

9 NUTRITION

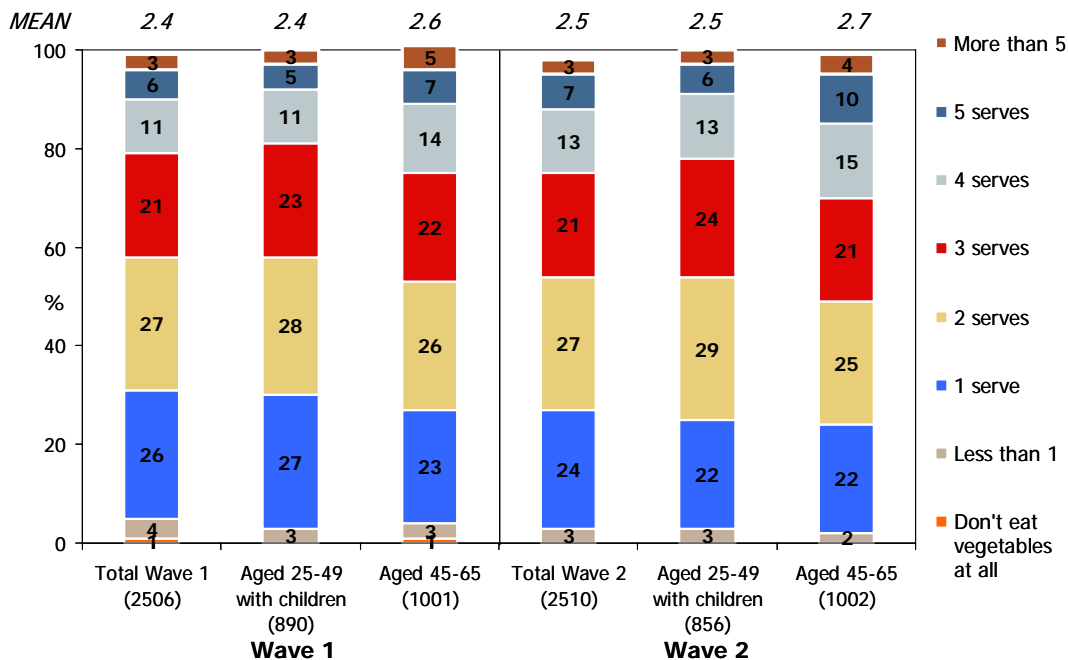
This research investigated Australian’s understanding of the recommendations for achieving a balanced diet, their current behaviour and intentions to change their current nutritional intake. This section outlines results for vegetables, fruit and fast food or snack food.

9.1 Vegetables

Respondents were asked how many serves of vegetables they eat each day. Figure 9.1.1 shows that at Wave 2 the average number of serves of vegetables was reported to be 2.5 and only 10% were eating the recommended five or more serves per day. This is both a very similar result to the Wave 1 findings of 9% eating five or more serves of vegetables per day and the 9% found in the ABS National Health survey 2007-2008.⁷

At this stage, there has been no appreciable difference in the number of serves of vegetables Australian adults report eating between Waves 1 and 2. Similarly, there has been no significant difference in vegetable consumption among either of the campaign targets.

Figure 9.1.1: Serves of vegetables eaten a day



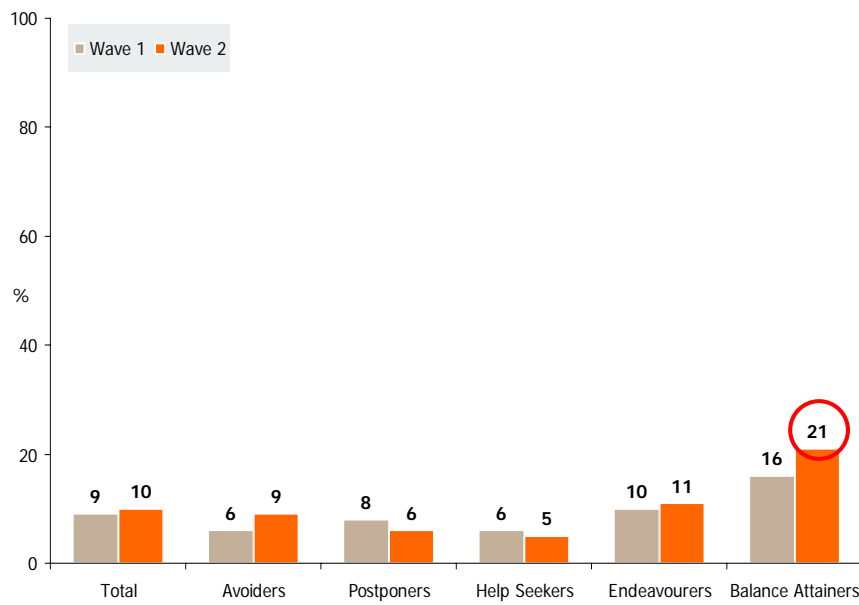
Base: Total Sample , excluding Victoria (5016)

⁷ <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0/>

Figure 9.1.2 shows the proportions of each segment claiming they eat five or more serves of vegetables each day at Wave 1 and Wave 2. As can be seen, by Wave 2 almost twice as many Balance Attainers reported eating five or more vegetables per day than any other segment, this represents a statistically significant increase between the two surveys. Endeavourers and Balance Attainers remain the most likely to be consuming the recommended daily servings of vegetables (5+) after the campaign.

There were no appreciable differences in vegetable consumption after the campaign for the target segments of Postponers or Help Seekers.

Figure 9.1.2: 5+ serves of vegetables eaten a day (by segment)



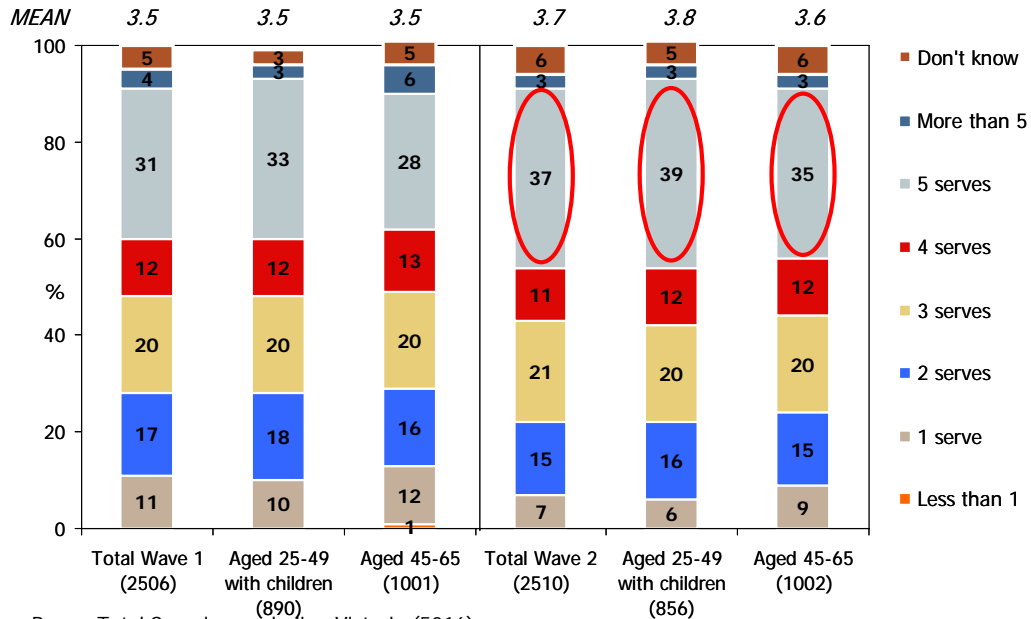
Base: Total Sample , excluding Victoria (5016)

There has, however, been a significant shift in 'knowledge' of the recommended daily serves of vegetables for all key groups between Wave 1 and Wave 2, directly after the ABHI campaign. Figure 9.1.3 overleaf shows the proportion correctly indicating five serves of vegetables per day are required to maintain good health increased significantly by Wave 2.

Knowledge of the recommended daily intake of vegetables also increased among both the primary target audience, 25-49 year olds with children, and the secondary audience, 45-65 year olds.

In addition, knowledge significantly increased between Wave 1 and 2 among all other demographic groups analysed including 18-24 year olds, men, women, those with and those without children and those who perceive themselves to be overweight.

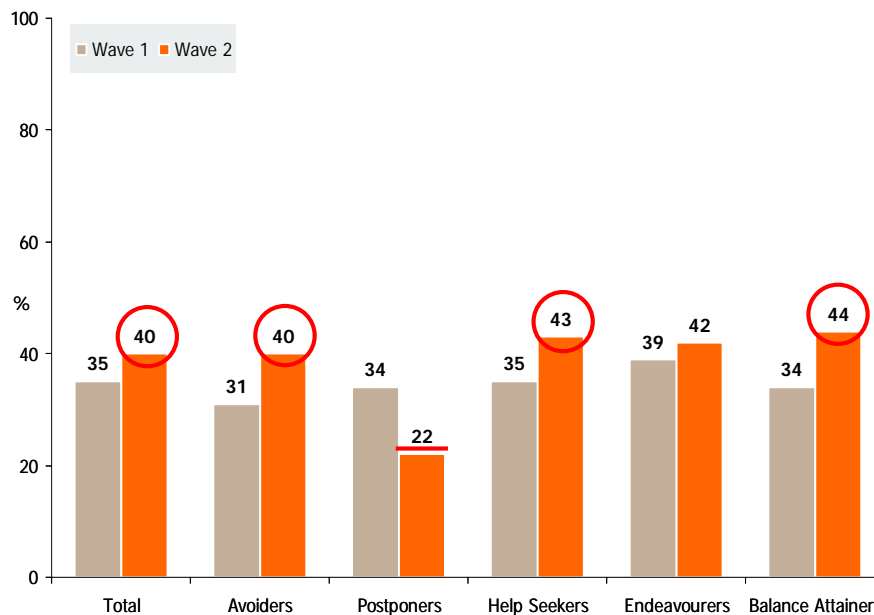
Figure 9.1.3: Perception of recommended serves of vegetables per day



Base: Total Sample, excluding Victoria (5016)

Figure 9.1.4 shows knowledge that five or more serves of vegetables per day is recommended to maintain good health has increased among four of the five segments. There was however a significant decrease in mentions of five or more serves among the Postponers segment. It is unclear as to the reason behind the decline in mentions of 5 or more among postponers.

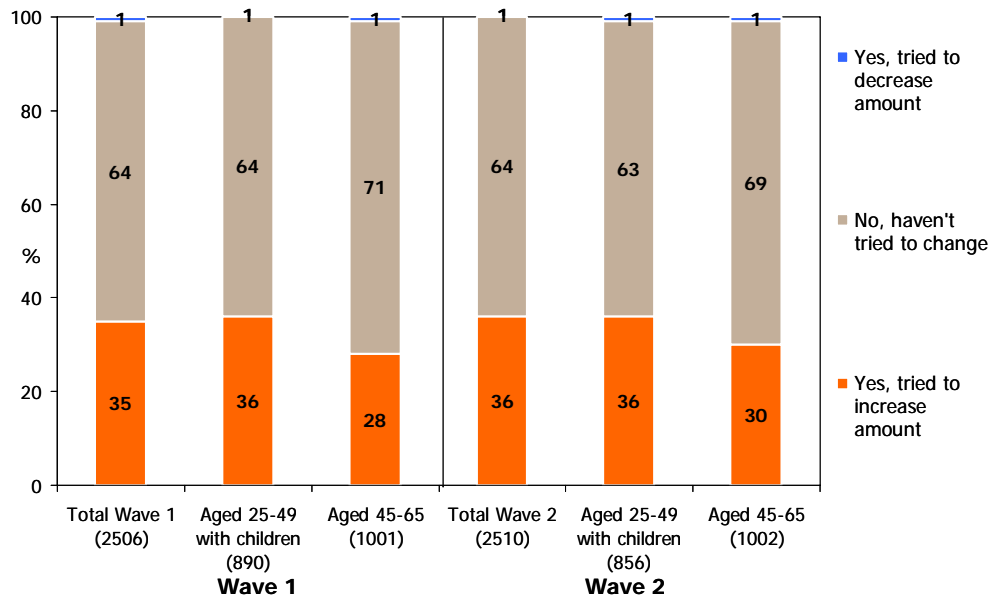
Figure 9.1.4: Perception of recommended serves of vegetables per day – those indicating 5+ per day (by segment)



Base: Total Sample, excluding Victoria (5016)

While knowledge of the number of serves of vegetables recommended to maintain good health appears to have increased overall, this awareness has not yet been acted upon. Figure 9.1.5 shows a consistency with the self reported intake remaining stable, that is, there has been no significant change in the proportion of Australian adults that have tried to change their vegetable intake in the last six months.

Figure 9.1.5: Change in the quantity of vegetables eaten per day in the last six months



Base: Total Sample , excluding Victoria (5016)

Those indicating they had been trying to increase the amount of vegetables they eat were asked for the reasons they had been trying to increase their vegetable intake. Table 9.1.6 overleaf provides a summary of these responses.

As can be seen, most of those who have increased their consumption of vegetables claimed the influence was to improve their health in general. At Wave 2 there was virtually no difference in the proportions saying that advertising influenced their decision. Overall, very few cited advertising as an influence at either Wave (3%).

It appears as though those who were already attempting to change their behaviour were doing so with the knowledge that increased vegetable intake would assist in maintaining good health and losing or controlling weight. At this early stage, the ABHI campaign does not appear to have prompted many to action with regard to vegetable consumption but does appear to have made an impact with regard to knowledge of recommended vegetable consumption through the “what” message.



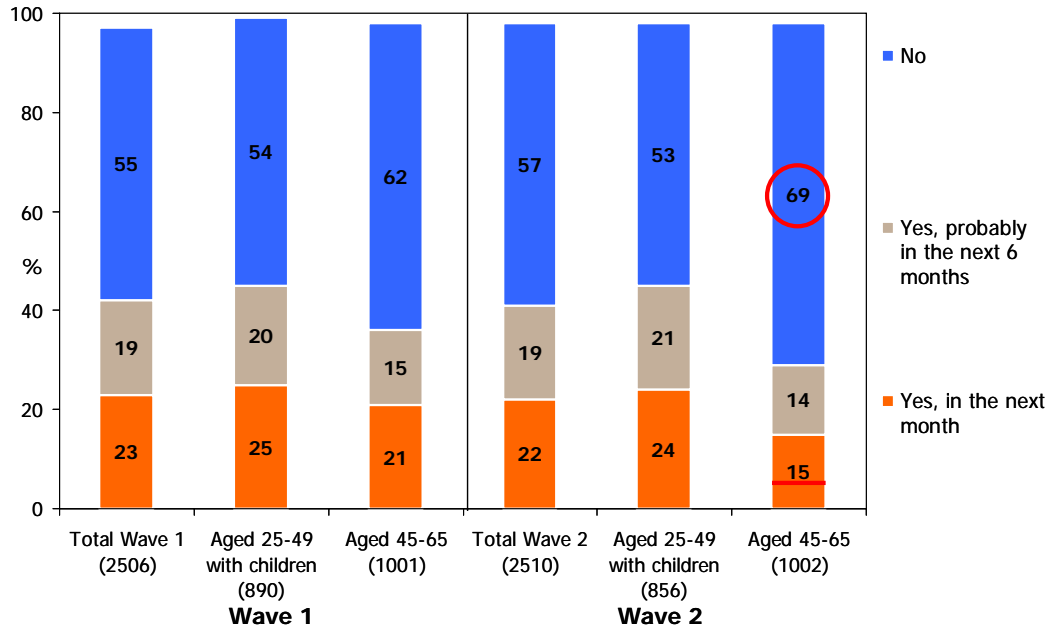
Table 9.1.6: Reasons why eaten more vegetables

%	Wave 1 (863)	Wave 2 (911)
Improve health in general	61	59
To lose or control weight	19	19
To encourage children / family to eat more	9	7
To improve fitness	8	8
I / we like eating vegetables / they taste good	6	5
Substitute for other foods / trying to eat less or no red meat	5	3
Advertising campaigns	4	5
Education/ knowledge/awareness	4	0
Five + two / 5+2 ad campaign / television ad / 2 and 5 / 2 fruits and 5 vegetables	3	3
Advice from others	2	3
Diet / on a diet / dietary needs / improve diet / nutrition	2	3
Grow own produce / Grow my own vegetables	2	1
Pregnant / breastfeeding / new baby / pregnancy	2	1
Seasonal availability	2	0
Decrease risk of cancer	1	1
Decrease risk of Diabetes / Type 2 Diabetes	1	2
Decrease risk of chronic disease	1	1
Price (they are getting cheaper)	1	3
Doctor recommendation	1	0
Getting older / Ageing	1	1
Lower/control cholesterol	1	0
Commonsense	0	1
Animated vegies / faces	0	1
Ill health / health issues	0	1
Other	1	5
Don't know / no particular reason	2	1

Base: Tried to increase consumption of vegetables in last six months, excluding Victoria (1774)

In addition to unchanged vegetable consumption between Wave 1 and 2, Figure 9.1.7 shows that there has also been no increase in intentions to increase vegetable consumption in the next six months. In fact, there has been a significant decline in intentions among the secondary target audience of 45-65 year olds.

Figure 9.1.7: Intention to increase consumption of vegetables



Base: Total Sample , excluding Victoria (5016)

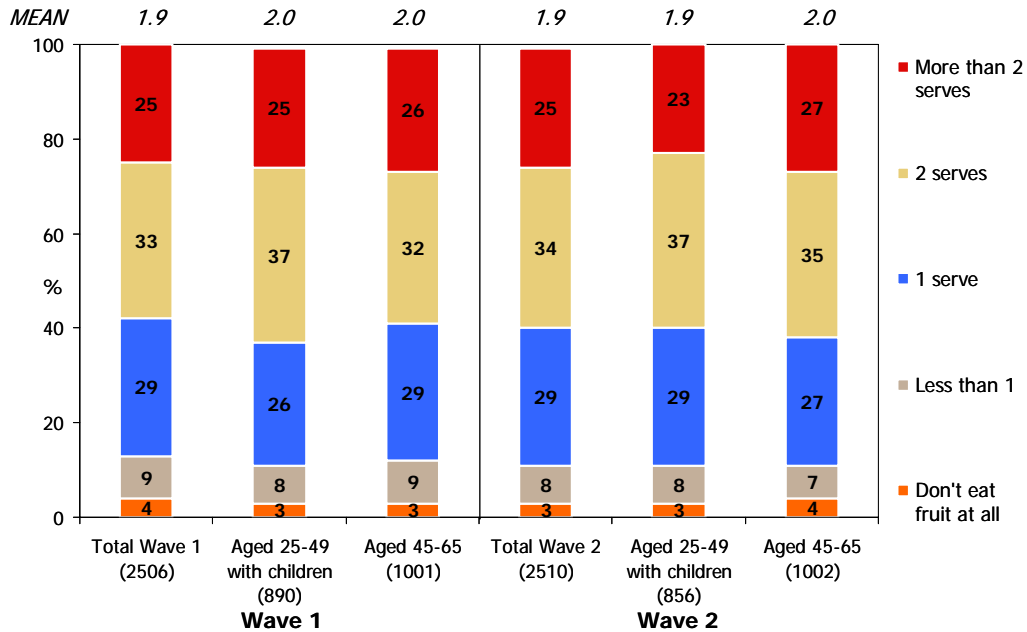
9.2 Fruit

Respondents were also asked about their fruit consumption, what the recommended serves of fruit are, any changes in the amount of fruit they eat and their future intentions regarding fruit consumption.

Figure 9.2.1 overleaf shows the self reported daily intake of fruit at Wave 1 and 2 for the key target audiences. The majority at both Wave 1 and 2 claimed to eat at least two pieces of fruit each day (58% at Wave 1 and 59% at Wave 2). Overall this results in the average serves of fruit reportedly consumed per day, at 1.9, being in line with the recommendations of two serves per day.

As is the case for vegetable consumption, there has been no significant difference in self reported consumption of fruit between Wave 1 and 2, among the total national sample or within the campaign target groups.

Figure 9.2.1: Serves of fruit eaten per day

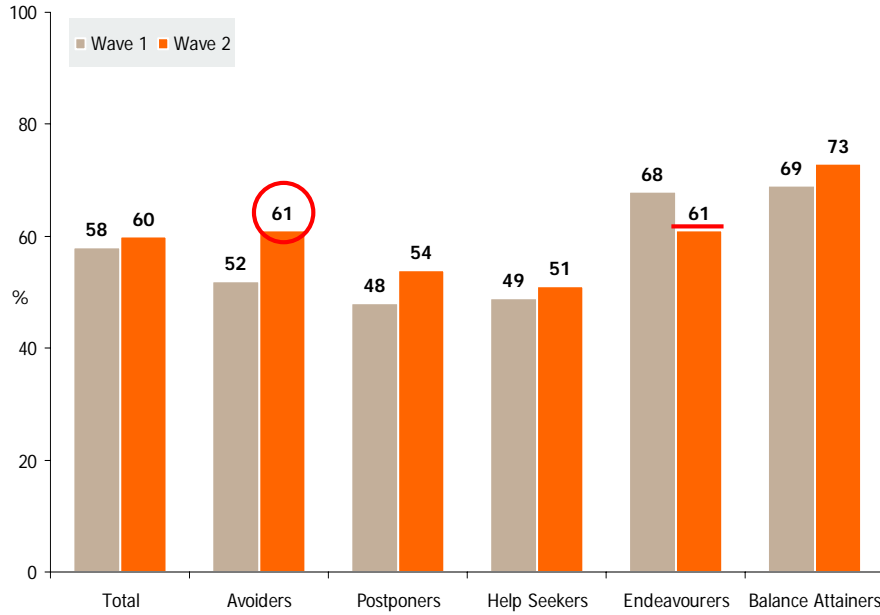


Base: Total Sample, excluding Victoria (5016)

While there were no differences in the amount of fruit consumed at the overall level and for the main target audiences there was a significant increase in claimed consumption between Wave 1 and 2 for 55-65 year olds (58% said they ate two or more serves of fruit each day at Wave 1 which increased to 67% at Wave 2) and those without children (56% said they ate two or more serves of fruit each day at Wave 1 which increased to 60% at Wave 2).

In addition to the increases among two of the demographic groups outside of the core target audience, Figure 9.2.2 overleaf shows that there was also a significant increase in the serves of fruit consumed by the Avoiders segment (from 52% to 61% eating two or more serves per day). However, there was a corresponding decline in fruit consumption among the Endeavourers segment (from 68% to 61% eating two or more serves per day).

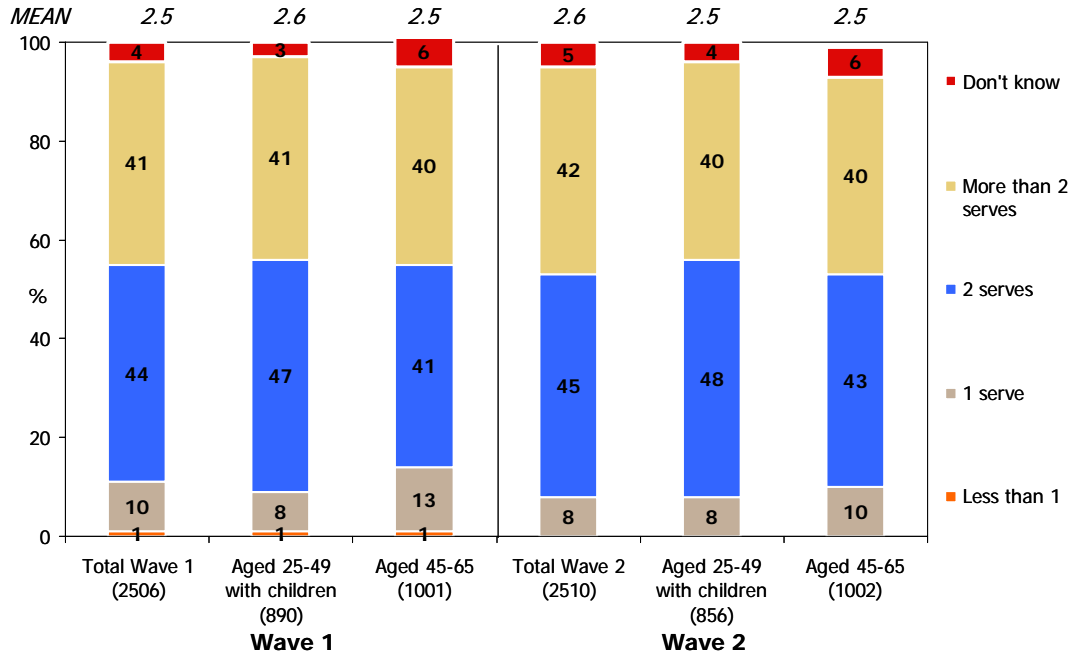
Figure 9.2.2: 2+ serves of fruit eaten per day (by segment)



Base: Total Sample , excluding Victoria (5016)

When respondents were asked how many serves of fruit each day are required to maintain good health, unlike for recommended vegetable consumption, there was no increase in knowledge between Wave 1 and 2 (as shown in Figure 9.2.3 overleaf). This is likely, in part, to be a result of the already large majority (85%) believing they should eat two or more serves of fruit each day to maintain good health.

Figure 9.2.3: Perception of recommended serves of fruit per day

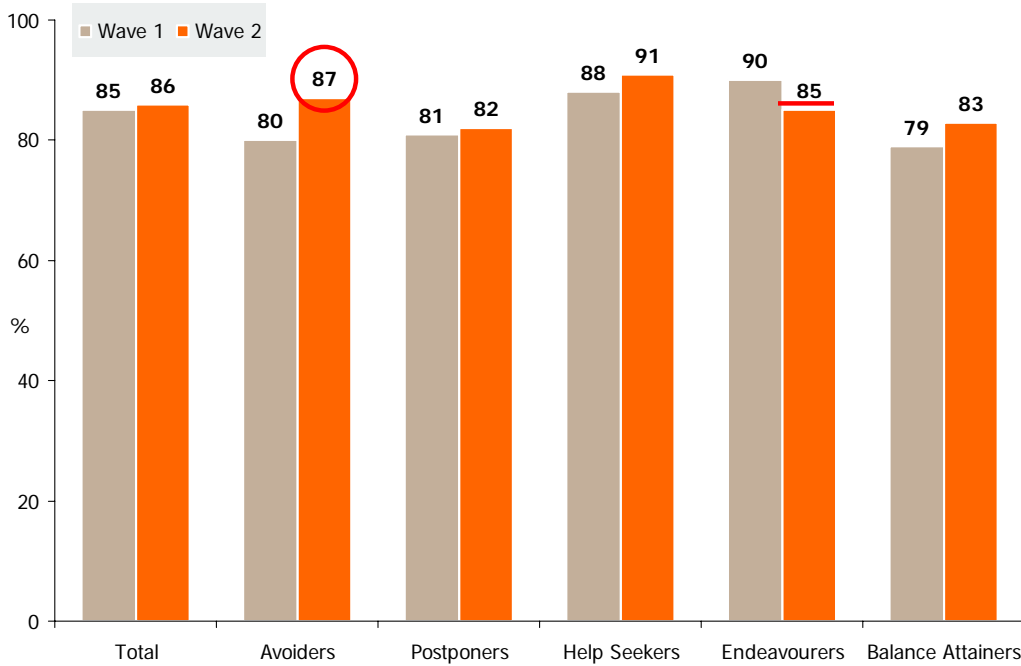


Base: Total Sample , excluding Victoria (5016)

There were also no differences between waves in the knowledge that two or more serves of fruit are recommended to maintain good health among any of the demographic groups analysed.

However, as can be seen in Figure 9.2.4 overleaf, there has been a significant increase in knowledge among the Avoiders segment (from 80% to 87%) and a decline among the Endeavourers segment (from 90% to 85%) that two or more serves of fruit per day is recommended. This result mirrors the changes in fruit consumption seen among the segments seen earlier.

Figure 9.2.4: Perception of recommended serves of fruit per day – those saying 2+ serves per day (by segment)

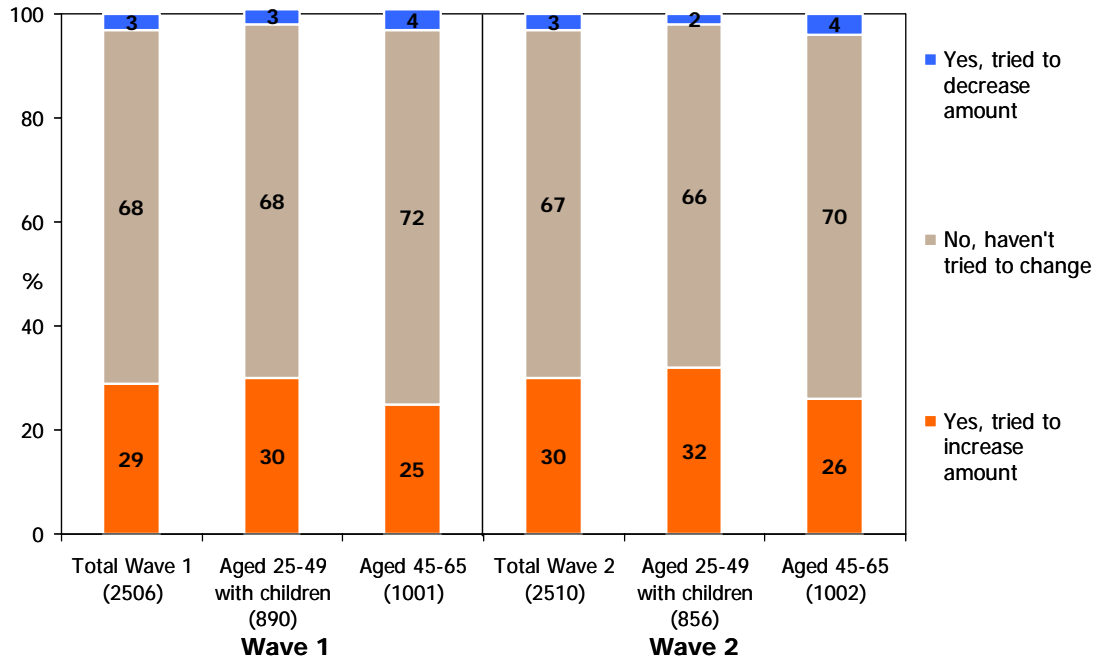


Base: Total Sample, excluding Victoria (5016)

As can be seen in Figure 9.2.5 overleaf, there has been no change in the proportion of respondents trying to increase their daily consumption of fruit between Wave 1 and 2. Just under one in three in both waves (29% at Wave 1 and 30% at Wave 2) say they have tried to increase the amount of fruit they eat.

There were no significant changes in those trying to increase their fruit consumption across any of the demographic groups analysed.

Figure 9.2.5: Change in the quantity of fruit eaten per day in the last six months



Base: Total Sample , excluding Victoria (5016)

Respondents who reported that they had tried to increase their consumption in the last six months were asked their reasons for doing so. Table 9.2.6 overleaf outlines the reasons for trying to increase daily fruit intake.

As can be seen in Table 9.2.6 overleaf, the reasons for trying to increase daily fruit consumption remained relatively stable between Wave 1 and 2. In a similar response to those trying to increase their vegetable intake, those trying to increase their fruit intake most commonly reported that their reason for attempting to do so is 'to improve their health generally' (mentioned by 60% at Wave 1 and 57% at Wave 2) followed by 'to lose or control weight' (mentioned by 14% at Wave 1 and 2).

Again there was no increase between waves in the proportion saying they had been influenced to increase their fruit intake by advertising or communications.

Table 9.2.6: Reasons why eaten more fruit

%	Wave 1 (751)	Wave 2 (752)
Improve health of family in general / healthier life / health reasons	60	57
To lose or control weight	14	14
To improve fitness	6	7
To / encourage children / family to eat more	6	4
I / we like eating fruit / they taste good	6	8
Substitute for other foods / trying to eat less or no red meat	5	2
Seasonal availability	5	5
Advice from others	3	3
Education/ knowledge/awareness	3	0
Five + two / 5+2 ad campaign / television ad / 2 and 5 / 2 fruits and 5 vegetables	3	2
Advertising campaigns	2	4
Lower/control cholesterol	2	0
Pregnant / breastfeeding / new baby / pregnancy	2	1
Decrease risk of Diabetes / Type 2 Diabetes	1	1
Decrease risk of chronic disease	1	0
Price (they are getting cheaper)	1	3
Diet / on a diet	1	0
Doctor recommendation	1	0
Getting older / Ageing	1	0
Work	1	0
Decrease risk of cancer	0	1
Commonsense	0	1
Healthy snack	0	2
Ill health / health issues	0	1
Other	1	7
Don't know / no particular reason	2	1

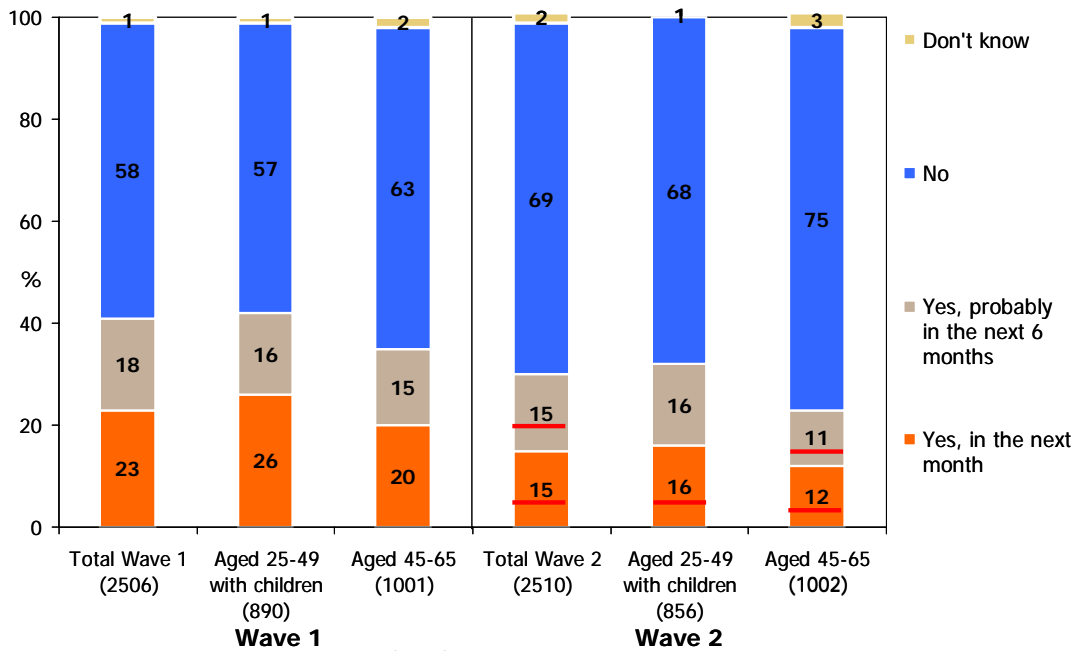
Base: Tried to increase consumption of fruit in last six months, excluding Victoria (1503)

In addition to current and recent changes to fruit consumption respondents were asked if they intend on making any changes to their daily fruit intake. Figure 9.2.7 overleaf shows that rather than any increase in intentions to change fruit consumption behaviour between Wave 1 and 2 there has been a decline in intentions to increase fruit consumption in the next six months. At Wave 1, two in five (41%) said they intended to increase their fruit consumption, either in the next month or next six months, yet at Wave 2 less than two in three (30%) had similar intentions to increase their fruit consumption.

The declines in intention were seen across the main campaign targets and all demographic groups analysed.

These declines in intentions to consume more fruit may be due to seasonal differences which commonly affect fruit availability and therefore appeal and (most likely) consumption. It is worth noting that Wave 1 was conducted just prior to summer (early October) and Wave 2 just after summer (late March/early April). Seasonal variation in fruit and vegetable consumption is well documented.⁸

Figure 9.2.7: Intention to increase consumption of fruit



Base: Total Sample, excluding Victoria (5016)

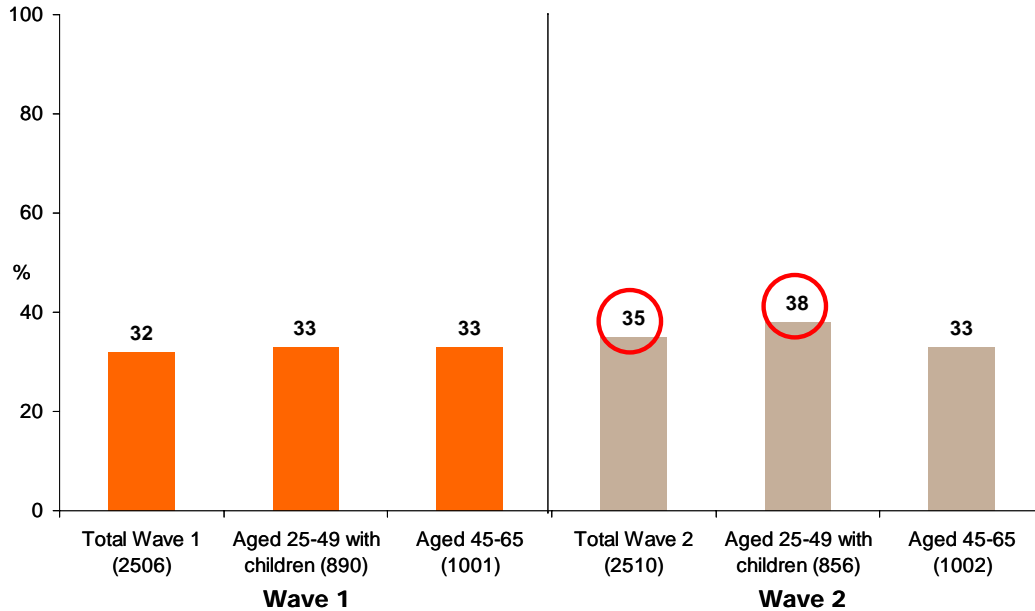
9.3 Understanding of the '2&5' message

In Wave 2, just over one in three (35%) could correctly say that to maintain good health one should have at least two serves of fruit AND five serves of vegetables each day which represents a significant increase from Wave 1, particularly amongst the primary target of 25-45 year olds with children (see Figure 9.3.1 overleaf).

In addition, at Wave 2 women were significantly more likely than men to correctly mention both the recommended daily intake for fruit and vegetables (50% of women accurately recalled the 2&5 message compared to 27% of men).

⁸ Locke et al, 2009; Zeigler et al, 1987; Cox et al, 2000; Capita et al, 2005; Smolkova et al, 2004; Fahey et al, 2003; National Food Survey Committee, 1985.

Figure 9.3.1: Unprompted understanding of the '2&5' message

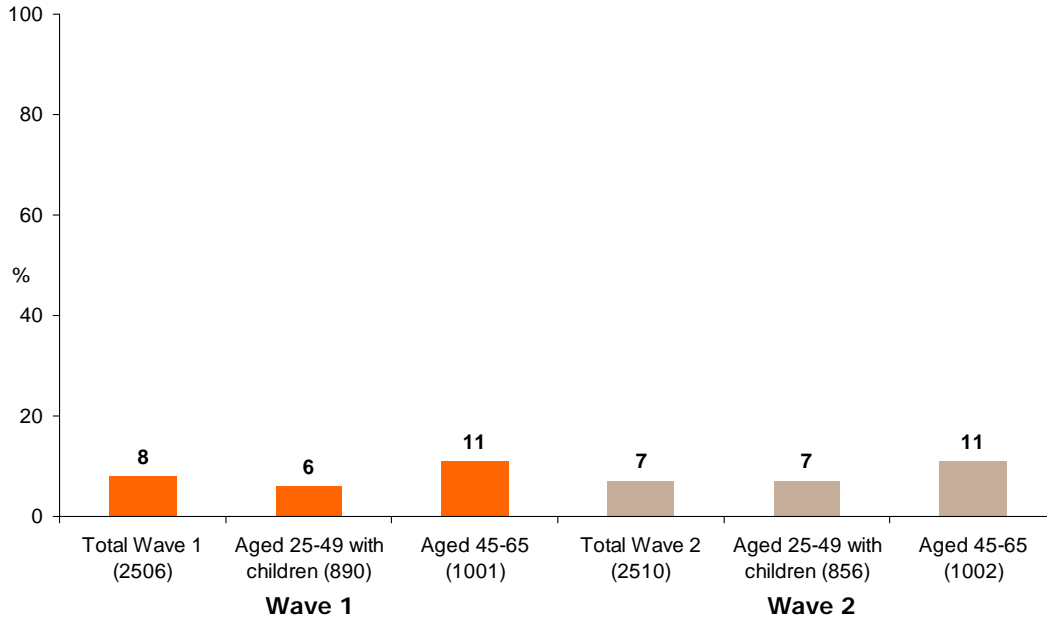


Base: Total Sample , excluding Victoria (5016)

However, when analysing the proportion that report actually consuming five or more vegetables and two or more serves of fruit a day far fewer actually reach the recommended daily intake of fruit and vegetables (8% in Wave 1 and 7% in Wave 2). Figure 9.3.2 overleaf also shows that there was no change in consumption over time. Fruit consumption is very high and so the barrier is the low quantity of vegetables consumed.

Women were more likely than men to report consuming the recommended serves of fruit and vegetables (12% of women claimed to be consuming at least 2 serves of fruit and 5 serves of vegetables compared to 4% of men).

Figure 9.3.2: Unprompted 2&5 consumption behaviour



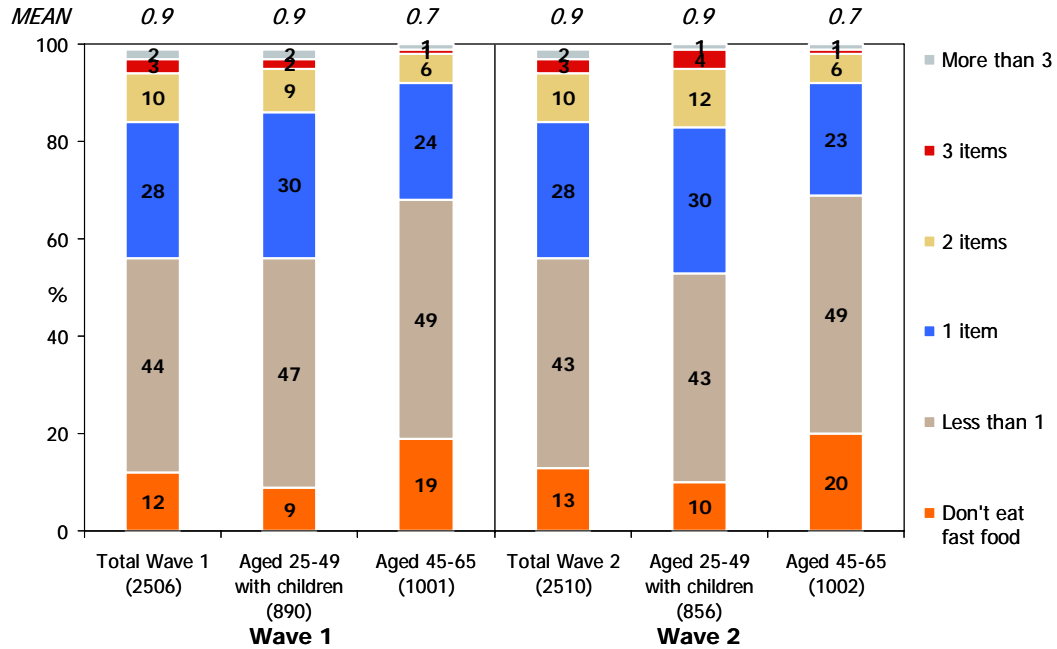
Base: Total Sample, excluding Victoria (5016)

9.4 Fast food or snack food

Respondents were asked about the amount of fast food or snack food they consume, attempts and intentions to change their consumption. Examples of a typical item of fast food or snack food were given to provide a frame of reference for respondents to use when answering. One 'item' was defined as a slice of cake, a soft drink, a packet of chips, serve of hot chips, small burger, a chocolate bar, slice of pizza etc and large portions should be counted as two items.

Figure 9.4.1 overleaf shows the proportions of fast food or snack food reportedly eaten daily. As can be seen, over half of the sample claim that they eat less than one item per day or don't eat fast food at all (44% say less than one item per day and 12% say none at all). As with serves of fruit and vegetables, there were no significant changes between Wave 1 and 2 in the amount of fast food people report consuming.

Figure 9.4.1: Items of fast food or snack food consumed each day

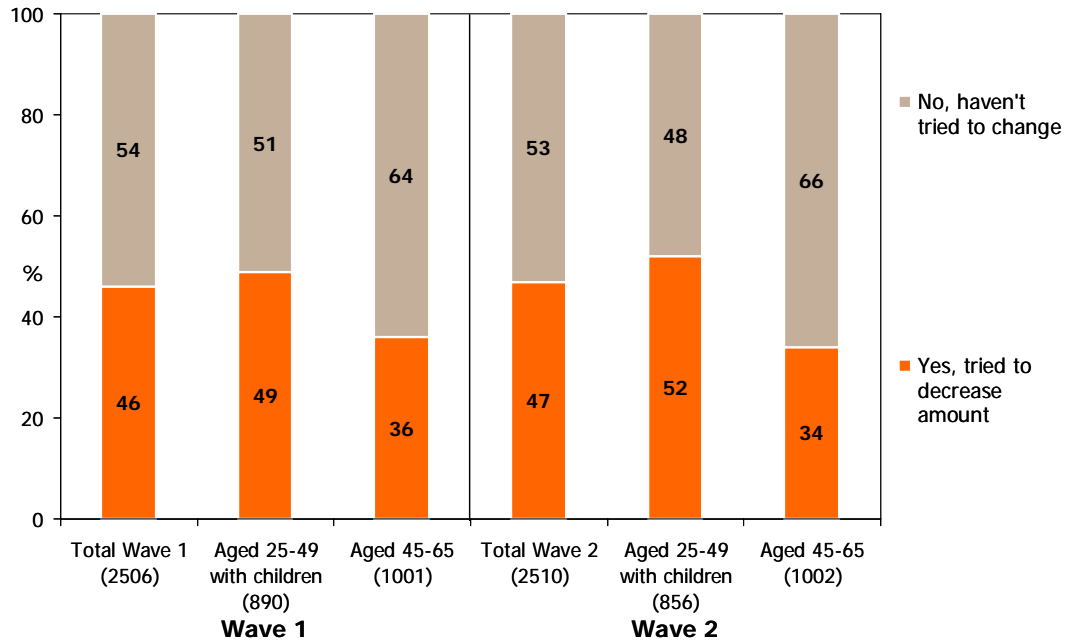


Base: Total Sample, excluding Victoria (5016)

Figure 9.4.2 overleaf shows the proportion who claim they have tried to decrease the amount of fast or snack food they consume over the last six months. Just under one in two (46% at Wave 1 and 47% at Wave 2) claim they have tried to decrease the amount of snack food they consume. The proportion of people trying to decrease the amount of fast food or snack food is significantly higher than either the proportion trying to increase their fruit consumption (29% at Wave 1 and 30% at Wave 2) or their vegetable consumption (35% at Wave 1 and 36% at Wave 2). It would seem that the recognition of 'bad' behaviours and therefore attempts to change them is more prominent than the recognition of good behaviours and attempts to aspire towards those ideals.

As with attempts to increase fruit and vegetable intake, there has been virtually no change in the proportion attempting to decrease their fast food or snack food consumption between Wave 1 (46%) and 2 (47%).

Figure 9.4.2: Decreased amount of fast/snack food eaten in last six months



Base: Total Sample, excluding Victoria (5016)

As can be seen in Table 9.4.3 overleaf, to improve general health was the main reason cited for decreasing consumption of fast foods and snack foods over the last six month. Responses were very similar at Wave 1 and 2. Again, advertising was mentioned as an influence by only a very small proportion (2% in Wave 2).

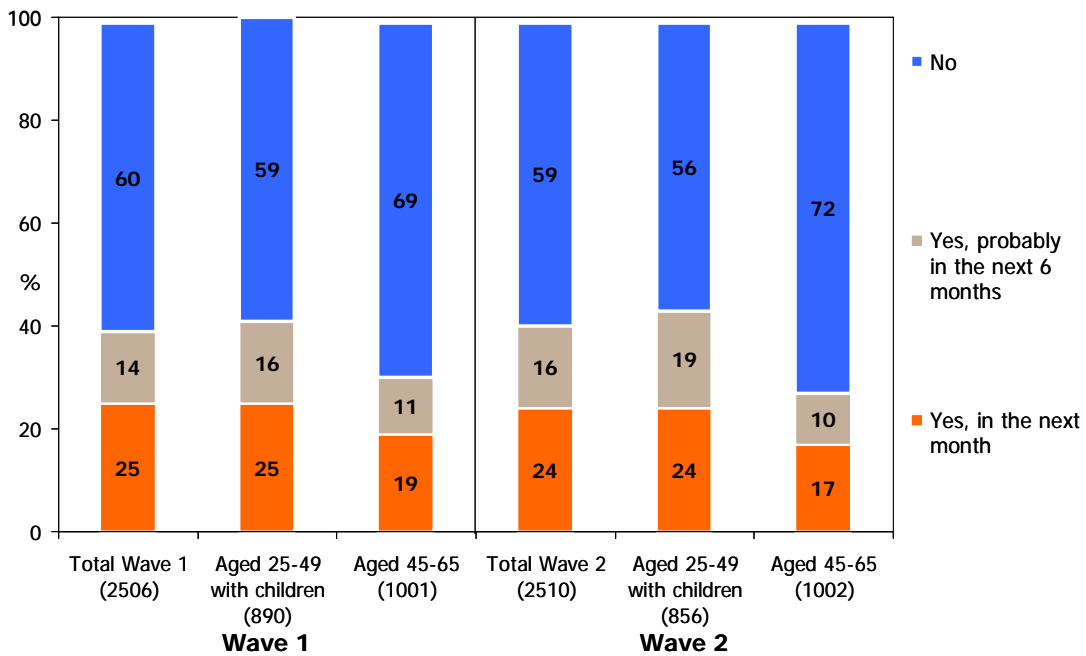
Table 9.4.3: Reasons why decreased fast food in last six months

%	Wave 1 (1146)	Wave 2 (1170)
Improve health in general	56	54
To lose or control weight	33	31
The cost (is expensive)	10	13
To improve fitness	8	7
To influence / encourage children / family to eat more	3	2
Education/ knowledge/awareness	3	0
Decrease risk of Diabetes / Type 2 Diabetes	2	2
Pregnant / breastfeeding / new baby / pregnancy	2	1
Advice from others	1	2
Advertising campaigns	1	2
Substitute for other foods / trying to eat less or no red meat	1	1
Decrease risk of heart disease	1	1
Decrease risk of chronic disease	1	1
Diet / on a diet	1	0
Lower/control cholesterol	1	0
Prefer home cooking	1	0
Getting older / Ageing	0	1
Reduce cholesterol / have high cholesterol	0	1
Fat content	0	1
Tastes awful / dislike taste	0	1
Not a healthy choice / unhealthy	0	4
Ill health / health issues	0	1
Other	7	7
Don't know / no particular reason	2	1

Base: Tried to decrease unhealthy food consumed in last six months (2316)

When asked if they intended to decrease the amount of fast food or snack food they eat in the next six months, the majority (60% at Wave 1 and 59% at Wave 2) said no (this is possibly because 56% already claim to eat less than one item of fast/snack food per day). As can be seen in figure 9.4.4 there has been no significant change in the proportion intending on decreasing their consumption of snack foods in the next six months between Wave 1 and 2. Around one in four (25% at Wave 1 and 24% at Wave 2) claim they intend on decreasing their snack food intake in the next month and around one in seven (14% at Wave 1 and 16% at Wave 2) claim they intend on decreasing over the next six months.

Figure 9.4.4: Intention of decreasing fast/snack food consumption in next six months



Base: Total Sample , excluding Victoria (5016)



10 PHYSICAL ACTIVITY

10.1 Measuring physical activity

This research investigated Australian's understanding of the recommendations for physical activity, their current levels of physical activity, recent changes to their behaviour and intentions to change their level of physical activity.

Understanding of the recommended level of physical activity to maintain health was examined using an unprompted variable consistent with the questions asked regarding recommended levels of fruit and vegetable consumption.

Self reported level of physical activity was measured using the Active Australia scale.⁹ The Active Australia scale involves a series of prompted questions measuring the duration (number of minutes of activity per week) and frequency (number of sessions of activity per week) of physical activity across three activity type categories:

- Vigorous activity;
- Moderate activity; and
- Walking.

The scale is then tallied and respondent's scores are categorised as 'sedentary', 'insufficient activity for health' or 'sufficient activity for health'.

This research used the 'Sufficient Activity for Health' calculation outlined in the Active Australia survey guidelines. 'Sedentary' is defined as those that report 0 mins of activity. 'Insufficient' is those reporting less than 150 minutes of activity per week but greater than 0 minutes or less than 5 sessions of activity. 'Sufficient' is those that report 150 minutes or more of activity per week over 5 or more sessions.

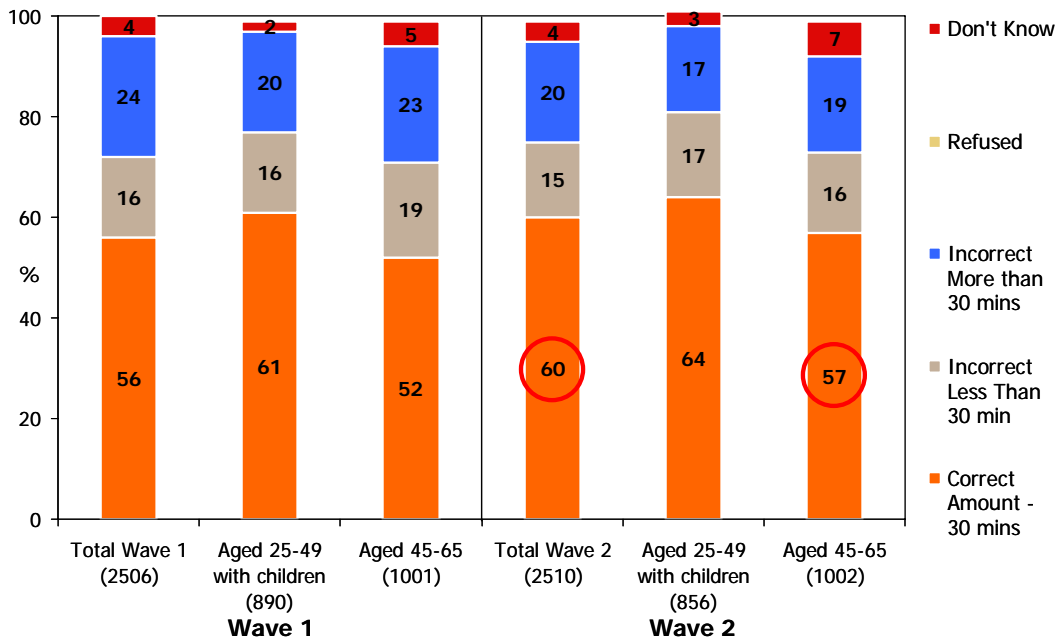
⁹ Australian Institute of Health and Welfare (AIHW) 2003. The Active Australia Survey: a guide and manual for implementation, analysis and reporting. Canberra: AIHW.

10.2 Physical activity

Respondents were asked, without prompting, how many minutes of moderate or vigorous physical activity are required each day to maintain good health. Figure 10.2.1 below groups the responses given into three main categories 'the correct amount – 30 minutes each day', 'an incorrect amount – more than 30 minutes each day' and 'an incorrect amount – less than 30 minutes each day'.

As can be seen, the majority at both Wave 1 and 2 correctly identified 30 minutes of moderate or vigorous activity is required everyday to maintain good health. In addition, there was a small but significant increase in the proportion correctly saying '30 minutes' (up from 56% at Wave 1 to 60% at Wave 2). The largest increase in this specific 'knowledge' occurred among the 45-65 age target group.

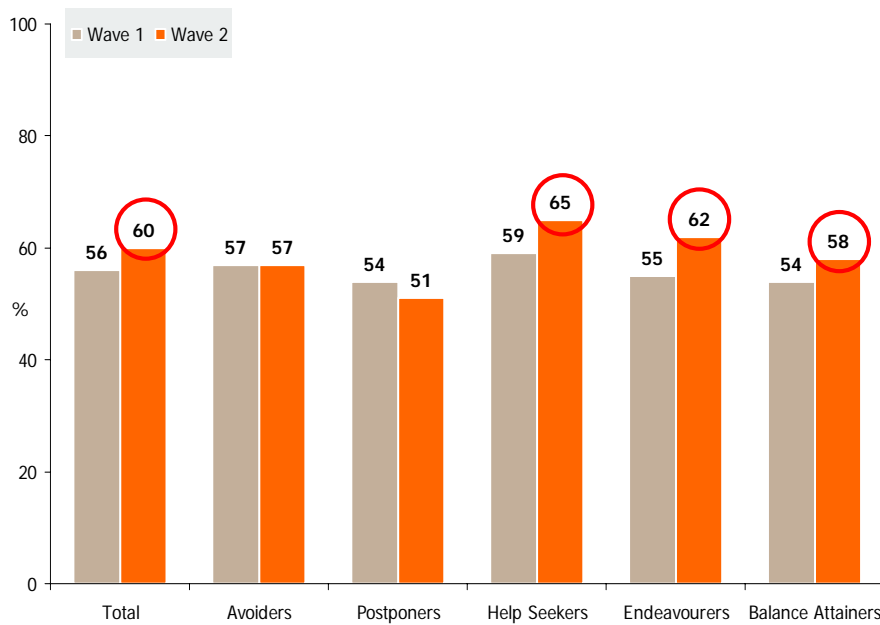
Figure 10.2.1: Perception of how many minutes of physical activity needed per day to maintain health



Base: Total Sample , excluding Victoria (5016)

Figure 10.2.2 shows the proportions of each segment at Wave 1 and 2 who reported that 30 minutes of moderate or vigorous activity is required each day to maintain good health. As can be seen, at Wave 2 significantly more Help Seekers, Endeavourers, and Balance Attainers correctly indicated 30 minutes of physical activity is required to maintain good health, than at Wave 1.

Figure 10.2.2: Perception of how many minutes of physical activity needed per day to maintain health – those indicating 30 mins each day (by segment)



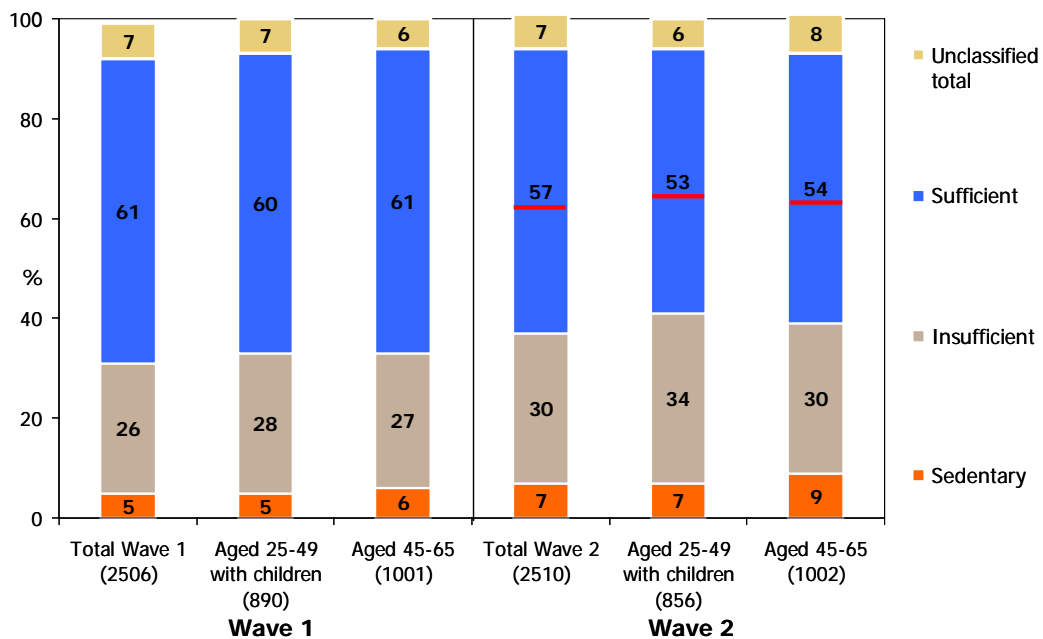
Base: Total Sample , excluding Victoria (5016)

While knowledge of the amount of physical activity required to maintain good health appeared to increase between Wave 1 and 2, Figure 10.2.3 over leaf shows that reported levels of actual physical activity significantly decreased (61% could be categorised as doing 'sufficient' levels of physical at Wave 1 and 57% at Wave 2). The declines were larger for the two campaign targets of 25-49 year olds with children (down 7 percentage points) and 45-65 year olds (also down 7 percentage points).

These declines were partially offset at the overall level by increases in 'sufficient' levels of physical activity among 18-24 year olds from 64% to 68%.

As mentioned earlier with regard to fruit and vegetable consumption, the declines in levels of physical activity may, in part, be a result of seasonal variation in activity level. It is well established that season is a determinant of physical activity.¹⁰ Levels of physical activity appear to be highest in spring and summer. Therefore pre-summer (Wave 1), people are likely to be increasing their level of activity, while during March and April (Wave 2) activity levels may be generally in decline.

Figure 10.2.3: Sufficient activity for health – Active Australia survey calculation

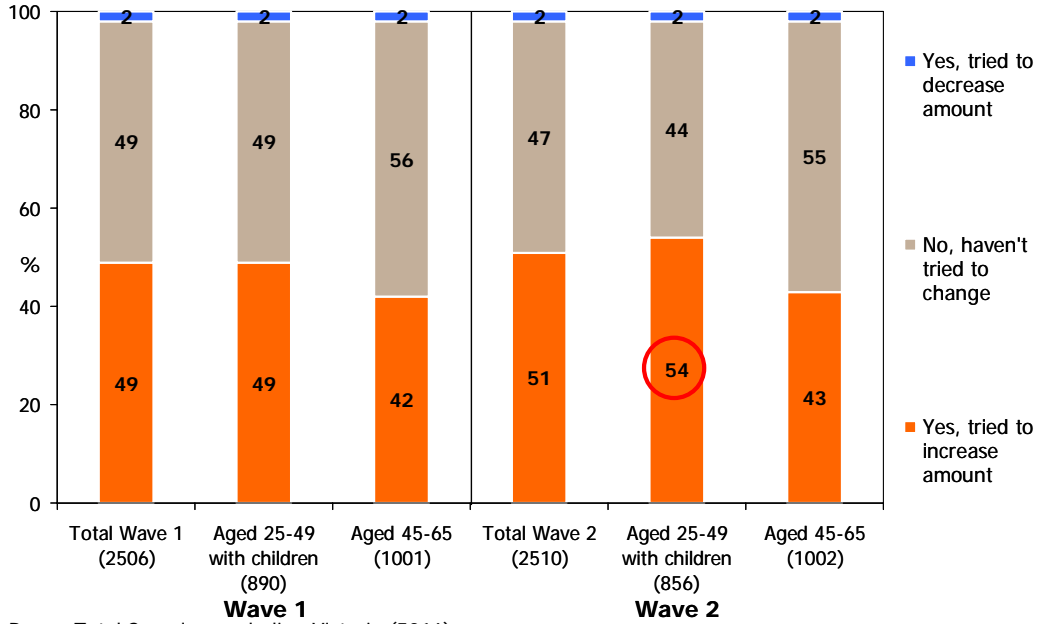


Base: Total Sample (2806)

While actual levels of physical activity appear to have declined between Wave 1 and 2, Figure 10.2.4 overleaf shows attempts to increase the amount of physical activity over the last six months have increased significantly between Wave 1 and 2 among the key campaign target group of 25-49 year olds with children (49% to 54%).

¹⁰ Tucker and Gilliland, 2007; Plasqui et al, 2004; Matthews et al, 2001; Ma et al, 2006.

Figure 10.2.4: Change in amount of physical activity done in last six months



Base: Total Sample , excluding Victoria (5016)

The reasons for trying to increase their level of physical activity in the last six months remained relatively stable between Wave 1 and Wave 2 (see Table 10.2.5 overleaf).

Again the main reasons given for attempting to change their behaviour was 'to improve health generally' (mentioned by 50% at Wave 1 and 46% at Wave 2) followed by 'to lose or control weight' (mentioned by 29% at Wave 1 and 28% at Wave 2). In addition, 29% at both Wave 1 and 2 mentioned 'to improve fitness' as a reason for attempting to increase their level of physical activity.

There was no increase in the proportion saying they had been influenced to increase their physical activity by advertising or communications between Wave 1 and 2.



Table 10.2.5: Change in amount of physical activity done in last six months

%	Wave 1 (1228)	Wave 2 (1295)
Improve health in general	50	46
To lose / control weight	29	28
To improve fitness	29	29
Influence of friends or family members	5	5
Advertising campaigns	2	2
To influence others / family to exercise more	2	2
Decrease risk of Diabetes / Type 2 Diabetes	2	1
Season/summer/seasonal/good weather	2	1
Age/getting older/ageing	2	3
Decrease risk of heart disease	1	1
Enjoy it	1	0
Decrease risk of chronic disease	0	1
Doctor's advice	0	1
Ill health / health issues	0	1
Training	0	2
Have a dog / dog needs walking	0	1
More free time	0	1
Improve appearance / physical appearance	0	1
Other	15	10
Don't know	1	1

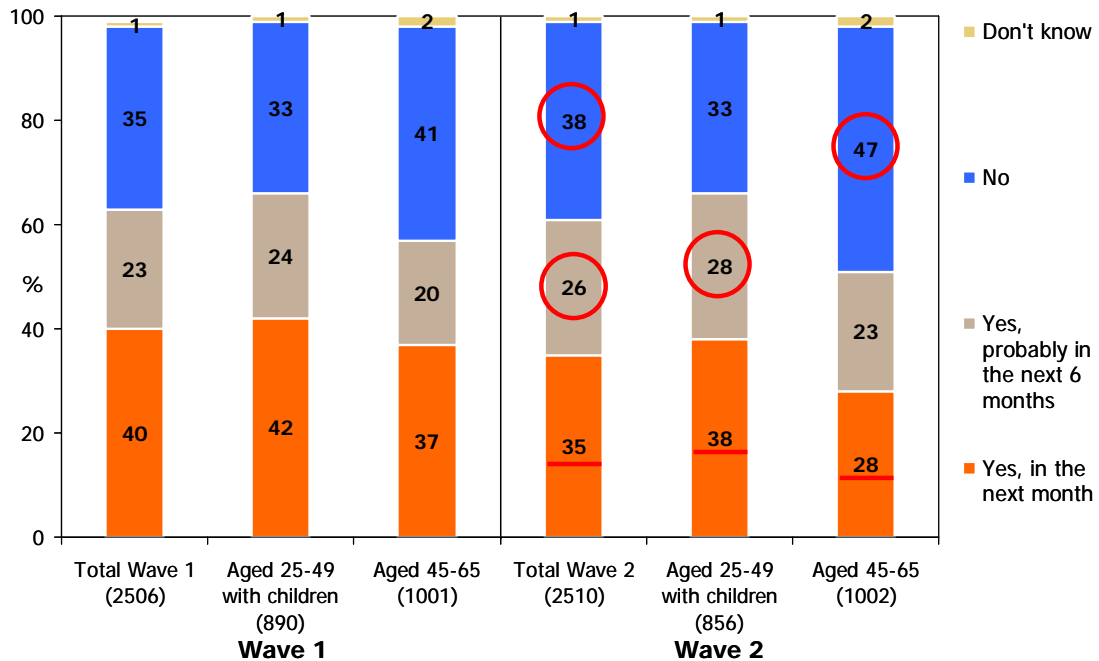
Base: Tried to increase moderate or vigorous activity in the last six months (2523)



Figure 10.2.6 outlines respondent's intentions to increase the amount of physical activity they do in the next six months. As can be seen, short term intentions to increase (within the next month) their level of physical activity have declined between the waves for both the primary and the secondary target audience (from 42% to 38% among 25-49 year olds with children and from 37% to 28% among 45-65 year olds).

This is likely to be a seasonal effect, with greater intentions of doing physical activity apparent in summer (Wave 1) compared to winter (Wave 2).

Figure 10.2.6: Intention to increase the in amount of physical activity done in next six months



Base: Total Sample, excluding Victoria (5016)



11 ATTITUDES TOWARDS HEALTH AND CHRONIC DISEASE

11.1 Measuring attitudes toward health and chronic disease

This section provides an overview of knowledge and attitudes regarding key health measures of focus in the Measure Up campaign. The health measures and perceptions of their link to chronic disease were assessed through a prompted “importance” list where a 0-10 rating scale was used.

Attitudes to health, lifestyle and self-efficacy were assessed using a 5-point agreement scale. These statements were used as the basis of the quantitative segmentation outlined in section 5.3 of this report.

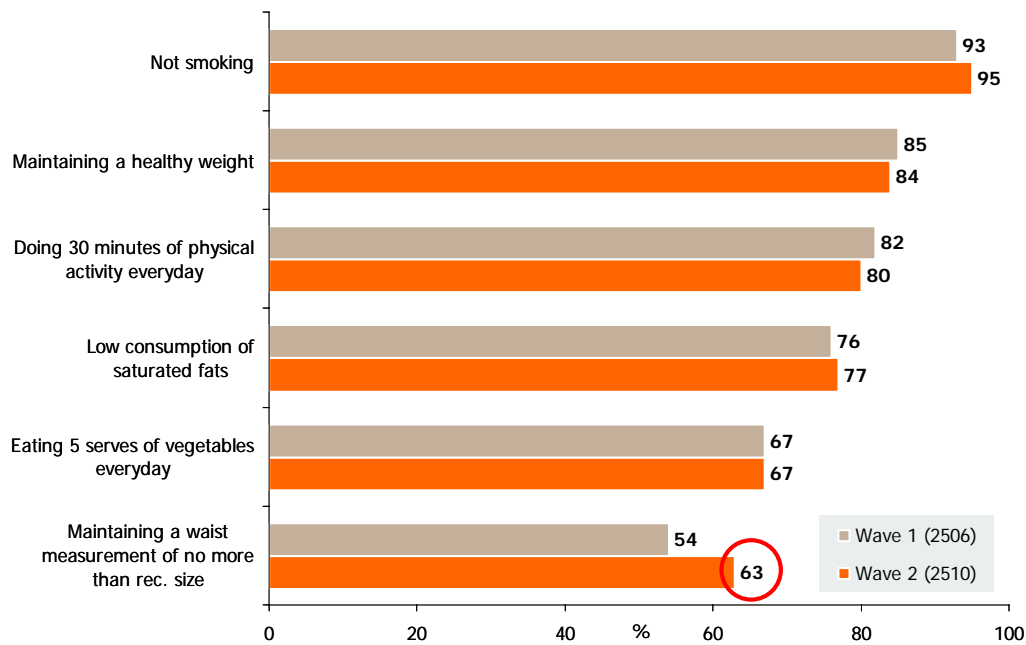
11.2 Attitudes toward health and chronic disease

Respondents were asked to provide a rating out of 10 with regards to how important (10 being very important) they felt each of a prompted list of factors are in preventing chronic disease later in life. Figure 11.2.1 overleaf provides a summary of the findings by displaying the proportion of respondents giving an 8, 9 or 10 score, which were combined to indicate a high level of importance to each of the factors listed. The factors have been placed in descending order of most important to least important factors.

As can be seen in Figure 11.2.1, of the common risk factors considered important in preventing chronic disease later in life, smoking is perceived to be the most important factor, followed by maintaining a healthy weight and doing 30 minutes of exercise every day. While most factors were stable over time, there was a significant increase between Wave 1 and 2 in the proportion rating ‘maintaining the recommended waist measurement’ as very important (from 54% to 63%). From these results it would appear the Measure Up campaign has contributed positively to an understanding of the impact increased waist measurement can have on health in the long term.

While there has been an increase in ratings of importance for waist measurement, women remain more likely to rate ‘maintaining the recommended waist measurement’ as very important (71% rated this statement with an 8, 9 or 10 compared to 56% of men).

Figure 11.2.1: Factors perceived to be important in preventing chronic disease - summary



Base: Total Sample, excluding Victoria (5016)

Figure 11.2.2 provides a breakdown according to Wave and target group of the proportions rating each factor with an 8, 9 or 10 in importance in preventing chronic disease.

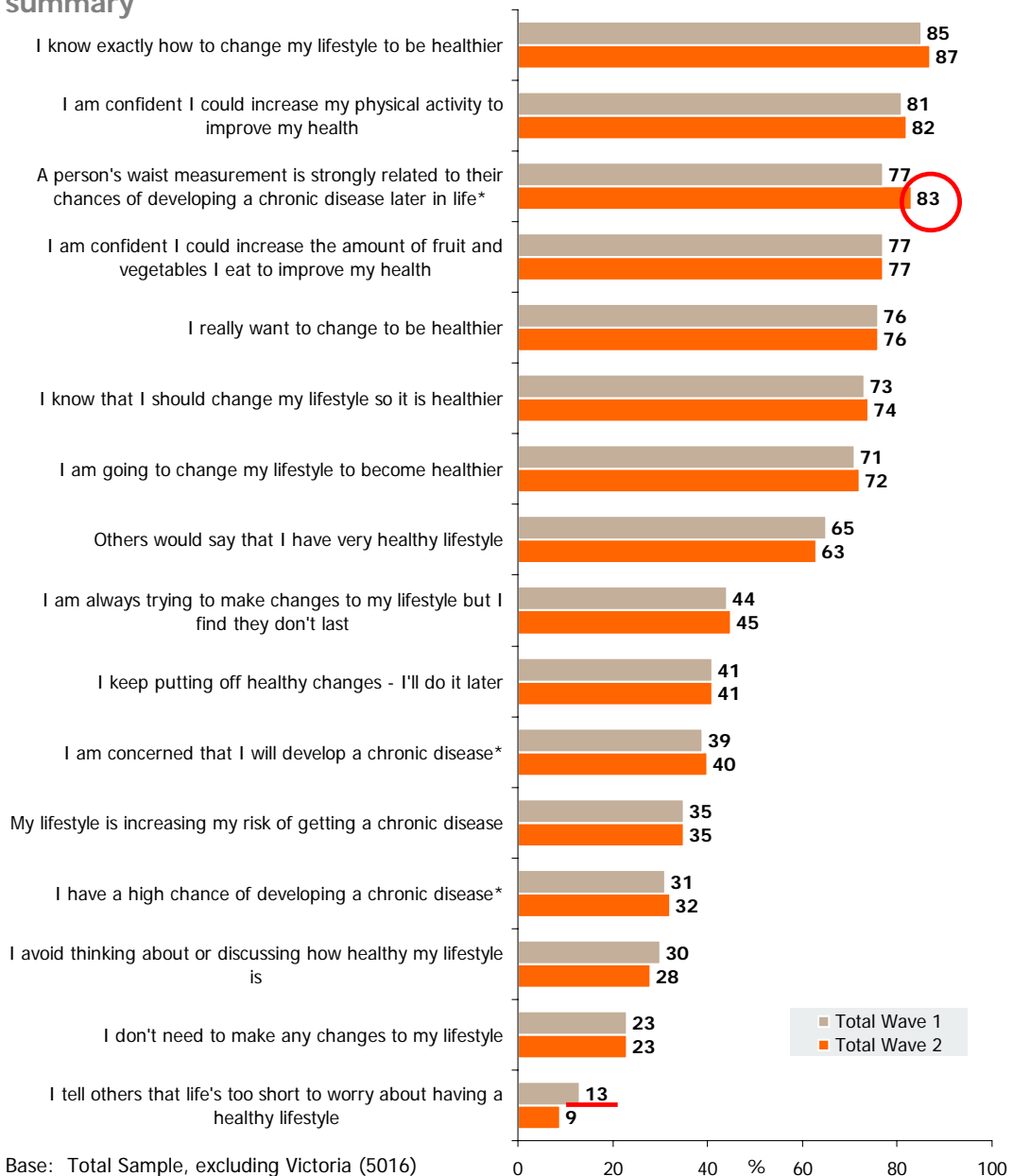
Figure 11.2.2: Factors perceived to be important in preventing chronic disease – summary by target group

	Wave 1			Wave 2		
	Total	25-49 with Children	45-65	Total	25-49 with Children	45-65
% Very important (8-10)	2506	890	1001	2510	856	1002
Not smoking	95	96	96	93	95	93
Maintaining a healthy weight	84	86	86	85	87	85
Doing 30 minutes of physical activity everyday	80	84	82	82	82	82
Low consumption of saturated fats	77	79	80	76	79	80
Eating 5 serves of vegetables everyday	67	71	68	67	69	67
Maintaining a waist measurement of no more than rec. size	54	57	58	63	67	66

Base: Total Sample, excluding Victoria (5016)

As can be seen in Figure 11.2.3, the attitudinal statements used to segment the population were very stable across the two waves, at an overall level. In particular, there was no change between waves in confidence that they could change their behaviour (self-efficacy), one of the key objectives of the campaign. The only attitude that had a significantly higher level of agreement at Wave 2, among the total sample, was 'the link between waist measurement and chronic disease' - which was directly related to the main campaign message.

Figure 11.2.3: Attitudes towards health, lifestyle and chronic disease – summary



Base: Total Sample, excluding Victoria (5016)

* Statements were not included in the statistical segmentation.



However, there were a number of significant changes among the 25-49 year olds with children audience (see Table 11.2.4 overleaf). The differences indicate a growing level of self awareness regarding their health – a strong positive for the campaign.

After the Measure Up campaign 25-49 year olds with children were significantly more likely to agree that:

- I know I should change my lifestyle to be healthier (up from 74% to 80%);
- My lifestyle is increasing my risk of getting chronic disease (up from 33% to 39%);
- I'm always trying to make changes to my lifestyle but I find they don't last (up from 43% to 48%);
- I have a high chance of developing a chronic disease (up from 29% to 33%);
- I am concerned that I will develop a chronic disease (up from 38% to 43%);
and
- A person's waist measurement is strongly related to their chances of developing a chronic disease later in life (up from 78% to 85%).

It is clear that after the campaign there has been a shift among the core target audience to a higher level of awareness of the need to improve their health – the “why” message appears to be shifting some attitudes among the target group.



As mentioned above, Table 11.2.4 provides a summary of the strongly agree and somewhat agree responses to the attitudinal statements used in the segmentation.

Table 11.2.4: Attitudes towards health, lifestyle and chronic disease – summary by target group

% strongly agree/somewhat agree	Wave 1			Wave 2		
	Total 2506	25-49 with Children 890	45-65 1001	Total 2510	25-49 with Children 856	45-65 1002
I know exactly how to change my lifestyle to be healthier	85	88	84	87	88	86
I am confident I could increase my physical activity to improve my health	81	82	76	82	85	75
I am confident I could increase the amount of fruit and vegetables I eat to improve my health	77	79	70	77	82	68
A person's waist measurement is strongly related to their chances of developing a chronic disease later in life	77	78	80	83	85	83
I really want to change to be healthier	76	77	74	76	79	71
I know that I should change my lifestyle so it is healthier	73	74	67	74	80	68
I am going to change my lifestyle to become healthier	71	74	65	72	77	63
Others would say that I have very healthy lifestyle	65	67	65	63	62	64
I am always trying to make changes to my lifestyle but I find they don't last	44	43	40	45	48	41
I keep putting off healthy changes - I'll do it later	41	40	37	41	43	36
I am concerned that I will develop a chronic disease	39	38	44	40	43	43
My lifestyle is increasing my risk of getting a chronic disease	35	33	35	35	39	33
I have a high chance of developing a chronic disease	31	29	37	32	33	36
I avoid thinking about or discussing how healthy my lifestyle is	30	29	28	28	28	30
I don't need to make any changes to my lifestyle	23	22	27	23	19	28
I tell others that life's too short to worry about having a healthy lifestyle	13	10	14	9	10	8

Base: Total Sample , excluding Victoria (5016)



12 CONCLUSIONS AND RECOMMENDATIONS

12.1 Summary of key results

The lifestyle attitudes and behaviours targeted in Phase 1 of the ABHI campaign are quite complex and are expected to shift quite slowly. Advertising alone is much more likely to impact awareness and knowledge and these were the primary focus of Phase 1 of the Measure Up campaign.

In summary, the research found that:

- The Measure Up campaign reached the vast majority of the Australian population;
- Many knowledge measures improved between the pre-campaign and post-campaign waves;
- Measures to do with waist measurement increased (across knowledge, attitudes, intentions and behaviour);
- However, many of the attitudinal and (non-waist measurement) behavioural measures have shown relatively little or no change over such a short period of time.
 - in particular, the consumption of vegetables needs to increase.

The campaign has been successful at encouraging people to try to reduce their waist measurement or lose weight. However, without the external support and the tools (the 'how') they may not succeed. Further provision of the 'how' strategy is likely to provide increased confidence of success (self-efficacy). Whilst some 'how' information is currently provided, it is through supporting resources (such as the website, booklet and factsheets).

The ABHI campaign was very effective at specifically reaching and impacting its primary targets (25-49 year olds with children and the Help Seeker and Postponer segments). The campaign also had some positive impact on the secondary target of 45-65 year olds (although to a lesser extent than for 25-49 year olds with children).

The central figure of a male was successful in reaching both males and females, with this research supporting previous research findings that women would still identify with the advertising if a male figure was portrayed.



12.2 Campaign performance vs. campaign objectives

While promoting sustained behaviour change and shifting social norms are long term objectives for the ABHI campaign, this research aimed to investigate the success of Phase 1 against five specific objectives (outlined below). The campaign appears to have successfully met the Phase 1 short term Objectives 1 and 2, partially met objectives 3 and 5 and has not yet met objective 4.

Objective 1: Increase awareness of the link between lifestyle risk factors and chronic illness

The campaign appears to have been successful in increasing the perception that “a person’s waist measurement is strongly related to their chances of developing a chronic disease later in life” (increased from 77% to 83%).

Objective 2: Increase appreciation of why lifestyle change should be an urgent priority

The campaign also successfully increased the understanding that “to prevent chronic disease later in life it is important to maintain a waist measurement of no more than recommended size (80cm for women and 94cm for men)” (increased from 54% to 63%).

Objective 3: Improve attitudes towards making changes in healthy nutrition, physical activity and healthy weight

Attitudes and intentions regarding nutrition and physical activity showed little change. However, attempts to decrease waist measurement and weight in last six months and intentions to measure waist have increased. Attitudes across a range of measures did improve amongst the primary target.

Objective 4: Increase confidence that an individual is able to achieve the desired changes (self-efficacy)

The campaign did not appear to achieve this objective as there was no change in self-efficacy. This is likely to improve with further development and incorporation of ‘How’ strategies in the campaign’s advertising materials.

Objective 5: Appreciate the benefits of achieving these changes (response efficacy)

The campaign did improve some aspects of knowledge that making the changes will result in the desired benefit. However, ‘appreciation’ also requires increased personal relevance (ie. no self-exempting) which has only improved amongst the primary target.

12.3 Recommendations

Future phases of the ABHI campaign should be used to build on the success of Phase 1. Phase 1 of the Measure Up campaign contained messages on 'What' lifestyle changes are necessary for health and 'Why' they are necessary. Many of these messages have cut through, particularly amongst the primary target audience.

However, there is still significant room to improve the knowledge and attitudes surrounding the 'What' and 'Why' messages and therefore repetition of the current executions would be of benefit in the short term. As recognition of the campaign is very high there is scope to reduce the media spend for subsequent bursts, particularly with regard to the longer TVC executions, to focus upon the 'What' execution and potentially bring in 'How' strategies.

In terms of the social marketing strategy, any subsequent phases should strongly reinforce 'What' (nutrition, physical activity, weight/waist) messages, backed up by 'Why' (chronic disease) messages. Further development and incorporation of strategies on 'How' change can be achieved will help to achieve the overall and longer term campaign objectives. The 'How' messages may require development over more than one phase.

Objectives of subsequent campaign phases should focus on improving self-efficacy and personal relevance, reinforcing awareness and changing attitudes and behaviour (particularly regarding nutrition and physical activity).

The primary target for Phase 1 (25-50 year old parents) was well targeted and has resulted in a very successful campaign. This target would continue to be relevant in subsequent phases. Segmentation targets should also remain the same as Phase 1, Postponers and Help Seekers. Attitudinal segments should continue to be monitored to ensure health inequalities are not created.

The creative approach should continue with the highly distinctive waist measurement theme (featuring a male). Using a male as the main 'hero' of the campaign was also successful (amongst both males and females) and should continue into subsequent activity.

The mainstream media channels of TV and Radio worked amongst the targets for 'What' and 'Why' and should remain a part of the media mix in future phases. However, the most effective 'How' channels are likely to be found in grass roots social marketing activities such as telephone support services, health coaching (like the NSW health "Get Healthy" program), free or subsidised enrolment in programs like Weight Watchers, more GP support etc. The appeal, relevance and potential effectiveness of 'How' channels should be explored in qualitative research.