GHS number. This is supported by the results indicating more service calls when the 30-second GHS advertising was used compared to the 15-second advertisement.

Participants' reporting of referral source was related to which advertising campaign was on air. In the months that GHS-specific advertising was present, compared to the 'Measure up' advertising, participants were significantly more likely to report that they heard about the service from the television.

This paper does not attempt to distinguish between the emotional appeal of the advertising, its strategic placement or the cognitive attributes of the viewer, but rather presents the link between the varying levels of calls and resultant GHS participation when using purposely designed advertising and more generic advertising. Accordingly, the limitations of this study are that it: only reports on and compares one phase of GHS-specific and one phase of the 'Measure Up' advertising; does not identify the [likely smaller] impact that print and radio advertising might have had on contacts; does not quantify or describe the activities undertaken by non-government organisations and Area Health Services in promoting GHS; assumes that the advertising had an immediate impact on contacting GHS, rather than accounting for any variability caused by lag time; and it does not quantify the spurious reporting of television as the recalled source of the GHS message.¹⁶⁻¹⁸

Conclusions

The implementation of a population-based service such as the NSW Get Healthy Information and Coaching Service[®] requires the support of sustained and targeted advertising. The low level of recruitment after June and September 2009 suggests that the GHS was underutilised in these periods, and that greater and sustained advertising would have been valuable. Further, when developing mass media communications, preference should be given to specifically designed and tailored messaging that explains, models and displays the relevant contact details for as long as possible to facilitate GHS contact.

Disclaimer

This journal article does not represent the views and opinions of the NSW Health Department.

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