

Evaluation of the pilot phase of the ‘Give up smokes for good’ social marketing campaign

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Abstract

Issue addressed: The prevalence of tobacco smoking among Aboriginal and Torres Strait Islander people in Australia is comparatively high. To help combat this, an Aboriginal-specific social marketing campaign, ‘Give up smokes for good’, was piloted in South Australia in 2011.

Methods: To evaluate the campaign, a face-to-face survey was conducted with two samples of convenience through Aboriginal Health services in South Australia (city and regional locations; $n=190$). Surveys assessed the cultural appropriateness of the campaign, campaign awareness and recognition, knowledge of the harms of smoking and smoking/quit smoking behaviours.

Results: Campaign awareness was high with 76.3% of participants aware of at least one aspect of the campaign. Participants indicated campaign materials (posters and radio ads) to be culturally appropriate. Knowledge that smoking and passive smoking caused illness was high (85.8% and 86.8%); however, knowledge of specific illnesses was not as high. Large proportions of participants had imposed bans on smoking in homes (73.2%) and in cars (75.9%).

Conclusions: Our findings suggest the ‘Give up smokes for good’ campaign reached the intended audience with high levels of campaign awareness. Results also suggest the pilot campaign made progress in achieving its communication objectives.

So what? High quality, culturally targeted anti-tobacco poster and radio campaigns can be effective ways to reach Aboriginal Australians. Future research could explore the impact of this type of social marketing campaign, particularly in regards to the impact on quitting intention and behaviour.

Key words: Indigenous health, smoker, social marketing, tobacco.

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Introduction

In 2012–13, the prevalence of smoking among Aboriginal and Torres Strait Islander people (respectfully referred to as Aboriginal people) in Australia was 41%;¹ more than double that of the non-Aboriginal population.² Tobacco is the leading cause of disease burden for Aboriginal people, and accounts for 17% of the health gap between Aboriginal and non-Aboriginal people.³ Reducing tobacco smoking was identified by the Council of Australian Governments as one of the five priority outcome areas under the National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes.⁴ The South Australian implementation of the NPA includes a range of tobacco-control initiatives that aim to reduce the prevalence of smoking among Aboriginal South Australians, namely social marketing campaigns and quit smoking support services. As part of this initiative, Drug and Alcohol Services

South Australia (DASSA) piloted an Aboriginal-specific mass media campaign, ‘Give up smokes for good’.

Anti-tobacco mass media campaigns have existed for decades in Australia, with strong evidence demonstrating the impact of these campaigns in reducing smoking prevalence among the general population.^{5,6} Mass media campaigns delivered through television advertising have the ability to promote quitting and to reduce the prevalence of smoking among the adult population.⁷ Achieving sufficient population exposure to mass media campaigns through television is vital for success.⁷ Whereas evidence of effectiveness is strong among the general population, little is known regarding the impact of anti-tobacco mass media campaigns for Aboriginal communities, particularly in the form of print and radio campaigns. Furthermore, the evaluations of mass media campaigns that have been conducted among Aboriginal populations have limitations, for

example, the use of resources developed for the general population or lower quality Aboriginal-specific resources.^{8,9} There is a need for rigorous evaluations of mass media campaigns developed specifically for Aboriginal smokers.^{10,11}

Two previous Australian studies found that mainstream anti-smoking advertising is likely to be as motivating for Aboriginal smokers as non-Aboriginal smokers;^{8,9} however, these results were specific to television ads, and it is unknown to what extent these results can be generalised to other media. Furthermore, several studies have indicated that there is a need for anti-tobacco messages and mass media campaigns to be Aboriginal-specific.^{8,10,12,13} A systematic review of culturally targeted anti-tobacco mass media messages for Aboriginal people indicated that while Aboriginal people could recall generic anti-tobacco messages, culturally targeted messages were preferred.¹⁰ A majority of anti-tobacco social marketing campaigns involve television or radio campaigns, with no print media campaigns identified in the published literature for Aboriginal people. The review pointed to the need for campaigns that promoted community ownership, self-determination and acceptability where the community were emotionally involved. It also identified the need for involvement of the targeted community in formative research to develop campaigns to create messages that were relevant to Aboriginal smokers.¹⁰

A recent Australian qualitative study found Aboriginal people to have a moderate level of awareness of existing mainstream anti-tobacco campaigns; however, the authors suggested that social marketing initiatives specific to Aboriginal Australians should be the main focus to encourage smoking cessation.¹² Furthermore, the

authors indicated that resources would be more engaging if Aboriginal faces were promoted in the material.¹²

‘Give up smokes for good’ campaign

The ‘Give up smokes for good’ campaign¹⁴ was South Australia’s first ever Aboriginal-focused anti-tobacco social marketing campaign. The campaign aimed to ensure that Aboriginal people in the target geographic areas were aware of the harms associated with tobacco smoking and to encourage smoking-related behaviour change (i.e. choose not to smoke in homes and cars, make a quit attempt). The campaign was piloted between March and October 2011 in three South Australian locations; Northern Metropolitan Adelaide (city), Port Lincoln and Port Augusta (both regional towns in South Australia). The target group was Aboriginal adult smokers aged 18–39.

The ‘Give up smokes for good’ pilot was developed and implemented in consultation with Aboriginal community members, tobacco social marketing experts, and key health agencies; and guided by existing literature.^{9,12,15–17} Themes and messages were designed to be in line with those being developed at a national level. Pilot messaging focused on: the benefits of smoke-free homes and cars; awareness of the harms associated with smoking and passive smoking; and making attempts to quit smoking.

Campaign materials (Fig. 1) were developed using high-quality artwork with which Aboriginal people could identify. Campaign development was underpinned by the key principles of South Australia’s Aboriginal Health Care Plan 2010–2016,¹⁸ particularly cultural respect. The campaign theme and design were guided by



Fig. 1. ‘Give up smokes for good’ campaign print material.

community consultation with Aboriginal stakeholders, including practitioners, community leaders and people in the target group. Materials consisted of print media (posters and paid advertising) and radio ads. Twelve Aboriginal non-smokers (ex-smokers or never smokers) featured as ambassadors for the campaign. Ambassadors were current or emerging leaders who were respected individuals and had a high profile in Australia or locally, or represented one of the pilot areas.

Campaign materials were disseminated across the pilot areas via paid advertising (venue posters, bus shelters, newspapers, venue ads and radio), tobacco networks, community networking and events. Over the eight-month pilot, 30-second radio ads were aired 570 times on regional radio stations (mainstream stations) and 72 times on city radio stations (Aboriginal programs). A total of 46 advertisements appeared in regional newspapers and 3 in national publications. Outdoor advertising included 380 bus shelters, bus interiors, mobile billboards and venue ads in city locations; and 24 venue ads across regional locations.

The purpose of this study was to evaluate the 'Give up smokes for good' pilot campaign against campaign aims. Specifically, this study aimed to assess awareness and cultural appropriateness of the campaign; awareness of the harms associated with smoking and passive smoking; and to explore smoking behaviours including smoking in homes and cars.

Methods

Participants

Participants included Aboriginal Australians aged 18+ attending the Port Lincoln Aboriginal Health Service in Port Lincoln (referred to as 'regional town') or Nunkuwarrin Yunti in Northern Metropolitan Adelaide (referred to as 'city'), which were two of the three regions targeted for the pilot of the 'Give up smokes for good' campaign. Research assistants obtained a sample of convenience by recruiting participants from clinic waiting areas within the health services. A total of 99 and 103 interviews were completed in the regional town and city locations respectively. Cases with more than 50% missing data were removed from the sample (regional town, $n = 5$; city, $n = 7$) yielding a final sample of 94 participants for the regional town and 96 participants for the city.

Data collection and survey tool

Success of the study was reliant on the development of partnerships with local Aboriginal Health Services and community members. The research team had numerous face-to-face visits to engage and consult with key staff and community members to ensure the research was conducted in a culturally appropriate manner.

To facilitate recruitment and data collection, local Aboriginal people were recruited as research assistants. Quantitative surveys were administered face-to-face by the research assistants equipped with iPad devices from August to December 2011. The survey tool was

developed using questions derived from the South Australian Health Omnibus Survey,¹⁹ and the South Australian Aboriginal Health Survey,²⁰ plus additional questions specific to the 'Give up smokes for good' campaign. The survey assessed recall of anti-tobacco campaigns in general and specifically of the 'Give up smokes for good' campaign, as well as the cultural appropriateness of the campaign. Furthermore, the survey recorded participants' knowledge of illnesses relating to smoking and their personal smoking and quit smoking behaviours. The socio-demographic data collected included gender, age, marital status, postcode and household composition. Due to survey administration error, recall was not assessed for several campaign aspects in the regional town and hence is not reported in the results.

Assessing recall and recognition of the 'Give up smokes for good' campaign

To assess category-cued recall, participants were asked if they had noticed anti-tobacco advertising across four different mediums: radio, posters (venue ads), magazines or newspapers, and bus shelters (city only), and asked to recall what it was about. Participants who could correctly describe aspects of the campaign, including specific messaging, design or ambassadors, were defined as having category-cued recall.

To assess semi-prompted recognition, participants were first shown one of four campaign posters (randomly assigned) that displayed only the graphic and not the key message, and were asked if they had seen the poster before that day. Those who indicated that they had seen the poster were asked if they could recall the message. To assess prompted recognition, participants who indicated they had not seen the graphic-only poster were shown the poster in its complete form and again asked if they had seen the poster.

To assess prompted recognition of the radio ad, participants listened to one of two radio ads (randomly assigned) and were asked if they had heard the ad before that day. For the purpose of analysis, participants were considered to have had campaign awareness if they recognised the poster shown or the radio ad played.

This study received ethical approval from the Aboriginal Health Council of SA Health Research Ethics Committee and Cancer Council SA Human Research Ethics Committee.

Data analysis

Analyses were conducted using IBM SPSS version 20.0.²¹ Frequencies and percentages are reported and Pearson's Chi-square statistical tests were employed to explore differences between proportions, with any p-value less than 0.05 considered a statistically significant finding. Logistic regressions analyses were also conducted to determine socio-demographic factors significantly associated with campaign awareness, and the extent to which smoking cessation behaviour, thoughts and situations varied according to campaign awareness. Missing data for individual cases were excluded for relevant analyses; thus, statistics are reported for known cases only with the number of cases reported for each statistic accordingly.

Results

Participants

A summary of the demographic characteristics of the regional town and city participants is provided in Table 1. Regional town participants ranged in age from 18 to 71 years, with an average age (standard deviation) of 38.1 (12.9) years. City participants ranged in age from 19 to 78 years, with an average age (standard deviation) of 43.6 (12.7) years.

Recall of general anti-tobacco advertising

Over 80% (80.3%) of participants had noticed anti-tobacco advertising in the past 6 months often or very often with the most frequent mediums reported being TV (46.8%), posters (38.4%), cigarette packets (41.1%) and brochures (28.9%).

Category-cued recall of the 'Give up smokes for good' campaign

Category-cued recall for city participants was 46.9% for posters, 21.9% for bus stops/shelters, 12.5% for magazines/newspapers and 10.4% for radio.

Recognition of poster and radio materials

Overall, semi-prompted recognition of the poster (i.e. shown the poster with the key messages removed) was 66.8% (city [C]: 65.6%, regional town [R]: 68.1%). A further 4.2% (C: 3.1%, R: 5.3%) recognised

at least one of the campaign posters after full prompting (i.e. shown the poster in original format, with key messages included), resulting in an overall prompted recognition of posters of 71.1% (C: 68.7%, R: 73.4%). After hearing the radio ad, 39.1% of participants recognised the campaign (C: 16.7%, R: 44.7%).

Campaign awareness according to socio-demographic characteristics

Campaign awareness was reported by 76.3% of the sample. Current smokers and non-smokers reported similar levels of campaign awareness (73.7% versus 80.0%). Table 2 outlines the demographics of those who were and were not aware of the 'Give up smokes for good' campaign. Participants who reported: their health status as good, very good or excellent ($P=0.012$); being married or living in a de facto relationship ($P=0.004$); being in paid employment ($P=0.011$); and having completed high school or tertiary education ($P=0.017$) were more likely to report awareness of the campaign.

Cultural appropriateness of campaign materials

Posters were reported to be appropriate for Aboriginal Australians with 92.3% of participants (C: 95.8%, R: 88.4%) indicating that the posters were appropriate/very appropriate. Participants also indicated that the radio ad was appropriate (96.6%; R: 93.9%, C: 98.9%).

Table 1. Summary of sample characteristics

Valid % reported, less than 5% missing data

	Total sample (n = 190) (%)	City (n = 96) (%)	Regional town (n = 94) (%)
Gender: Male	44.2	41.7	46.8
Smoking status:			
• Current smoker (daily smoker)	60.3 (54.0)	61.1 (56.8)	59.9 (51.1)
• Ex-smoker	19.6	20.0	19.1
• Never smoker	20.1	18.9	21.3
Marital status:			
• Married/living with partner	41.8	37.0	46.7
• Separated/divorced/widowed	14.3	14.1	14.4
• Single/never married	44.0	48.9	38.9
Work status:			
• Employed	51.1	39.8	62.9
• Unemployed	17.0	21.5	12.4
• Not in labour force	31.9	38.7	24.7
Educational attainment:			
• Completed primary school	12.6	10.9	14.4
• Completed year 10	37.4	38.0	36.7
• Completed high school	20.9	12.0	30.0
• Tertiary education	29.1	39.1	18.9
Self-reported health status:			
• Excellent/very good	26.2	19.4	33.3
• Good	41.0	35.5	46.7
• Fair/poor	32.8	45.2	20.0
Target age range 18–39 ^A	46.6	38.0	55.8

^Acompared with aged 40+.

Table 2. Variation in campaign awareness according to socio-demographic characteristics of participants

OR = Odds Ratio, CI = 95% Confidence interval. ORs reflect the increase (or decrease) in odds of being aware of the campaign for each category of each socio-demographic characteristic in comparison to the specified reference category

	Aware (%)	OR (CI)	p-value
<i>Gender (n = 190):</i>			
• Male ^A	73.8		
• Female	78.3	1.28 (0.66–2.50)	0.470
<i>Location (n = 190):</i>			
• City ^A	74.0		
• Regional town	78.7	1.30 (0.67–2.55)	0.440
<i>Self-assessed health status (n = 183):</i>			
• Poor/Fair ^A	65.0		
• Good/very good/excellent	82.1	2.47 (1.22–4.99)	0.012
<i>Target age group (n = 178):</i>			
• 40+ (outside target group) ^A	75.8		
• 18–39	77.1	1.08 (0.54–2.16)	0.836
<i>Marital status (n = 182):</i>			
• Single/divorced/widowed ^A	67.9		
• Married/de facto relationship	86.8	3.12 (1.43–6.80)	0.004
<i>Employment (n = 182):</i>			
• Unemployed/student/on a pension/retired ^A	67.4		
• Paid employment	83.9	2.51 (1.24–5.10)	0.011
<i>Level of education completed (n = 182):</i>			
• Primary school/year 10 ^A	68.1		
• High school or tertiary education	83.5	2.37 (1.17–4.81)	0.017

^AReference category for analysis.

Awareness of harms related to smoking

Among all participants, 85.8% (C: 87.5%, R: 84.0%) were aware that smoking caused illness. No statistical differences were observed between those who were and were not aware of the campaign (88.3% versus 77.8%, $P=0.083$). City participants (unprompted) identified smoking-related illnesses to be: cancer (specific forms or general; 75.0%), emphysema (59.4%), circulatory or heart problems (53.1%), high blood pressure (27.1%), harms an unborn baby (25.0%), gum disease (22.9%), asthma (21.9%) and blindness (14.6%).

Of all participants, 86.8% (C: 84.4%, R: 91.3%) were aware that passive smoking caused illness. No statistical differences were observed between those who were and were not aware of the campaign (89.0% versus 80.0%, $P=0.074$). City participants identified illnesses caused by passive smoking to be: cancer (specific forms or general; 57.3%), asthma (57.3%), circulatory or heart problems (42.7%), high blood pressure (26.0%), harms an unborn baby (25.0%), blindness (18.8%) and gum disease (13.5%).

Smoking in homes and cars

Table 3 reports results regarding smoking in the home and car among those who were and were not aware of the campaign. Among all participants, 73.2% had a ban on smoking in their home. Smoking bans in homes were more likely to be imposed by those who were aware of the campaign ($P=0.033$). Among those who owned a car,

75.9% imposed a ban on smoking in their car, with no variation found according to campaign awareness.

Quit smoking thoughts and behaviours

Of current smokers ($n=114$), 76.5% were considering quitting smoking in the next six months, 41.4% were planning to quit in the next 30 days and 30.6% had set a quit date. A majority of current smokers (84.7%) had made at least one attempt to quit smoking in their lifetime and 69.4% had attempted to quit in the last year. No statistical differences were observed for quit smoking behaviours of current smokers who were and were not aware of the campaign (Table 3).

Discussion

This study reports the results of a post-campaign survey that examined recall, recognition and perceptions of the pilot of South Australia's first Aboriginal-focused anti-tobacco social marketing campaign.

Awareness of 'Give up smokes for good' campaign

Results of this study indicate that awareness of the 'Give up smokes for good' campaign was high with large proportions of participants aware of at least one aspect of the campaign. The campaign achieved awareness at similar or slightly lower levels to other Australian and New Zealand anti-tobacco campaigns that included television

Table 3. Campaign awareness according to smoking and quit smoking behaviours

OR=Odds Ratio, CI=95% Confidence interval; ORs reflect the increase (or decrease) in odds of the participation in smoking behaviours, thoughts and situations, for those aware of the campaign (as opposed to those not aware). Reference category is 'not aware'. OR= 1.00

	Sample (%)	Aware of campaign
<i>Other smokers in household (n = 185):</i>		
• No other smoker	44.9	77.1%
• 1+ other smoker	55.1	75.5%
		OR = 0.91; CI:0.46–1.81; P = 0.797
<i>Ban on smoking in the home (n = 183):</i>		
• No	26.8	65.3%
• Yes	73.2	80.6%
		OR = 2.21; CI:1.07–4.57; P = 0.033
<i>Ban on smoking in the car (n = 137):</i>		
• No	24.1	81.8%
• Yes	75.9	78.8%
		OR = 0.83; CI:0.30–2.26; P = 0.712
	Current smokers (%)	Aware
<i>Likelihood of being a smoker a year from now (n = 107):</i>		
• Definitely/probably will not be smoking	34.6	67.6%
• Slight to strong chance of smoking (might/might not/definitely/probably will be smoking)	65.4	77.1%
		OR = 1.62; CI:0.67–3.93; P = 0.286
<i>Ever attempted to quit smoking (n = 111):</i>		
• No	15.3	70.6
• Yes	84.7	75.5
		OR = 1.29; CI:0.41–4.04; P = 0.666
<i>Quit attempts in last year (n = 111):</i>		
• None	30.6	67.6
• 1+	69.4	77.9
		OR = 1.69; CI:0.69–4.41; P = 0.253
<i>Mix tobacco with other substances (n = 108):</i>		
• No	78.8	71.8
• Yes	21.3	78.3
		OR = 1.42; CI:0.47–4.25; P = 0.534
<i>Participated in quit smoking activity^A in last yr (n = 114):</i>		
• No participation	9.6	63.6
• Participated in at least one activity	90.4	74.8
		OR = 1.69; CI:0.46–6.25; P = 0.430

^AQuit smoking activities include: called Quitline, spoke to doctor/pharmacist/health service, used nicotine replacement therapy.

advertising.^{9,22,23} The high campaign awareness achieved, despite the lack of television advertising (the most viewed media), is the likely result of the distribution of campaign materials as well as the high frequency of radio advertising (in the regional town).

The campaign was deemed culturally appropriate by participants with both the posters and radio ad testing strongly in this area. This finding as well as the high level of awareness of the campaign among participants could be attributed to several key aspects of the development and implementation of the campaign. Specifically, the campaign was developed with the guidance of previous research,^{9,12,15–17} featured local Aboriginal faces and voices, used simple and clear messages and was implemented using a multifaceted approach. This evaluation assessed only campaign awareness via a quantitative survey, and hence yielded only survey data relating to campaign awareness. While informative, and this specific evaluation was developed to meet certain requirements

of this project (i.e. budget and timing restraints while reporting outcomes), the inclusion of a qualitative component to future evaluations and studies of this nature would provide a more detailed exploration of how campaigns may achieve successful awareness among Aboriginal smokers and provide further insight into the potential impact on behaviour change.^{11,24}

Overall recognition of the radio campaign was low, with greater recognition in the regional town compared with the city. This difference most likely reflects the higher frequency of radio ads played in the regional town, and possibly dilution of the ad's reach in the city due to the large number of city radio stations available compared with the regional town. The findings regarding a low general recognition of radio ads and the higher recognition in a regional area as opposed to the city, reflects findings from previous evaluations including radio ads with Aboriginal Australians.^{9,25}

Awareness of the campaign was higher among certain segments of the sample. For example, awareness was greater among those with better (good/very good/excellent) levels of self-reported health status; those who were married or in a de facto relationship; those in paid employment; and those who had completed high school or tertiary education. These results are similar to that of the Australian Aboriginal-specific campaign 'break the chain', which had a higher recall among more advantaged households.²⁵ Due to the cross-sectional nature of the study, it is not known whether the campaign messages had a greater degree of resonance with these segments of the sample or whether they just received more exposure due to distribution methods.

Awareness of harms related to smoking

A majority of participants were aware that smoking and passive smoking caused illness; however, recall of specific illnesses other than specific cancers was low. This may indicate that while there was a general level of awareness that tobacco causes harm, there is limited understanding or comprehension of the ways in which it causes harm, the scope of illnesses associated with smoking tobacco and seriousness of the outcomes of such illnesses. Taking these findings into account, along with findings indicating that there was a lack of difference in the recall of smoking-related illnesses according to campaign awareness, may suggest that campaign messaging was not strong enough to communicate the link between tobacco and specific illnesses. However, without qualitative exploration of the materials, it is difficult to determine the specific strengths and weaknesses of campaign messaging. Overall, the level of knowledge reported by Aboriginal participants in this study was comparable to that reported at a state level;²⁰ however, it is evident there is a need to continue to promote the specific harms of both smoking and passive smoking among the target group.

Smoking in homes and cars

Smoking bans in homes and cars were imposed by large proportions of the sample, and at a level comparable with the South Australian Aboriginal population;²⁰ however, there is still some scope for improvement in this area. Those aware of the campaign were more likely to have a ban on smoking in their home, compared with those who were not aware, suggesting that the campaign may have been effective in communicating this message and encouraging smoke-free homes. Alternatively, those participants with smoke-free homes may have been more receptive to the campaign messages.

Quit smoking behaviours

Positive quit intentions were demonstrated by current smokers in the sample. Large proportions expressed their desire to quit smoking with more than three-quarters considering quitting in the next six months, and one-third planning to quit within 30 days. Furthermore, less than one-quarter of current smokers indicated that they probably or definitely would be smoking a year from the time of interview. Without baseline and follow-up data, it is unknown whether the campaign had an impact on quit intentions and/or the

extent to which participants followed through with their intentions. There is a need for further research to determine whether smokers follow through with their intentions to quit and the supports most utilised in their quit attempts. It would also be of interest to explore the use of print and radio material for initiating behaviour change among Aboriginal smokers. In addition, this campaign was only one aspect of an initiative designed to reduce smoking rates among Aboriginal people in SA. Given that the other health promoting strategies providing smoking cessation support were likely to have further influence on smoking behaviour, it is difficult to isolate the effects of this specific campaign, and hence it would be beneficial to assess the combined impact of programs on quitting smoking.

Strengths, limitations and challenges

This study was subject to several limitations. Due to survey administration error, category-cued recall and unprompted responses were not assessed for several campaign aspects in the regional town. Furthermore, to aid recruitment, this study used a sample of convenience. Consequently, approximately half of participants did not fall within the target age-group for the campaign and participants were not purposively selected to be representative of the Aboriginal community in each region. This highlights one of the challenges that exist when conducting evaluations of Aboriginal-specific programs that are regionally based; and the difficulty of generating a representative sample within a small budget and short timeframe.^{11,26} Compared with the SA Aboriginal population, the study sample was older, had a higher representation of females and a higher proportion of people in paid employment, all of which should be kept in mind when generalising results to the wider population. It would also be interesting to explore the impact of this campaign for remote communities where smoking rates are higher.

To minimise the impact of research on Aboriginal communities, time was spent exploring surveys and vehicles within which an evaluation for this campaign could be embedded. While this did not lead to a successful outcome and also prevented the implementation of a pre-campaign survey at baseline, it ensured minimal burden on Aboriginal communities. Therefore, due to restrictions on timing of the campaign roll-out and implementation of the evaluation, it was not possible to collect baseline data. Collecting data before implementation would prove valuable for future evaluations. While the extent to which smoking behaviours varied according to campaign awareness was assessed, causality could not be assumed due to the cross-sectional design of this study; that is, it cannot be assumed that awareness of the campaign resulted in improved smoking or quitting outcomes.

The present study also had several strengths. A consultative approach was adapted to develop and implement the research.²⁷ This resulted in a good sample size as well as numerous benefits for this study and future research. For example, relationships with health services were developed through this consultative process, assisting with the acceptability of the research among community members. These

relationships also assisted with the smooth implementation of the research. The use of local research assistants located within Aboriginal health services fostered the recruitment of participants who also felt comfortable in discussing a personal topic. This approach led to success in recruiting a good sample size and obtaining high-quality, relevant data.

Conclusion

Results from this pilot study suggest that the 'Give up smokes for good' campaign has made positive initial progress towards the aims of the program. Overall, results suggest that the campaign was culturally appropriate and high proportions of city and regional town participants were aware of the campaign. Further research is required to explore the impact of this type of social marketing campaign, particularly in regards to the impact on quitting intention and behaviour.

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