

October 2023 || Version 1

SOUTH WEST ABORIGINAL MEDICAL SERVICE SYPHILIS CAMPAIGN: EVALUATION

Prepared for the
Aboriginal Health
Council of Western
Australia

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Contributors

The Aboriginal Health Council of Western Australia (**AHCWA**) commissioned the Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (**SiREN**) to conduct this independent evaluation.

SiREN is a partnership between researchers, service providers and policymakers working to strengthen evidence-informed policy and practice in Western Australia.

Under the management of Curtin University School of Population Health, SiREN aims to:

1. Strengthen the research, evaluation and health promotion skills of people working to promote sexual health or prevent or manage blood-borne viruses;
2. Promote and facilitate opportunities for collaboration between sexual health and blood-borne virus service providers, policymakers and researchers; and
3. Foster links with national sexual health and blood-borne virus research centers and contribute to appropriate national research agendas in order to raise the profile of sexual health and blood-borne virus concerns affecting Western Australians.



The investigators in the project were:

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We gratefully acknowledge the assistance of Llewelyn Beecham-Clark, Jasmin Brown, Jemima Higgins and their colleagues at the South West Aboriginal Medical Service. We are also grateful to Moshi Moshi, the Western Australian Aboriginal Health Ethics Committee and all evaluation participants.

SiREN respectfully acknowledges the Noongar people, on whose unceded lands this evaluation was conducted. SiREN is committed to strengthening and embedding First Nations people's voices and perspectives in research, evaluation, planning and decision-making.



Executive Summary

This report presents findings from the mixed methods evaluation of the South West Aboriginal Medical Service Syphilis Campaign. This evaluation assessed the campaign development and implementation process, campaign reach and engagement, and the extent to which the campaign aims were achieved as at 31 June 2023. Evaluation data were collected through surveys, interviews, focus groups, marketing metrics, and clinical records.

Process Evaluation

Campaign website metrics:



- 304 unique users (of which 38 were return users)
- 49.67% of new users accessed the website directly
- 19.73% of new users access the website through paid searches

Spotify metrics:



- 29,600 impressions on 3139 users
- 27 'click-throughs' (0.09% click-through rate)

Moorditj Yarns podcast metrics:



- 114 views on podcast page on campaign website
- Average of 50 second engagement time on website podcast page

Television advertisement metrics:



- aired 791 times on Seven West Media (GWN network)
- 49.66% of people living in the South West region had seen the advertisement at least once
- 35.20% had seen the ad at least three times

YouTube advertisement metrics:



- ad was viewed 311,000 times (as at 31 August 2023)
- 25.54% viewed the entire ad even after being given the option to 'skip'

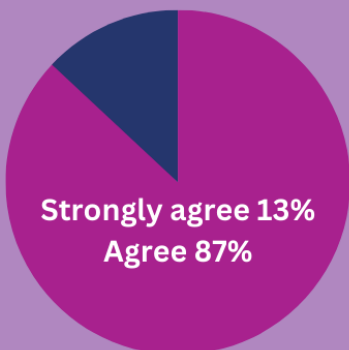
Engagement with TV ad through Facebook



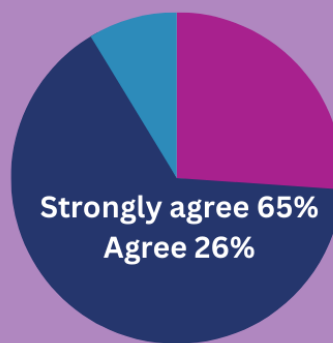
- 824 people reached
- 3,457 impressions
- 60 post reactions
- 722 instances of people watching at least 15 seconds

Outcome and Impact Evaluation

Objective: Increased knowledge of transmission, prevention and treatment



Respondents reported learning something new from the SWAMS campaign advertisements.



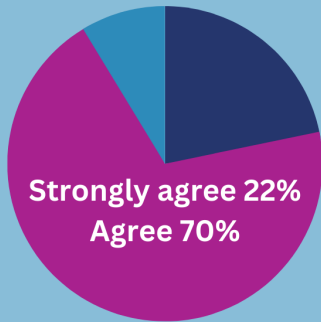
Respondents reported that the SWAMS campaign advertisements increased their knowledge of syphilis.



Statistically significant people exposed to the campaign were more likely to:

- have heard of syphilis;
- have heard of chlamydia;
- know that untreated syphilis in pregnancy can cause harm to the baby;
- know that syphilis can be treated by medication
- know that condoms can protect against STIs.

Objective: Community empowered to confidently discuss sexual health



Respondents agreed the campaign made them “feel confident” to have conversations about syphilis.

Strongly agree	39%
Agree	61%

Respondents agreed that they talked about the ads with friends.



of respondents reported that they they spoke "to family and friends about syphilis" after exposure to the campaign.

Objective: Increased testing of sexually transmissible infections an blood-borne viruses



48%

of respondents who had seen the campaign reported that it made them think about using a condom when having sex.

Objective: Increased early uptake in prevention and protection methods



39%

of respondents reported the campaign made them think about getting a syphilis test



22%

of respondents reported the campaign led them to get tested for syphilis and other STIs

Strongly agree	29%
Agree	58%

Respondents agreed they felt more confident to get tested after exposure to the SWAMS campaign.



Objective: Reduced incidence and prevalence of syphilis in the South West

Incidence of infectious syphilis was **slightly higher** in the South West between January to June 2023 compared to January to June 2022; however, caution is advised in making comparisons due to the small number of cases.

Objective: Eliminate congenital syphilis

No congenital syphilis cases were reported in the South West between April 2022 and June 2023.

Background

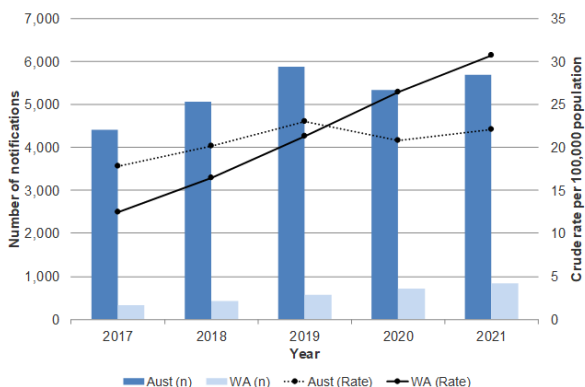
Context

It is recognised that Aboriginal[^] community controlled health organisations have the experience and skills to develop localised, culturally appropriate programs to enhance wellbeing and improve health outcomes (Freeman et al., 2016; Campbell et al., 2018). In 2022, the South West Aboriginal Medical Service (**SWAMS**) developed the *Are You STI Aware?* campaign as part the South West Enhanced Syphilis Response.

In the South West region of Western Australia (**WA**), the age standardised notification rate of infectious syphilis* was 11.1 per 100,000 population in 2021 (Communicable Disease Control Directorate, 2022). Despite the South West having lower rates of syphilis compared to other regions of WA, SWAMS chose to take a proactive approach to syphilis management in response to statewide and national trends. In 2021, the total number of infectious syphilis notifications in WA reached a 10-year high (n=844), and crude rates were 39% higher than the national equivalent (see **Figure 1**; Communicable Disease Control Directorate, 2022). The Aboriginal to non-Aboriginal rate ratio of infectious syphilis notifications was 17.1:1, reflecting the ongoing legacy of dispossession and inequities in social determinants of health (Communicable Disease Control Directorate, 2022; MacPhail and McKay, 2018).

FIGURE 1. Number and crude rate of infectious syphilis notifications, WA and Australia, 2017 to 2021

Source: Communicable Disease Control Directorate (2022)



In WA, in 2021

the number of infectious syphilis notifications was

65

percent higher than the previous 5-year mean

the crude rate of infectious syphilis was

39

percent higher than the national crude rate

there were

4

cases of congenital syphilis

[^] The term 'Aboriginal' is used in this report in recognition of the fact that First Nations communities who identify as Aboriginal were the original inhabitants of WA. No disrespect of Torres Strait Islander Australians is intended.

* Infectious syphilis notifications are defined as cases of primary, secondary and early latent syphilis of less than two years' duration.

The campaign was developed for Aboriginal people living in the South West to achieve the outcomes set out in **Table 1**. The final campaign comprised a suite of resources including a commercial aired on network television (GWN) and on YouTube, clinic posters, Spotify advertisements and podcasts. Campaign assets encouraged people to visit a dedicated campaign website for more information. The campaign assets were released between February and June 2023.

TABLE 1: SWAMS' intended campaign outcomes

Stage	Outcomes
Short-term	<p>Increased knowledge and awareness of sexually transmissible infection and blood-borne virus transmission, prevention and treatment</p> <p>Reduced stigma surrounding prevention, testing and treatment of sexually transmissible infections and blood-borne viruses</p> <p>Community empowered to confidently discuss sexual health</p>
Medium-term	<p>Increased testing of sexually transmissible infections and blood-borne viruses</p> <p>Increased early uptake in prevention/protection methods (condom use and treatment)</p>
Long-term	<p>Reduced incidence and prevalence of syphilis in the South West region</p> <p>Eliminate congenital syphilis</p>

Evaluation aims

SiREN was engaged to provide an independent evaluation of the campaign. The aim of this report is to assess the campaign development and implementation process, campaign reach and engagement, and the extent to which the campaign aims were achieved as at 30 June 2023.



- Consequences of syphilis in pregnancy
- Previous exposure to/recall of syphilis and sexual health advertisements.

Methods

The evaluation used a mixed method design. Data were collected through surveys, interviews, focus groups, marketing metrics, and clinical records. The evaluation was approved by Curtin University Human Research Ethics Committee (HRE2022-0464) and the Western Australian Aboriginal Health Ethics Committee (HREC1187), and ethical guidelines in relation to Aboriginal involvement, voluntary participation and informed consent were followed. The campaign was evaluated as at 31 June 2023.

Under the evaluation contract, SWAMS was responsible for:

- documenting campaign activities undertaken.
- recruiting survey respondents.
- collecting campaign reach/engagement data.
- supplying deidentified clinical data.

SiREN was responsible for evaluation design, data analysis and reporting.

Survey data collection

Surveys were administered pre- and post-campaign launch. The eligible survey population comprised Aboriginal people aged between 18 and 45 years living in the South West. Participants were eligible to receive a \$15 Coles/Myer voucher in recognition of the time they spent completing the survey.

Pre-campaign surveys

A 16-item pre-campaign survey instrument (**Appendix 1**) was designed to collect data on:

- Aboriginality
- Age
- Gender
- Knowledge of sexually transmissible infections (**STIs**)
- Effectiveness of condoms in preventing STIs
- Knowledge that STIs can be asymptomatic
- Methods of syphilis testing
- Locations for STI testing
- Likelihood of getting tested for STIs
- Effectiveness of syphilis treatments

Recruitment was conducted in two ways. A paper survey was administered by face-to-face intercept at community events in the South West region, through SWAMS community groups and at the clinic. An online survey was also made available through the Qualtrics platform. The online survey was promoted through SWAMS networks and social media.

The online survey went live on 18 August 2022. By 11 September 2022, over 400 online surveys had been completed notwithstanding the fact that SWAMS had undertaken minimal promotion of the survey link. Data collection was paused to enable the high number of responses to be investigated given that a previous nationwide survey to evaluate a syphilis campaign for Aboriginal youth attracted considerably fewer responses (n=61 prior to data cleaning) (D'Costa et al., 2022).

Analysis of the survey metadata revealed that the majority of responses were coming from internet provider addresses and/or geolocations outside of the South West region of WA and, in many cases, outside of Australia (**Figure 7**). After reviewing the survey response patterns, the research team concluded that the survey was being targeted by 'bots' or 'fraudsters' which are becoming increasingly prevalent in online survey research (see Pozzar et al., 2010; Griffin et al., 2022):

"Fraudsters" have various methods for finding surveys that involve incentives; for example, Meta (Facebook's parent company) has an Ads Library that can help fraudsters find incentivized surveys that are advertised on their social media platforms ... This resource can be exploited by fraudsters who may not be the intended target of a survey but may complete the survey solely for the incentive ("professional survey takers") or utilize computer code (this technique is often referred to as "bots" or "botting") to rapidly automate the completion of multiple surveys to receive multiple incentives (Wang et al., 2023).

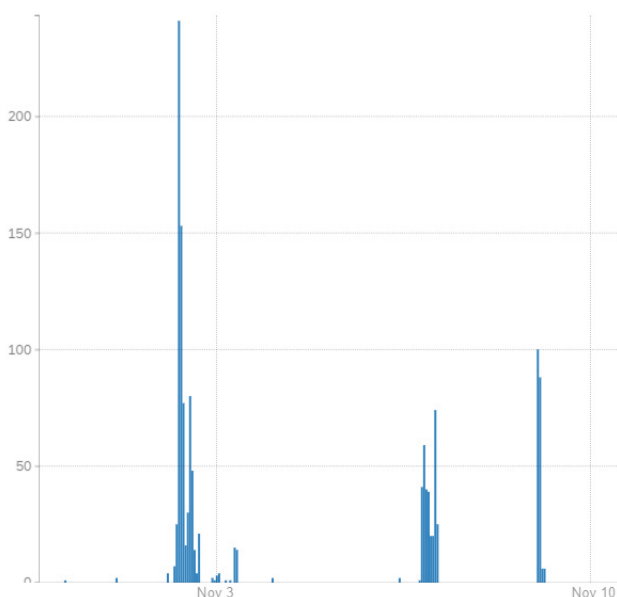
FIGURE 7. Screenshot of survey metadata

End Date and time	IP Address	IP Location City and Cour
8/09/2022 10:38	71.45.23.28	Birmingham, US
8/09/2022 10:45	98.222.74.161	Chicago, US
8/09/2022 10:45	47.181.43.146	Temecula, US
8/09/2022 10:45	68.114.145.62	Johnson City, US
8/09/2022 10:45	66.109.35.156	Albany US
8/09/2022 10:50	75.141.203.244	South Lake Tahoe, US
8/09/2022 10:50	47.41.196.155	Cerritos, US
8/09/2022 10:50	67.242.42.143	Albany US
8/09/2022 10:50	67.159.133.243	Roseville, US
8/09/2022 10:57	73.70.207.17	Richmond, US
8/09/2022 10:57	68.79.140.227	Georgia, US



In an attempt to mitigate the risk of further fraudulent responses, the online survey was amended to include a Captcha verification question and Qualtrics' internal bot-detection features were enabled. The amended online survey was re-launched on 13 September 2022. In November 2022, unusual patterns of survey responses were once again observed (**Figure 2**) and online data collection was again suspended. See **Data Analysis** section below for a description of the data cleaning methods adopted.

FIGURE 2. Number of online survey responses for period 29 October to 10 November 2022, by date



Post-campaign surveys

A 22-item post-campaign survey instrument was developed (**Appendix 2**) with reference to campaign evaluation principles outlined by Bauman et al. (2003) and Cavill and Bauman (2004) and utilised in other recent campaign evaluations by our research team (see for example: D'Costa et al., 2021; Casten et al., 2022). In addition to the pre-campaign knowledge and attitude questions, the post-campaign instrument included items to:

- measure campaign recall.
- measure campaign recognition.
- assess campaign salience.
- assess whether exposure to the campaign prompted changed behaviour (e.g. condom use, STI testing, information seeking, or discussions).

To avoid the issues associated with the fraudulent completion of the pre-campaign online survey, only a paper version of the post-campaign survey was made available and was distributed to members of the sample population by SWAMS staff.

Interview and focus group data collection

SiREN researchers conducted semi-structured interviews

and focus groups with staff and stakeholders directly involved in the development and implementation of the campaign, using the topic guide in **Appendix 3**. The aim of the discussions was to understand how the campaign was developed, and factors influencing implementation of campaign strategies. Discussions were audio-recorded and transcribed.

Other data collection

Google analytics

SWAMS and the marketing company it used (Moshi Moshi) provided the following Google analytics data for the campaign website for the period 20 February 2023 (website launch date)–31 August 2023:

- number of website users.
- number of new website users.
- total page views.
- average number of pages viewed per session.
- most commonly viewed pages.
- average engagement time.
- average bounce rate.
- channels used to access website.

Additionally, metrics were collected for each of the podcasts uploaded on the campaign website including total views, impressions, clicks and percentage of users watching all or some of each podcast episode.

Facebook

SWAMS provided the following data relating to the SWAMS Facebook page:

- number of new page likes during the campaign period.
- date and content of campaign related Facebook posts.
- audience demographics (age and gender),
- total engagement – post reach, impressions, number of times posts were shared, commented on, or reacted to.

Television advertisement metrics

Moshi Moshi provided data on television commercial metrics, including:

- total audience reach – proportion and number of total South West population reached with at least

one advertisement.

- optimum reach – proportion of people who saw the advertisement at least 3 times.
- average number of times the television advertisement was viewed per viewer.

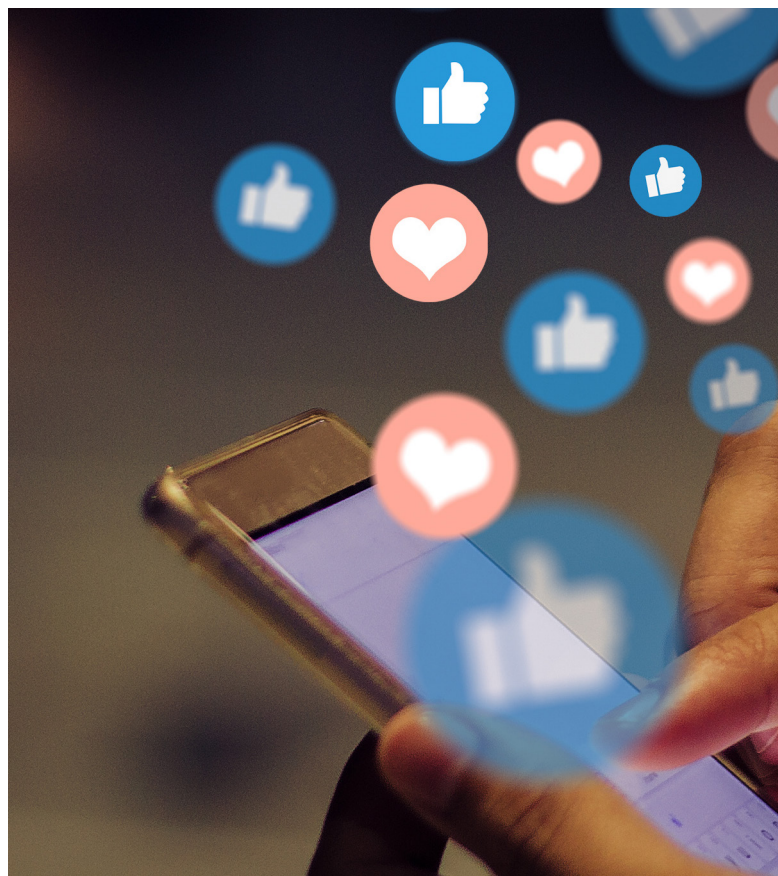
YouTube advertisement metrics

Moshi Moshi provided YouTube metrics for the campaign advertisement including:

- number of views.
- number of impressions.
- number of clicks.
- audience reach – number of people who watched advertisement
- percentage of users watching advertisement at different time points – 100%, 75%, 50% and 25%.

SWAMS testing data

SWAMS provided de-identified data on the number of syphilis serology tests, polymerase chain reactions tests, and point of care tests completed between 1 January 2022 and 31 June 2022, and 1 January 2023 and 31 June 2023.



Data analysis

Survey responses were checked against eligibility criteria and excluded from analysis if the respondent: (1) did not provide express consent to participate in the study by selecting the relevant 'check box'; (2) did not report identifying as Aboriginal and/or Torres Strait Islander; (3) did not report living in the South West region; or (4) did not report being aged between 18 and 45 years.

Due to the issue with fraudulent responses described above, it was also necessary to apply additional measures to assess the eligibility of online pre-campaign survey responses. Responses were excluded if they: (1) were associated with an IP address and/or geolocation outside of Australia; (2) had no geolocation recorded; (3) were linked to emails that appeared fraudulent based on recommendations contained in Griffins et al., (2022) and Storozuk et al., (2020) (e.g. email addresses ending in numbers exceeding four digits or comprising seemingly random letters only). Responses were included in the data sample if they were associated with an IP address and/or geolocation in the South West region. With the approval of the Western Australian Aboriginal Health Ethics Committee, a follow-up email was sent to a further 930 survey respondents that did not meet the above exclusion criteria but had an IP address and/or geolocation within Australia. The email explained the need to exclude fraudulent responses and asked the respondents to complete a brief survey containing advanced fraud-detection features in order to receive the gratuity. No respondents who completed this additional survey passed the fraud-detection mechanisms.

Qualitative data were coded inductively by one researcher (MR) using NVivo software. Codes were reviewed by a second researcher (DV) and analysed thematically using the approach set out by Braun and Clarke (2006).

Quantitative results were analysed using basic descriptive statistics, and comparisons between groups were conducted using chi-squared tests (statistical significance at $p < 0.05$).



Results

Process evaluation

Campaign development and implementation

Three interviews were conducted with SWAMS staff members who worked closely on the design and implementation of the campaign, and one focus group was conducted with two staff members at the marketing agency, Moshi Moshi. The data provide an account of how the campaign was developed and highlight the factors which were perceived to influence the process.

Team composition and experience

The campaign workplan was developed by a non-Indigenous SWAMS health promotion officer who also largely oversaw internal project management. Two SWAMS Indigenous outreach workers (one male and one female) were responsible for developing creative concepts, facilitating community consultations and providing cultural input and guidance. A non-Indigenous nurse practitioner provided clinical guidance and offered insights based on her experience working in the sexual health sector and in remote and regional communities:

The role really was giving some guidance around the sort of clinical content, I guess and also reviewing that ... the messages we were getting out there were accurate and up-to-date information ... I think just having worked in this space, knowing what might work and what might not work. - Nurse practitioner.

The team was assisted by a SWAMS Communication officer, and Moshi Moshi (a professional Perth-based marketing agency) was engaged to provide professional creative services. One staff member at Moshi Moshi was responsible for creative concepts and designs, while another was responsible for production management including client communications and the engagement of sub-contractors. While the agency had prior experience

working for non-profit organisations in the Bunbury region, they had minimal experience developing Aboriginal-specific campaigns: "the cultural stuff with respect to this campaign is ... quite niche ... This has been a bit of a learning curve for me, in a good way" – Moshi Moshi creative consultant.

Development of creative vision

The SWAMS Indigenous outreach workers worked together to develop an initial creative vision for the project, drawing upon other social media content for inspiration:

[A] lot of research online ... Watching, you know, what's trending on TikTok now? What are the subjects? Is there any sexual health TikToks? What are the other health TikToks? How many views do they have?
- Female outreach worker.

An iterative creative process was described in which the Indigenous outreach workers developed script concepts and then collaborated with other SWAMS staff members to get feedback on ideas and refine messaging. Moshi Moshi also provided guidance as to "what they felt would work well" (nurse practitioner).

The SWAMS team had a clear vision for the tone that they wanted for the campaign: "our aim was ... to make it a positive campaign" (nurse practitioner). Specifically, the Indigenous outreach workers were of the view that the word "shame" should not feature in the campaign:

“

There's a big creative aspect about not putting the word 'shame' in. We went hard on that, mainly because we hear it a lot of times in a lot of other campaigns ... We didn't want to overuse that word. **We wanted to empower our audience.**

- Female outreach worker.

Factors influencing campaign development and implementation

SWAMS' initial campaign plan was to develop the following assets with a view to launching the campaign in January 2022.

- 2 x 30 second content videos
- 2 x newspaper advertisements
- 4 x Facebook and Instagram social media tiles
- 2 x flyers/posters
- 2 x 30 second radio or stream audio advertisements
- 2 x blogs or newsletters/articles.

SWAMS also intended for the campaign to be supported by community workshops/education sessions and the installation of condom vending machines in community locations.

The campaign was ultimately launched in April 2022, and some planned campaign assets and activities were either not delivered/scaled back or were replaced with other assets (e.g. podcasts, a website). The factors which were perceived to have influenced the development and implementation of the campaign are presented thematically below.

(a) Community consultation

The centrality of community consultation was considered a strength of the campaign development process. A Moshi Moshi staff member explained how his experience growing up in Kununurra (Kimberley region) had led him to enter the campaign development process with a specific vision for the campaign; however, through consultation, he became aware that the cultural context in the South West was significantly different to the Kimberley context:

[I] got shut down very quickly ... [T]hey said, "what you had up there ... is very different to what we have down here. It's a lot more closed off and a lot less spoken about. It's not an open conversation." ... Whereas ... where I'd come from ... we had condom trees ... and then coming down into here and finding out it's like "no, it's very hush hush and we don't talk about it." It's very closed off. It was a very big cultural shock ... so that learning curve we went on initially and also ... doing that community engagement before we started the campaign was fantastic – Moshi Moshi creative consultant.

The process was considered essential for ensuring that the language and tone of the campaign would be acceptable to the intended audience. For instance, an Indigenous outreach worker noted how community consultation revealed that it would be offensive to include the Noongar word for 'sex' in the campaign.

The consultation process was also considered important for gaining community support for and ownership of the campaign:

“

That was a vital process ... to show our community that, 'you are important to us that your voice matters.' And that it's a way of showing respect to our community. That no matter what we do, we're bringing you along each step of the way. And that's like, 'the campaign belongs to you. You created this.' When they see it on TV, on the Internet, they're like, 'I did that ... That was us!'"

- Female outreach worker.

(b) Time and resources

However, there was a perceived tension between: (1) the requirement to deliver the project within a specific time, budget, and workforce capacity; and (2) the need to ensure that community consultation occurred in a manner that was culturally appropriate, meaningful, and inclusive of the range of communities involved:

I'd like just so much more time for these things, because if you really ... genuinely and legitimately want something that's fully informed by and created in collaboration with community ... you need so much more time than 12 months ... We've been able to get that extension here or there, but ... if we're running this ad in Bunbury across to Narrogin, in Katanning, around to Manjimup ... how do you do it in 12 months, realistically engage with communities from all of those areas, and make sure that they each have a voice in that process? In 12 months you just you can't. You can't do it, and especially not with two and a half days a week. You know the travel alone just for that consultation process would have taken up all of my time and resources. – Health promotion officer.

While there was consensus that consultation was vital, the time required to seek feedback and approvals often led to delays in meeting project management milestones:

We'd put something together and it was two weeks before it went ... through to the assistant ... two weeks from there before it was in front of the CEO ... then we had to wait for the Cultural Committee to convene. So then it was two weeks before that. And, you know, before we know, six weeks has passed and we finally have a thumbs up of whether we can actually start

editing something ... - Moshi Moshi production manager.

There was a perception that delays were partly attributable to the fact that SWAMS campaign staff had to change perceptions about the importance and relevance of sexual health:

[J]ust constantly having to justify and rejustify why we are doing this work ... I think once people hear the full thing, they're on board. But it's having that conversation every single time ... really slows things down. - Health promotion officer.

SWAMS staff also noted the difficulties associated with finding enough time to devote to the campaign when "everyone's also got other things that they're working on" (nurse practitioner). A lack of staff time and resources was also cited as the reason that some activities included in the original campaign workplan could not be pursued. For instance, SWAMS had an intention of increasing access to condoms in the community by installing condom dispensers at locations commonly frequented by Aboriginal people. However, it was considered that the effort that would be required to monitor, maintain and repair any broken or vandalised dispensers was not "realistic with just the two and a half days that was allocated" (health promotion officer).

Similarly, community education sessions were planned but were not feasible to deliver at the scale that was initially intended. In particular, the health promotion officer felt that, in order to be culturally appropriate, the sessions needed to be led and designed by Aboriginal and Torres Strait Islander people: "I just didn't have access to those resources of staffing to support that" (health promotion officer).

(c) Team dynamics and skill sets

The importance of Aboriginal leadership was also recognised by Moshi Moshi staff who observed that the campaign development "picked up to another level" when the two SWAMS Indigenous outreach workers "got to be the forefront and had more of a voice in the campaign" (Moshi Moshi production manager). Similarly, the nurse practitioner noted that:

“
[W]ithout having Aboriginal staff to work directly on so many aspects of the campaign ... it can't be done.”
- Nurse practitioner.

The male Indigenous outreach worker had trained at the Western Australian Academy of Performing Arts; this experience made him well-placed to develop scripts (including the script for the final campaign concept) and play the lead role in the final advertisement:

[I]f he wasn't available as an internal resource within the organisation, we either would have had to spend a larger proportion of the budget to outsource [script writing and acting] or we just wouldn't have had it. - Health promotion officer.

The Moshi Moshi production manager also noted that "having him as part of the campaign was just like a blessing ... dealing with a trained actor also made the whole process a lot smoother."

The contributions of the two Aboriginal staff were complemented by the skills and experiences of the nurse practitioner and health promotion officer. According to the female Indigenous outreach worker, "I remember sitting around the table, and everybody had an input from their professions ... not just one person had all the things". The team's mix of clinical, creative and community knowledge was considered a strength, and it was observed that "they had such a good relationship" (Moshi Moshi creative consultant).

(d) Relationships with external stakeholders

Relationships with external stakeholders also had a role to play in campaign development and implementation. Notwithstanding project delays, Moshi Moshi found that the television station (GWN) was prepared to honour their original quote for airtime which helped to keep the project within budget.

However, some negative experiences with stakeholders were reported. A new cinematographer needed to be engaged after the original contractor grew impatient with project delays and changes: "They said ... 'You've changed the script how many times? ... I've been waiting a year to do this project?'" (Moshi Moshi production manager). Similarly, negotiations with the radio stations were complicated and protracted, and there was an unwillingness to provide Moshi Moshi with the rates usually available to not-for-profit organisations. The cost was ultimately not considered feasible: "we ended up going Spotify only ... I think maybe an extra 11 to \$15,000 worth of advertising budget we could have fitted in [some radio]" (Moshi Moshi production manager).

Campaign components

Television and YouTube advertisements

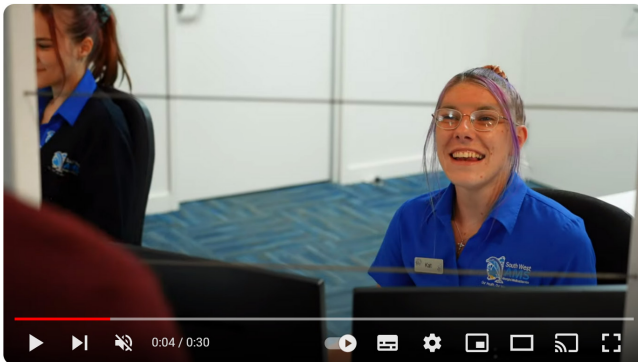
One 30-second advertisement for television and YouTube was created, with the Indigenous male outreach worker playing the role of a person walking into the SWAMS clinic reception area (**Figure 3**).

FIGURE 3. SWAMS television and YouTube advertisement (frame 1)



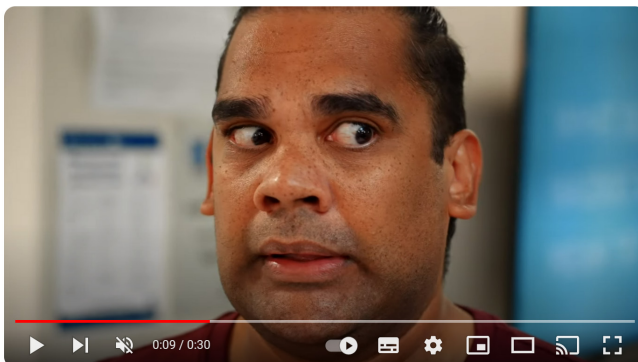
The man appears very nervous as he is greeted by a friendly receptionist (**Figure 4**).

FIGURE 4. SWAMS television and YouTube advertisement (frame 2)



The man panics and the viewer hears a voice over of his internal monologue: "What do I say? She's waiting. Say something!" (**Figure 5**).

FIGURE 5. SWAMS television and YouTube advertisement (frame 3)



Suddenly, the man announces "I need an STI check!" loud enough for the other clients in the waiting area to hear, prompting them all to look over at him (**Figure 6**).

FIGURE 6. SWAMS television and YouTube advertisement (frame 4)



After a brief moment of silence, the clients start to clap and gather around the man who begins to celebrate exuberantly (**Figure 7**).

FIGURE 7. SWAMS television and YouTube advertisement (frame 5)



A woman's voice-over says "Put your mind at ease. Get checked for STIs and BBVs" and the advertisement ends with the SWAMS logo and a campaign website URL for more information (**Figure 8**).

FIGURE 8. SWAMS television and YouTube advertisement (frame 6)



The advertisement was aired 791 times on Seven West Media (GWN network) from April 2023 to 30 June 2023. Almost half (49.66%; n=129,300) of the people living in the South West region had seen the advertisement at least once, and over one-third of the population (35.20%) had seen the advertisement at least three times (Figure 9). On average, each person exposed to the advertisement viewed it an average of 9.5 times.

The advertisement was also featured on YouTube from 10 April 2023. As at 31 August 2023, the advertisement was viewed 311,000 times, with over one-quarter (25.54%; n=79,300) viewing the entire advertisement even after being given the option to 'skip' the advertisement.

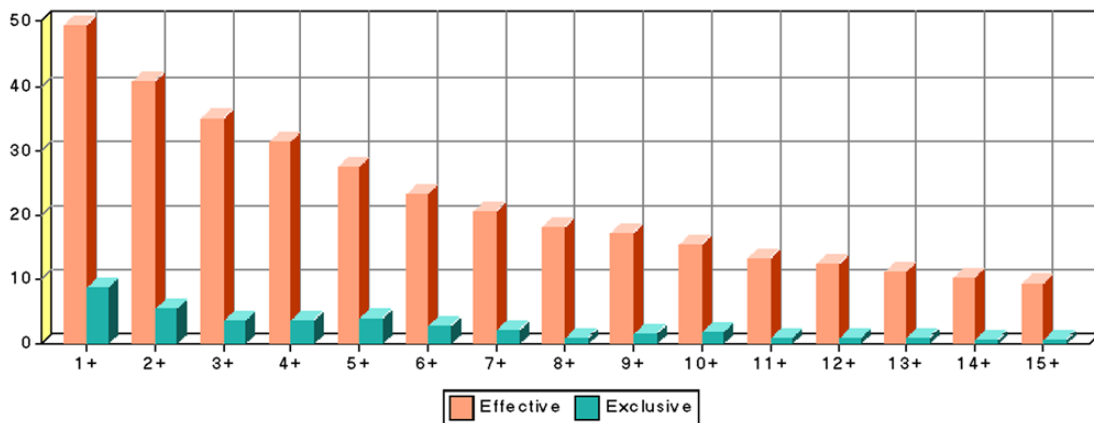
The SWAMS Facebook page also promoted the advertisement in a boosted post on 28 April 2023. As at 30 June 2023, the post reached 842 people and resulted in 3457 impressions, 60 post reactions, and 722 instances of people watching at least 15 seconds of the video ('ThruPlay'). Reach, impressions and ThruPlay by age and gender are presented in Table 2 and show higher reach among women and people under the age of 45 years.

TABLE 2: Facebook metrics for 28 April 2023 post, by age and gender (as at 30 June 2023)

Demographics	Reach	Impressions	ThruPlay
18-24 Women	56	198	37
Men	10	37	3
25-34 Women	176	805	159
Men	33	173	56
Unknown	2	5	1
35-44 Women	227	881	200
Men	44	226	53
Unknown	4	16	1
45-54 Women	156	581	109
Men	10	50	10
Unknown	2	9	2
55-64 Women	75	286	52
Men	10	46	7
Unknown	3	4	1
65+ Women	27	116	29
Men	7	24	2

FIGURE 9. Percentage of South West population reached by advertisement, by number of times the advertisement was seen

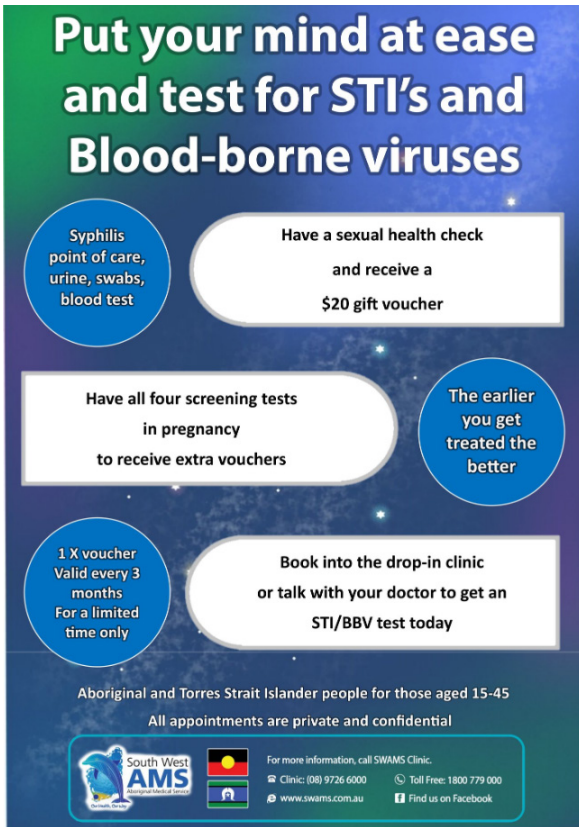
Source: Moshi Moshi (extract from campaign analytics report provided in personal communication, 14 September 2023)



Posters

A poster promoting the SWAMS clinic incentive of a \$20 gift voucher for sexual health checks and extra vouchers for undertaking all four screening tests during pregnancy was designed and displayed in SWAM clinics and at community sites (Figure 10).

FIGURE 10. SWAMS poster



Moorditj Yarns podcast

Three sexual health video 'podcast' episodes featuring SWAMS staff were created. The podcasts were hosted on the campaign website (described on page 18) and YouTube, and promoted on the SWAMS Facebook page through boosted posts (Figure 11). The podcasts adopted a "fun and informative" tone and took the form of panel discussions. Each episode is summarised in Table 3.

TABLE 3: Podcast episode summaries

Episode	Topics discussed
Episode 1 (23 min; 28 seconds)	What is syphilis? Signs/symptoms/consequences Testing (including confidentiality) Treatment Modes of transmission Modes of prevention (condoms, dams, lubricant) Availability of condoms
Episode 2 (35 min; 46 seconds)	Different ways of getting STI tests, including point of care testing Partner notification Confidentiality Treatment Syphilis and pregnancy Chlamydia and gonorrhoea Modes of transmission / myth busting Asymptomatic infections Regular testing practices Modes of prevention
Episode 3 (34 min; 5 seconds)	Consent Respectful relationships

The podcast pages on the campaign website were viewed 114 times by 43 users between 20 February 2023 and 31 August 2023. The average engagement time on the podcast page of the website was 50 seconds. The podcasts were promoted in 11 posts on the SWAMS Facebook page between 4 May 2023 and 30 June 2023.

FIGURE 11: Screenshot of podcast episode 1



Table 4 summarises the reach, impressions and ThruPlay (at least 15 seconds watched) for each post containing a podcast thumbnail and link.

TABLE 4: Facebook metrics for podcast posts (as at 30 June 2023)

Posts containing links and thumbnails promoting podcasts	Reach	Impressions	ThruPlay
<p>4 May 2023 What is syphilis? In this clip from the new "Moorditj Yarns for Everyone" (Episode 1), some of the staff from the SWAMS sexual health team discuss what syphilis is, and their experiences when they first found out about it in the community...</p> <p>See the full episode and episodes 2 and 3 at www.sti.swams.com.au ...</p>	1064	7100	33
<p>25 May 2023 "I NEED TO GET A STI CHECK!" You do not have to say that at reception when visiting a SWAMS clinic, all you have to do is say you would like to make an appointment. Privacy and discretion is very important at SWAMS. Check out the sexual health team discussing how easy, safe, and confidential STI tests are at the SWAMS clinic.</p> <p>See the Full Episode and Episodes, 2, and 3 at www.sti.swams.com.au</p>	1103	4865	1314
<p>2 June 2023 In this clip from "Moorditj Yarns for Everyone," the sexual health team reveals that the health staff at SWAMS keep all their information confidential. Put your mind at ease knowing that SWAMS has client confidentiality at the forefront of all their services.</p> <p>See the Full Episode and Episodes, 2, and 3 at www.sti.swams.com.au</p>	1144	4758	991
<p>6 June 2023 Practicing safe sex and getting tested is easy. Catch the team discussing the importance of open and honest communication around sexual health.</p> <p>See the Full Episode and Episodes, 2, and 3 at www.sti.swams.com.au</p>	1137	4837	705
<p>8 June 2023 Everyone is there to help you become a moorditj and healthier person inside and out. The sexual health team yarn about the amazing and friendly staff at your local SWAMS clinics.</p> <p>See the Full Episode and Episodes, 2, and 3 at www.sti.swams.com.au</p>	760	3921	884
<p>13 June 2023 Free condoms are available at SWAMS clinics. It isn't just up to one person to get condoms, it's both gender's responsibility to keep condoms on them. All genders can carry them, and the best part is they are freely available at your local SWAMS clinics.</p> <p>If you want to find your closest SWAMS clinic head to www.sti.swams.com.au, where you can also view our full episodes of the 'Moorditj Yarns for Everyone' podcasts.</p>	1212	4810	879
<p>20 June 2023 Water-based lubricants help reduce the risk of condoms tearing during sexual activity. This is just one of the many important facts and tips that the SWAMS sexual health team discusses on the 'Moorditj Yarns for Everyone' podcast.</p> <p>See the Full Episode and Episodes, 2, and 3 at www.sti.swams.com.au</p>	6422	14724	1161
<p>22 June 2023 You can have and pass on an STI without even knowing you have one. The two best ways to stay safe are: 1. Use protection during sexual activity (condoms and dental dams are available at SWAMS clinics) 2. Get regular tests (testing and treatment are available at SWAMS clinics)...</p>	2585	4166	1998
<p>24 June 2023 How do you get a test for syphilis? Ask. When you visit your health service, all you have to do is ask if you can get tested for syphilis, and they can add it in as part of any regular testing you might get done...</p>	5502	15372	804
<p>29 June 2023 Point-of-care testing is available at SWAMS. It is as simple as a prick in the finger and 15 minutes later you can have your results. Ask about this during your regular visit, regular testing is important regardless of age or gender.</p>			

NOTE: Missing metrics for one post (15 May 2023) promoting Episode one of the podcast.

Campaign website

A campaign website was developed and promoted in the video advertisement and Facebook posts (Figure 12). The website went live on 20 February 2023 and, as at 31 August 2023, had 304 unique users of which 38 were return users. Table 5 sets out reach and engagement metrics by page, with the homepage and podcast pages attracting the most visits. The 'What is an STI?' and 'Frequently Answered Questions' pages attracted the highest average engagement times.

TABLE 5: Reach and engagement metrics by webpage, 20 February 2023 to 31 August 2023

Page	Views	Users	Average engagement time
Homepage	527	261	0 min; 24 sec
Podcasts	114	43	0 min; 50 sec
What is syphilis?	90	48	0 min; 48 sec
What is an STI?	54	26	1 min; 7 sec
Frequently asked questions	49	22	1 min; 0 sec
Services map	47	29	0 min; 31 sec

Almost half of new users (49.67%; n=151) accessed the website directly, and one-fifth (19.73%; n=60) accessed it through paid searches (advertisements placed on search engine results pages) (Table 6).

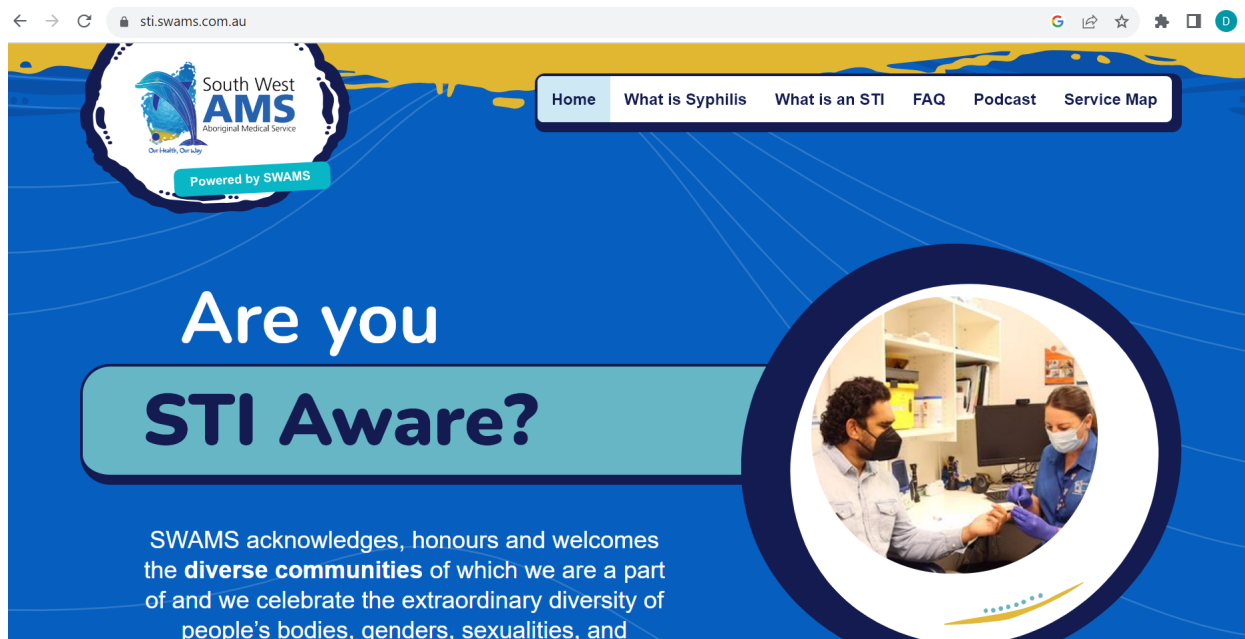
TABLE 6: Number and proportion of new website users by default channel, 20 February 2023 to 31 August 2023

Default channel	Number of new users	% of new users
Direct	151	49.67
Paid search	60	19.73
Organic social	49	15.79
Organic search	26	8.55
Referral	14	4.61
Organic video	4	1.32

Spotify advertisements

Spotify advertisements were purchased to promote the campaign. The advertisements resulted in 29,600 impressions on 3139 users, and yielded 27 'click-throughs' (0.09% click-through rate). Of the impressions, the advertisement completion rate was 81.88%.

FIGURE 12: Screenshot of home page of campaign website



Other campaign activities

No data were provided on the number of condoms distributed during the campaign. Thirty-two community and school education sessions were delivered between January 2022 and June 2023.

Campaign awareness

Thirty-three respondents completed the post-campaign survey, of which 31 were eligible for inclusion. Sixty one percent (n=19) of respondents identified as women/female, 35.48% (n=11) identified as men/male and one (3.23%) identified as another gender. Over half of the respondents (54.85%; n=17) were aged 25-34 years, 32.26% (n=10) were 34-44 years, and the remaining 12.90% (n=4) were 18-24 years.

Recall of campaign

The majority of respondents (86.67%; n=26) reported having "seen or heard any advertisements about syphilis recently" (unprompted recall). When asked to describe the advertisements, 65.38% (n=17) did not provide a description or did not provide adequate information to ascertain whether the advertisements were related to the SWAMS campaign. Over one-third (34.61%; n=9) described the advertisements they had seen as relating to the SWAMS campaign.

When shown screenshots of the campaign (prompted recall), 88.46% (n=23) of the participants who had reported recently seeing/hearing advertisements about syphilis reported having seen some aspect of the SWAMS campaign and, all but one, reported having seen each of the three assets - namely, video advertisement, podcasts and clinic posters.

Recognition of campaign messages

Of the respondents who reported having seen the SWAMS campaign, all (100%; n=23) identified the following messages as relating to the campaign:

- Put your mind at ease, get checked for STIs and BBVs
- Are you STI aware?
- The earlier you get treated, the better.

Twenty respondents (95.65%) also identified the message "Condoms are free at all AMS clinics", and the remaining respondent thought that it was "maybe" a message in the advertisements.

Campaign relevance and salience

The majority of respondents who had seen the SWAMS campaign agreed or strongly agreed that the campaign was relevant to them, culturally appropriate, easy to understand, and attention grabbing (Table 7).

TABLE 7: Responses to statements about the SWAMS advertisements (n=23)

Statement	Strongly agree n(%)	Agree n(%)	Disagree n(%)	Strongly disagree n(%)
The ads are relevant to me	3 (13.04)	16 (69.54)	3 (13.04)	1 (4.35)
The ads were culturally appropriate	4 (17.39)	19 (82.61)	0	0
The ads were easy for me to understand	5 (21.74)	18 (78.26)	0	0
The ads grabbed my attention	8 (36.36)	14 (63.64)	0	0

Outcome and impact evaluation

Objective: Increased knowledge of transmission, prevention and treatment

Of the respondents who reported having seen the SWAMS campaign, all agreed (86.96%; n=20) or strongly agreed (13.04%; n=3) that the advertisements taught them something new. The majority also agreed (65.21%; n=15) or strongly agreed (26.09%; n=6) that the advertisements increased their knowledge of syphilis (n=2 responses missing). A higher proportion of those who reported seeing the campaign answered all STI knowledge questions correctly (65.38%; n=17) compared to those who had not seen the campaign (25.00%; n=1); however the difference was not statistically significant (p=0.125).

Post-campaign responses to STI knowledge questions were also compared to responses collected pre-campaign. Fifty two eligible respondents completed the pre-campaign survey (see **Data Analysis** above for detailed discussion of data cleaning procedures). The majority of pre-survey respondents identified as women (71.15%; n=37; 2 respondents did not state gender). **Table 8** (over page) shows that respondents of the post-campaign survey were statistically significantly more likely to: have heard of syphilis; have heard of chlamydia; know that untreated syphilis in pregnancy can cause harm to the baby; know that syphilis can be treated by medication; and know that condoms can prevent STIs.

TABLE 8: Comparisons of pre- and post-campaign survey respondents answers to STI knowledge and awareness questions

Statement	Pre n (%)	Post n (%)	p-value
Heard of syphilis	39 (75.00)	29 (93.55)	0.034
Heard of gonorrhoea	44 (84.62)	26 (83.87)	0.928
Heard of chlamydia	39 (75.00)	29 (93.55)	0.034
Knew that a person can have an STI but not show any signs or symptoms	42 (84.00)	28 (90.32)	0.419
Knew that if a pregnant woman has syphilis but does not get treatment it can make her baby very sick	34 (66.67)	27 (93.10)	0.008
Knew that testing for syphilis just involves an easy blood test	35 (68.63)	24 (80.00)	0.266
Knew that syphilis can be treated with medicine	33 (64.71)	29 (93.55)	0.047
Knew that using condoms can protect from syphilis and other STIs	38 (74.51)	26 (92.86)	0.047

Objective: Community empowered to confidently discuss sexual health (stigma reduced)

All of the survey respondents who had seen the SWAMS campaign strongly agreed (39.13%; n=9) or agreed (60.87%; n=14) that they "talked about these ads" with friends. Almost three-quarters (73.91%; n=17) of the respondents reported that the ads made them think about "telling family and friends about the importance of syphilis testing" and the same proportion reported that they actually did talk "to family and friends about syphilis" after exposure to the campaign. Respondents who had seen the campaign agreed (69.57%; n=16) or strongly agreed (24.76%; n=5) that the campaign made them "feel confident" to have conversations with others in the community about syphilis (2 responses missing).

Objective: Increased early uptake in prevention/protection methods

Almost half (47.83%; n=11) of respondents who had seen the campaign reported that it made them think about using a condom when having sex.

Objective: Increased testing of sexually transmissible infections and blood-borne viruses

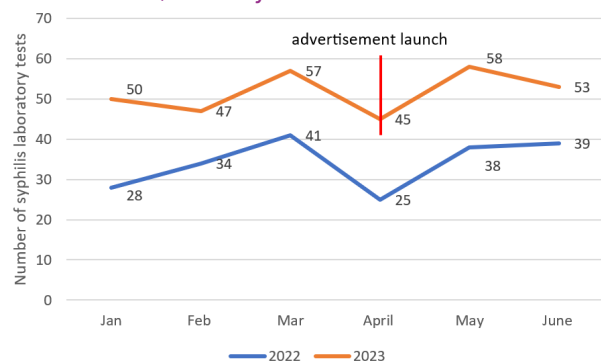
Nine respondents who had seen the campaign (39.13%)

reported that it made them think about getting tested for syphilis, and five (21.74%) reported that it actually led them to get tested for syphilis and other STIs. The majority of respondents who had seen the campaign agreed (60.87%; n=14) or strongly agreed (30.43%; n=7) that it made them feel more confident to get tested (3 missing responses).

However, the pre-campaign survey respondents were statistically significantly more likely to report being "very likely to get tested for syphilis and other STIs" (58.00%; n=29) compared to post-campaign survey respondents (26.67%; n=8) (p=0.001) (see Discussion for posited explanation relating response bias in surveys administered in person).

Figure 13 shows that the monthly number of laboratory syphilis tests ordered by SWAMS between January and June was consistently higher in 2023 compared to 2022; this includes the months preceding the campaign launch. However, the increase in tests between April 2023 (when the campaign was launched) and May 2023 was within two standard deviations (SD=5.28) of the mean (51.66) for January to June 2023.

FIGURE 13: Numbers of syphilis tests ordered at SWAMS clinics, January to June 2022 and 2023



Objective: Reduced incidence and prevalence of syphilis in the South West

Figure 14 (over page) shows that the incidence of infectious syphilis was slightly higher in the South West between January to June 2023 compared to January to June 2022; however, caution is advised in making comparisons due to the small number of cases.

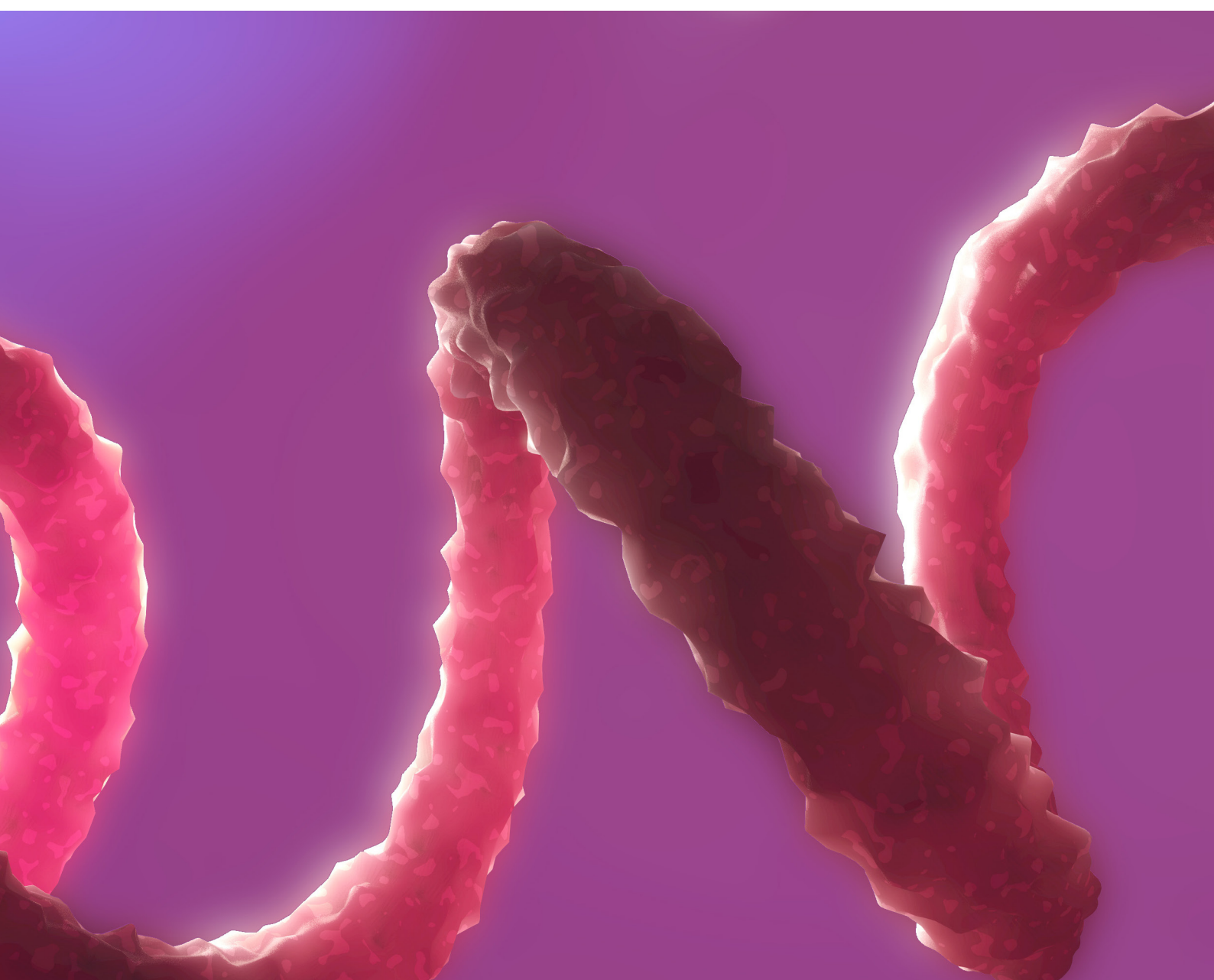
Objective: Eliminate congenital syphilis

No congenital syphilis cases were reported in the South West region between April 2022 and June 2023 (Communicable Disease Control Directorate, 2023; see also Table 9 below).

TABLE 9: Number of infectious syphilis notifications in the South West region by Aboriginality, January to June 2022 and January to June 2023

Source: Supplied 13-09-23 by the Disease Surveillance Program, Communicable Disease Control Directorate, Department of Health WA, using data from the Western Australian Infectious Diseases Database.

Aboriginality	Year											
	2022						2023					
	Jan	Feb	Mar	Apr	May	Jun	Jan	Feb	Mar	Apr	May	Jun
Aboriginal	0	0	0	0	0	0	0	1	0	0	0	0
non-Aboriginal	2	0	0	0	0	0	3	1	1	1	3	0
Total	2	0	0	0	0	0	3	2	1	1	3	0



Discussion

Reach

The SWAMS syphilis campaign achieved wide reach, with the television advertisement being viewed by almost half of the South West population at least once, and over 300,000 views via YouTube and the SWAMS Facebook page as at 30 June 2023. The findings are consistent with the broader literature supporting the use of social media and online platforms as vehicles for communicating and amplifying health messages to large audiences (Lim et al., 2022; Kite et al., 2016). While the SWAMS campaign relied on Facebook and YouTube, there may be potential for wider reach via more contemporary platforms; to date, little research on the utility of more recent social media platforms (e.g. TikTok) has been conducted in an Aboriginal health context.

Engagement

Engagement varied between campaign assets. While over one-quarter of viewers watched the entire YouTube advertisement (even when a 'skip ad' option was available), average engagement time on the the podcast page of the website was low relative to the length of the assets (50 seconds of engagement for episodes which were between 23 and 36 minutes in length). Studies have shown that podcasts can be used effectively to improve health literacy, including sexual health literacy in youth (see Caolite et al., 2023; Porter et al., 2021). Further research is needed to understand the factors influencing Aboriginal youth engagement with podcasts in order to understand whether the medium can be used effectively to build health literacy. Spotify advertisements resulted in low levels of 'click through'.

Recall and perceptions

While post-campaign participants could recall a syphilis campaign, only a small proportion could specifically name the SWAMS campaign. The literature suggests brand recognition takes several years to develop (Braun-LaTour, 2004), or may be affected by the presence of competing campaigns (Lehnert et al., 2013).

However, prompted recall was high, and respondents reported that the campaign was culturally appropriate, attention-grabbing, and easy to understand. The findings reinforce the importance of initial investment in formative research and community engagement (Atkin & Freimuth, 2001; Fagan et al., 2015), which were key aspects in the development of the SWAMS campaign.

Fewer respondents considered the campaign to have personal relevance to them; this is consistent with D'Costa and colleagues' (2022) evaluation of the Young, Deadly, Syphilis Free Campaign which noted "the challenges of developing ads with universal appeal across a non-homogenous group of individuals." SWAMS staff cited resources and time as barriers to conducting in-depth engagement with geographically and culturally diverse communities across the entire South West region. It is important that funders and campaign developers make adequate allowances for the time and costs associated with undertaking the level of community engagement required to design and deliver effective messages to internally heterogenous populations.

Outcomes and impact

Bohren and colleagues (2022) recently noted that, while stigma is well-documented in the existing sexual health literature, "a critical gap remains on effective strategies to reduce stigma". The findings of this evaluation go some way to filling this gap in so far as they show that the SWAMS campaign encouraged community conversations about sexual health and the importance of STI testing. Statistically significant differences in pre- and post-campaign sexual health knowledge were also observed, with post-campaign respondents reporting higher awareness of syphilis testing, treatments and consequences. More research is needed to understand the aspects of the SWAMS campaign which contributed to these conversations; however, the use of humour and local people in Aboriginal campaigns has been shown to be effective for other health issues including smoking (Helfer et al., 2019; Glennie et al., 2022).

The evaluation did not find evidence of increased testing or reduced syphilis incidence associated with the campaign. While SWAMS conducted more syphilis tests in the first half of 2023 compared to 2022, the trend predated the launch of the campaign and may be associated with other activities (such as the introduction of incentives for syphilis testing). Nevertheless, as Vujcich and Roberts (2021) have argued, it is important to avoid conflating 'no evidence of effectiveness' with 'evidence of ineffectiveness'. The SWAMS advertisements did not air until April 2023, and the evaluation period ended on 30 June 2023. As Charles and James (1991) noted in their seminal article on health promotion campaigns, "[w]hat most characterises a campaign is its duration ... a

campaign 'requires comprehensive and coordinated action on a very broad front, sustained over a long period'" (p. 3). Funding for long-term campaigns and ongoing evaluation is needed to build the evidence-base around 'what works' when it comes to achieving Aboriginal health equity.

Limitations

There are a number of limitations associated with this evaluation. The post-campaign sample size was small owing to the difficulties experienced in conducting online recruitment, and some legitimate pre-campaign online survey responses may have been inadvertently excluded in the fraud-detection measures. Furthermore, it has been shown that the anonymity afforded by online surveys can increase respondents' willingness to provide truthful responses in response to sensitive subjects such as sexual health behaviours (Gnambs & Kaspar, 2015); the absence of an online completion method for the post-campaign survey may have resulted in a response bias in relation to questions about testing practices and condom use. The fact that post-campaign survey respondents were recruited directly by SWAMS staff (as opposed to indirect online recruitment) may have also resulted in a post-campaign sample comprising people who were more aware of and/or engaged with SWAMS services. Finally, we observe that women were over-represented in the survey sample. We recommend quotas to increase the diversity of gender in future evaluation activities in relation to this campaign.

Conclusion

The SWAMS campaign achieved substantial reach through platforms such as YouTube and Facebook, illustrating the efficacy of digital media in disseminating health-related messages in South West Aboriginal communities. The campaign's perceived cultural appropriateness and its ability to stimulate community conversation and increase syphilis awareness is demonstrative of the value of community-driven public health initiatives. The broader literature suggests that successful campaigns necessitate holistic, well-coordinated strategies executed consistently over extended timeframes. While more time and investment is needed to understand the campaign's longer-term impact on sexual health, this preliminary evaluation suggests a number of positive short-term outcomes.

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Appendix 1



Curtin University

[PAPER] Community Survey – Campaign PRE-evaluation

Introduction

The purpose of this survey is to get your feedback on the syphilis campaign run by South West Aboriginal Medical Service (SWAMS). The survey is being conducted by the Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN) at Curtin University.

Your participation in the survey is voluntary and you can stop the survey at any time or miss questions. It will take about 10 minutes to complete the survey and your answers will be anonymous; this means you do not need to give your name so no-one will be able to link your answers back to you.

Please answer the questions honestly. If you don't want to take part in the survey or decide to stop completing the survey - nothing bad will happen to you. It's your choice! If you decide to take part in the survey but then change your mind you can withdraw your response by letting a staff member know and they will destroy the survey. You do not have to give us a reason.

To find out more about the survey please read the Participant Information Form provided to you.

- I have read, or had read to me, the Information Sheet and I understand its contents
- I agree to maintain confidentiality of all information discussed during this project
- I believe I understand the purpose, extent, and possible risks of my involvement in this project
- I voluntarily agree to take part in this research project
- I have had the opportunity to ask questions and I am satisfied with the answers I have received
- I understand that this project has been approved by the Western Australian Aboriginal Health Ethics Committee and Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research 2007 (updated 2018).

To take part in the survey, tick on the 'yes' box below. By ticking on the 'yes' box, you agree that you have read and understand the above information.

Yes, I would like to take part in the survey

No → *Thank you for your time*



DEMOGRAPHICS

Q1. Are you an Aboriginal and/or Torres Strait Islander person?

- Yes, I am an Aboriginal person
- Yes, I am a Torres Strait Islander person
- Yes, I am both Aboriginal and Torres Strait Islander
- No → *This survey is about an advertising campaign aimed at Aboriginal and/or Torres Strait Islander people, so we are only collecting data from people who identify as Aboriginal and/or Torres Strait Islander. We are grateful for your time!*

Q2. I am aged between 18 and 45 years

- Yes
- No → *We are only collecting data from people aged between 18 and 45 years of age. We are grateful for your time!*

Q3. How old are you?

____ Years

Q4. How do you describe your gender?

- Man/Male
 - Woman/Female
 - Non-binary/genderqueer/gender-fluid
 - I use a different term (please specify) _____
 - Prefer not to answer
-



STI KNOWLEDGE

Q5. Have you heard of the following sexually transmitted infections? (STIs) (Tick as many as you know)

- Syphilis
- Gonorrhoea
- Chlamydia
- I haven't heard of any of them

Q6. A person can have an STI but not show any signs or symptoms

- True
- False
- I don't know

Q7. If a pregnant woman has syphilis but does not get treatment it can make her baby sick

- True
- False
- I don't know

Q8. Testing for syphilis just involves an easy blood test

- True
- False
- I don't know

Q9. Syphilis can be treated with medicine

- True
- False
- I don't know

Q10. Using condoms can protect yourself from syphilis and other STIs

- True
- False
- I don't know



BEHAVIOUR

Q11. How likely are you to get tested for syphilis and other STIs?

- Very likely
- Somewhat likely
- Not likely

Q12. Where can you go to get tested for STIs?

- I don't know anywhere

CAMPAIGN RECALL AND RECOGNITION

Q13. Have you seen or heard any advertisements about syphilis and/or sexual health recently?

- Yes
- No → *go to end of survey*

Q16. Can you please describe the advertisement you saw/heard?

Q14. Where did you see/ hear this advertising about syphilis and/or sexual health? (Tick as many boxes as needed)

- Television
- Facebook
- Instagram
- Radio
- Posters
- Somewhere else (please specify) _____

Thank you for taking the time to complete this survey

Appendix 2



Community Survey – Campaign POST-evaluation

Introduction

The purpose of this survey is to get your feedback on the syphilis campaign run by South West Aboriginal Medical Service (SWAMS). The survey is being conducted by the Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN) at Curtin University.

Your participation in the survey is voluntary and you can stop the survey at any time or miss questions. It will take about 10 minutes to complete the survey and your answers will be anonymous; this means you do not need to give your name so no-one will be able to link your answers back to you.

Please answer the questions honestly. If you don't want to take part in the survey or decide to stop completing the survey - nothing bad will happen to you. It's your choice! If you decide to take part in the survey but then change your mind you can withdraw your response by letting a staff member know and they will destroy the survey. You do not have to give us a reason.

To find out more about the survey please read the Participant Information Form provided to you.

- I have read, or had read to me, the Information Sheet and I understand its contents
- I agree to maintain confidentiality of all information discussed during this project
- I believe I understand the purpose, extent, and possible risks of my involvement in this project
- I voluntarily agree to take part in this research project
- I have had the opportunity to ask questions and I am satisfied with the answers I have received
- I understand that this project has been approved by the Western Australian Aboriginal Health Ethics Committee and Curtin University Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research 2007 (updated 2018).

To take part in the survey, tick click on the 'yes' box below. By ticking on the 'yes' box, you agree that you have read and understand the above information.

Yes, I would like to take part in the survey

No → *Thank you for your time*



DEMOGRAPHICS

Q1. Are you an Aboriginal and/or Torres Strait Islander person?

- Yes, I am an Aboriginal person
- Yes, I am a Torres Strait Islander person
- Yes, I am both Aboriginal and Torres Strait Islander
- No → *This survey is about an advertising campaign aimed at Aboriginal and/or Torres Strait Islander people, so we are only collecting data from people who identify as Aboriginal and/or Torres Strait Islander. We are grateful for your time!*

Q2. I am aged between 18 and 45 years

- Yes
- No → *We are only collecting data from people aged between 18 and 45 years of age. We are grateful for your time!*

Q3. I currently live in Bunbury, Busselton, Eaton, Collie, Harvey, Brunswick, Narrogin, Katanning, Manjimup, or an area surrounding these towns

- Yes
- No → *We are only collecting data from people who live in or surrounding one of the towns listed. We are grateful for your time!*

Q4. How old are you?

_____ Years

Q5. How do you describe your gender?

- Man/Male
 - Woman/Female
 - Non-binary/genderqueer/gender-fluid
 - I use a different term (please specify) _____
 - Prefer not to answer
-



STI KNOWLEDGE

Q6. Have you heard of the following sexually transmitted infections? (STIs) (Tick as many as you know)

- Syphilis
- Gonorrhoea
- Chlamydia
- I haven't heard of any of them

Q7. A person can have an STI but not show any signs or symptoms

- True
- False
- I don't know

Q8. If a pregnant woman has syphilis but does not get treatment it can make her baby sick

- True
- False
- I don't know

Q9. Testing for syphilis just involves an easy blood test

- True
- False
- I don't know

Q10. Syphilis can be treated with medicine

- True
- False
- I don't know

Q11. Using condoms can protect yourself from syphilis and other STIs

- True
- False
- I don't know



BEHAVIOUR

Q12. How likely are you to get tested for syphilis and other STIs?

- Very likely
- Somewhat likely
- Not likely

Q13. Where can you go to get tested for STIs?

-
- I don't know anywhere

CAMPAIGN RECALL AND RECOGNITION

Q14. Have you seen or heard any advertisements about syphilis recently?

- Yes
- No → go to question 18

Q15. Can you please describe the advertisement you saw/heard?

Q16. Where did you see/ hear this advertising about syphilis? (Tick as many boxes as needed)

- Television
- Facebook
- Instagram
- Radio
- Posters
- Somewhere else (please specify) _____

Q17. There has recently been a campaign running in our community by South West Aboriginal Medical Service (SWAMS) about syphilis. Here are some images from this campaign

[Image 1]



[Image 2]





[Image 3]

**Put your mind at ease
and test for STI's and
BBV's**

Syphilis
point of care,
urine, swabs,
blood test

Have a sexual health check
and receive a
\$20 gift voucher

Have all four screening tests
in pregnancy
to receive extra vouchers

The earlier
you get
treated the
better.

1 X voucher
Valid every 3
months
for a limited
time only

Book into the drop-in clinic
or talk with your doctor to get an
STI/BBV test today

Aboriginal and Torres Strait Islander people for those aged 15-45
All appointments are private and confidential

**South West
AMS**

For more information, call SWAMI Clinic.
Clinic: 08 9126 6000 Toll Free: 1800 779 008
www.swams.com.au Find us on Facebook

Before today, had you seen these ads before?

- Yes, I've seen image/ad 1, 2 and 3?
- Yes, I've only seen image/ad 1
- Yes, I've only seen image/ad 2
- Yes, I've only seen image/ad 3
- No, I haven't seen either of these ads -> *go to end of survey*
- I'm not sure -> *go to end of survey*



Q18. The messages in the ads were:

	Yes	No	Maybe
<i>Put your mind at ease, get checked for STIs and BBVs</i>			
<i>Condoms are free at all AMS clinics</i>			
<i>Are you STI aware?</i>			
<i>The earlier you get treated, the better</i>			

Q19. Please tell us whether you agree or disagree with the following statements about the ads

	Strongly agree	Agree	Disagree	Strongly disagree
<i>The ads taught me something new</i>				
<i>The ads are relevant to me</i>				
<i>The ads were culturally appropriate</i>				
<i>The ads were easy for me to understand</i>				
<i>The ads grabbed my attention</i>				
<i>I talked about these ads with my friends</i>				

Appendix 3



Interview Schedule for Staff/Stakeholders

(Campaign Implementation)

PIF distribution and consent forms

Introduction and interview/ focus group format

The purpose of this research is to evaluate the Syphilis campaign that was run by SWAMS. As a staff member or key stakeholder who played a role in the delivery of this campaign – this focus group/interview is looking to gain your feedback on the campaign implementation only.

Background Information

- Please describe your current role and responsibilities
- How long have you been in your current position?

- What role did you play in the implementation of the Syphilis campaign?
 - Duties / responsibilities
 - How long you worked on the campaign
 - What experience did you bring to this project?

Overview of main campaign strategies

1. *Social media advertising*
 2. *Google ads*
 3. *Radio ads*
 4. *Blog/written articles*
 5. *Print ads / newspaper*
 6. *Local TV*
 7. *Educational / training sessions*
-
- What do you believe helped with the implementation of the campaign? (enablers)
 - Personal contacts
 - Experience
 - Timing
 - Funding
 - Other support

 - Were some of these strategies easier to implement than others?
 - Why/why not? What factors made some strategies easier or harder to implement than others?

Barriers and challenges

- What challenges or barriers did you experience when implementing these campaign strategies?
 - Funding constraints
 - Topic sensitivity / shame
 - Timing and delays
 - Loss of interest
 - Staff turnover
 - Lack of resources

- What do you think are some solutions to minimising these barriers?

Personal Experience and lessons learnt

- Based on your experience with this campaign, what have you learned about campaign implementation and engaging with Aboriginal communities around sexual health?
- Did you enjoy working on the syphilis campaign implementation?

Moving forward

- Based on what you have experienced and learnt, what would be your recommendations for future sexual health campaign implementation?

- Are there any other campaign strategies you would have liked to have seen implemented or you think would have been successful?

Research outputs

- What would you like to see come from this research project?
- What would be the most useful way for the research team to share the findings from this research project with people working in the sector and the wider community?

- Do you have any other comments or feedback related to the implementation of the SWAMS Syphilis campaign?

Thank you for taking the time to participate in this interview/focus group

About SiREN

SiREN is the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network. SiREN is a partnership between researchers, service providers and policymakers working to strengthen evidence-informed policy and practice in Western Australia.

SiREN aims to:

1. Strengthen the research, evaluation and health promotion skills of people working to promote sexual health or prevent or manage blood-borne viruses.
2. Promote and facilitate opportunities for collaboration between sexual health and blood-borne virus service providers, policymakers and researchers; and
3. Foster links with national sexual health and blood-borne virus research centers and contribute to appropriate national research agendas in order to raise the profile of SHBBV concerns affecting WA.

Contact

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Sexual Health and Blood-borne Virus Program

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