Flu 2007/08 Campaign
Evaluation Report

FLU 2007/08 CAMPAIGN EVALUATION REPORT

TNS System Three
171070

Scottish Government Research
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CONTENTS

EXECUTIVE SUMMARY

1. The Scottish Government has run an annual advertising campaign for the last six years to promote the uptake of the flu vaccination to the target groups of the *elderly* (those aged 65+) and the *'at risk'* (defined as affected by a number of specified medical conditions). Until 2006/07, both audiences were addressed simultaneously by the same campaign, even though the additional message of encouraging the take-up of the pneumococcal vaccination introduced in 2003 applied only to those aged 65+.

2. For 2006/07 and 2007/08, the campaign was run in two phases – an initial phase targeting the 65+ group specifically, followed by a second phase addressing the 'at risk' group. The 2007 'at risk' phase involved outdoor posters, posters[1] and leaflets in GP surgeries and pharmacies, as well as pharmacy bags, reverse graffiti and publicity stunts and correspondence from GPs. The Scottish Government commissioned TNS System Three to evaluate the effectiveness of the 'at risk' campaign in communicating the key campaign messages to the 'at risk' target audience.

3. Previous research conducted by TNS System Three suggests that an estimated 14% of the population aged 16-64 qualify as 'at risk'. A sample of 332 adults defined as 'at risk' aged 16-64 were interviewed on street using Computer Aided Personal Interviewing (CAPI) in thirty sampling points throughout Scotland over the period 15th to 29th December 2007. Quotas were imposed to ensure that the sample was representative of the 'at risk' population in terms of age, gender and Socio Economic Group (SEG)[2] and data was weighted to match the 2006 sample.

4. All respondents were 'at risk' of flu, which was ascertained using a screening question. *Asthma* was the most prevalent condition amongst the 'at risk' group (39%), followed by *diabetes* (20%) and *heart problem/disease* (17%). Some respondents had multiple health issues. In 2007, *neurological conditions* was added to the 'at risk' definition used in the survey and 8% fell into this category.

5. Just over two thirds (67%) of the 'at risk' group were aware of advertising or publicity on the subject of flu, similar to the 65% recorded in 2006. This was highest amongst women and the older age group, although recall for the 16-34s improved since 2006.

6. Eight in ten (80%) people who recalled flu advertising or publicity said they saw it on television. Television is typically the dominant advertising medium recalled, plus the 65+ *Chris Steele* television advert also ran at this time.

7. Non-TV advertising recall was also good (49%), and levels of recall of all sources rose since 2006. In line with the campaign, 32% recalled posters, 28% mentioned GP surgeries, and 9% mentioned pharmacies.

[1] See Appendix 1 for poster advertising

[2] The standard six social grades, commonly used in research, are based on the current or previous occupation of the chief income earner in the household. ABC1 includes professional, managerial and non-manual occupations, while C2DE includes manual and unskilled occupations and the long-term unemployed.

8. When asked to describe the TV advertising they had seen, more than a third (37%) recalled elements which could be linked to the *Chris Steele* advert and 12% misattributed elements of the 'at risk' campaign to TV advertising.

9. When asked to describe the non-TV advertising seen, almost three in ten (29%) described elements that could be linked to the 'at risk' campaign. Again around three in ten (29%) of those who had seen advertising on the subject of flu felt that the main message of the advertising was to *remember/get a flu* jab. Additionally, 12% specifically mentioned that *those at risk should get the flu jab* and 5% mentioned that *flu can be serious.* At this wave, 41% of those who recalled the non-TV ads said that they did not know the message of the adverts.

10. Upon prompting with the poster adverts (*Lisa* and *Ben*), around six in ten (61%) claimed to be aware of at least one of them. This was highest amongst the youngest age group (74%), ABC1s (67%) and women (64%). More than half (54%) recalled the *Ben* ad, and around a third (34%) recalled the *Lisa* ad so we can infer that *Ben* had a higher impact. The reach of the poster adverts in 2006 was 53% so this year's campaign was more highly recalled.

11. Around four in ten (41%) of those who claimed to have seen the poster advert said they saw it in a *GP surgery*. Around a quarter (26%) saw *outdoor posters*, and 18% saw the advert in a *pharmacy*.

12. Having been prompted with the poster adverts, the 'at risk' group were asked about their impressions of the campaign.

13. There were slight increases in agreement with the statements that *the advertising helped me understand how serious getting flu can be* (from 76% in 2006 to 81% in 2007) and *the advertising helped me realise that the flu jab is not just for old people* (from 78% in 2006 to 82% in 2007) indicating that the advertising was working well in communicating these key campaign messages. Agreement with the statement *the advertising told me something I didn't know* also rose, this time significantly from 33% in 2006 to 47% in 2007. New in 2007, 66% agreed that *the advertising made me realise I am in an 'at risk' group.*

14. There was a significant fall in agreement that *the advertising is relevant to me* from 82% in 2006 to 71% in 2007. As the 2006 campaign consisted of a person sneezing and the message that flu can spread easily, this may have felt more directly relevant to a wider audience than the person in intensive care shown in 2007.

15. Almost half (44%) of those 'at risk' had received communication from their GP on the subject of flu and levels of correspondence by both letter and phone have risen since 2006. Around seven in ten (71%) of those who received correspondence claimed to have had the flu jab as a direct result, indicating that GP correspondence is working well.

16. Patterns of uptake of the flu jab followed similar patterns to those observed in the advertising awareness. C2DEs, females and the older age groups were more likely to have had the jab or intend to have the jab in 2007. However, more than half of ABC1s (52%) and 16-34s (53%) did not intend to have the free flu jab in 2007. The main reasons given for not getting a flu jab in 2007 were that the respondents *did not know they were eligible* (32%) or *did not feel it was necessary* (31%).

17. At the 2007 wave, new questions were added to gauge whether the respondents would get a flu jab as a direct result of prompting by various sources of advertising and the health service.

18. Between seven to eight in ten claim that they would be *very likely* to get a flu jab as a result of receiving a letter or phone call from their GP. The response to advertising was more polarised, with about half saying leaflets, posters or TV ads would prompt them to get a flu jab. In our experience, people do not like to admit that they are affected by advertising, instead preferring to request a more personal approach as evidenced in these results.

19. Seen in isolation, this might imply that there is a case for proceeding with GP letters instead of advertising in the future. However, the advertising this year has played a major role as an information source with the GP letters working as a call to action. One therefore could not guarantee that each would be so successful without the other.

20. In 2007, 24% of the 'at risk' group said they were *very* or *quite likely* to visit the Scottish Government flu website, an improvement from 14% in 2006.

CHAPTER ONE BACKGROUND, METHOD AND OBJECTIVES

1.1 The Scottish Government has run an annual advertising campaign for the last six years to promote the uptake of the flu vaccination to the target groups of the *elderly* (those aged 65+) and the *'at risk'* (defined as affected by a number of specified medical conditions). Until 2006/07, both audiences were addressed simultaneously by the same campaign, even though the additional message of encouraging the take-up of the pneumococcal vaccination introduced in 2003 applied only to those aged 65+.

1.2 For 2006/07 and 2007/08, the campaign was run in two phases – an initial phase targeting the 65+ group specifically, followed by a second phase addressing the 'at risk' group. The 2007 'at risk' phase involved outdoor posters, posters[3] and leaflets in GP surgeries and pharmacies, as well as pharmacy bags, reverse graffiti and publicity stunts and correspondence from GPs. The Scottish Government commissioned TNS System Three to evaluate the effectiveness of the 'at risk' campaign in communicating the key campaign messages to the 'at risk' target audience.

1.3 Each year, research has been conducted to monitor the impact of the campaign in respect of awareness, communication and effectiveness in promoting uptake of the vaccinations. The research approach has varied over recent years between omnibus with booster of 65+s, omnibus alone and ad hoc focussing on target groups specifically. For the latest campaign (and indeed the campaign in 2006), the requirement was to monitor the campaign among the 'at risk' aged 16-64 only, omitting the 65+ category from the research.

1.4 The main campaign aim is to encourage the two target groups (over 65s and those who are aged under 65 and in an 'at risk' group) to get their free flu jab this winter. The message for the 'at risk' phase of the campaign is 'flu can be serious'.

1.5 The aims of the research are to evaluate the effectiveness of the 'at risk' phase of the Flu 2007 campaign in communicating the key campaign messages to the 'at risk' target audience and to gather information on barriers and triggers to vaccine uptake among the 'at risk' group to help future campaign development.

1.6 In order to meet these aims, the following research objectives were addressed:

- to assess campaign awareness - spontaneous and prompted - across the various media channels among the primary 'at risk' target audience in comparison to the previous wave of research;
- to gather information on which media work best for this target audience;
- to measure the effectiveness of the campaign in terms of knowledge and understanding of key campaign messages;
- to assess triggers and barriers to vaccination uptake among those who have and have not had a flu vaccination.

1.7 A sample of 332 adults aged 16-64 was interviewed in 30 sampling points throughout Scotland over the period 15th to 29th December 2007. The respondents were approached in-street using Computer Aided Personal Interviewing (CAPI) which enabled the interviewers to display visual stimulus on screen.

[3] See Appendix 1 for poster advertising

1.8 Based on a previous TNS System Three Omnibus survey, an estimated 14% of the population qualified as 'at risk' within the 16-64 age range. At the recruitment stage of the survey, respondents were asked whether they suffered from any of the relevant conditions (with those answering 'yes' continuing the interview) and at the end of the survey they were asked to confirm which specific conditions they suffered from.

1.9 In addition, a sample profile was designed based on previous estimates, and quotas were imposed to ensure that the sample was representative of the 'at risk' population in terms of age, sex and SEG. Results were then weighted[4] against the 2006 sample to ensure direct comparability. The sample profile is shown below.

Table 1.1 - Sample profile
Base: All (332)

		Unweighted %	**Weighted %**
SEX:	Male	49	50
	Female	51	50
AGE:	16-34	31	30
	35-54	39	41
	55-64	30	29
SEG:	ABC1	42	47
	C2DE	58	53

1.10 A copy of the questionnaire used in the survey is appended.

[4] Weighting is often used in research to ensure that any changes in results can be attributed to 'real' changes, as opposed to changes in the profile of the sample interviewed.

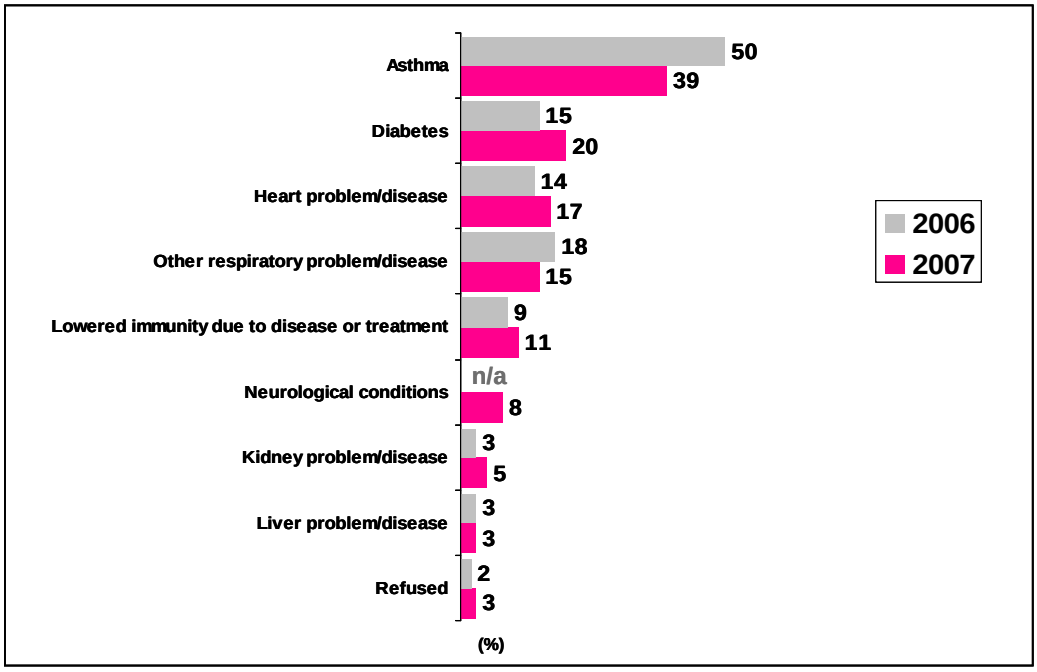
CHAPTER TWO MAIN FINDINGS

2.1 Data tabulations with detailed breakdowns are enclosed within the report. The main findings are summarised below.

Health issues of sample

2.2 In order to qualify for the survey, potential respondents were shown a list of conditions which would qualify them as being 'at risk' of flu, and they were asked to indicate whether any of them applied. If they answered 'yes', they continued with the survey. At the end of the survey, respondents were asked to indicate which of the specific 'at risk' health issues they experience. The results are shown in figure 2.1 below.

Figure 2.1: Health issues
Base: All respondents (2006:317, 2007:332)



2.3 Similarly to the 2006 survey, *asthma* was the most prevalent condition amongst the 'at risk' group (39%), followed by *diabetes* (20%). Some respondents had multiple health issues.

2.4 In 2007, a new health issue – *neurological conditions* – was added to the 'at risk' definition used in the survey and 8% fell into this category. The inclusion of those with *neurological conditions* is likely to account for the reduction in the proportion of people with *asthma* in our sample, as the people with *neurological conditions* tended not to claim any other conditions, and their inclusion may offset the numbers collected in other categories.

2.5 This slight change in sample composition is no real concern as the sample still comprised 'at risk' respondents only, but it is something to bear in mind when considering subsequent results.

Advertising awareness

Spontaneous awareness

2.6 At the start of the survey, respondents were asked whether they had seen or heard any advertising or publicity on the subject of flu recently. The results are shown in table 2.1 below.

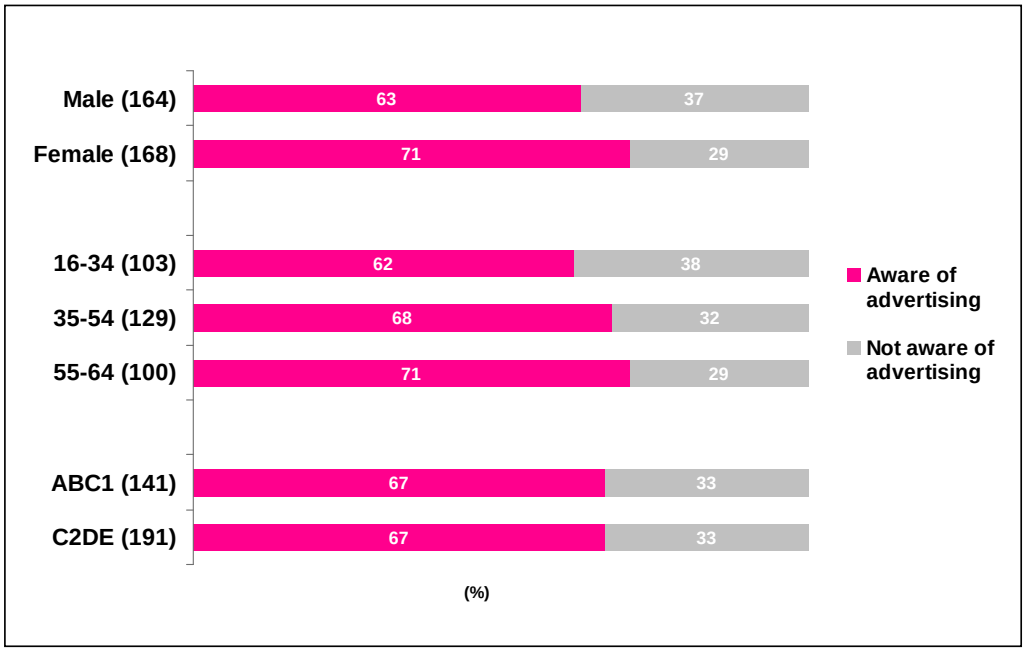
Table 2.1: Spontaneous awareness of advertising
Base: All 'at risk' respondents

	2006	**2007**
	%	**%**
	(317)	**(332)**
Yes	65	67
No	35	33

2.7 In 2007, just over two thirds (67%) of the 'at risk' group claimed to be aware of advertising or publicity on the subject of flu. This is a very similar level to the 65% recorded in 2006, and in TNS' opinion is a good level of spontaneous awareness.

2.8 A demographic breakdown of 2007 spontaneous awareness is shown overleaf in figure 2.2.

Figure 2.2: Spontaneous awareness of advertising by key demographic groups
Base: All respondents (2007: 332)



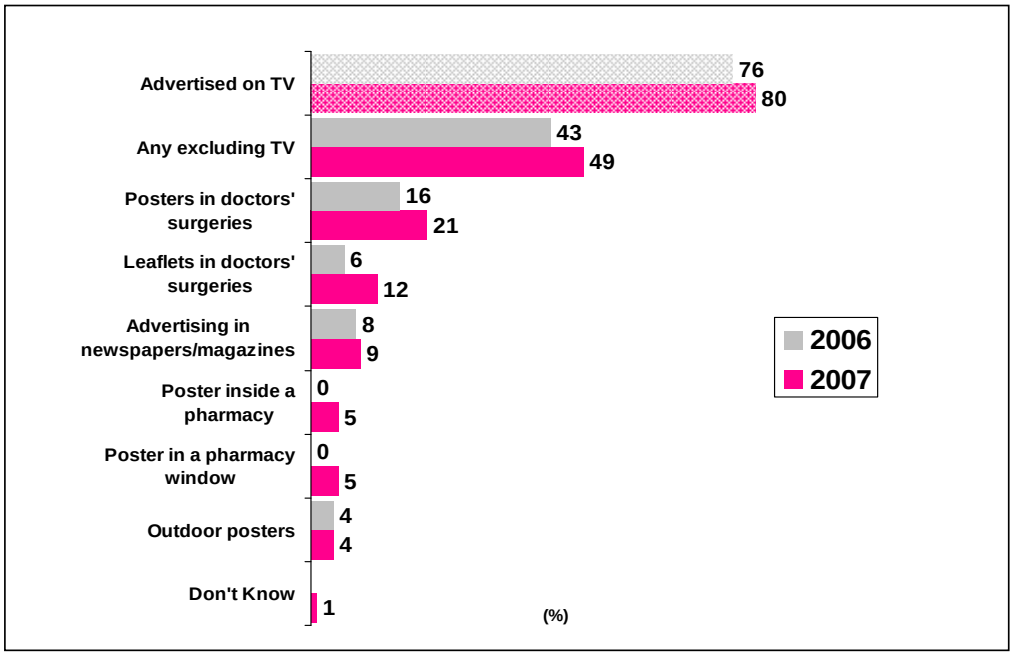
2.9 As in 2006, the level of awareness increased with age (from 62% amongst 16-34s to 71% amongst 55-64s) and women (71%) were slightly more aware of the publicity than men (63%). This year no difference was recorded by social grade, although awareness was slightly higher amongst C2DEs in 2006.

2.10 Although the 16-34s remained the least aware, spontaneous awareness rose amongst this group from 51% in 2006 to 62% in 2007. Campaign awareness amongst this group was a cause for concern in 2006, and this is the first indication that progress has been made in improving this.

Sources of advertising

2.11 All those who claimed to recall advertising on the subject of flu were then asked where they had seen or heard it. The responses are shown in figure 2.3 below.

Figure 2.3: Source of advertising
Base: All those who recall advertising (2006:205, 2007:222)



2.12 Overall, eight in ten (80%) of those who claimed to have seen advertising or publicity on the subject of flu cited television advertising as the source. Television is typically the dominant advertising medium recalled - whether it forms part of a campaign or not - due to misattribution. Additionally, the 65+ *Chris Steele* television advert ran this winter (see Appendix 1), as did numerous adverts for cold and flu remedies, so this high level of television recall is no surprise.

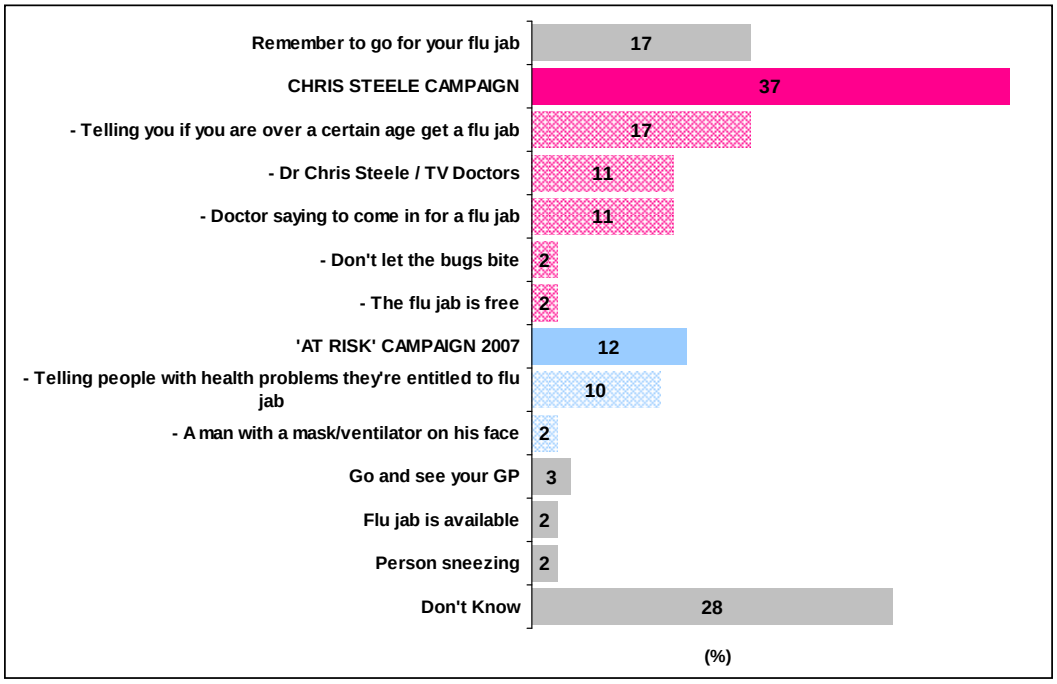
2.13 Non-TV advertising recall was also good (49% overall), and levels of recall of all sources rose since 2006. In line with the 'at risk' campaign, 32% recalled posters in some form, with 21% mentioning posters in GP surgeries specifically, and 5% respectively mentioning posters inside a pharmacy and outside a pharmacy. Overall, 28% mentioned GP surgeries in some form, and 9% mentioned pharmacies in some form.

2.14 In terms of age, those aged 55-64 were most likely to recall a non-TV source (53%) however amongst those aged 16-34 the level was very similar at 50% and amongst those aged 35-54 it was lower (at 45%). Awareness of poster advertising specifically as the source correlates directly with age, at 29% amongst those aged 16-34, 31% amongst those aged 35-54 and 37% amongst those aged 55-64.

Content recalled

2.15 Those who recalled TV advertising were then asked to describe the adverts they recalled. Figure 2.4 shows the descriptions given.

Figure 2.4: Description of TV advertising seen
Base: All aware of advertising about flu on TV (2007: 178)



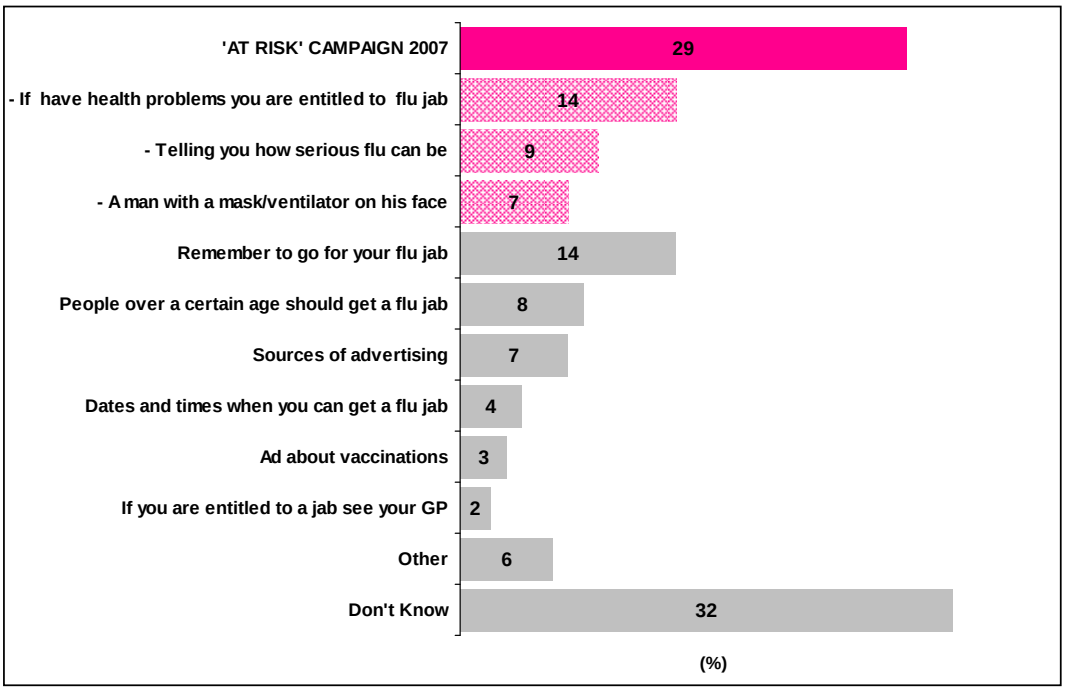
2.16 Although no TV advert was aimed specifically at the 'at risk' group or concentrated on the 'at risk' campaign message, more than a third (37%) of the 'at risk' group recalled elements which could be specifically linked to the current campaign for the over 65s (including *telling you to get a flu jab if you are over a certain age*, *Dr Chris Steele*, and *a doctor telling you to come in for a flu jab*). Although base sizes were low, males (43%) and the youngest age group (40%) had the highest recall for the *Chris Steele* campaign.

2.17 A further 12% recalled elements of the 'at risk' campaign (*telling you to get a flu jab if you have health problems* and *a man with a ventilator on his face*), caused by respondents misattributing where they had seen this message, again a common finding in advertising research.

2.18 Additionally, 17% mentioned the generic call to action – *you should remember to go for your flu jab*.

2.19 The respondents were then asked to describe the adverts that they had seen outwith the medium of television. Results are shown in figure 2.5 overleaf.

Figure 2.5: Description of advertising seen (not TV)
Base: All aware of advertising about flu excluding TV (2007: 108)



2.20 When asked to describe the non-TV advertising they recalled, almost three in ten (29%) described elements that could be linked to the 'at risk' campaign (*telling you to get a flu jab if you have health problems*, *telling you how serious flu can be*, and *a man with a ventilator on his face*). The 'at risk' campaign was also described more amongst people with asthma (36%) than it was amongst the 'at risk' people without asthma (24%).

2.21 Again, some mentioned generic elements such as that *you should remember to get your flu jab* (14%) or the *sources of advertising* they had seen (7%).

Main message recalled from non-TV advertising

2.22 Those who claimed to have seen advertising other than on TV were also asked what they felt was the main message of the advertising. Table 2.2 shows the descriptions given.

Table 2.2: Main message of advertising seen (not TV)
Base: All aware of advertising about flu excluding TV (2007: 108)

	At risk
	(%)
Remember/get a flu jab	29
Advising those at risk to have the flu jab	12
Flu could be serious	5
Have the flu jab to prevent it spreading	4
Any mention poster	2
Get the flu jab if you are over a certain age	2
Flu can kill	1
Other	6
Don't Know	41

2.23 Around three in ten (29%) of those who had seen advertising on the subject of flu felt that the main message of the advertising was to *remember/get a flu jab*. Additionally, 12% specifically mentioned that *those at risk should get the flu jab* and that 5% mentioned that *flu can be serious* as shown in the recent campaign.

2.24 At this wave, 41% of those who spontaneously recalled the non-TV ads said that they could not recall the message of the adverts, rising from only 23% in 2006. This is 0an indication that the message of the 2007 advert did not cut through as strongly as the 2006 advert, either in terms of clarity or how memorable it is.

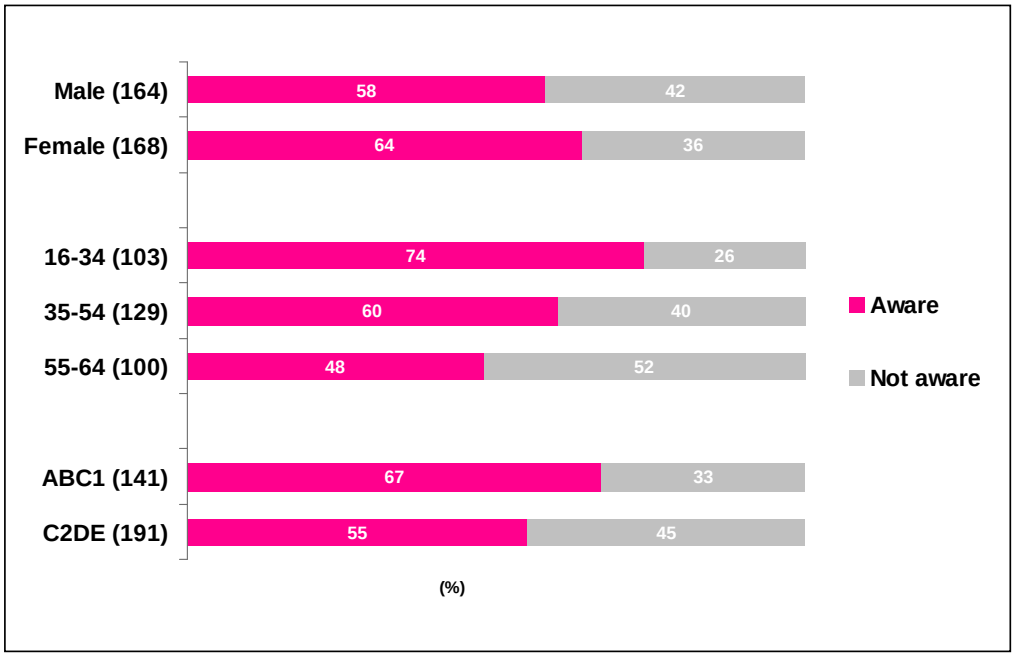
Prompted awareness

2.25 Following questions measuring spontaneous awareness, all respondents were shown pictures of the poster adverts (*Lisa* and *Ben*) from the current campaign.

2.26 In 2007, around six in ten (61%) claimed to be aware of at least one of the adverts when prompted. This can be referred to as 'total reach' – the total recognition of the campaign.

2.27 Although this is slightly lower than the 68% recorded in 2006, again it should be noted that the content of campaigns differed from year to year. In particular, in 2006 radio was used as part of the campaign, therefore in TNS' experience this level of reach is very positive. Indeed, the reach of the poster adverts specifically in 2006 was 53% so this year's campaign was much more highly recalled. A demographic breakdown of the 2007 information is shown in figure 2.6 below.

Figure 2.6: Prompted awareness of adverts by demographics
Base: All respondents (2007: 332)



2.28 The total reach of the adverts was highest amongst the youngest age group (74%) and lowest amongst the oldest age group (48%). It was also higher for women (64%) than for men (58%), and for ABC1s (67%) than for C2DEs (55%).

2.29 Although the level of spontaneous recall of the adverts was lowest for the 16-34s, when prompted with pictures of the posters, levels of recall were highest amongst this group. Indeed, total reach for this group rose from 63% (below average) in 2006 which shows a further improvement in recognition amongst the demographic which had been a cause for concern.

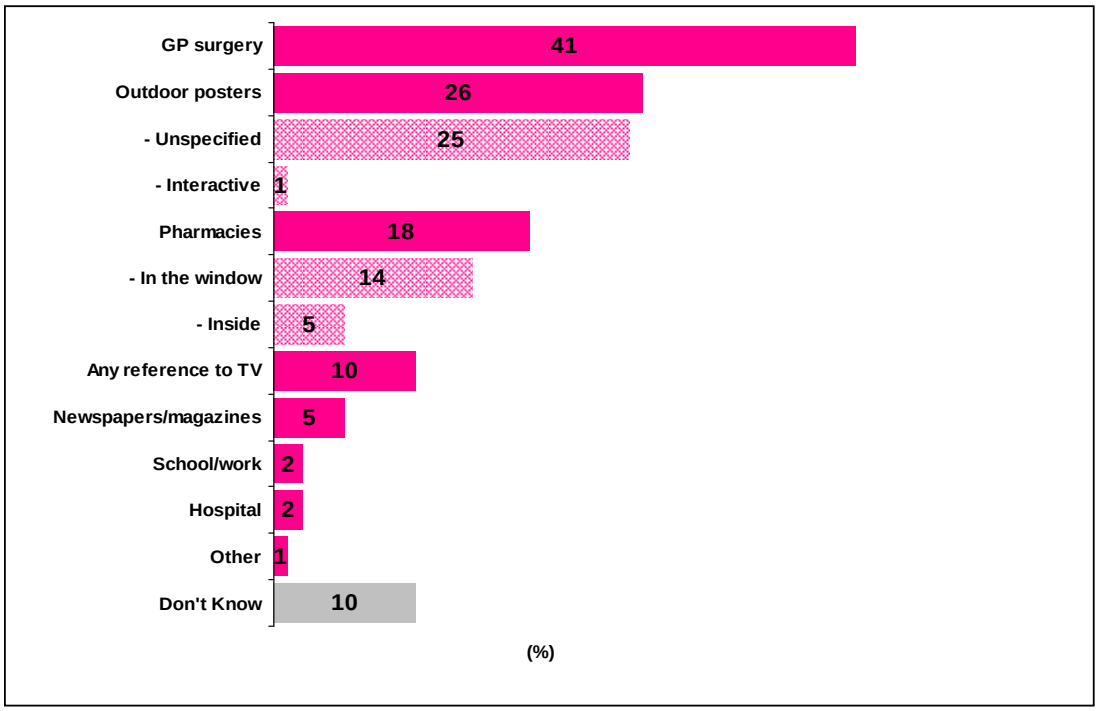
2.30 In terms of specific execution recall, more than half (54%) recalled the *Ben* ad, and around a third (34%) recalled the *Lisa* ad. Although we might expect women to recognise

Lisa and men to recognise *Ben*, both were more recognised by women. *Ben* was recognised by 52% of men and 56% of women, and *Lisa* by 29% of men and 40% of women. The spend on these adverts was roughly the same, and although we cannot accurately discern actual coverage, we would expect levels of recall to be similar for each. In fact, although 31% had seen both ads, only 3% had seen *Lisa* in isolation. From these points, we can infer that *Ben* had a higher impact.

Where poster advertising seen

2.31 Those who recalled seeing the poster advertising were asked where they had seen it. The responses are shown in figure 2.7.

Figure 2.7: Where poster advertising seen
Base: All those who recall poster advertising (2007: 200)

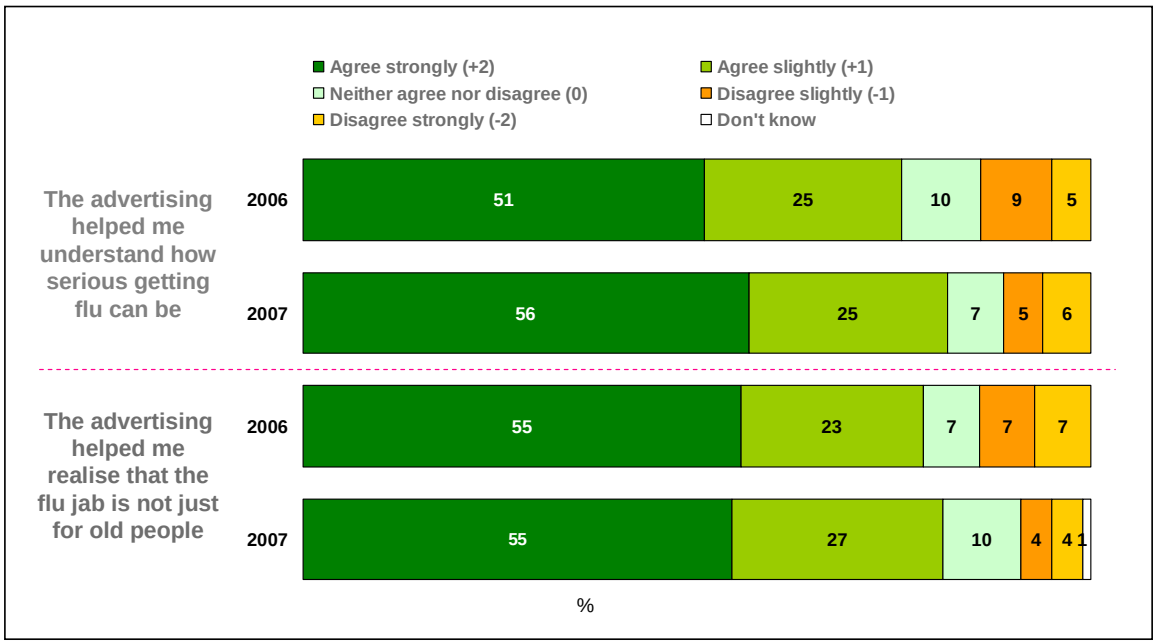


2.32 Poster awareness was driven by a variety of sources, demonstrating the value and contribution of each within the overall coverage. Around four in ten (41%) of those who claimed to have seen the poster advert said they saw it in a *GP surgery*. Around a quarter (26%) saw *outdoor posters*, and 18% saw the advert in a *pharmacy*.

Attitudes to advertising

2.33 Having now been prompted with the poster adverts, the 'at risk' group were asked about their impressions of the campaign. The responses are shown in figure 2.8.

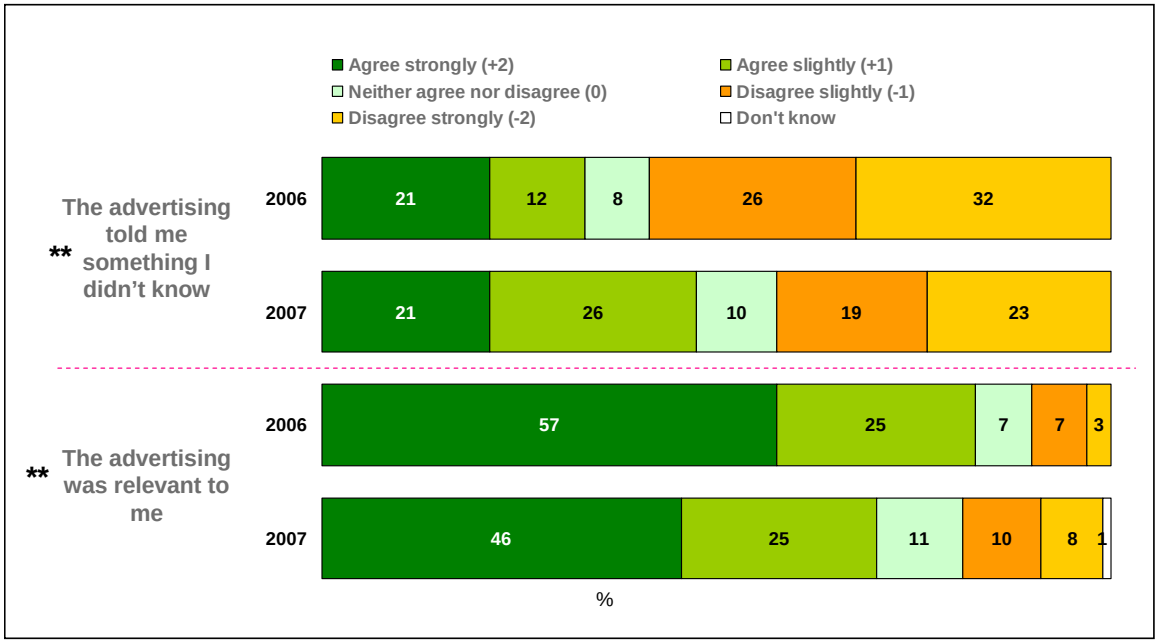
Figure 2.8: Impressions of the campaign
Base: All (2006:317, 2007:332)



2.34 Although not significant, slight increases have been observed in agreement with the statements that *the advertising helped me understand how serious getting flu can be* (from 76% in 2006 to 81% in 2007) and *the advertising helped me realise that the flu jab is not just for old people* (from 78% in 2006 to 82% in 2007). Males and the older age groups were more likely to agree with these statements.

2.35 This indicates that the advertising was working well in communicating the key campaign messages following direct prompting, although as observed earlier these messages have not necessarily remained top of mind.

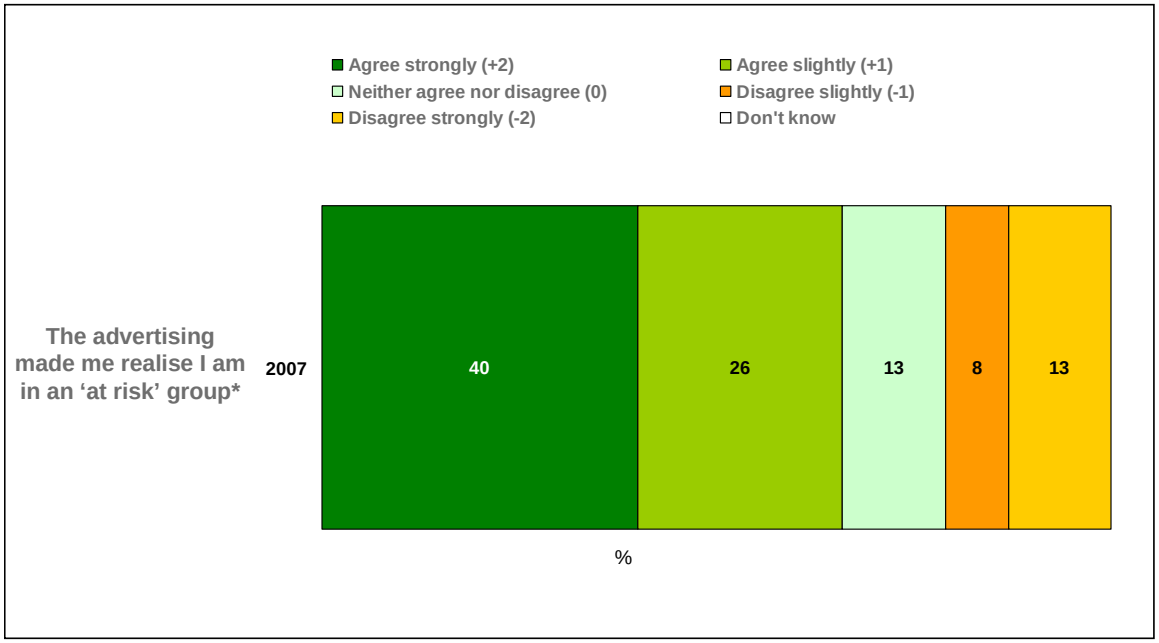
Figure 2.9: Impressions of the campaign
Base: All (2006:317, 2007:332)



2.36 Agreement with the statement *the advertising told me something I didn't know* also rose, this time significantly from 33% in 2006 to 47% in 2007. Although it is unknown exactly what it is that respondents claim not to have known prior to having seen the advertising, very high levels of agreement with the previous two statements indicate that they are learning that flu can be serious, and that the flu jab is not just for old people. Males and the older age groups were more likely to agree with this statement.

2.37 There was a significant fall in agreement that *the advertising is relevant to me* from 82% in 2006 to 71% in 2007. Females and the younger age groups were more likely to agree with this statement. Although the overall agreement has decreased over the two waves, if the 2007 figure was looked at separately, one would conclude that agreement is high and the advertising is relevant. However, in comparison to the 2006 campaign it is not as successful. As the 2006 campaign consisted of a person sneezing and the message that flu can spread easily, this may have felt more directly relevant to a wider audience than the person in intensive care shown in 2007. This could also help explain why the advert is not so well recalled at a spontaneous level.

Figure 2.10: Impressions of the campaign
Base: All (2007:332)

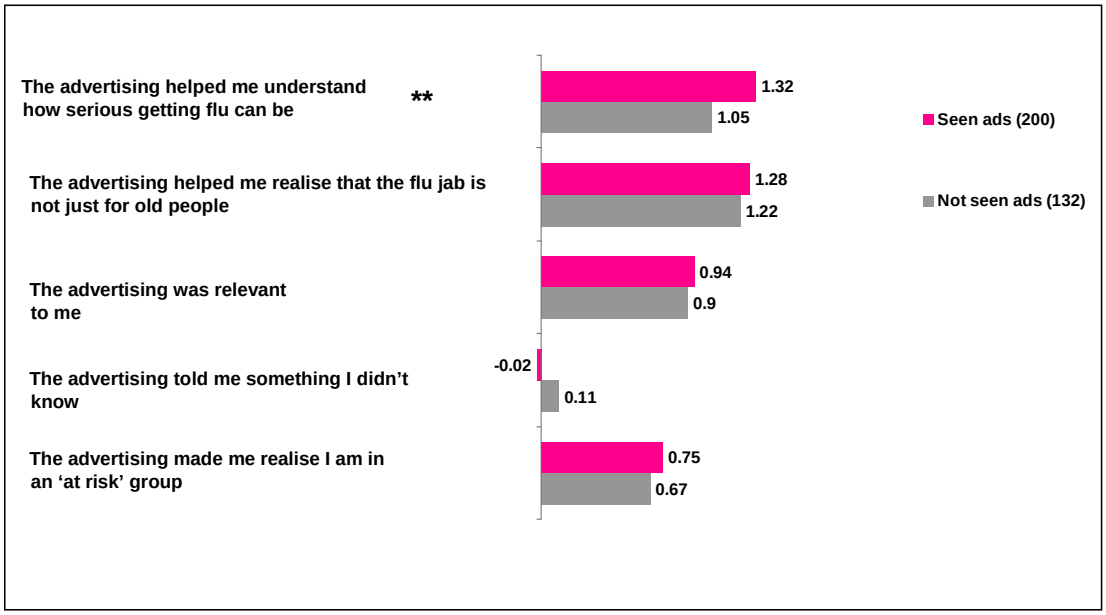


2.38 A new statement in 2007, 66% agreed that *the advertising made me realise I am in an 'at risk' group*. Females and the younger age groups were more likely to agree with this statement. Consideration should be given to the fact that we cannot say whether the remaining 34% did not understand the advertising, or already knew they were in an 'at risk' group.

2.39 Mean scores were calculated[5] based on these attitude statements, and comparisons between those who recalled seeing the ads before were compared to those who did not, and results are shown in figure 2.11.

[5] Mean scores are calculated by attributing a value to each response – from +2 for Agree strongly to -2 for Disagree strongly.

Figure 2.11: Impressions of the campaign
Base: All (2007:332)

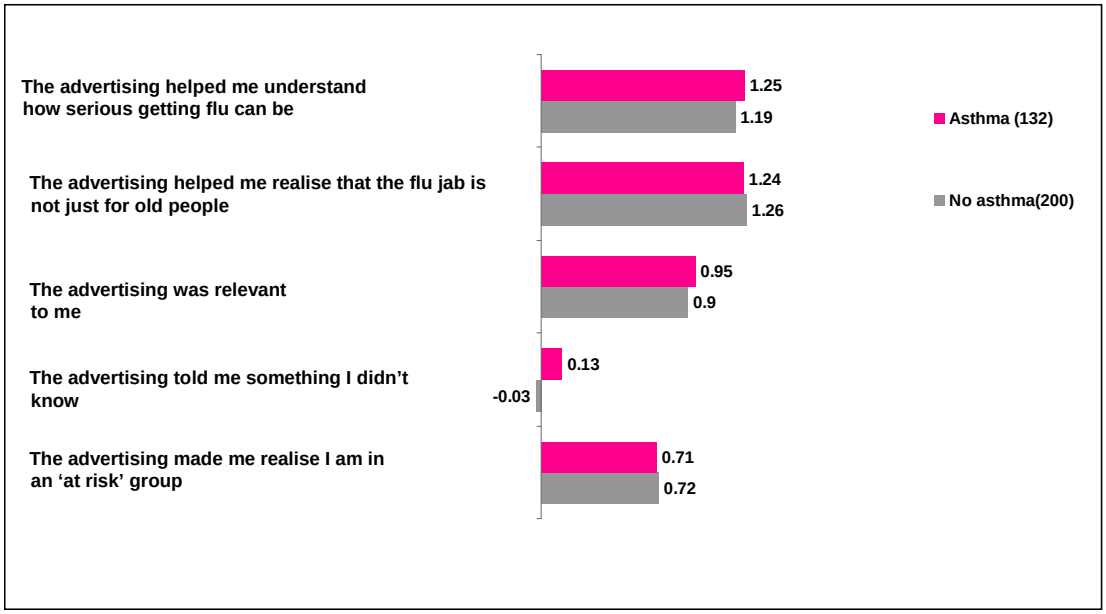


2.40 Those who had seen the ads before were statistically more likely to agree that *the advertising made me realise how serious getting flu could be* and for this group agreement with the other statements tended to be directionally more positive. Those who had not seen the ads before were more likely to say that *the advertising told me something I didn't know*, although this may literally be a result of seeing the adverts for the first time.

2.41 Looking at the statements in combination, we can infer that although the message of the adverts is reasonably clear, the respondents are unsure as to whether it applies to **them** – either because the adverts do not feel directly relevant or linked to this because the respondent does not realise they are in an 'at risk' group. Indeed, the advert does not include prominent details of the 'at risk' information which may explain why the posters work as an information campaign about the dangers of flu, but not as a call to action encouraging the 'at risk' group to actually get a flu jab.

2.42 Comparisons between those who have asthma and those who do not are shown in figure 2.12 overleaf.

Figure 2.12: Impressions of the campaign
Base: All (2007:332)



2.43 No significant difference was observed between those who have asthma and those who do not, although people with asthma tended to be more likely to agree that *the advertising made me realise how serious getting flu could be*, *the advertising was relevant to me,* and *the advertising told me something I didn't know.*

2.44 As the poster campaign showed a person in intensive care wearing a ventilator over their face, this may well be an image that struck a chord amongst people with asthma, perhaps doing more to make the link that flu could be serious for them specifically.

Communication received from GP

2.45 The 'at risk' group were asked whether they had received a letter or telephone call from their GP this year regarding receiving a flu vaccine. The responses are shown in table 2.3.

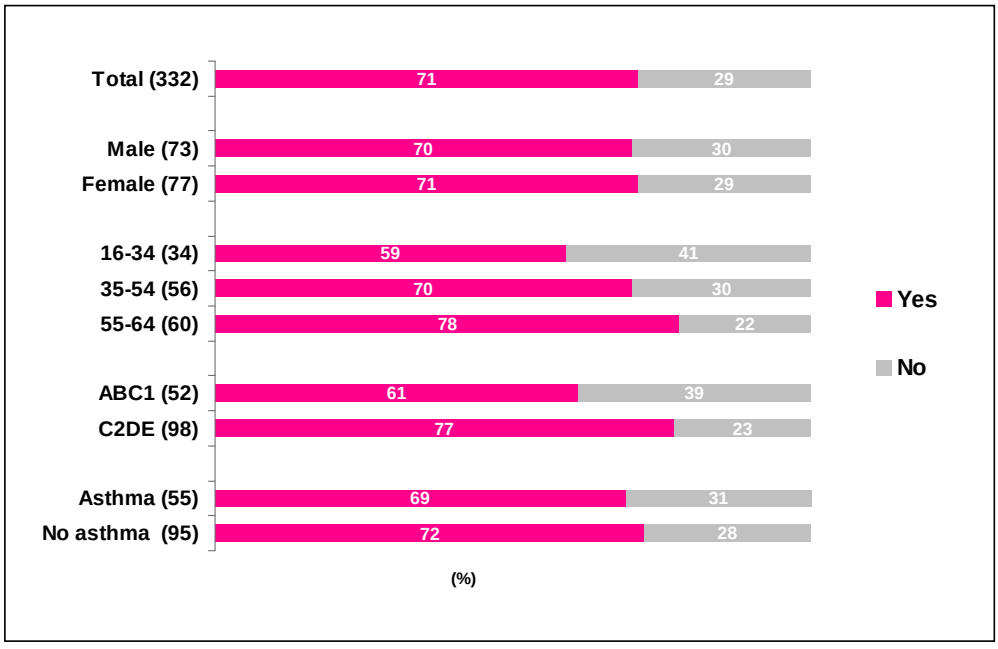
Table 2.3: Communication received from GP
Base: All (2006: 317, 2007: 332)

	2006	2007
	(%)	(%)
Received communication	**36**	**44**
- Letter	33	40
- Phone call	5	8
- Both	2	4

2.46 Overall, almost half (44%) of those 'at risk' had received communication from their GP on the subject of flu. This was most often in the form of a letter (40%), although levels of correspondence by both letter and phone have risen since 2006.

2.47 Those who had received correspondence from their GP were asked whether they got a flu jab as a direct result. The responses, by demographics, are shown in figure 2.13.

Figure 2.13: Whether got flu jab as a result of correspondence
Base: All who received correspondence from GP (2007:150)



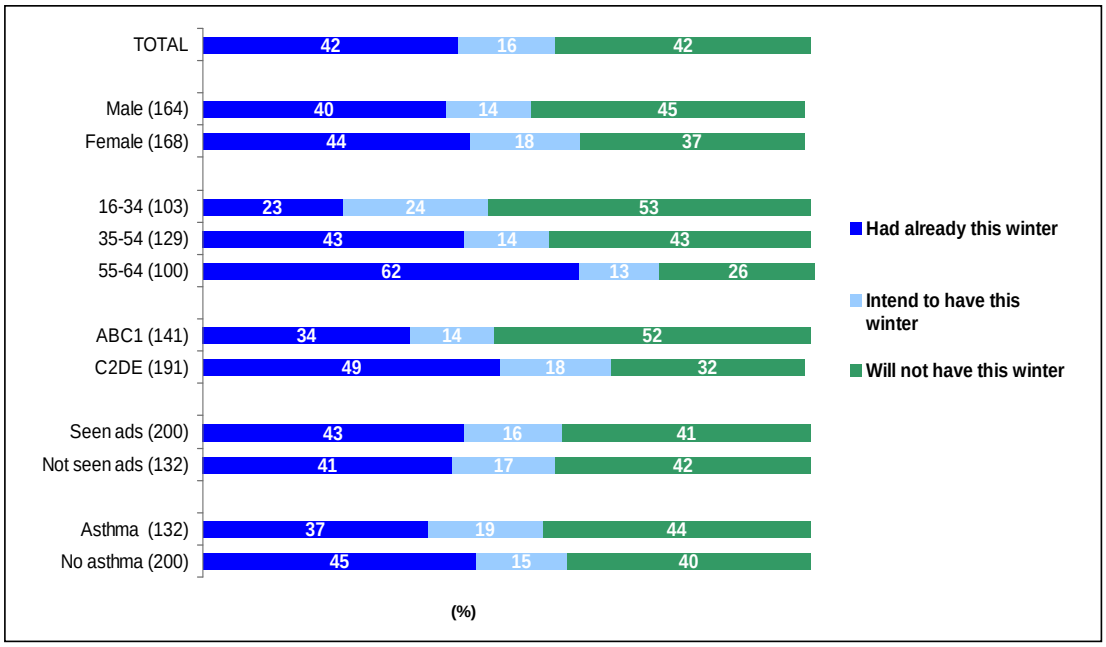
2.48 Around seven in ten (71%) of those who received correspondence claimed to have had the flu jab as a direct result, indicating that GP correspondence is working well as a prompt to getting the jab. There was little difference by gender or prevalence of asthma, however C2DEs and the older age groups are more likely to have been prompted by their GP to get the jab.

Flu jabs in 2007

2.49 In total, 60% of respondents said they had received a flu jab at some point – that is 42% in 2007 and 37% in previous years. Almost one in five (19%) had the jab both in 2007 and previously.

2.50 Those who had not had the flu jab in 2007 were asked whether they intend to do so, although it should be noted that the fieldwork took place at the end of December 2007. From this we can observe the broad intentions of the 'at risk' population regarding the flu jab in 2007. The responses, by demographics, are shown in figure 2.14.

Figure 2.14: Intentions to have free flu jab this winter
Base: All (2007:332)



2.51 Patterns of uptake followed similar patterns to those observed in the advertising awareness. C2DEs, females and the older age groups were more likely to have had the jab or intend to have the jab in 2007.

2.52 Of concern however, more than half of ABC1s (52%) and 16-34s (53%) did not intend to have the free flu jab.

2.53 Those who had not had a free flu jab in 2007 were asked to state the reasons they had not done so. The responses are shown in table 2.4 overleaf.

Table 2.4: Why have not had a free flu jab in 2007
Base: All who have not had free flu jab in 2007 (2007: 131)

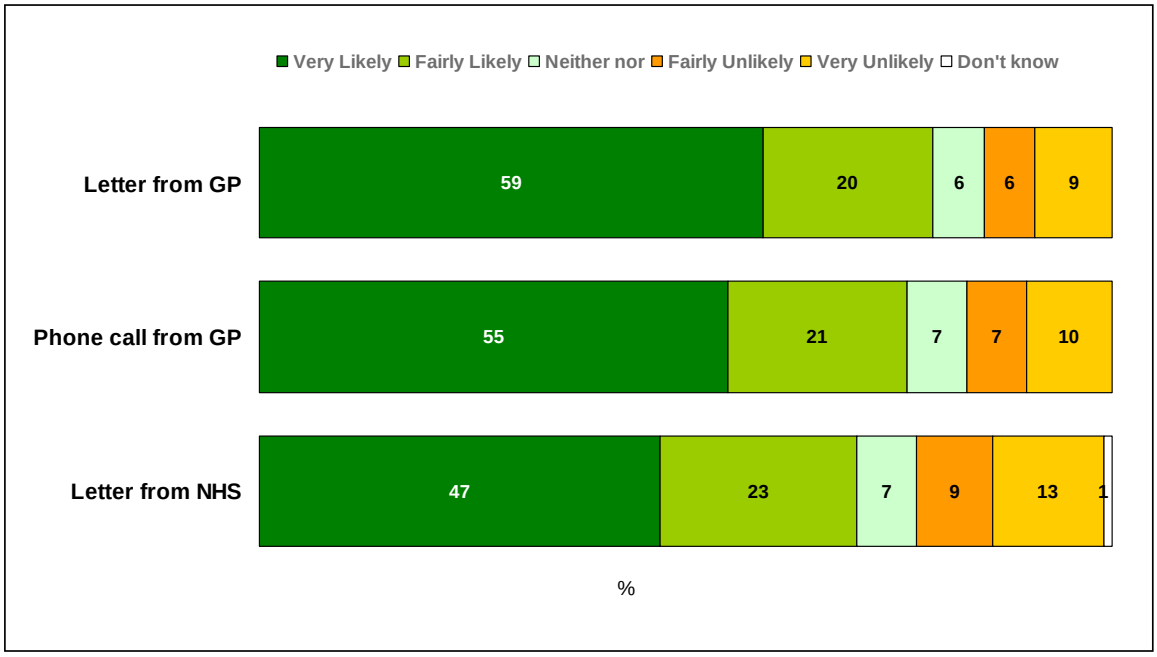
	At risk
	(%)
Did not know I was eligible	32
I did not feel it was necessary	31
Too busy/no time	13
I was not in an 'at risk' group in the past	13
I worry about the side effects of having the flu jab	10
Did not know there was a free flu jab	6
Don't like needles	2
Other	3
Don't Know	2

2.54 The main reasons given for not getting a flu jab in 2007 were that the respondents *did not know they were eligible* (32%) or *did not feel it was necessary* (31%). This links directly to the conclusions drawn from the attitude statements – that many people who are 'at risk' still do not understand that the flu jab is a requirement for **them**.

Prompting to get the flu jab

2.55 At the 2007 wave, new questions were added to gauge whether the respondents would get a flu jab as a direct result of prompting by various sources of advertising and the health service. The responses relating to the health service are shown in figure 2.15 below.

Figure 2.15: Likelihood of getting flu jab as a result of prompting by health service
Base: All (2007: 332)

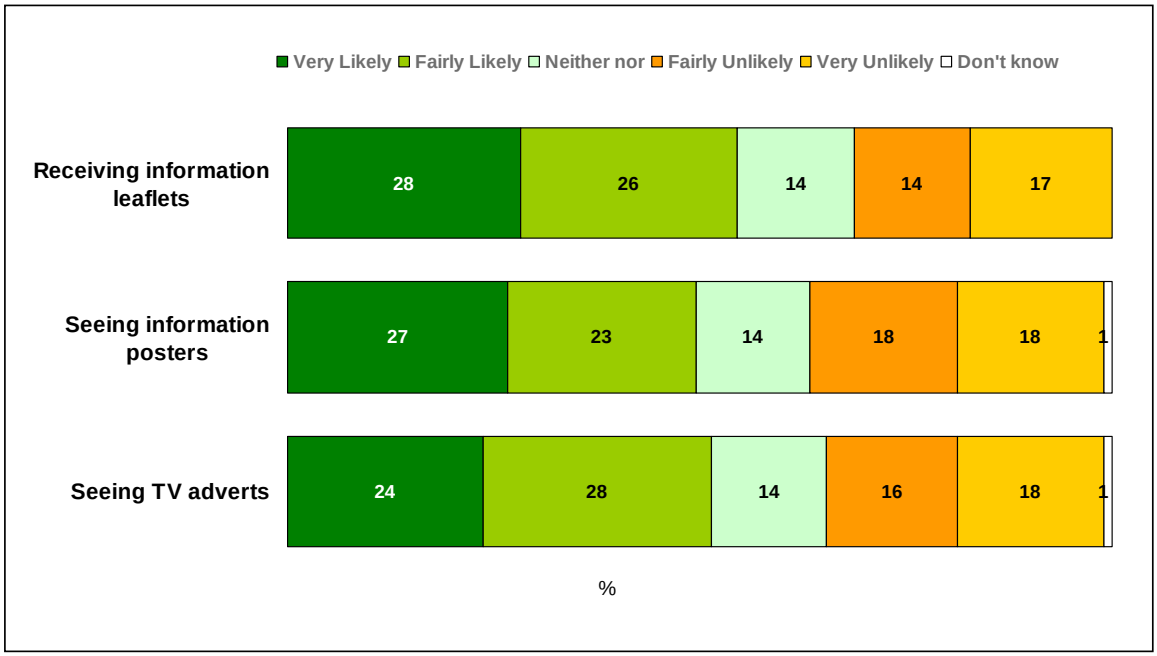


2.56 Around half of respondents claim that they would be *very likely* to get a flu jab as a result of receiving a letter or phone call from their GP, or a letter from the NHS. A further one in five said they would be *fairly likely* to do so, bringing the total to between seven and eight in ten who said they would be prompted by this type of correspondence.

2.57 Males and those in the older age groups tended to claim to be more likely to get a jab as a result of prompting by the health service.

2.58 The responses relating to advertising are shown in figure 2.16 below.

Figure 2.16: Likelihood of getting flu jab as a result of prompting by advertising
Base: All (2007: 332)



2.59 The response to advertising was more polarised, with about half saying leaflets, posters or TV ads would prompt them to get a flu jab, and around a third saying this type of advertising was unlikely to prompt them.

2.60 Those in the older age groups tended to claim to say they would be more likely to claim they would get a jab as a result of prompting by advertising, and females tended to say they would be more likely to get a jab as a result of prompting by posters and TV adverts.

2.61 We advise that these results should be considered as part of the broader campaign picture. In our experience, people do not like to admit that they are affected by advertising when asked outright, instead preferring to request a more personal approach as evidenced in these results. However, an expression of preference does not always translate into behaviour.

2.62 In the case of this campaign, we know that the advertising has been seen and certain elements have been well understood, and we also know that prompting from GPs has been successful. Looking at the measures in figure 2.16 in isolation, this might imply that there is a case for proceeding with GP letters instead of advertising in the future. However, the relatively low levels of preference for advertising should be treated with caution and it must be borne in mind that the advertising this year has played a role as an information source with the GP letters working as a call to action. It may well be the case that the 'at risk' groups have seen the posters and understood that flu can be serious, and then when they have received the GP letter they have understood that this actually applies to them. One therefore could not guarantee that each would be so successful without the other.

Visiting the Scottish Government flu website

2.63 The 'at risk' group was asked how likely it was that they would visit the Scottish Government Flu website to find out further information on flu vaccinations

Table 2.5: Likelihood of visiting the Scottish Government website
Base: All (317)

	2006	**2007**
	(%)	**(%)**
Very likely	4	11
Fairly likely	10	13
Neither likely nor unlikely	2	6
Not very likely	17	20
Not at all likely	67	50
Don't Know	0	1

2.64 In 2007, 24% of the 'at risk' group said they were very or quite likely to visit the Scottish Government flu website, an improvement from 14% in 2006.

CHAPTER THREE CONCLUSIONS

Objective: *To assess campaign awareness - spontaneous and prompted - across the various media channels among the primary 'at risk' target audience in comparison to the previous wave of research*

3.1 The good level of spontaneous awareness of advertising about flu is very similar to levels recorded in 2006/07. Prompted awareness for the poster advertising is very high, and is on a par with awareness levels for 2006/07, this is very encouraging given that the previous campaign also included radio.

3.2 The ads cut through most strongly amongst the younger 16-34 age group, and indeed, more strongly than the campaign in 2006/07. It would also appear that the *Chris Steele* TV advert plays a role in awareness amongst the 'at risk' group, although it is not specifically aimed at them

Objective: *To measure the effectiveness of the campaign in terms of knowledge and understanding of key campaign messages*

3.3 Although awareness of the advertising is good, there may be some issues in terms of take out from the ads. On the one hand, they are working well at demonstrating the seriousness of flu and providing new information. On the other hand, there is an issue with 'relevance' - this indicates that some members of the 'at risk' group understand the adverts, but don't make the link that they personally need to get the flu jab.

Objective: *To gather information on which media work best for this target audience*

3.4 Indications suggest that the media mix worked well in terms of cutting through to the 'at risk' group. Recall of posters - and in particular posters in GP surgeries - was high, and correspondence from GPs also appears to be working well.

3.5 Respondents claim they would be more likely to get a flu jab as a result of receiving communications from a GP rather than through advertising, although in the context of the research findings caution should be used when looking at these results. The public tend to claim advertising has no effect on them, and our findings imply that the advertising and correspondence from GPs work well in combination.

Objective: *To assess triggers and barriers to vaccination uptake among those who have and have not had a flu vaccination*

3.6 Most of those who received correspondence from their GP claimed to have had a jab as a result, although the posters may have provided the background information necessary to make the GP prompt work.

3.7 Just under half of the 'at risk' group (and more than half of the youngest group and ABC1s) do not intend to have the flu jab this winter, mainly because they did not know they are eligible, or do not feel it is necessary. An additional 16% 'intend' to have the jab this winter, but still have not as of the end of December.

3.8 The campaign has been very successful in terms of reach, and this year progress has been made in providing information to the younger age groups and keeping the message fresh.

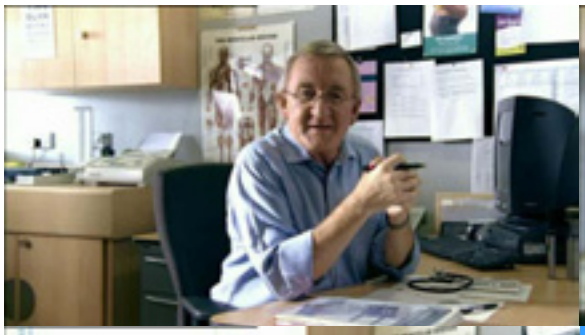
3.9 In the future, more could be done to make the adverts memorable to the ‘at risk’ group, with a more prominent call to action encouraging them to get a flu jab and clearer instructions that the message applies directly to them.

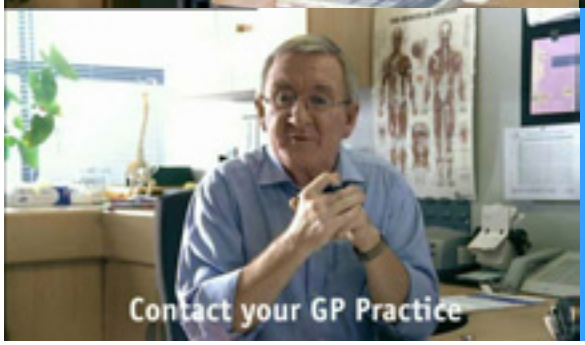
APPENDIX 1 CAMPAIGN MATERIALS

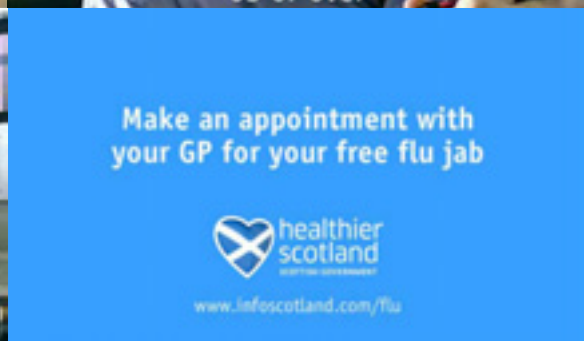
Ben - prompted

Lisa - prompted

Chris Steele (65+ campaign) – not prompted, stills for reference







APPENDIX 2 QUESTIONNAIRE

Good morning/afternoon my name is …….. and I work for TNS, an independent market research agency. We're conducting a survey about health issues. I am working in this area today and I selected you randomly and I was wondering if you might have time to answer a few questions. It should take less than 10 minutes.

This questionnaire will remain confidential and anonymous. I will leave you this leaflet which explains how this confidential information will be protected by the Data Protection Act.

SHOWSCREEN
R1 I'd like you to look at this list and tell me if you suffer from any of these? You do not need to tell me which one, just if you suffer from any.

Asthma
Other respiratory problem/disease
Heart problem/disease
Diabetes
Kidney problem/disease
Liver problem/disease
Neurological conditions (including strokes)
Lowered immunity due to disease or treatment

01. Yes
02. No
03. [Don't know]

[ONLY CONTINUE IF R1:01, CLOSE IF R1:02 OR R1:03]

DO NOT READ OUT
R2 Gender

01. Male
02. Female

R3 What was your age last birthday?
TYPE IN, SHOW SCREEN ONLY IF RESPONDENT IS RELUCTANT TO GIVE THEIR EXACT AGE

01. Under 16
02. 16-19
03. 20-24
04. 25-29
05. 30-34
06. 35-39
07. 40-44
08. 45-49
09. 50-54
10. 55-59
11. 60-64
12. 65+

[CLOSE IF R3:01 or 12]

R4 [STANDARD SOCIAL CLASS QUESTIONS]

01. A
02. B
03. C1
04. C2
05. D
06. E

CHECK QUOTAS

Main questionnaire

Q1 Have you seen or heard any advertising or publicity recently on the subject of flu?

01. Yes
02. No
03. [Don't know]

[IF Q1:01 ASK Q2, OTHERS SKIP TO Q6 INTRO]

DO NOT SHOW SCREEN

Q2 Where did you see/hear this advertising or publicity?
INTERVIEWER: If radio or TV, probe for advertising or programmes. If poster, probe for which type

01. Advertising on TV
02. In programmes on TV
03. Advertising on radio
04. In programmes on radio
05. Advertising in newspapers/magazines
06. Outdoor poster – talking or interactive
07. Outdoor poster – unspecified
08. Poster inside a pharmacy
09. Leaflets in doctors surgeries
10. Posters in doctors surgeries
11. Poster in a pharmacy window
12. On pharmacy bags
13. From a health professional
14. Word of mouth
15. On the streets\pavements\reverse graffiti
16. Publicity stunt with doctors and hospital beds
17. NHS 24 website
18. Other (specify)
19. [Don't know]

[IF Q2:01]

Q3 Please describe the advertising you saw on TV. What did it show and what did it say? WRITE IN

……

[IF Q2:03, 05-13 and 15-18]

Q4 Please describe the advertising you saw/heard other than on TV. What did it show and what did it say? PROBE FULLY AND WRITE IN

……

[IF Q2:03, 05-13 and 15-18]
Q5 Please can you say what you think the advertising you saw/heard other than on TV was trying to say? PROBE FULLY AND WRITE IN

……

[ASK ALL]

READ OUT: I would now like to show you two posters and would like you to tell me whether or not you have seen them recently.

SHOW SCREEN
Q6 Have you seen either of these ads before today?

SHOW POSTER ADS LISA AND BEN

01. Yes, seen Lisa
02. Yes, seen Ben
03. Yes, but not sure which
04. No
05. [Don't Know]

[IF Q6:01-03 ASK Q7]
DO NOT SHOW SCREEN
Q7 Where do you recall having seen these ads?

01. Outdoor poster – talking or interactive
02. Outdoor poster – unspecified
03. On posters in pharmacy windows
04. In the GP surgery
05. Inside pharmacies
06. On pharmacy bags
07. On a letter
08. Other (specify)
09. [Don't know]

SHOWSCREEN

Q8 Thinking about the ads you've just seen, what are your impressions of them? Choose an answer from this list according to how much you agree or disagree.

ROTATE ORDER OF STATEMENTS

a) The advertising helped me understand how serious getting flu can be
b) The advertising helped me realise that the flu jab is not just for old people
c) The advertising was relevant to me
d) The advertising told me something I didn't know
e) The advertising made me realise I am in an 'at risk' group

01. Agree strongly
02. Agree slightly
03. Neither agree nor disagree
04. Disagree slightly
05. Disagree strongly
06. [Don't know]

Q9 Have you received a letter or telephone call from your GP this year regarding you receiving a flu vaccine?
IF YES: Which?

01. Yes – letter
02. Yes – a telephone call
03. No
04. [Don't know]

[IF Q9:01-02]
Q10 Did you get a flu jab as a result of receiving the letter or telephone call from your GP?

01. Yes
02. No
03. [Don't know]

ASK ALL SHOWSCREEN
Q11 How likely would you be to visit the Scottish Government Flu website to find out further information on flu vaccinations?

01. Very likely
02. Quite likely
03. Neither likely nor unlikely
04. Not very likely
05. Not at all likely
06. [Don't know]

Q12a Have you had a free flu jab in the past? IF RESPONDENT SAYS YES, ASK WHETHER THEY RECEIVED THE JAB THIS YEAR OR A PREVIOUS YEAR?

01. Yes – this year – CAN BE MULTICODED WITH CODE 2
02. Yes – prior to this year - CAN BE MULTICODED WITH CODE 1
03. No
04. [Don't know]

[IF Q12a NOT 01, ASK Q12b]
Q12b Do you intend to get a flu jab this winter?

01. Yes
02. No
03. [Don't know]

[IF Q12a:03 ASK Q13]
MULTI CODE
Q13 Why have you not had a free flu jab in the past?

01. Did not know there was a free flu jab
02. Did not know I was eligible
03. I was not in an 'at risk' group in the past
04. I did not feel it was necessary
05. I worry about the side effects of having the flu jab
06. Too busy/no time
07. Other (Specify)
08. [Don't know]

Q14 In the future, how likely would you be to get your free flu jab as a direct result of…?
SHOWSCREEN

ROTATE
a) Receiving a letter from your GP
b) Receiving a phone call from your GP
c) Receiving a letter from the NHS
d) Reading information leaflets
e) Seeing information posters
f) Seeing TV adverts

01. Very Likely
02. Fairly Likely
03. Neither Likely nor Unlikely
04. Fairly Unlikely
05. Very Unlikely
06. [Don't Know]

SHOWSCREEN
Q15 I'd like you to look at this list again. Please can you tell me which you suffer from? You do not need to read out the name, the letter will do.

01. A - Asthma
02. B - Other respiratory problem/disease
03. C - Heart problem/disease
04. D - Diabetes
05. E - Kidney problem/disease
06. F - Liver problem/disease
07. G - Neurological conditions (including strokes)
08. H - Lowered immunity due to disease or treatment
09. [Refused]

THANK AND CLOSE

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