Curtin University

ADULT WATER SAFETY PROGRAM 2023 IMPACT EVALUATION

COLLABORATION FOR EVIDENCE, RESEARCH & IMPACT IN PUBLIC HEALTH

Make tomorrow better.

www.curtin.edu.au

Collaboration for Evidence, Research and Impact in Public Health (CERIPH)
School of Population Health
Curtin University
GPO Box U1987
Perth, WA 6845
Australia
Email: ceriph@curtin.edu.au

Photo by Johnny Cohen on Unsplash

Collaboration for Research, Evidence and Impact in Public Health

The Collaboration for Research, Evidence and Impact in Public Health (CERIPH) (formerly the Western Australian Centre for Health Promotion Research) is a multi-disciplinary research group within the School of Population Health at Curtin University, operating since 1986.

Vision

CERIPH seeks solutions that promote health, prevent disease and protect populations from harm. We build individual and organisational capacity through our partnerships, applied research, education and workforce training. In recognition of the complexity of health and its determinants, our multidisciplinary collaboration provides leadership and evidence to support action across educational, organisational, socio-economic, environmental and political domains to improve population health in our region.

Function

The team has expertise in the development, implementation and evaluation of formative and longitudinal intervention research in key areas such as: early childhood health and nutrition; physical activity and nutrition; alcohol and other drug use; seniors' health; mental health; drowning prevention; HIV and sexual health. CERIPH is a unique research group in that all core staff hold front-line research and teaching positions. The group aims to foster the practice of health promotion by encompassing the nexus between research and practice.

CERIPH has built and demonstrated high-level expertise and research strength in:

- Building sustained partnerships and collaborations with vulnerable and most at risk communities and relevant community, government and private sector organisations
- Health promotion approaches using community and settings-based interventions, peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building
- Promotion and dissemination of evidence-based practice and building practice-based evidence
- Provision of research training and capacity building techniques to undergraduate and Postgraduate students, allied health promotion professionals and community workers.

ABBREVIATIONS

AWSP	Adult Water Safety Program
Ads	Advertisements
BAC	Blood Alcohol Concentration
BOM	Bureau of Meteorology
CERIPH	Collaboration for Research, Evidence and Impact in Public Health
CPR	Cardiopulmonary Resuscitation
DoHWA	Department of Health Western Australia
M	Mean
n	Number
Older cohort	Participants aged 65+ years
RLSSWA	Royal Life Saving Society Western Australia
SD	Standard deviation
SPSS	Statistical Package for Social Science
T1	Time point 1 (baseline)
T2	Time point 2
T3	Time point 3
WA	Western Australia
Younger cohort	Participants aged 45 - 64 years

KEY FINDINGS & IMPLICATIONS

Background

In Australia, people are living longer and have healthier lives than those of previous generations (1). Of note, older adults remain over-represented in local and national drowning events, with 178 deaths from drowning in those aged 45 years plus in 2021-2022 (1). In Western Australia (WA), over the summer of 2022-2023, 57% of deaths from drowning occurred in those aged 35 - 64 years (2). Drowning among older people continues to present an issue for public health.

The WA Adult Water Safety Program (AWSP) implemented by the Royal Life Saving Society Western Australia (RLSSWA) aims to increase knowledge and skills amongst older people aged 45+ years regarding preventing drowning in and around water. It focuses on key drowning trends, risk factors and prevention strategies, swimming ability, water safety and lifesaving skills. One key strategy is the 'Make the Right Call' media campaign (the Campaign). In 2022-23 the Campaign incorporated four Perth-wide radio adverts (boating and lifejackets; fishing and weather; first aid; medication and swimming) and a social media execution consisting of five images portraying the Campaign key messages (take a mate; water and alcohol don't mix; learn CPR; know your ability and check conditions).

This report presents phase three (T3) evaluation findings of the AWSP. Comparisons are made to previous findings from previous evaluations of the first (T1) and second (T2) phases.

Evaluation approach

This evaluation was conducted for the period July 2022 – June 2023 using a population level, cross-sectional online survey and stakeholder interviews. For reference throughout the report, we refer to timepoint one (T1) (Baseline) (October-December 2020) (n=158) before the first wave of the Campaign and timepoint two (T2) (April-July 2021) following the Campaign media wave (n=258). Timepoint three (T3) refers to data collected after the 2022-23 campaign media wave (n=389). Collection protocols required an equal proportion of males and females; an 80%/20% metropolitan/regional split; and a 65%/20%/15% split of age categories (45 – 64 years/65 – 74 years/75+ years). Descriptive statistics summarised: demographics; water-based activity; drowning and water safety; and radio campaign recall. Independent t-tests analysed alcohol consumption. The report summarises current campaign recall and recognition, and key messages, advertising diagnostics, and behavioural intent from T3 participants. Comparisons are made between T3 and both T1 and T2 as well as by age (45 - 64 years and 65+ years), gender (male and female) and country of birth (Australian and overseas-born); however, we report only comparisons of interest.

Interviews were undertaken with stakeholders identified by RLSSWA in November 2022. One-on-one interviews were conducted with stakeholders and explored the following questions: *What do they know?; What is the program value?; Are we connected?* and *Where to from here?.* This report provides a narrative summary with descriptive quotes selected to illustrate the main findings.

Key findings and implications

Survey

Demographics

The data collection protocols were achieved; however, younger and female participants were over-represented. All participants born overseas had lived in Australia for over 10 years, which may present different insights on drowning prevention (3) compared with those from the more recently arrived overseas-born population in WA. There were significant differences in participants' age, location and occupation type when comparing time points. This may be due to the change in sampling and recruitment of participants at T3.

Swim ability & water-based activities

Participants indicated they could swim, although less than half indicated they could do so well. This finding has remained consistent from T1 to T3. There has been an increase in those participants who indicated they could swim >500 metres at T3 (30.1%) compared with T2 (27.5%) and with T1 (25.7%). Although not significant, this finding is a positive shift and highlights the physical benefits of a low-cost, low-impact option such as swimming for an ageing population (4).

Just over one in ten (13.6%) participants reported they had not participated in water-based activities in the past year. This figure doubled since T2; however, it was consistent with T1. Participants indicated they were most likely to swim in a pool at all three timepoints. Relaxing in water entered the top four water-based activities for the first time at T3, while boating was a less popular activity at T3 compared with T2 and T1. Of interest, ocean swimming and fishing did not feature at all; this may be due to the change in recruitment methods and the diversity of the sample. Significantly fewer participants had undertaken formal swimming lessons at T3 (81.0%) compared with T2 (87.2%); a downward shift from T1 (88.6%). Younger participants were more likely to have completed lessons during their school years across all three timepoints. Consistent with previous reports (5) and the literature (2, 6), findings suggest that the target group would benefit from encouragement to continue developing their swim ability and continue to engage in water-based activity safely to preserve their quality of life, health and wellbeing (4, 7).

CPR training was evaluated for the first time at T3. Nine out of ten participants had completed CPR training, although for one-half, that was more than 12 months ago, and there was no plan to requalify. This is potentially an area of exploration as the campaign continues to expand its multi-message mix.

Health & wellbeing

Alcohol consumption was similar at all three timepoints; more than half of the participants at all timepoints reported drinking alcohol at lower risk levels. Male participants had higher AUDIT-C scores than female participants at all time points. Alcohol consumption is an important factor across all age groups for drowning prevention efforts. There is a vital opportunity for RLSSWA to continue to contribute to advocacy strategies focused on the commercial determinants of health (8, 9) and the role alcohol marketing has on the environment in which older adults live, work, retire, and play (8).

Over half of the participants took prescription medication, primarily for one condition only, repeating findings at the two previous timepoints. The younger cohort was less likely to take prescription medication regularly. The influence of prescription medication on drowning risk in this cohort may be under researched, providing an avenue for future focus.

Knowledge

At T3, knowledge questions were specific to the Campaign messages, and only two questions were repeated from T1 and T2. Around two-thirds of all participants identified the correct responses for all questions. Of interest, nine out of ten participants would talk to their doctor about heart conditions and seizures before engaging in activities around the

water, and four out of five would discuss dementia and starting a new medication with their doctor before swimming, linking with Advert 4 - Swimming and Medication. Knowledge of the correct timeframe to requalify for CPR was significantly higher at T3 compared with T2 and with T1; also a pleasing finding as it aligns with the message of Advert 3 – First Aid. Females were more likely to identify the correct time frame to requalify for CPR, and younger participants were more likely to know the need for lifejackets. Like in previous years, sampling bias may influence the findings; however, we anticipate that new sampling methods may have diluted this effect, and we may see Campaign messages contribute to increased knowledge. These knowledge questions should be repeated in future evaluation efforts, acting as a baseline, as there is room for upward movement in knowledge acquisition among older adults.

Risk-taking behaviour

Most participants indicated they had participated in a risky behaviour in the past 12 months, consistent with T2 and T1. A new question was added at T3, exploring if participants had *got into trouble in the water*; most (97%) indicated they had not. Almost all participants at T3 (98.2%) reported they had swum while affected by prescription medication or a medical condition, compared with T2 (66.9%) and T1 (90.8%). We posit participants may have been more likely to self-report medication use as this was a key message of Advert 4 of the Campaign. Male risk-taking behaviour is well documented in the young adult literature (10-12) and consistent with the T3 results, male participants were more likely to swim alone, not wear a lifejacket whilst boating, and go out in poor weather conditions; this has not changed across T1 to T3. Significant differences were observed at T3 compared with T2 in risky behaviour after drinking alcohol between younger and older people. We suggest that future program planning consider the life-stage trajectory and the differing attitudes of older individuals, for example, those who avoid risk and those actively seeking to be a risk-taker (2, 6). Messages targeting alcohol consumption, risk-perception, social norms and the particular behaviours noted above may be of benefit given the redevelopment of the Campaign for the upcoming summer.

Attitudes & beliefs

Nine out of ten participants rated the risk of combining alcohol and prescription medication and then undertaking a water-based activity as moderate or high for people their age. This finding has remained high across all three timepoints. At T3, not wearing a lifejacket while rock fishing or boating was reported as riskier by older people and females. This was also found for females at T2. Older compared to young adults reported unfamiliar locations and no first aid or CPR skills as risky at T3, which were significant findings. Risk-taking is complex, dynamic, and based on situated rationalities and changes throughout life (8, 13). Traditionally, the drowning prevention evidence has focused on risk among males and children. The literature has established that male drowning risk and risk perception are associated with activities described as 'fun' and recreational, involving friends, fishing, and boating (14, 15); this is unexplored with older adults. The literature suggests that young people underestimate the risk associated with aquatic activities and overestimate their coping ability. This partly explains the higher rates of drowning among males and is worth exploring with older adults. As more adults move into retirement and have more opportunities to experiment with activities in and around water, investigating the individual and sociocultural factors contributing to drowning risk for older adults is recommended.

Social norms

Approval ratings for wearing a lifejacket whilst boating across all groups (spouse/significant, friends and children) were similar at T3 compared with T2; however, there has been a decline since T1, which was significant (T3 59.4% v T1 71.6%). Sustained messaging around lifejacket use and cues to action can shift these social norms; therefore, the focus of Advert 1- Boating and Lifejackets should continue; however, the execution could be refreshed. Of interest, approval ratings for *swimming alone, swimming whilst drinking alcohol and swimming in unfamiliar location*s remained constant over the three years. In contrast, *participating in water-based activities whilst drinking alcohol* was less likely to be approved of by spouses, friends or children. Exploring the role of family and peer influence among older adults is a worthy pursuit. Application of a commercial determinants of health lens, specifically examining alcohol advertising featuring waterways and stricter policy regarding control of a watercraft whilst drinking alcohol should form part of planning for the next iteration of the Campaign.

Campaign

Radio advertisements

Two-thirds of the participants remembered seeing any advertising about water safety or drowning prevention. RLSSWA's overall campaign recall was high. In contrast, a minimal number of participants recalled Make The Right Call. However, recognition was slightly higher than at T2 (8.2% v 6.8%). Observing the patterns of recognition over time will be interesting. The literature suggests brand recognition takes several years to develop (16), which appears to be the case with Make The Right Call. Total awareness increased from T2; however, this was lower than anticipated for a state-wide radio campaign. This finding may point to the impact of a more diverse sample in the evaluation, or it may be that the message competes with other drowning prevention messages and does not get the expected cut-through (17).

Half the participants reported that the four radio ads reflected the intended messages. The radio advertising diagnostics are positive and moving in the right direction. Very few participants reported being 'fed up with the radio ads', a new question asked at T3 (14.8%, n=42). Nine out of ten participants enjoyed the ads at both T2 and T3. They commented ads were 'short, down to earth' and 'informative, pertinent and thought provoking'. In addition, participants suggested that the 'rhyming was effective'.

Rhyming is used in radio scripts as a novelty element, which the literature suggests, along with usefulness, are the two key dimensions for creating awareness. However, whilst novelty leads to better short-term ad recall, usefulness leads to better short-term and long-term recall (18). Additional insights on varying the emphasis on execution novelty and message usefulness will be an interesting area to interrogate in the next phase of the radio ad and other media materials.

Social media tiles

Few participants had seen the social media tiles. However, all messages were very well received, and all participants agreed that the images in the social media tiles were easy to understand. However, only half thought the images told them something new, and only two-thirds would talk about the images with their friends. Further investigation of the usefulness of the message (18) and the role of peer influence in older adults should be considered to increase audience engagement and onward message dissemination.

Program Recognition

Program recognition continues to track upward, a pleasing outcome for RLSSWA. Continued investment in community engagement events such as outdoor expos, boating and tackle shops, and public pools has the potential to continue to build brand and program recognition. The use of Facebook and the daily newspaper to increase recognition warrants exploration as part of a multi-medium approach considering the wide span of the age profile of the target group.

Interviews

Knowledge of drowning prevention efforts for older adults varied, and common risk factors were identified. The '*it won't happen to me'* attitude described by interview participants as commonly held by older adults is worthy of further exploration. Noteworthy, the perceived value of older adult drowning prevention programs was high, specifically for the opportunity for social connection with others; this is consistent with the literature (4, 6). Participants highlighted that the capacity to meet the demand for the Aqua Skills 55+ program was a challenge citing workforce, pool space and competing demands (e.g. swim squad schedules). These barriers meant that the opportunity to offer more classes was limited despite demand. There was a varied and strong connection to RLSSWA, as a service deliverer, educator and partner in collecting research and evaluation data for other parts of the aquatic industry. Future opportunities posited by the participants included increasing social media advertising, funding lifejackets for older adults, and increasing the Aqua Skills program in regional WA. These qualitative findings will play a vital role in enhancing understanding of the complexities surrounding older adult drowning prevention in WA. RLSSWA can use these insights to inform the next phase of the 'Make The Right Call' campaign and the overall Program.

TABLE OF CONTENTS

INTRODUCTION

In Australia, drowning among older adults is an ongoing public health concern. Over the last few years, the rate of drowning among older people in Western Australia has been rising. Various factors influence the risk of drowning in adults, including location, swimming ability, pre-existing medical conditions, medications and alcohol use.

The Western Australian Department of Health funds the Royal Life Saving Society Western Australia (RLSSWA) to coordinate the Adult Water Safety Program (AWSP) for adults over 45 years. The program focuses on key drowning trends, risk factors and prevention strategies and addresses swimming ability, water safety and lifesaving skills in the target group. In its current media wave, the program includes a radio campaign, traditional print media advertising and editorials, social media advertising, and a suite of posters. The primary target group for the Adult Water Safety Program is adults aged 45 years and older who reside in Western Australia.

The objectives of the Adult Water Safety Program are to:

1. Increase awareness and knowledge of general water safety and drowning prevention issues (particularly alcohol-related drowning, the impact of pre-existing medical conditions and holiday safety) in adults over 45 years of age in Western Australia;
2. Improve water safety, lifesaving and swimming skills through increased program participation amongst adults over 65 years of age in Western Australia; and
3. Increase knowledge of local water safety and drowning prevention issues amongst regional stakeholders and increase capacity to deliver this information to the community.

The Collaboration for Evidence Research and Impact in Public Health (CERIPH) was commissioned to evaluate the Adult Water Safety Program (AWSP). The project team comprises Dr Justine Leavy, Dr Gemma Crawford and Malena Della Bona. The team was responsible for contracting, ethics, providing direction and feedback on documentation, research and overall project conduct.

This report presents impact evaluation findings for the AWSP for the period July 2022 – June 2023 and provides comparisons with T1 (October – December 2020) and T2 (April – July 2021).

METHODS

Evaluation design

A mixed methods evaluation was used to examine the impact of the AWSP using 1. a cross-sectional survey with the primary target group and 2. in-depth interviews with the secondary target group. Ethical approval for this evaluation was obtained from the Curtin University Human Research Ethics Committee (HRE 2019 – 0349).

Cross-sectional surveys assessed the impact of the '*Make the Right Call*' campaign and awareness and knowledge of general water safety and drowning prevention issues in adults over 45 years in WA. It also explored: demographics; water-based activity; general health and wellbeing; knowledge, attitudes, beliefs and behaviour. During this reporting period, data were collected for timepoint 3 (February – March 2023). Comparisons are made with T1 (October - December 2020) and T2 (April – July 2021).

The interviews sought to answer the following questions: *What do participants and stakeholders know?; What is the program value?; Are we connected?* and *Where to from here?.*

Media waves

The AWSP was launched under the campaign name 'Make the Right Call' in November 2020 using the logo shown in Figure 1.

Figure 1: AWSP 'Make the Right Call' campaign logo

The campaign included traditional print media in the form of radio (Figure 2) and social media (Figure 3) advertising, editorial content and advertising in local community papers and targeted publications such as fishing magazines.

At media wave 1, the radio advertisement (advert) '*Boating and lifejackets*' played on Triple M (FM radio 92.9) from 22 March 2021 until 19 April 2021 and on 6PR (AM radio 882) from 28 March 2021 until 11 April 2021. Posters were used in the Campaign's suite of resources during the first media wave. Eight posters were located at public pools, visitor centres and events attended by the Adult Water Safety program staff, such as the Old4New Lifejacket upgrade events. Similar graphics were used in campaign merchandise and online posts.

Media wave 2 (Summer 2021 – 2022) included two radio ads, '*Boating and lifejackets*' (advert 1) and *'Fishing and weather conditions'* (advert 2), as well as print media and social media tiles. No data collection took place directly after media wave 2.

During media wave 3, four radio ads were included in the campaign '*Boating and lifejackets*' (advert 1), *'Fishing and weather conditions'* (advert 2), '*First aid*' (advert 3) and '*Medication and swimming'* (advert 4). Ads were played on 96fm radio stations between December 2022 and January 2023 (part 1) and again in March - April 2023 (part 2), leading up to the Easter long weekend. Social media data tiles (Figure 3) were used on Instagram and Facebook throughout the media wave. Data was collected after the initial timeframe of media wave 3, before the Easter lead-in.

Figure 2: 'Make the Right Call' radio advertisement transcripts

ADVERT 1 - BOATING AND LIFEJACKETS

Dean and Nick were fishing in their tinny. Dropping a line in while the waves were still mini.
Dean lost his balance, went into the water. Nick acted fast and did what he oughta.
Reaching out to Dean he put out a hand. Dean pulled him in and now the tinny was unmanned.
A passing yacht saved them that day. Wearing lifejackets, floating in the bay.
So when you're out on the water in a boat, kayak or canoe. Always wear a life jacket, it's the right thing to do.

Make the Right Call. Brought to you by Royal Life Saving WA

ADVERT 2 - FISHING AND WEATHER CONDITIONS

By the time Leigh was fifty there was no fish he hadn't caught. He could chuck a line in without giving it much thought.
By the colour of the water he knew just what to bait. And dinner was always ready at a quarter past eight.
One day Leigh went fishing in his all-time favourite spot. A crashing wave washed him in ruining the whole plot.
For the first time ever, there'd be no fish that night. So if you're going fishing, check the weather, you'll be right.

Make the Right Call. Brought to you by Royal Life Saving WA

ADVERT 3 - FIRST AID

On a hot summer's day Andy went for a swim. He called a few mates, including his bestie Tim.
Now Tim was a gym freak who kept himself strong. But he never saw the jet ski, and it all went horribly wrong.
Unconscious in the water with no one there to help. For Andy never learned CPR, he was as useful as a bucket of kelp.
Fortunately for Tim a stranger got to him in time. If it wasn't for his quick response, they would've lost Tim in his prime.

Make the Right Call. Learn CPR. Brought to you by Royal Life Saving WA

ADVERT 4 - MEDICATION AND SWIMMING

Mary Sinclairy's health had troubled her of late. Her doctor's advice, time off and medicate.
So together with her son she went down to the local pool. She didn't waste time, the water was cool.
Lap after lap she quickly grew tired. Had she been on Apprentice, she would have been "fired".
Her son on the lawn looked up with a frown. Mary Sinclairy had almost drowned.
So if you're unsure of your health and going out for a dip. Check with your doctor, it's a mighty good tip.

Make the Right Call. Brought to you by Royal Life Saving WA

Figure 3: Make the Right Call – social media tiles 2022-23

Data Collection

Data were collected across three timepoints. Baseline data (T1) were collected in October – December 2020. Timepoint two (T2) data were collected between April and July 2021, while timepoint three (T3) data collection occurred between February and March 2023 following part one of media wave three (Table 1).

Data were collected using online and paper-based surveys at T1, and online only at T2 and T3. Table 1 highlights the key data collection methods. Using snowballing sampling, a Qualtrics survey link was sent to key community organisations across WA to promote within their networks. Organisations included local councils, shires, community health centres, churches, multicultural centres, and sporting clubs. Members were encouraged to forward the link to family and friends where relevant. At T3, social media advertising and emails to people in the target group who had undertaken an RLSSWA training course promoted the Qualtrics survey link. At T3, Qualtrics panels were also utilised for recruitment (n=110). Table 1 outlines data collection methods used by RLSSWA at T1, T2 and T3.

Table 1: Data collection

	Western Australians aged 45 years or older		
	T1 (Baseline)	T2	T3
Recruitment	RLSSWA		RLSSWA & Qualtrics Panels
Incentive	$200 VISA cash card	3 x $100 VISA cash cards	
How	20 minutes online (n=171) & paper based (n= 27) survey	20 minutes online survey	18 minutes online survey
Completion time *	M=21.1 minutes (SD=13.3)	M=20.9 minutes (SD=14.3)	M=13.8 minutes (SD=8.3)
When	05 October – 08 December 2020	15 April – 06 July 2021	19 February – 28 March 2023
Surveys collected	n=198	n=353	n=412
Data analysed	n=158	n=258	n=389

*mean time taken - people who took less than 5 minutes or longer than 1.5 hour (T1 n=13; T2 n=13; T3 n=11) were excluded, with the assumption that they complete less than 60% of the survey or kept their browser open longer than required.

WA population data guided collection protocols, which were: an equal proportion of males and females; an 80% metropolitan and 20% regional split; and representative age categories of 65% aged 45 – 64 years, 20% aged 65-74 years and 15% aged 75 years and older.

Qualitative data were collected from stakeholders identified by RLSSWA. Participants were purposively selected to provide commentary concerning their experiences with RLSSWA. Twenty-seven participants were invited via email to be interviewed about their connection to RLSSWA and the Adult Water Safety Program. A Participant Information Sheet and Consent Form were emailed to prospective participants in November 2022 with a request for a convenient day, time and preferred contact (phone, online or face-to-face).

A total of ten (n = 10) stakeholder interviews were conducted. A single research team member conducted the interviews; they were audio-recorded and transcribed. Respondents were from various occupations associated with the aquatic industry, including swim instructor, aquatic centre managers, maritime managers, and magazine editor. The interviews ranged from 8 – 25 minutes in length.

Measures

Existing scales measured alcohol consumption, campaign awareness and social norms. Table 1 lists measures and describes scoring, analyses and source.

Table 2: Measures - scoring analysis and source

Scoring and analysis	Source
ALCOHOL CONSUMPTION - Alcohol Use Disorder Identification Test - Consumption (AUDIT-C)	
Three questions assess consumption of alcohol (frequency, amount, frequency of high consumption). Scores for each question range from 0 to 4 points, with higher scores equating to higher consumption rates. AUDIT-C scores range from 0 to 12. Risk categories based on Australian guidelines: *low (0-3), higher risk (4+).* AWSP Survey Baseline (T1), T2 and T3 Q44 - 46	Bradley, K. A., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Frank, D., & Kivlahan, D. R. (2007). AUDIT-C as a Brief Screen for Alcohol Misuse in Primary Care. Alcoholism: Clinical and Experimental Research, 31(7), 1208-1217. doi:10.1111/j.1530-0277.2007.00403.x
CAMPAIGN AWARENESS	
Total campaign awareness was calculated as the number of participants who either recalled the advertisement (radio, outdoor execution or traditional media) or recognised the advertisement when prompted (i.e. unprompted recall + prompted recognition). AWSP T2 & T3 Survey QC2, QC3 and OE1	Leavy, J.E., Rosenberg, M., Bauman, A.E., et al. (2013). Effects of Find Thirty every day®: Cross-sectional findings from a Western Australian population-wide mass media campaign, 2008-2010. Health Education & Behaviour. 40(4):480-492. doi:10.1177/1090198112459515
SOCIAL NORMS	
Assesses five program-specific items related to protective and risk-taking behaviour. Participants rate statements from Strongly agree (1) to Strongly disagree (5). Approval groups are based on who might be considered important to participants, Spouse/partner, friends and their children. AWSP baseline (T1), T2 and T3 survey Q36 - 40	Hamilton, K., Schmidt, H. (2013). Critical Beliefs Underlying Young Australian Males' Intentions to Engage in Drinking and Swimming. SAGE Open. 3(4). doi:10.1177/2158244013508959.
TOTAL CAMPAIGN AWARENESS	
Total recall (unprompted): Participants asked, "In the last 6 months, do you remember seeing any ads about water safety or drowning prevention?". Participants are then asked to describe the ads they recall seeing. Recorded as an open-ended verbatim response that is coded as "yes" for recalling MTRC advertisements or "no" for recall unrelated to the advertisement. Recognition (prompted): Participants asked; Have you seen the following ads?". Categorical response recorded as "yes" or "no". Total awareness: Calculated as the total number of individuals who either recall the advertisement (total recall) or recognize it when prompted (i.e., "total recall" + "recognition"). AWSP Survey (T2 & T3) QC1, QC2 and QC3	Leavy, J.E., Rosenberg, M., Bauman, A.E., et al. (2013). Effects of Find Thirty every day®: Cross-sectional findings from a Western Australian population-wide mass media campaign, 2008-2010. Health Education & Behavior. 40(4):480-492. doi:10.1177/1090198112459515

Other scales used included:

Water-based activity undertaken: Adapted from McCool, J., Ameratunga, S., Moran, K., & Robinson, E. (2009). Taking a risk perception approach to improving beach swimming safety. International Journal of Behavioral Medicine, 16(4), 360.

The interview schedule was designed to assess the impact indicators as outlined in the evaluation program logic model (to assess stakeholder awareness and knowledge of intended behaviours of key drowning prevention issues and trends) and the relevant program objective: to increase knowledge of local water safety and drowning prevention issues amongst stakeholders and increase capacity to deliver this information to the community.

Changes to survey

There is some minor variation between the survey questions used at T2 and T3. Table 2 outlines the changes and associated rationale for modification.

Table 3: Variations between T3 and T2 surveys

T3 Question	*T2 Question*	*Rationale*
WATER-BASED ACTIVITY		
Q21. In the past 12 months, what water-based activities have your participated in? None Pool swimming Swimming at the beach River, dam, or lake swimming Relax in water - e.g. spa Fishing and rock fishing Boating Recreational boating activities e.g. wakeboard, water-ski , jet ski Surfing, bodyboarding, windsurfing or kitesurfing Snorkelling Scuba diving or free diving Stand up paddle board, canoe or kayak Playing water sports e.g. water polo Other Select (1); not selected (0)	Q21. In the past 12 months, what water-based activities have your participated in? None Pool swimming Ocean swimming in flat water Swimming at the beach Ocean swimming in rough water River, dam, or lake swimming Relax in water - e.g. spa Fishing from a boat and rock fishing Fishing from the shore Fishing from the rocks Boating Recreational boating activities e.g. wakeboard, water-ski , jet ski Surfing, bodyboarding, windsurfing or kitesurfing Snorkelling Cliff jump into water Scuba diving or free diving Windsurfing or kitesurfing Stand up paddle board, canoe or kayak Playing water sports e.g. water polo Other Select (1); not selected (0)	Simplified response options.
Removed	Why did you participate in these water-based activities? Health and fitness Recreation Social activity Work-based activity Other selected (1) not selected (0)	Reduce survey length.
Q49. Have you ever completed Cardiopulmonary Resuscitation (CPR) training? Yes, within the last 12 months (1) Yes, more than 12 months ago (2) No (3) Don't know/unsure (4)	Not in T2 survey	Not previously captured. CPR is a main campaign message.
Q50. In the next 3 months, do you plan on participating in CPR training? Yes (1); No (2); Don't know/unsure (3)	Not in T2 survey	
HEALTH AND WELLBEING		
Removed	How true are the following statements about you? If someone opposes me, I can find the means to get what I want. It is easy for me to stick to my aims and goals. I am confident that I could deal efficiently with unexpected events. Thanks to my resourcefulness, I know how to handle unforeseen situations. I can remain calm when facing difficulties because I can rely on my coping skills. I can usually handle whatever comes my way. In the past week, on how many days have you done a total of 30 minutes or more of	Reduce survey length.

T3 Question	T2 Question	Rationale
	physical activity, which was enough to raise your breathing rate? Not at all true (1), Hardly true (2), Moderately true (3), Exactly true (4)	
Removed	Q43. In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your breathing rate? none (0), 1 day (1) - 7 days (7)	
KNOWLEDGE		
Removed	Q25. If you are in a boat that capsizes you should… swim away as fast as possible (0); stay with the boat unless it's headed for a hazard (1)	General drowning prevention knowledge score questions removed and replaced with questions related to the campaign messages.
Removed	Q27. Is it safe to fish alone? Yes (1); Sometimes (2); No (3)	
Removed	Q28. Public swim pools are the safest place to swim. Is this statement true or false? True (1); False (0)	
Removed	Q30. Is it safe to swim alone? Yes (1); Sometimes (2); No (3)	
Removed	Q31. What do you think are the main reasons people your age drown? Open ended	
Removed	Q32. Here are some potential drowning risk factors. Please rank the factors most likely to impact the drowning in <u>people your age</u> with 1 being 'most likely' and 8 being 'less likely'. Pre-existing medical conditions and associated use of medications Participating in water-based activities (eg boating, swimming) alone Alcohol use during water-based activities Not using a lifejacket whilst on a boat Being unfamiliar with water conditions Poor fitness/being unfit Being born overseas Poor swimming skills	
Q51. What is the best way to get weather and condition information prior to and/or during water activities such as fishing, boating or swimming? Bureau of Meteorology website (bom.gov.au), television or radio reports (1) Weather based online apps (e.g. Deckee, WillyWeather). (2) Look out to the water and assess the weather and conditions when I arrive (3)	Not in T2 survey	
Q52. Is SWIMMING with a Blood Alcohol Concentration (BAC) of 0.05 as dangerous as driving a car with a BAC of 0.05? Less dangerous (3); As dangerous (1); More dangerous (2)	Not in T2 survey	
Q53. Which of the following medical conditions should you talk to your doctor about, before engaging in activities in or around the water? Choose all correct responses. Cardiac conditions (1) Seizures (2) Dementia (3) Starting a new medication (4)	Not in T2 survey	

T3 Question	*T2 Question*	*Rationale*
A tummy bug (5) A sore throat (6)		
Q54. Is DRIVING A BOAT with a BAC of 0.05 as dangerous as driving a car with a BAC of 0.05? Less dangerous (3); As dangerous (1); More dangerous (2)	Not in T2 survey	
RISK-TAKING BEHAVIOUR		
Q23. In the last 12 months, have you: Gotten into trouble in the water Participated in leisure activities (e.g. boating, fishing, swimming, etc.) in or around water alone. Participated in activities in or around water after having consumed alcohol. Participated in water-based activities whilst impaired by prescription medication. Participated in leisure activities on a boat whilst not wearing a life jacket. Participated in water-based activities in poor weather conditions. Yes (1); No (0)	Q23. In the last 12 months, have you: Gotten into trouble in the water because you have overestimated your FITNESS. Gotten into trouble in the water because you have overestimated your SWIMMING ABILITY. Participated in leisure activities (e.g. boating, fishing, swimming, etc.) in or around water alone. Participated in activities in or around water after having consumed alcohol. Participated in water-based activities whilst impaired by prescription medication. Participated in leisure activities on a boat whilst not wearing a life jacket. Participated in water-based activities in poor weather conditions. Yes (1); No (0)	Reduce survey length. Combined reasons why people could get in trouble in the water, as often multiple factors are involved.
ATTITUDES AND BELIEF		
Removed	Q33. Please indicate your level of agreement with the following statements: My swimming skills will keep me safe when in and around water. Others are at greater risk than me when in and around water. My swimming skills means I don't need to wear a life jacket in a boat. The risk of drowning is always in the back of my mind when in or around water. When I go to the beach or pool, I make sure to look out for safety signs. My risk of drowning increases as I age. I would be able to take care of myself in an emergency in or around water. My physical capabilities when in and around water will decrease as I age. My swimming capabilities will be reduced if I take multiple prescription medications. Strongly agree (1) Agree (2) Neither agree nor disagree (3) Disagree (4) Strongly disagree (5)	Reduce survey length. Removed items related to *personal risk assessment* and *water safety measures*. Kept attitudes and beliefs - *risk to people my age.*
Removed	34. Please indicate your level of agreement with the following statements: Drowning is preventable. All children should be taught to swim at school. All people should behave up to date first aid. All people should wear a lifejacket when on a boat. It is okay to drink alcohol whilst participating in water-based activities. All people should be taught water safety skills. A lifejacket is only needed on boats if you cannot swim or the conditions are rough. Comfort and design influences my choice to wear a lifejacket	

T3 Question	*T2 Question*	*Rationale*
	Strongly agree (1); Agree (2); Neither agree nor disagree (3); Disagree (4); Strongly disagree (5)	
SOCIAL NORMS		
Removed	Q37. Using the scale below, how likely are the following people to APPROVE of you... Updating your lifesaving skills? Spouse/significant other Friends Children Very Unlikely (1); Unlikely (2); Neither likely nor unlikely (3); Likely (4); Very Likely (5) NOT APPLICABLE (0)	Reduce survey length. Removed items related to *risk reduction strategies*, as all showed positive responses in previous surveys.
RADIO CAMPAIGN, OUTDOOR EXECUTIONS (POSTERS) AND BEHAVIOURAL INTENT^		
QC3_AD1 – AD4. Have you heard <advert 1,2, 3 and 4> before today? Yes (1); No (2); Don't know/Unsure (3)	QC3. Have you heard this ad before today? Yes (1); No (2); Don't know/Unsure (3)	At T2, question asked about only 1 radio advertisement. At T3 asked about 4 separate radio advertisements
QC4_AD1 – AD4. What are the main messages <advert 1,2, 3 and 4> is trying to tell you? Open ended	QC4. What are the main messages these ads are trying to tell you? Open ended	
QC5. How well do you think any of these ads convey the following messages? Wear a life jacket when boating and fishing. Check local conditions before undertaking water-based activity. Learn CPR. Know the impact of your medical condition on water-based activity. Not at all well (1); Not very well (2); Just OK (3); Very well (4); Extremely well (5)	QC5. How well do you think any of these ads convey the following messages? Wearing a lifejacket when boating is the right thing to do. Not at all well (1); Not very well (2); Just OK (3); Very well (4); Extremely well (5)	Updated to reflect campaign messages reflected in 4 radio adverts during current media wave.
QC6. To what extent do you agree or disagree with the following statements? I enjoyed these ads. These ads told me something new. These ads are relevant to me. These ads are believable. I would talk about these ads with my friends. These ads were easy to understand. These ads grabbed my attention. These ads made me think about the issue of water safety. This type of ad sticks in my mind. I am getting fed up with these ads. Disagree (2); Agree (1); Don't know / Unsure (3)	QC6. To what extent do you agree or disagree with the following statements? I enjoyed these ads. These ads told me something new. These ads are relevant to me. These ads are believable. I would talk about these ads with my friends. These ads were easy to understand. These ads grabbed my attention. These ads made me think about the issue of water safety. This type of ad sticks in my mind. Disagree (2); Agree (1); Don't know / Unsure (3)	Added statement to measure advertising wear out.
QOE3. How well do you think the images convey each of the following messages? Check local conditions before undertaking water-based activity. Don't drink alcohol whilst in and around water. Learn CPR. Know the impact of your medical condition on water-based activity. Do not swim alone. Not at all well (1); Not very well (2); Just OK (3); Very well (4); Extremely well (5)	QOE3. How well do you think the posters convey each of the following messages? Wear a life jacket when boating and fishing. Check local conditions before undertaking water-based activity. Don't drink alcohol whilst in and around water. Learn CPR. Know the impact of your medical condition on water-based activity. Not at all well (1); Not very well (2); Just OK (3); Very well (4); Extremely well (5)	Updated to include the suite of campaign resources used in media wave 3.
QOE4. Where did you see the images? Facebook (1); Instagram (2); Somewhere else (please specify) (3); Don't know/unsure (4)	Not in T2 survey	

Data analysis

Quantitative data were entered into the Statistical Package for Social Sciences version 29 (SPSS v29) and cleaned before analysis. Participants who did not meet the inclusion criteria and those who had not completed 45% of the survey were excluded (n=95).

Descriptive statistics were used to summarise:

- Demographic characteristics - age, location of residence, gender, country of birth, Aboriginal or Torres Strait Islander status, time lived in Australia, education, and employment;
- Water-based activity – swim ability (distance), water activities undertaken, swim lessons and CPR training;
- General health and wellbeing - alcohol consumption and prescription medication use;
- Drowning and water safety related responses - knowledge of drowning risk; attitudes and beliefs towards water safety, risk to people of similar age; social norms and behaviour.
- Radio campaign recall, recognition and awareness; outdoor execution (posters) and program recognition; advertising diagnostics, key messages and behavioural intent

Using SPSS v29 (19), initial analysis compared associations between time points (T3 and both T1 and T2), age (45 – 64 years and 65+ years), gender (male and female) and country of birth (Australian and overseas-born). These have been included in the report where relevant. Age was categorised into three groups for recruitment purposes (45 – 64 years, 65 – 74 years and 75+years) only. For program planning purposes, two age groups (45 – 64 years & 65 years and over) were used in statistical comparisons. Alcohol consumption (AUDIT-C) scores were analysed using independent samples t-tests.

All interviews were audio-recorded and transcribed verbatim and checked by the research team. An inductive approach to thematic analysis was performed using Braun and Clarke's (20) 6 steps for qualitative data analysis. Transcripts were managed using Nvivo (21), which supported analysis to uncover four key themes: Knowledge and perceived value of drowning prevention for older adults; Capacity of stakeholders to participate in drowning prevention for older adults; Connections to RLSSWA; future directions. Descriptive quotes were selected to illustrate the main findings. Quotes are included without identifying features to ensure the anonymity of stakeholders.

RESULTS

SURVEY RESULTS

DEMOGRAPHICS

At T3, the data collection protocols were generally met. However, younger and female participants were over-represented. Age categories at T3 were significantly different from T1 and T2 (Figure 4). The majority of participants were born in Australia (66.3%, n=100), around half of the participants at T3 were university educated (49.6%, n=192), and a third of participants were retired or not searching for work (30.4%, n=117). At T3, there were significant differences in occupation type compared with T2.

Figure 4: Demographics

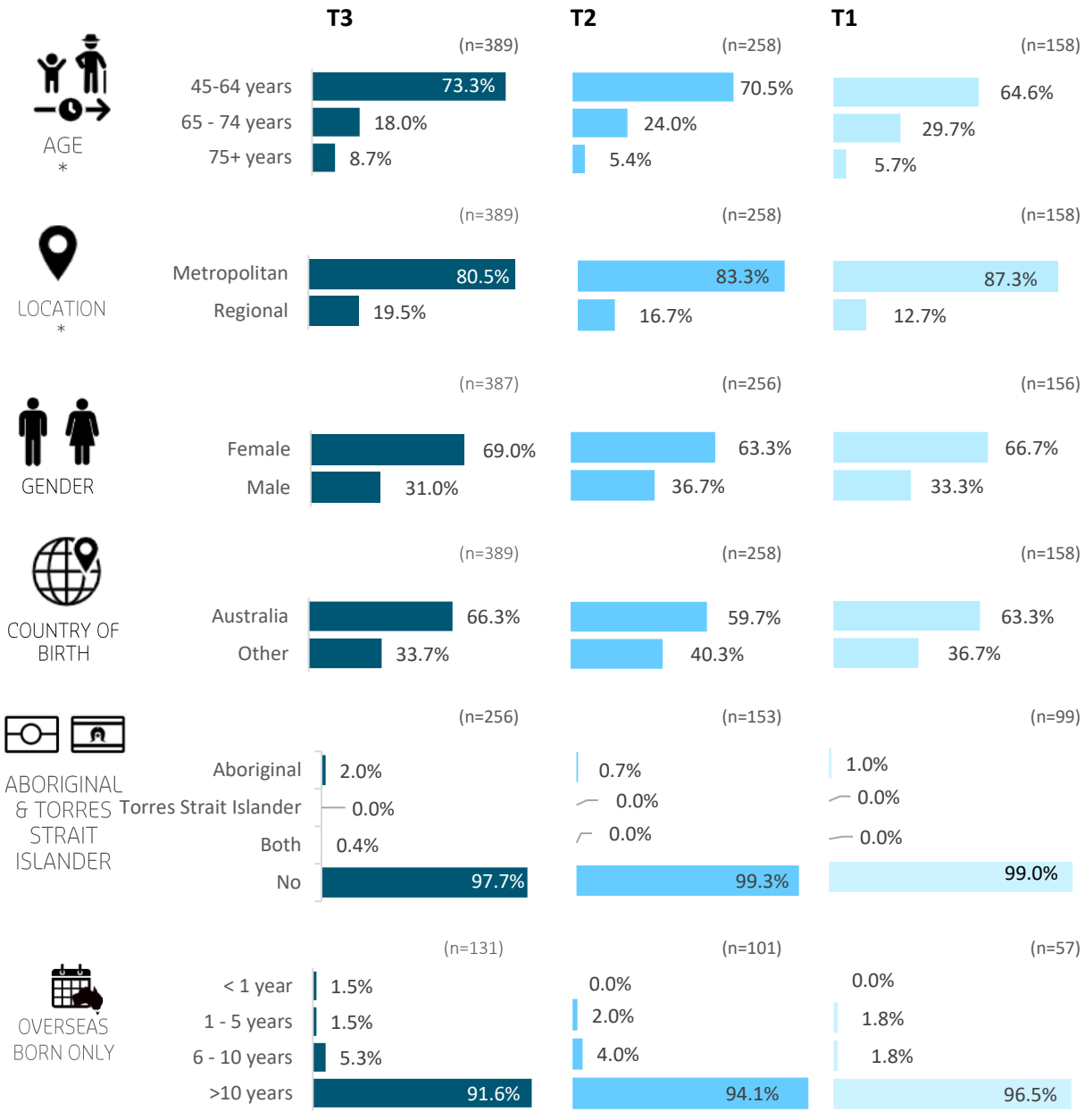
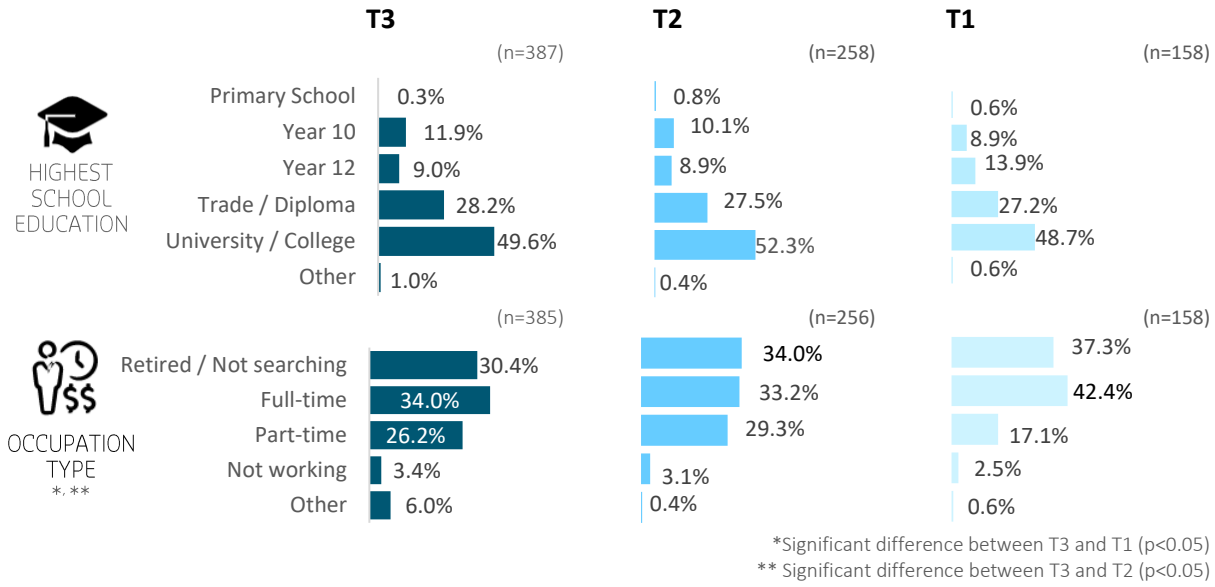


Figure 5: Demographics - education and employment

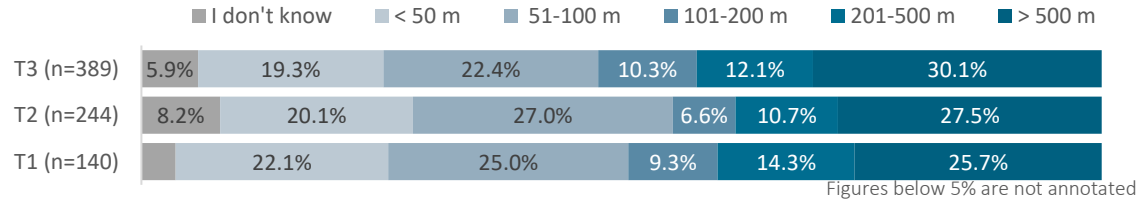


WATER-BASED ACTIVITY

Swim ability

At T3, very few participants indicated they could not swim (2.3%, n=9) (not shown). There was no significant difference between T3 and T1 or T2 in perceived swim ability (distance).

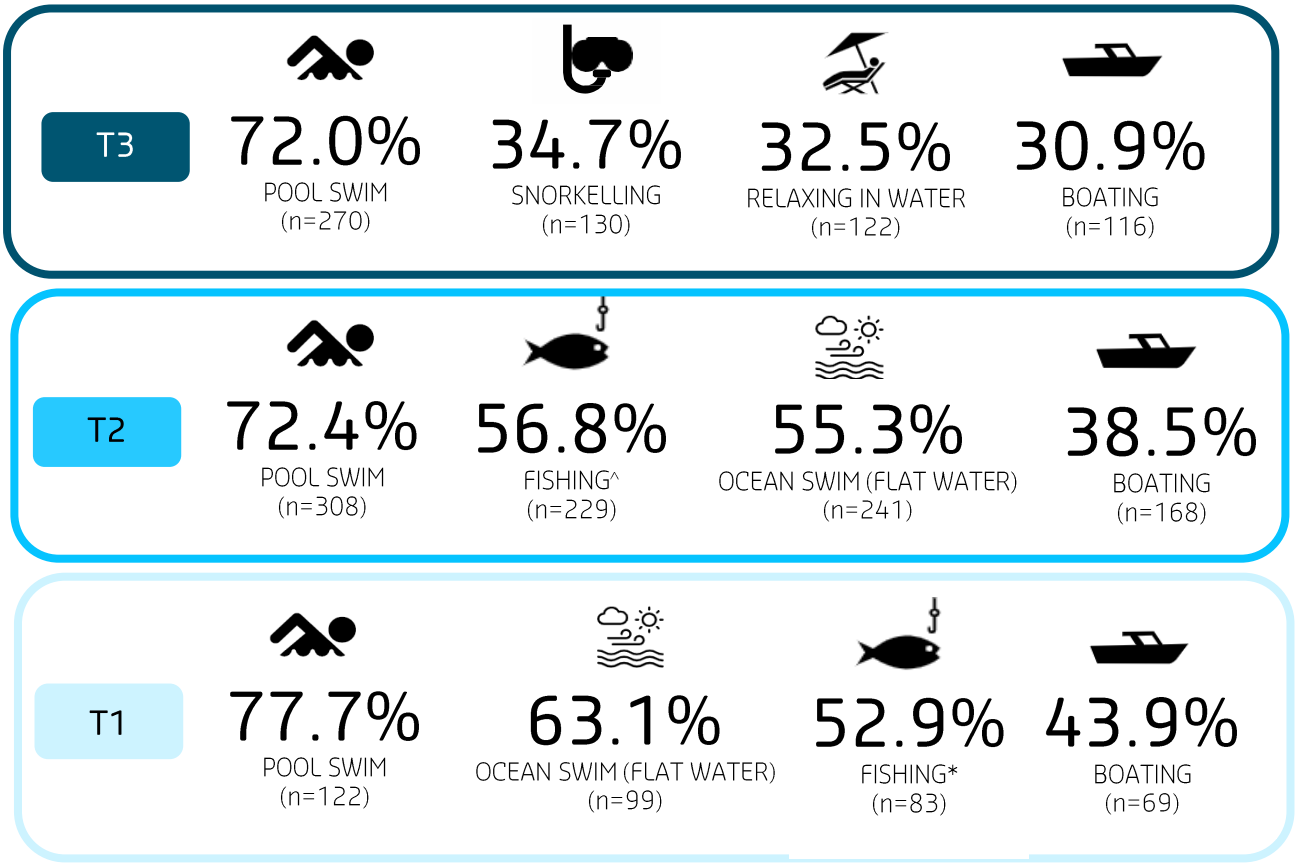
Figure 6: Perceived swim ability (distance)



Water-based activities undertaken

Figure 7 shows the top four water-based activities participants reported undertaking in the past 12 months. At T3, more participants indicated they had not participated in any water-based activities (13.6%, n=51) compared to T1 (9.6%, n=15) and T2 (6.2%, n=16). Figure 7 highlights the top four water-based activities undertaken in the past 12 months at all timepoints.

Figure 7: Top four water-based activities undertaken



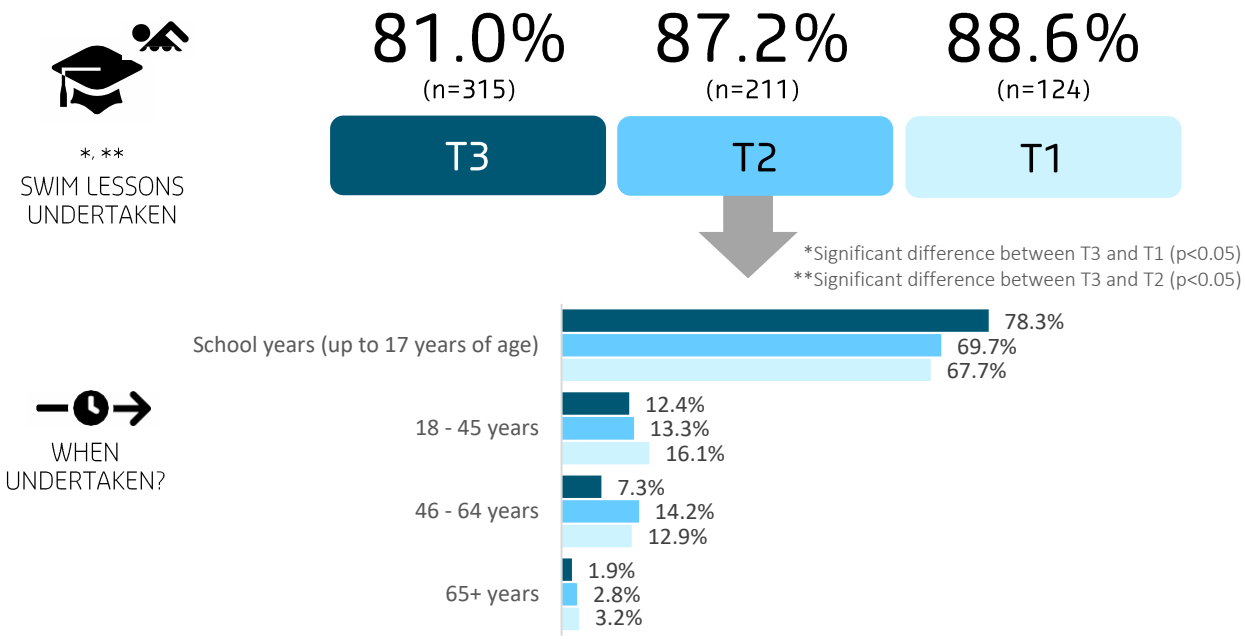
^ includes fishing undertaken from a boat (26.8%), from the shore (18.7%) and from rocks (11.3%)
* includes fishing undertaken from a boat (23.6%), from the shore (19.7%) and from rocks (9.6%)
Multiple response categories (percentage of cases shown)

Other activities included: stand-up paddle boarding, canoe and kayaking (30.9%, n=113); river, lake and dam swimming (22.9%; n=122); surfing and body boarding (14.4%, n=53); recreational boating activities (9.3%, n=35); scuba diving and free-diving (6.1%, n=23), water sports (3.2%, n=12). Ocean swimming and fishing were not reported.

Swim lessons

At T3, significantly fewer participants completed swim lessons than at T1 and T2 (Figure 8).

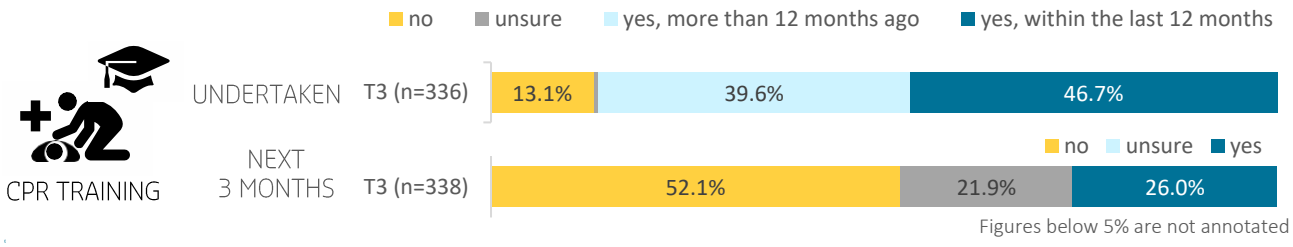
Figure 8: Formal swimming lessons



Cardiopulmonary resuscitation (CPR)

Questions about CPR training were asked for the first time at T3. Almost 9 out of 10 participants indicated they had completed CPR training (86.3%, n=290), and almost half had done so more than 12 months ago (n=133). Around half of the participants indicated they did not plan to undertake CPR training in the next three months (52.1%, n=176) (Figure 9).

Figure 9: Cardiopulmonary resuscitation training - completed and planned

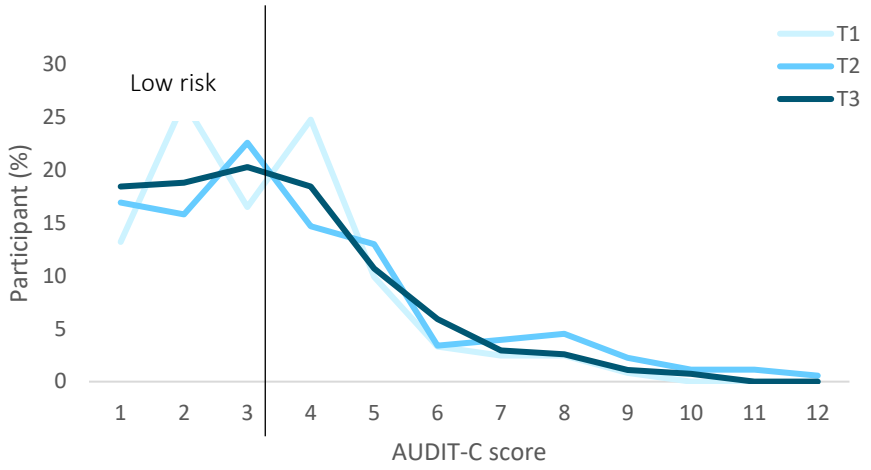


GENERAL HEALTH AND WELLBEING

Alcohol

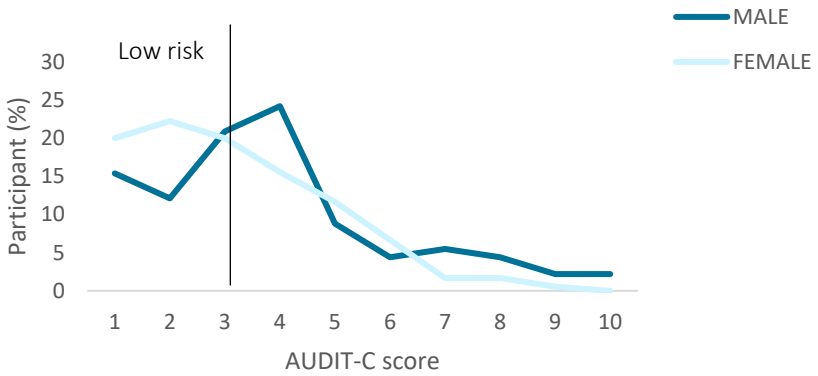
At T3, the mean AUDIT-C score was 3.4 (n=271, SD=1.9). There was no significant difference compared with scores at T1 (n=121, M=3.2; SD =1.7) or T2 (n=177, M=3.8; SD=2.4) (Figure 10). At T3, 4 out of 5 participants reported consuming alcohol at a higher-risk level (42.4%, n=115); this was similar to T2 (44.6%, n =79) and T1 (43.8%, n= 53).

Figure 10: AUDIT-C scores by timepoint (T1, T2 & T3)



At T3, there was a significant difference in AUDIT-C scores when compared by gender (Figure 11). Male participants scored higher (M=3.8, SD=2.2, n=91) when compared to female participants (M=3.1, SD=1.8, n=180).

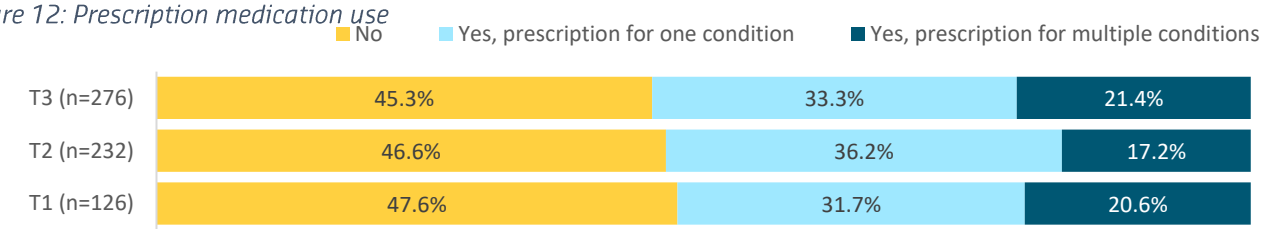
Figure 11: AUDIT-C scored by gender (T3)



Prescription medication

At T3, over half of the participants indicated they used prescription medication (54.7%, n=151. Of those, the majority were taking medication for one condition only (Figure 12). At T3, the younger cohort was significantly more likely to take NO regular prescription medication (50.2%, n=107) than those in the older cohort (28.6%, n=18). This finding was also seen at T1 (56.3%, n= 49) and T2 (56.5%, n =91).

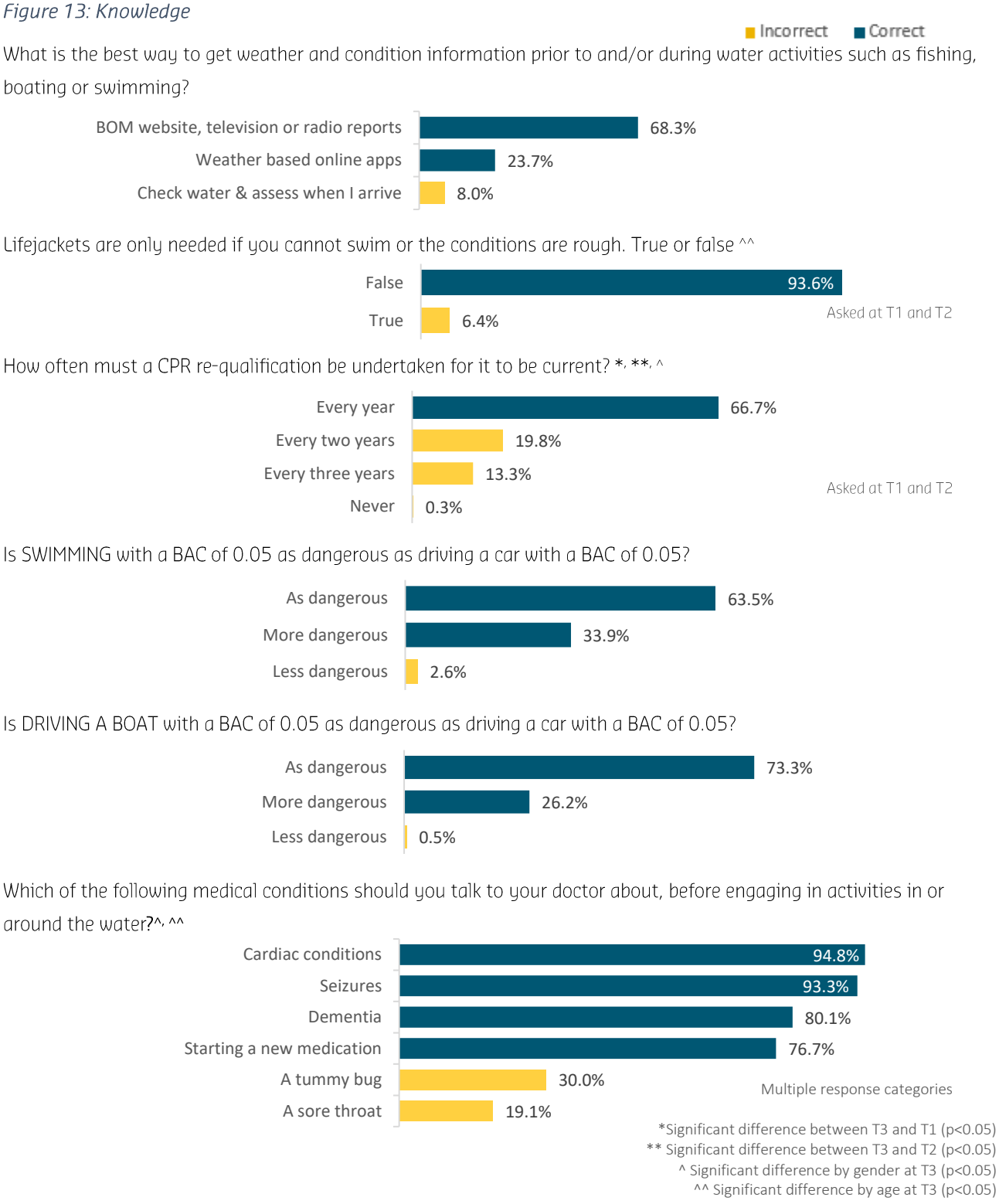
Figure 12: Prescription medication use



KNOWLEDGE

Participants were asked a series of multiple-choice questions to assess their knowledge related to campaign messaging (Figure 13). Only two of the six knowledge questions were repeated from T1 and T2. Significant differences were seen in the knowledge of CPR re-qualification times at T3 (66.7%, n=236) and both T1 (50.6%, n=78) and T2 (58.9%, n=152).

Figure 13: Knowledge



At T3, gender differences were seen in knowledge, with female participants more likely to give incorrect answers for medical conditions: sore throat (female 22.1%, n=59; male 11.7%, n=14); tummy bug (female 31.5%, n=84; male 25.8%, n=31). Female participants were more likely to correctly identify the time between CPR re-qualification (70.5%, n=172) than males (57.8%, n=63).

Older participants were more likely to give incorrect answers regarding medical conditions: sore throat (younger cohort (45-64 years) 16.5%, n=47; older cohort (65+ years) 26.0%, n=27); tummy bug (younger 27.0%, n=77; older 37.5%, n=39). Younger participants were more likely to identify the need for lifejackets (95.1%, n=271) compared to older participants (89.3%, n=92).

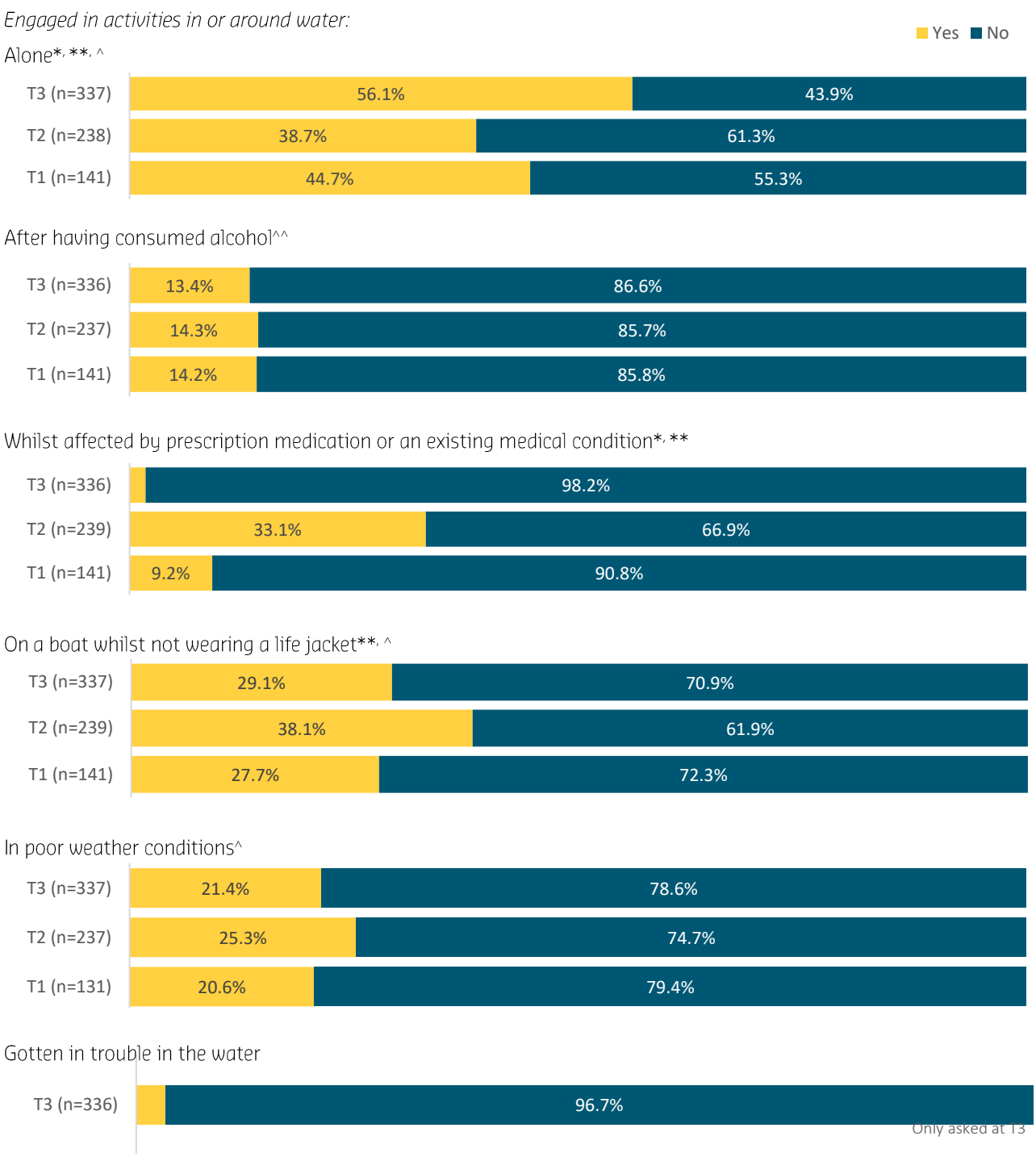
RISK-TAKING BEHAVIOUR

At T3, seven out of ten participants reported participating in risk-taking behaviour in the last 12 months (71.8%, n=242); this was similar to findings at T2 (73.6%, n = 176) and T1 (64.5%, n =91). They were most likely to have *engaged in water-based activity alone* (56.1%, n=189). There were significant differences between timepoints for a number of risk-taking behaviours (see Figure 14). At T3, participants were least likely to report having *gotten in trouble in the water* (3.3%, n=11).

Several behaviours varied by gender. Overall male participants indicated they had *undertaken risk-taking behaviour in and around water* (85.7%, n=84) compared with female participants (66.2%, n=157). At T3, male participants were more likely to indicate they had engaged in water-based activities *alone* (71.4%, n=70*), not worn a lifejacket* (41.8%, n=41) and engaged in activities in or around water *in poor weather conditions* (28.6%, n=28) compared to female participants (*alone* 50.2%, n=119; *not worn a lifejacket* 24.1%, n=57; *in poor weather conditions* 18.6%, n=44). For males, this had increased for *engaged in water-based activities alone* when compared with T2 (54.8%, n =47) and T1 (54.2%, n =26).

Age comparisons at T3 showed a significant difference in *consuming alcohol*, with younger participants more likely to report this behaviour (15.5%, n=40) than those who were older (6.4%, n=5). For comparison younger participants reported this behaviour at T2 (16.4%, n=28) and at T1 (17.7%, n=17) but were not significantly different from older participants (T1 6.7%, n=3; T2 9.1%, n=6).

Figure 14: Current risk-taking behaviour

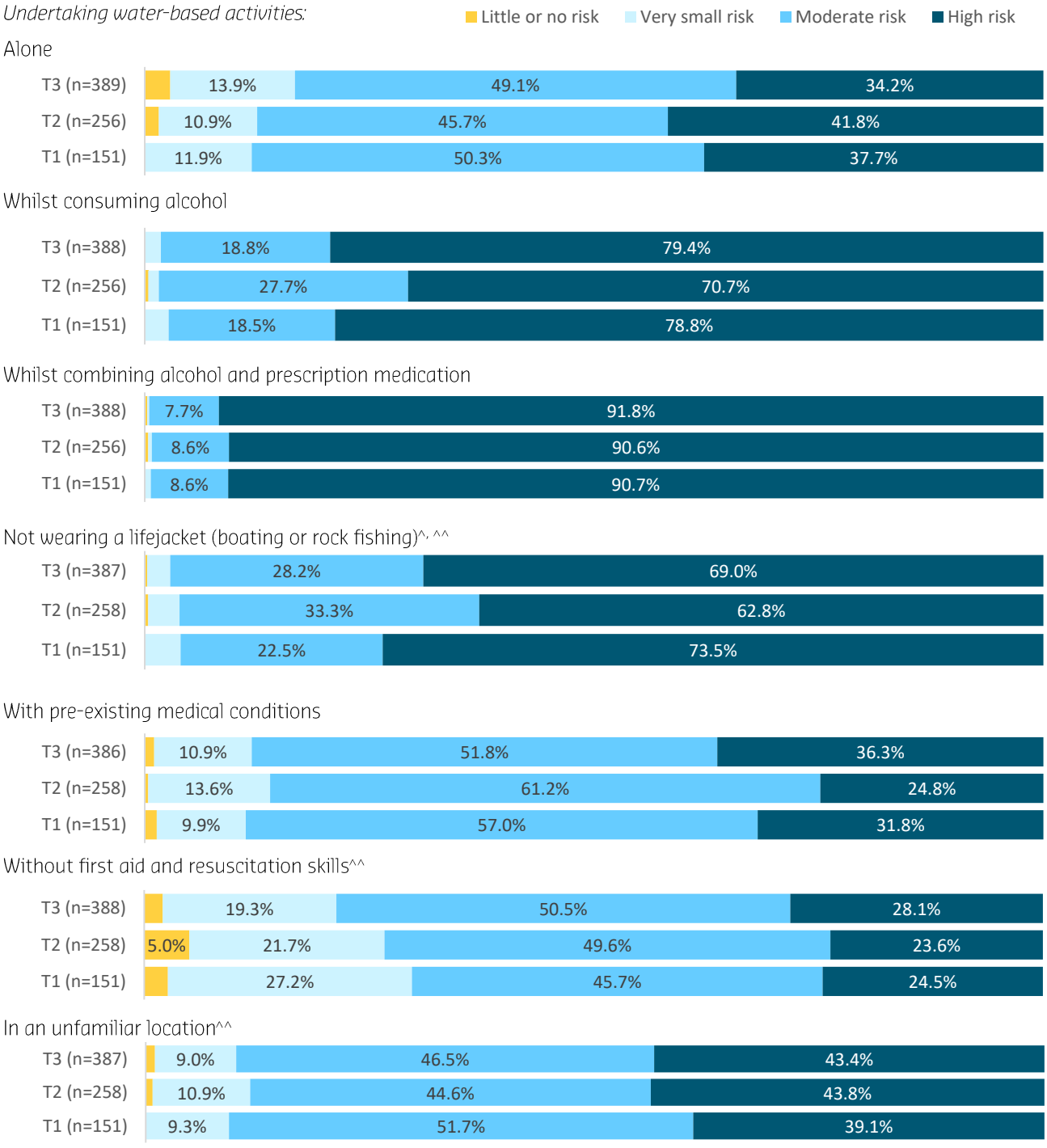


Figures below 5% are not annotated
*Significant difference between T3 and T1 (p<0.05)
**Significant difference between T3 and T2 (p<0.05)
^Significant difference between gender categories at T3 (p<0.05)
^^Significant difference between age categories at T3 (p<0.05)

ATTITUDES & BELIEFS

Almost all participants considered risk-taking behaviours moderate to high risk for people their age (Figure 15). At T3, there were significant differences by age. Older participants were more likely to see actions as high risk for undertaking water-based activities without a lifejacket (younger cohort 64.4%, n=183; older cohort 81.6%, n=84), without first aid or resuscitation skills (younger cohort 24.6%, n=70; older cohort 37.9%, n=39) and at unfamiliar locations (younger cohort 37.9%, n=108; older cohort 58.8%, n=60). Differences by gender were also observed for high risk when not wearing a lifejacket (male 58.3%, n=70; female 74.0%, n=196).

Figure 15: Attitudes and beliefs - risks for people your age



Figures below 5% are not annotated
^Significant difference between gender categories at T3 ($p<0.05$)
^^Significant difference between age categories at T3 ($p<0.05$)

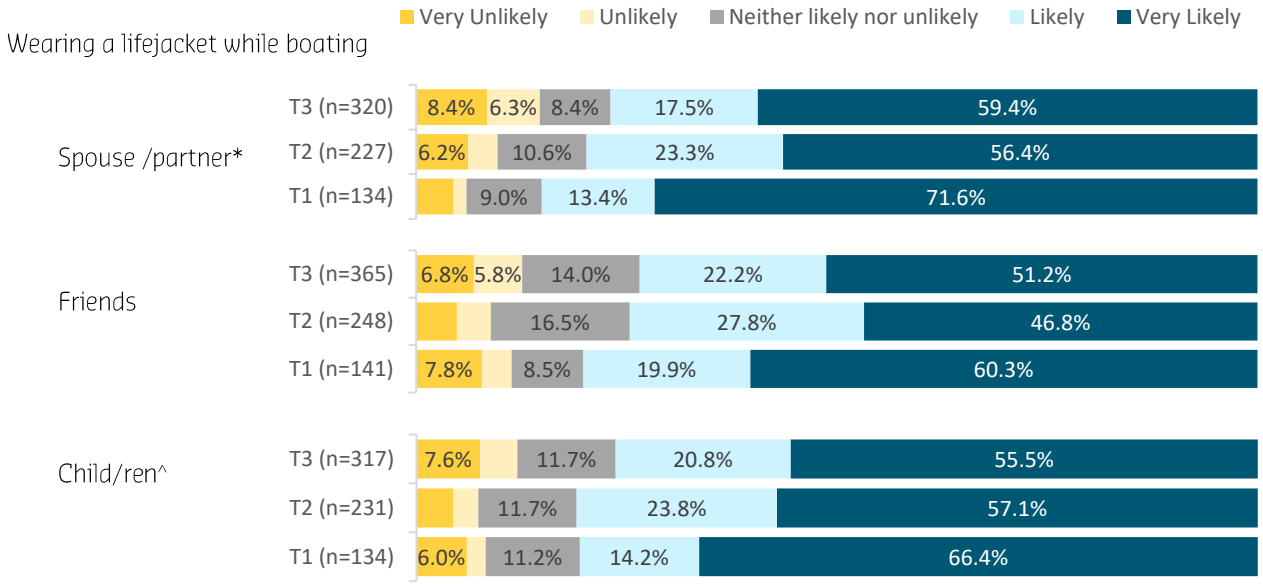
SOCIAL NORMS

Participants were asked to rate how likely it would be that other people (their significant partner or spouse, friends and children) would approve of them undertaking particular protective (Figure 16) and risk-taking behaviours (Figure 17).

Protective behaviour

When asked about wearing a lifejacket whilst boating, most participants agreed their spouse, friends and children were likely or very likely to approve. There were significant differences between spouse very likely to approve when comparing T3 (59.4%, n=190) with T1 (71.6%, n=96). At T3, older participants also indicated that their children were more likely to approve of them wearing a lifejacket (65.9%, n=58) compared to younger participants (51/5%, n=118).

Figure 16: Social norms - protective behaviour



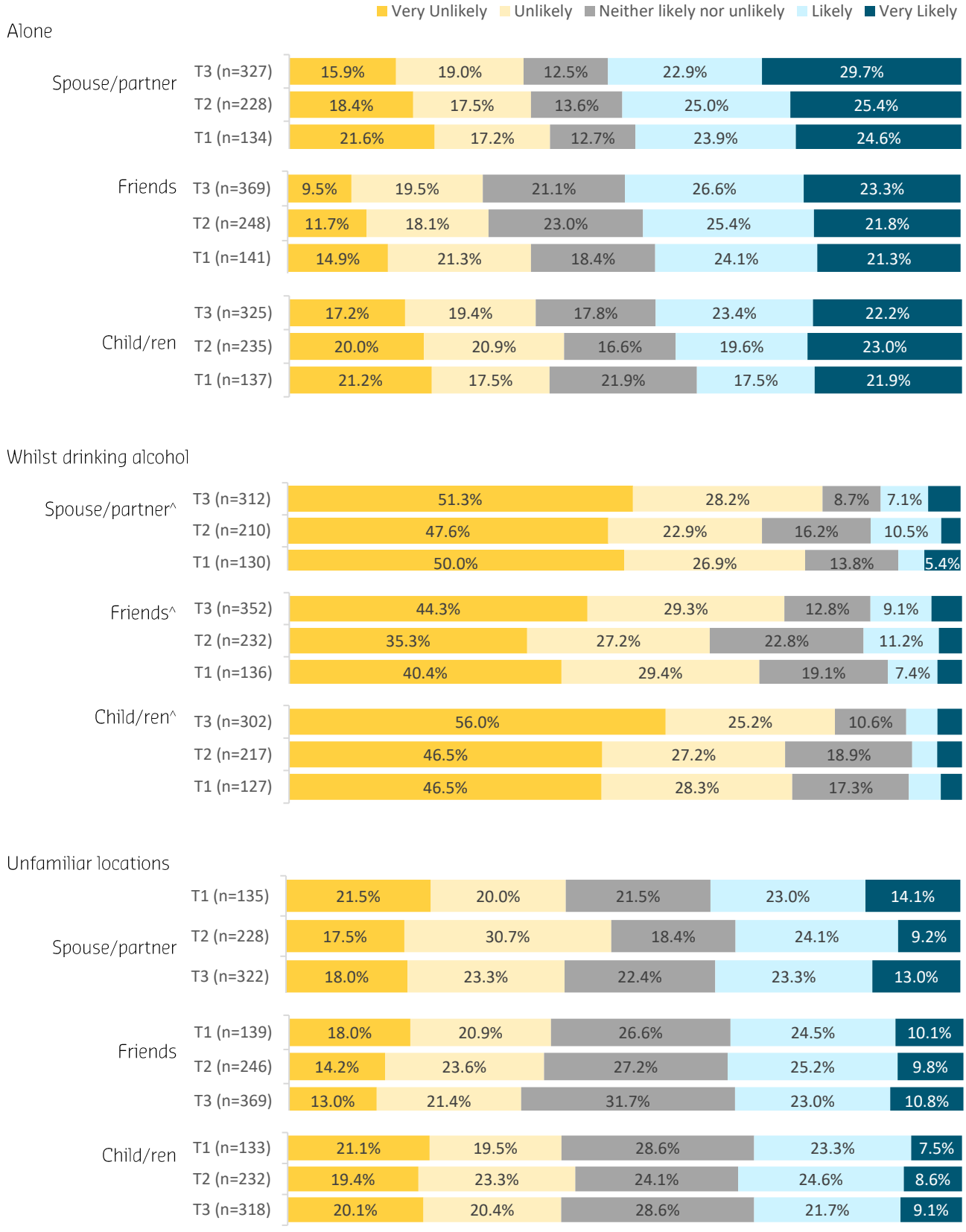
*Significant difference between T3 and T1 ($p<0.05$)
^Significant difference by age at T3 ($p<0.05$)

Risk-taking behaviour

Social norms were explored for three risk-taking behaviours: participating in water-based activity alone, whilst drinking alcohol and in unfamiliar locations. At all timepoints, responses were more evenly distributed from *very unlikely* to *very likely* for *participating alone* and *in unfamiliar locations*. *Participating whilst consuming alcohol* was less likely to be approved of by spouses, friends or children. No significant differences were seen between timepoints. At T3, significant differences were seen in age, with older participants considering their spouse, friends or children very unlikely to approve of drinking alcohol whilst undertaking water-based activity (spouse 64.0%, n=48; friends 50.0%, n=46; children 63.0%, n=51) compared to younger participants (spouse 47.3%, n=112; friends 42.3%, n=110; children 53.4%, n=118).

Figure 17: Social norms - risk-taking behaviour

Participating in water-based activities:



Figures below 5% are not annotated

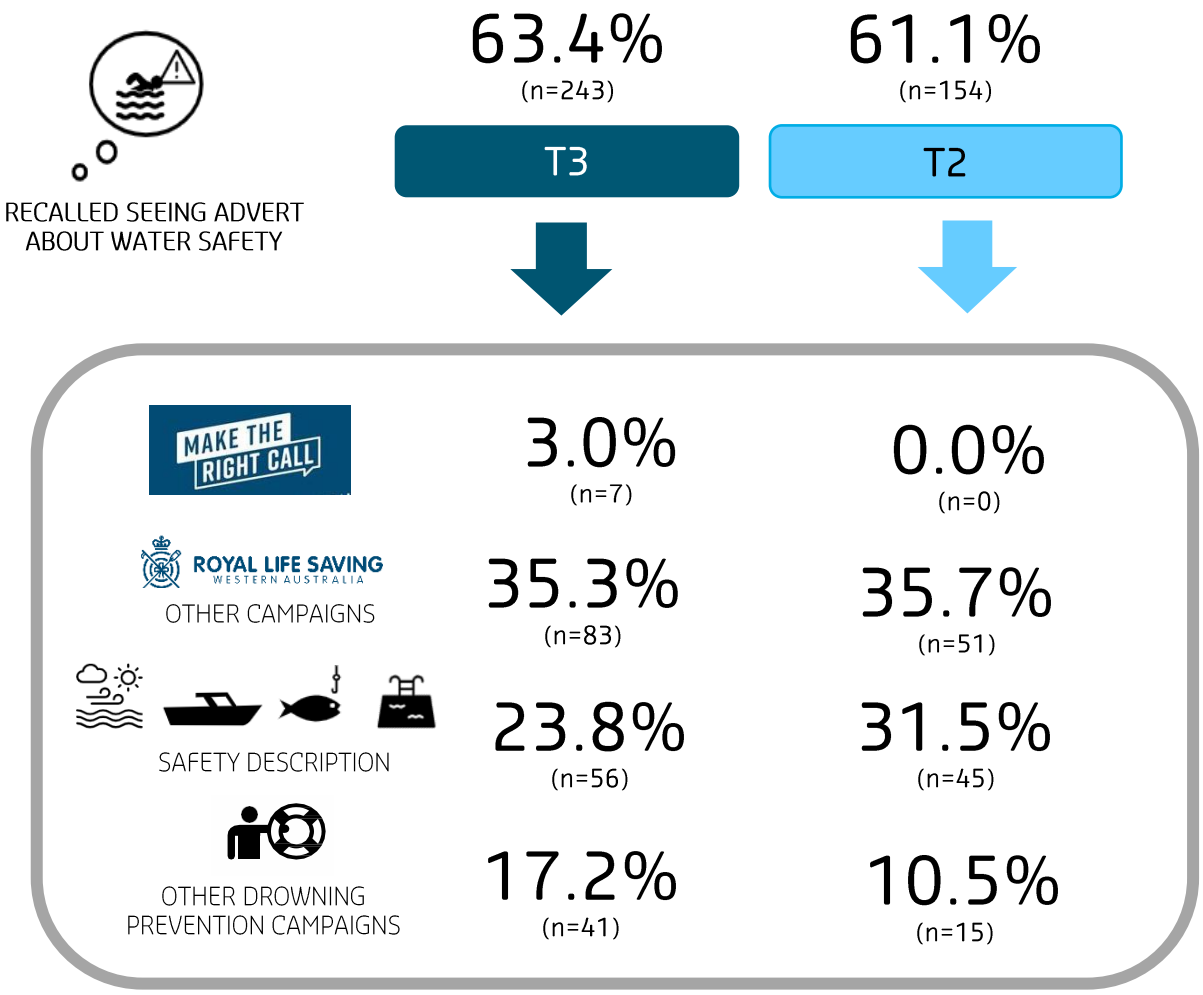
^Significant difference by age at T3 ($p<0.05$)

CAMPAIGN

Radio recall and recognition

At T3, almost two-thirds of participants remembered seeing advertising about water safety or drowning prevention in the last three months (63.4%, n=243). Of those who described the advertising they remember seeing or hearing (n=235), most remembered RLSSWA-specific drowning prevention advertising (35.3%. n=83). Only 3.0% of participants (n=7) recalled the '*Make the Right Call*' radio ads.

Figure 18: Campaign recall



+Multiple response categories (percentage of cases shown). T3 cases (n=235), responses (n=276); T2 cases (n=143), responses (n=158). Figure does not include all description responses.

At T3, of all those asked about seeing an ad (n=243), 0.03% recalled the '*Make the Right Call*' advert (n=7). Figure 19 highlights total recall, recognition and total awareness of the ads included in the *'Make the Right Call'* radio campaign. Total awareness combines unprompted recall and prompted recognition of the '*Make the Right Call*' radio ads. It includes all respondents who recalled or recognised the Campaign.

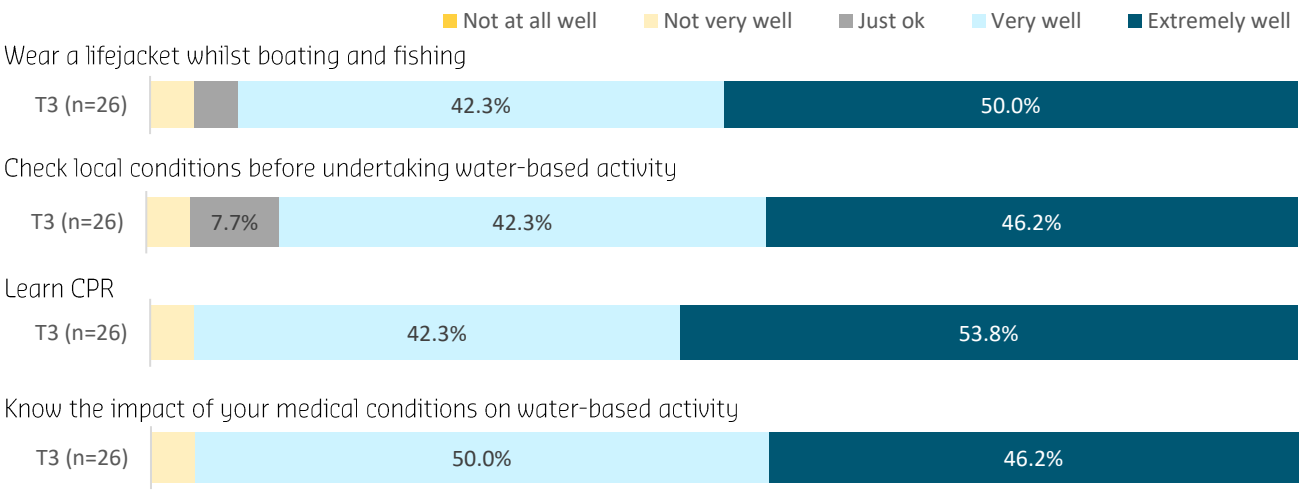
Figure 19: Recall, Recognition and Total Awareness (Radio ad) T2 and T3

	TOTAL RECALL	RECOGNITION	TOTAL AWARENESS
T3 4 ADVERTS	0.03% (n=7)	8.2% (n=28)	8.7% (n=34)
T2 ADVERT 1 ONLY	0.0% (n=0)	6.8% (n=16)	6.2% (n=16)

Radio messages

Most of those who answered this question (n=26) thought the radio advertisements reflected their intended messages (Figure 20).

Figure 20: Message (radio advertisements 1- 4)

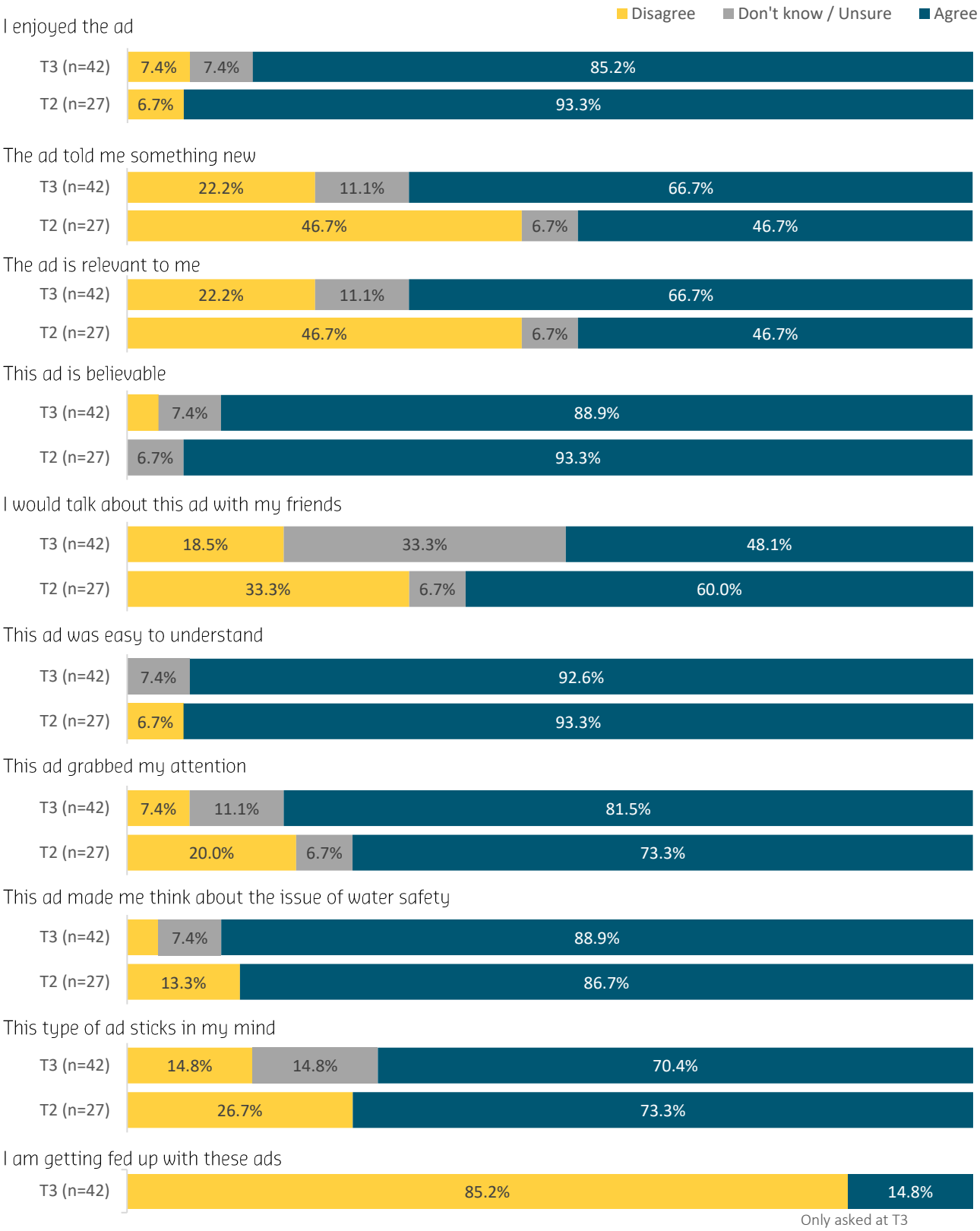


Figures below 5% are not annotated

Radio diagnostics

To evaluate key components of the Campaign execution, those who recognised any radio advertisements were asked whether they agreed or disagreed with a series of statements (Figure 21). At T3, most participants agreed that the ads are easy to understand (92.6%, n=25); made them think about water safety (88.9%, n=24) and are believable (88.9%, n=24).

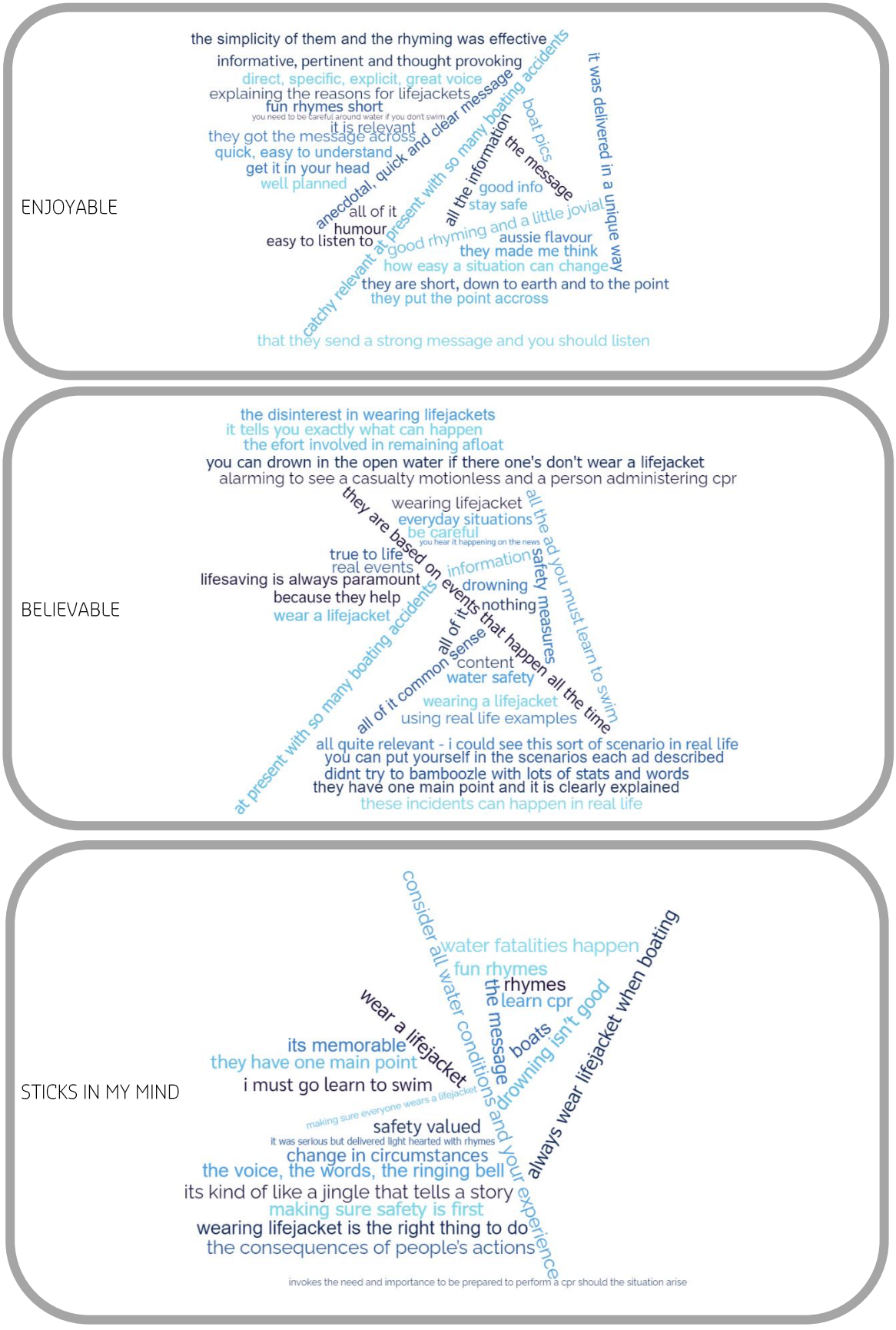
Figure 21: Advert diagnostics (radio ad)



Figures below 5% are not annotated
T3 includes 4 advertisements, T2 includes one advertisement only

Those who responded that they enjoyed the ads, thought they were believable, or thought ads would stick in their minds were asked to describe why. Figure 22 highlights responses in word cloud form.

Figure 22: Why the radio adverts are enjoyable, believable and stick in participants' minds



Figures 23 and 24 highlight where participants heard the radio ad and who they thought was responsible for its development. Almost two-thirds of participants who heard the radio ad identified hearing it on radio station 6PR (61.5%, n=16). Over half of the participants could correctly identify RLSSWA (57.7%, n=15).

Figure 23: Where heard (radio advert) T3

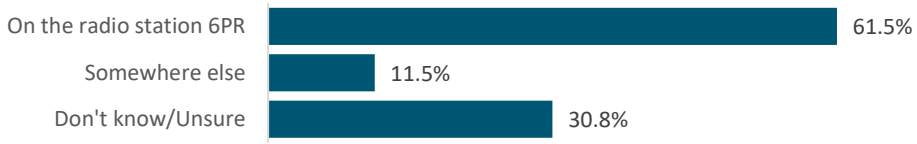
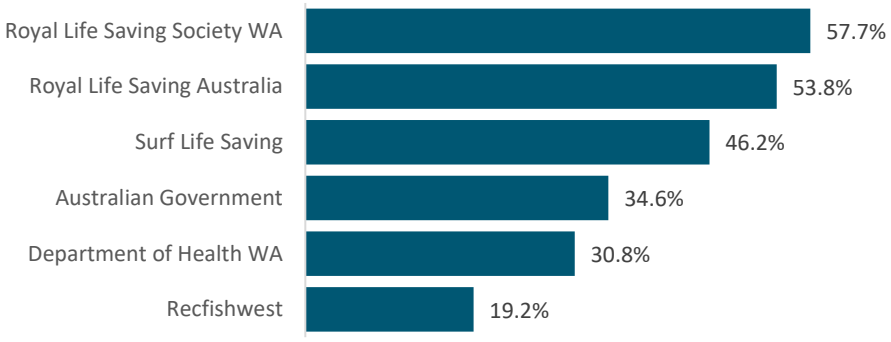


Figure 24: Ad development (radio advert) T3



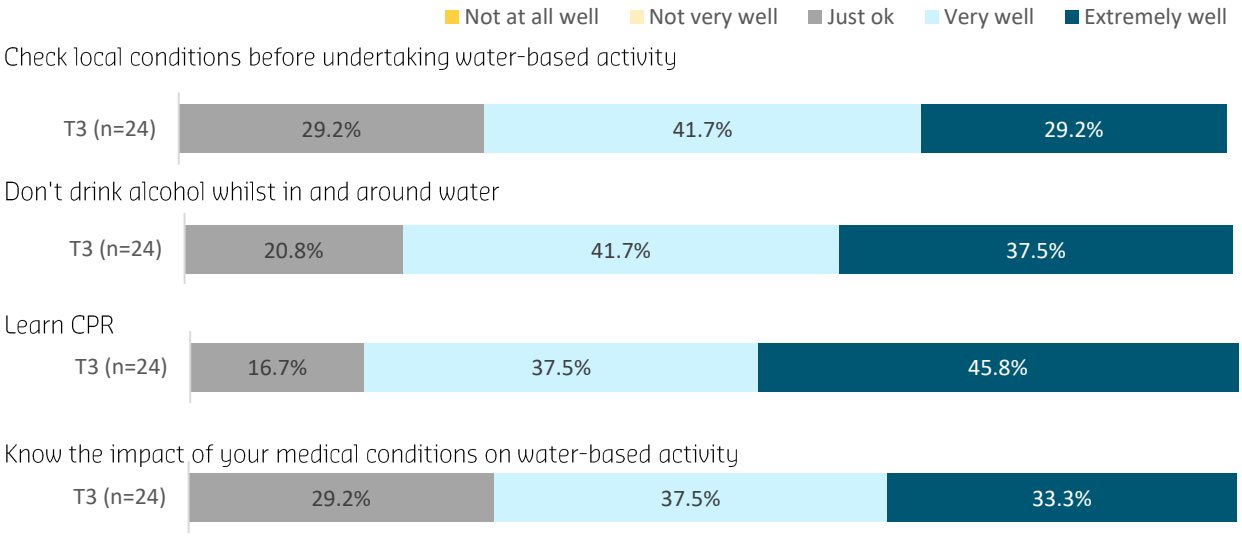
*Multiple response categories (percentage of cases shown) cases (n=26), responses (n=63).

Social media tiles

Participants were shown five images used in the '*Make the Right Call*' campaign's suite of social media tiles. Figure 25 highlights image recognition (6.4%, n=25). When asked whether the image conveyed the main campaign messages, most participants thought they did so extremely or very well (Figure 26).

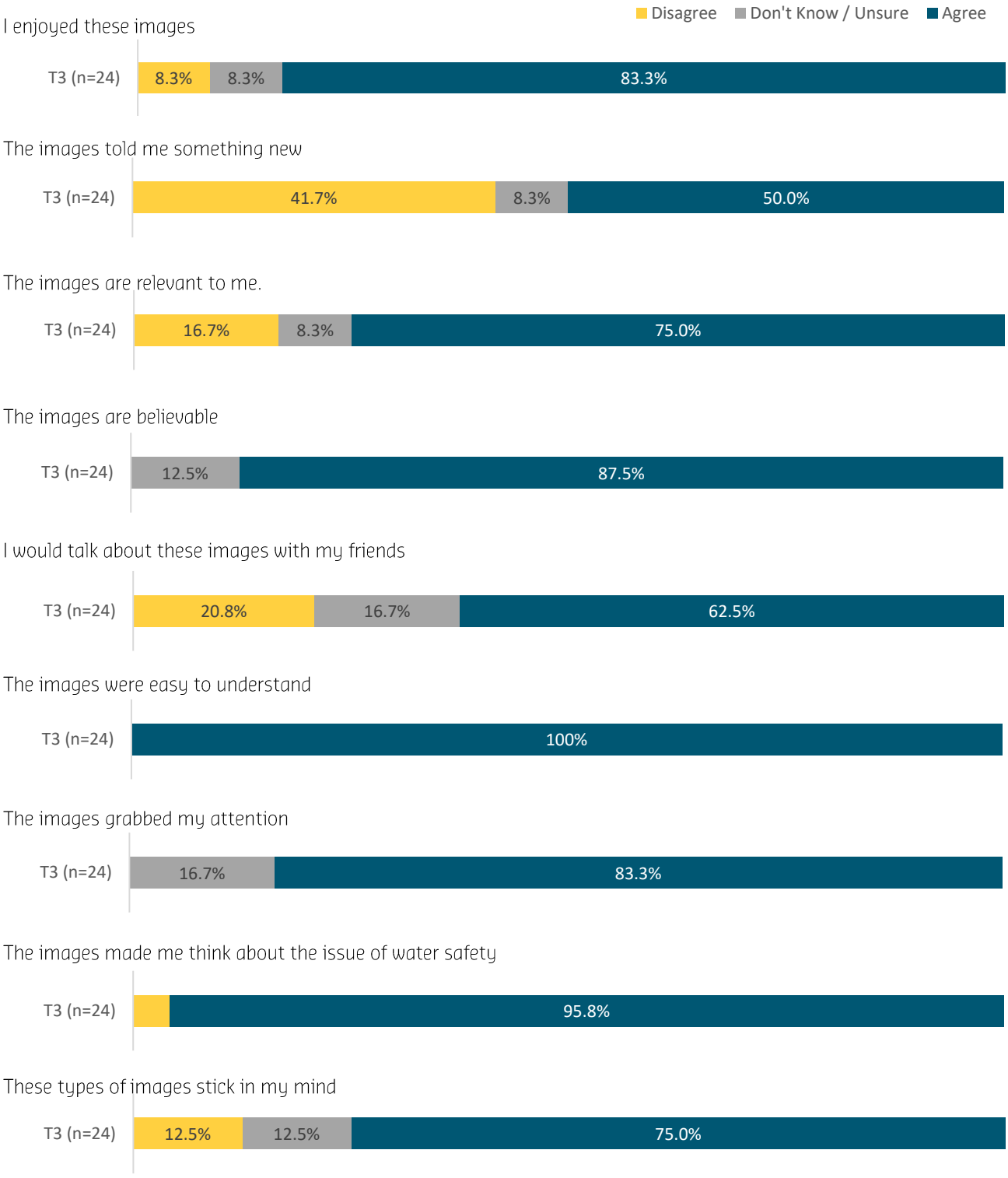
Figure 25: Recognition (social media tiles) T3

Figure 26: Message (social media tiles) T3



Those who recognised the images (n=25) were asked whether they agreed or disagreed with a series of statements (Figure 27). All participants agreed that the images were *easy to understand*. Most participants agreed that the images *made them think about water safety* (95.8%, n=23) and were *believable* (87.5%, n=21).

Figure 27: Advert diagnostics (social media tiles)

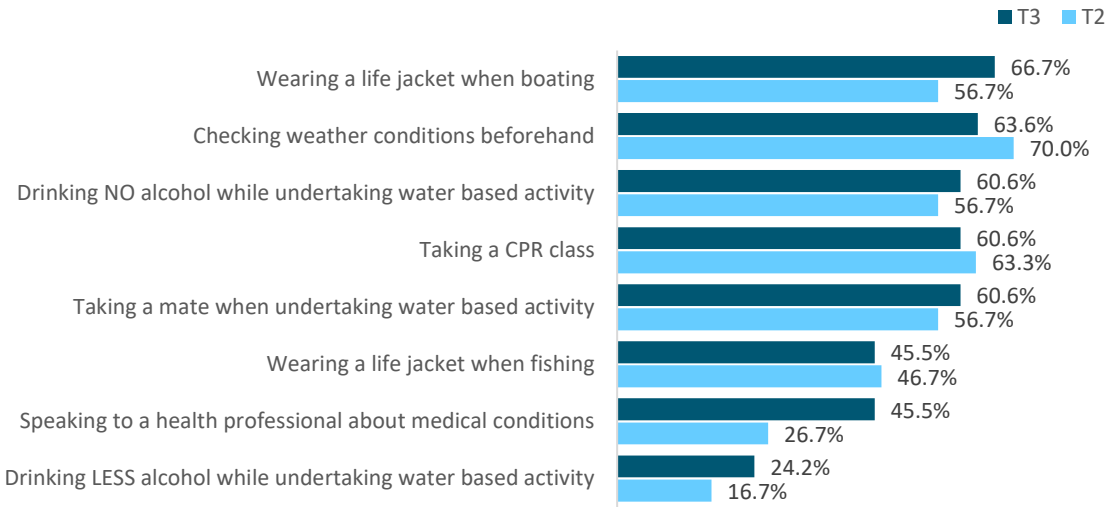


Figures below 5% are not annotated

Behavioural Intent

Those who had heard the *boating and lifejacket* advert or seen the social media images were asked, *as a result of hearing the ad or seeing the images, did they think about changing their water safety behaviour?*. Figure 28 describes the intended behaviour change. There was no significant difference when comparing T3 to T2.

Figure 28: Behavioural intent (after seeing or hearing radio advert and/or images)

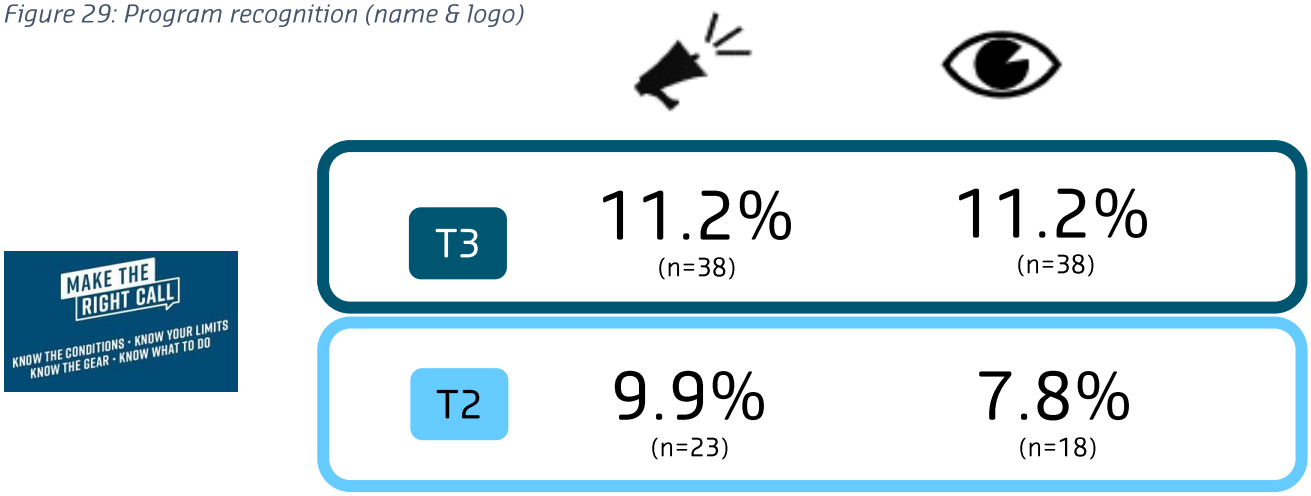


*Multiple response categories (percentage of cases shown).
T3: cases (n=33), responses (n=141). T2: cases (n=30), responses (n=118).

PROGRAM RECOGNITION

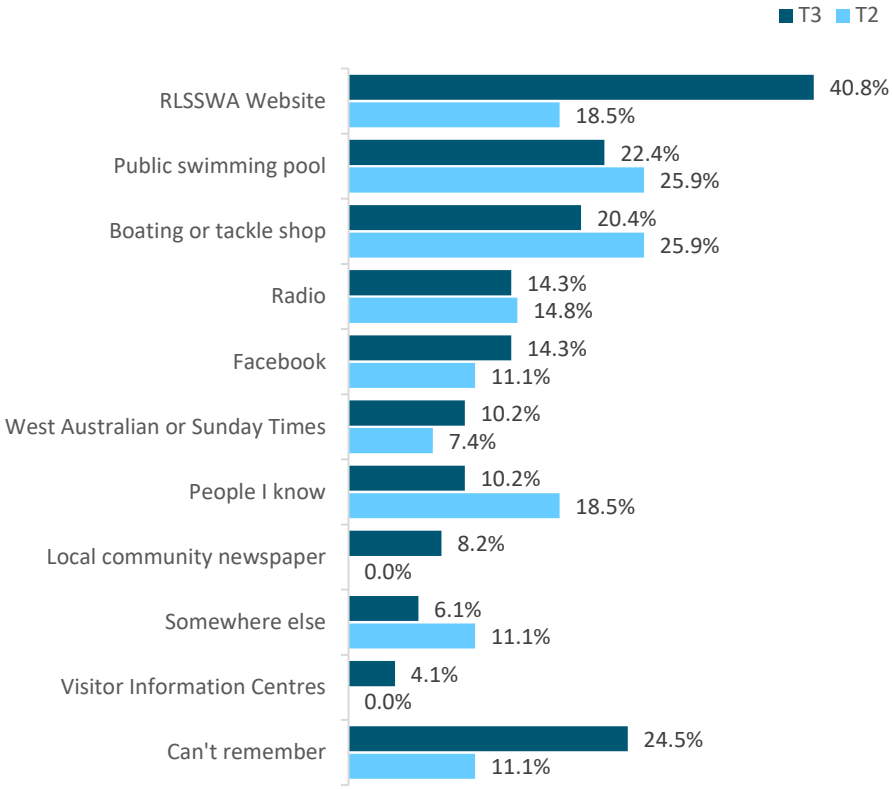
At T3, around ten percent of participants had heard of the 'Make the Right Call' and recognised the logo (11.2%, n=38). This was like findings at T2 (Figure 29).

Figure 29: Program recognition (name & logo)



Participants who had seen or heard of *the 'Make the Right Call'* campaign were asked where they had seen or heard it (Figure 30). At T3, the top locations were RLSSWA website (40.8%, n=20), public pools (22.4%, n=11) and boating & tackle shops (20.4%, n=10). There was no significant difference in locations when comparing T3 with T2.

Figure 30: Where seen or heard (MTRC Campaign)



*Multiple response categories (percentage of cases shown)
T3: cases (n=49), responses (n=86). T2: cases (n=27), responses (n=39).

INTERVIEW RESULTS

We conducted interviews with key stakeholders (n=10), including those working with the target group (n=3), aquatic centre staff (n=3), a maritime manager (n=1) and a magazine editor (n=1). Findings explore four overarching themes: Knowledge and perceived value of drowning prevention for older adults; Capacity of stakeholders to participate in drowning prevention for older adults; Connections to RLSSWA; future directions.

Knowledge & perceived value of drowning prevention for older adults

Knowledge of strategies

Participants were asked why they thought older adults drowned. Complacency dominated the narrative, with most participants suggesting perceptions by older adults that "*it won't happen to me*". They described what they considered was a potential false belief amongst the target group regarding their swimming ability. Participants cited a lack of swimming ability and swim-safe confidence combined with lower general fitness levels as contributing factors to older adult drowning numbers suggesting "*we all think we're bulletproof. But as you get older, obviously, your physical limitations do diminish*". Lack of survival and rescue competencies, ignorance of ocean conditions such as rips, tides and swell conditions, and the lack of life jacket use were identified as primary causes for drowning among recreational boaters, particularly for men, as highlighted by one participant: *"the fatality rate is higher amongst men over 50"*. The significant period between childhood swimming lessons and older adulthood, together with a lack of swimming lessons in childhood, was also suggested as a contributor to older adult drowning. For example one participant suggested "*most people that would drown as older adults haven't ever had swimming lessons"*.

Knowledge of campaigns

Broadly, participants were most aware of campaigns targeting toddlers and children delivered by RLSSWA, recalling a need to 'keep watch' and 'keep kids safe around water', specifically in pool areas. Interestingly, participants recognised that several programs run by RLSSWA focused on Aboriginal children and people from Culturally and Linguistically Diverse (CaLD) backgrounds, "*I think on the website, from the bronze medallion website that… [RLSSWA] promote for the Aboriginal or indigenous families"*. Participants recalled radio and television ads "*promoting not drinking alcohol with swimming dangers"* and the importance of wearing life jackets, noting "*their life jacket program initiatives had a lot of airplay last summer*". Program staff attended events at visitor centres and Old4New Lifejacket upgrade events and implemented poster displays, which was an approach recalled by participants.

Perceived value

Current AWSP strategies, including basic swim skill acquisition, had value for *"just learning those basic techniques"* and were considered beneficial and "*really worthwhile*". One participant explained that water safety messages and family were vital and integral motivators for seniors joining the classes and suggested, "*A lot of them had grandchildren. So that's what motivated them to want to come and do this*". Building social capital was identified as an important value-add of the Aqua Skills 55+ classes. This was felt particularly in the wake of the COVID-19 pandemic, as it facilitated opportunities to develop a social connection between class attendees, "*we know that social isolation is a massive thing at the moment. It gives people more opportunities to create those more social connections and to carry that on outside in the community*". For the pool and aqua centres, interest in, and the success of, Aqua Skills 55+ was valuable, with one participant reporting, "*We had a huge influx of interest… we ended up running the program three months straight, and it was booked out every time*".

Capacity of stakeholders to participate in drowning prevention for older adults

Participants identified strategies that supported the delivery of drowning prevention activities. For example, digital advertising within leisure centres and swim schools were described as effective. One centre rotated their messaging between swimming class times and 'watch your kids around water'. Another centre only advertised the Aqua Skills 55+ program for seniors. This program was a yearly event with a hands-on instructor who made participation more personal, *"I like getting in the water with them, to show them, to educate people*". Several participants described a high proportion of seniors-grandparents looking after their grandchildren who were very interested in Aqua Skills 55+ "*we just started the seniors' program, and we will be getting probably between 10 and 20 [participants]"*. Aqua Skills 55+ was delivered twice a year in one leisure centre with a plan to increase that to four times per year "*because we always have a very high number of people registered for the program"*.

One stakeholder working in a multicultural leisure centre was open to delivering drowning prevention strategies if they could "*have [a meeting with] a representative from the Royal Life Saving, and to be honest, we probably might only do it once a year, to our groups*". Other participants described substantial capacity to consistently deliver drowning prevention strategies because of the presence of lifeguards within an aquatic centre, *"the majority of our staff are first aid trained and you've got the Austswim teachers".* Additional strategies reported by participants included the delivery of recreational fishing safety guidelines to tackle stores and promoting them within fishing magazines and the role of the maritime and recreational fishing sector in *"encouraging people to wear life jackets from the rocks and knowing how to swim".* The importance of lifejacket maintenance was highlighted, specifically the replacement Old4New campaign, with one participant noting, *"We're trying to encourage boaters to check their life jackets and bring them along for maintenance at a self-service clinic*".

Participants also identified a range of barriers to engaging in AWSP strategies. Challenges included the availability of pool space, transport, workforce and staffing, and issues of diversity and inclusion. For example, participants described the diversity of people catered for within aquatic or leisure centre facilities, including adults, children and special needs clients. This diversity often limited programs for cohorts, such as adults as school swimming classes, mother and baby classes and swimming squad training utilised most of the pool space in many facilities. As noted by one participant, "*We've got a fairly active aqua timetable which takes up a fair bit of space*"; this limited the capacity to timetable Aqua Skills 55+. Another participant supported this finding, "*we only have private lessons with adults, we don't have an adult program, and our swim teachers aren't qualified to teach adults*". Transport was also identified as a barrier to accessing Aqua Skills 55+; public transport was not readily available if seniors did not drive or have transport.

Staff shortages also impacted capacity, with one participant reporting, *"We're not gonna push anything for adults until next year. We just don't have the manpower to maintain and organise*". Participants further elaborated that COVID-19 had created workforce shortages and reduced capacity, which may have also been a barrier to participation. Participants talked about the loss of enrolments at their leisure centres during the pandemic, translating to lower levels of staffing and reduced capacity to deliver Aqua Skills 55+, "*we had a huge decrease in enrolment from all programs, and we had to reduce the programs"*. For example, a participant reported that aquatic centres that usually ran three or four Aqua Skills 55+ courses annually noting, "[in] *the last two years, we can only do it once or twice*". An unintended consequence of compulsory vaccination may also have prevented class attendance and/or delivery, noted by one participant here, *"swimming teachers needed to be vaccinated... a lot of people in [our suburb] were against it, which included a lot of our staff, so we lost a lot of staff"*.

Connection to RLSSWA

RLSSWA's reputation as the 'go-to for water safety' was acknowledged by one participant, "*Royal Life Saving was… one of those organisations that could better inform our community about water safety*". Participants identified that they engaged with RLSSWA through various channels ranging from promotional activities involving drowning prevention to accredited RLSSWA swimming teachers. Participants identified networking functions that led to a connection to RLSSWA, whilst another reported being part of the Australian New Zealand Safe Boating Education Group (ANZSBEG) with representatives from RLSSWA. Water safety and water safety promotion within the fishing industry was highlighted as a key strategy with advertisements in fishing magazines and rock fishing guidelines based on RLSSWA messages, *"I run a fishing magazine, and we, in turn, run their advertising in the magazine"*. Another participant promoted the current RLSSWA initiative for rock fishing, "*we work on make the right call campaign with those guys"*. In addition, the benefits of RLSSWA collecting data and distributing surveys for collaborators was acknowledged, with a participant reporting, "*they do quite a few of our surveys, which was good"*.

Positive feedback from participants focused on educational support, flexibility and collaboration with water safety courses. Participants acknowledged the advantage of the water safety courses that RLSSWA ran at no cost to the agency, "*Royal Life does a really good job here with the Aqua Skills*". Flexibility with days, staff and times for the various water safety courses was appreciated by several of the agencies that were involved with RLSSWA, who highlighted that "*they tried to accommodate*". Praise for the educators was noted, "*when we do have the educators, they are marvellous because they have slides and resources and things to talk about drowning"*; and "*They [the clients] thought she was a fantastic presenter. They really enjoyed the course, and they thought it was informative"*. However, some participants noted that communication between RLSSWA and some stakeholders could be improved. For example, one agency was interested in Aqua Skills 55+ but had not been approached by RLSSWA. Subsequently, it had not run any courses despite interest from their community, noting *"we needed more, more connection from Royal Life Saving to tell us all about it"*. Participants also highlighted how RLSSWA complement water safety messages with CPR courses. One participant successfully gained a grant from RLSSWA that enabled them to run the Heartbeat 45+ program, which "*ended up having 28 people over 45 participate*".

Future directions

Multiple stakeholders recommended that RLSSWA increase their traditional and social media advertising around adult water safety, for example, suggesting, "*I don't see much of it on social media. I certainly don't see it on TV*". Participants identified the lack of multicultural advertisements and campaigns as an opportunity and pertinent given the large WA migrant population. Suggestions were made for RLSSWA to co-fund programs to increase the availability of water safety programs, especially in communities with high numbers of seniors and multicultural communities. As one participant explained, there is *"definitely a gap in the market here for seniors that want to learn how to swim or just swim as a group".* Participants suggested that RLSSWA fund lifejackets for seniors as a future strategy to increase the equipment for the practical Aqua Skills classes. In addition, including survival strokes was a suggestion for Aqua Skills 55+ "*so that they learn a few more survival strokes, not just the doggy paddle"*. Participants identified challenges regarding regional access to Aqua Skills 55+ and engagement with older adults in rural WA. One participant noted that "*their biggest challenge is just making sure that they're spreading themselves throughout all of WA, not just in the same area, providing the same program all the time*".

REFERENCES

1. Queiroga A, Peden A. Drowning Deaths in Older People: A 10 Year Analysis of Drowning Deaths in People Aged 50 Years and Over in Australia. Sydney: Royal Life Saving Society–Australia. 2013.
2. Pickles K, Pidgeon S. Summer drowning report 2022/23: An investigation into drowning deaths in Australia between 1 December 2022 and 28 February 2023. Sydney Australia; 2023.
3. Willcox-Pidgeon SM, Franklin RC, Devine S, Leggat PA, Scarr J. Reducing inequities among adult female migrants at higher risk for drowning in Australia: the value of swimming and water safety programs. Health Promotion Journal of Australia. 2021;32:49-60.
4. Costello L, McDermott M-L, Patel P, Dare J. 'A lot better than medicine'-Self-organised ocean swimming groups as facilitators for healthy ageing. Health & Place. 2019;60:102212.
5. CERIPH. Impact evaluation report: Adult Water Safety Program. Perth: Curtin University; 2021.
6. Abercromby M, Crawford G, Nimmo L, Leavy JE. "I never had a thought about drowning". Exploring water safety attitudes and practices among older adults in Western Australia. Health Promotion Journal of Australia. 2022;33(2):524-32.
7. Mahony A PS. Drowning among older people: Risk factors for falls into water. Sydney Australia: Royal Life Saving Society; 2022.
8. Leavy J, Della Bona M, Abercromby M, Crawford G. Drinking and swimming around waterways: the role of alcohol, sensation-seeking, peer influence and risk in young people. PLoS One. 2022;17(11):e0276558.
9. World Health Organization. Commercial Determinants of Health. 2023.
10. Pearn JH, Peden AE, Franklin RC. The influence of alcohol and drugs on drowning among victims of senior years. Safety. 2019;5(1):8.
11. Moran K, Quan L, Franklin R, Bennett E. Where the evidence and expert opinion meet: A review of open-water recreational safety messages. International Journal of Aquatic Research and Education. 2011;5(3):5.
12. Hamilton K, Peden AE, Pearson M, Hagger MS. Stop there's water on the road! Identifying key beliefs guiding people's willingness to drive through flooded waterways. Safety Science. 2016;89:308-14.
13. Bloor M. The sociology of HIV transmission: Sage; 1995.
14. Abercromby M, Leavy JE, Tohotoa J, Della Bona M, Nimmo L, Crawford G. "Go hard or go home": exploring young people's knowledge, attitudes and behaviours of alcohol use and water safety in Western Australia using the Health Belief Model. International Journal of Health Promotion and Education. 2021;59(3):174-91.
15. Roberts K, Thom O, Devine S, Leggat PA, Peden AE, Franklin RC. A scoping review of female drowning: an underexplored issue in five high-income countries. BMC Public Health. 2021;21(1):1072.
16. Braun-LaTour KA, LaTour MS. Assessing the long-term impact of a consistent advertising campaign on consumer memory. Journal of Advertising. 2004;33(2):49-61.
17. Lehnert K, Till BD, Carlson BD. Advertising creativity and repetition: Recall, wearout and wearin effects. International Journal of Advertising. 2013;32(2):211-31.
18. Sheinin DA, Varki S, Ashley C. The differential effect of ad novelty and message usefulness on brand judgments. Journal of Advertising. 2011;40(3):5-18.
19. SPSS Inc. IBM SPSS statistics for Windows. 29.0 ed. Armonk, NY: IBM Corp.; 2021.
20. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006;3(2):77-101.
21. NVivo. NVivo. version 12 ed. Massachusetts, USA: QSR International Pty Ltd; 2018.

APPENDIX A

AWSP SURVEY 2023 (T3)

Start of Block: INTRO

Curtin University and Royal Life Saving Society WA (RLSSWA) are interested in the experiences of swimming and water safety for people aged over 45 years. You can help by completing this 15 minute survey. It includes questions about you and what you like to do in and around water.

Remember there are no right or wrong answers. No one will know what you said, we group the responses to produce the results. It's up to you whether to take part or not, and if you change your mind, you can stop without giving us a reason – just click out of the survey. Once you've completed the survey you can go in the draw to WIN ONE OF THREE $100 VISA cash cards.

Some things to remember as you complete the survey:
Use the bar at the top of the page to track your progress.
You can move onto the next page by clicking the arrow at the bottom right of the page.

Curtin University is conducting this survey for Royal Life Saving Society WA and have approval for this project through the Curtin University Human Research Ethics Committee (Approval Number HR2019-0347).

Want to know more before you start? You can read the Project Information Sheet by clicking HERE. You can always contact the Project Staff, Malena Della Bona on (08) 9266 4017 or Assoc. Prof Justine Leavy on (08) 9266 9285. If you wish to speak with someone not directly involved, in particular, any matters concerning the conduct of the study or your rights as a participant, or if you wish to make a confidential complaint contact the Ethics Officer on (08) 9266 9223 or the Manager, Research Integrity on (08) 9266 7093 or email hrec@curtin.edu.au. Select the box below to continue onto the survey

- ○ I have read the information above and would like to complete the survey (1)

End of Block: INTRO

Start of Block: DEMOGRAPHICS

PREFACE DEMOGRAPHICS *Thank you for agreeing to take part. This first group of questions will tell us a little bit about you. It helps us build a picture of who is taking our survey.*

Q1 What is your age? *Please provide a numerical response.*_____

Q2 What is your residential postcode? *Please provide a numerical response.*_____

Display This Question: If What is your age? Please provide a numerical response. Text Response Is Less Than 45
Or What is your residential postcode? Please provide a numerical response. Text Response Is Less Than 6000
Or What is your residential postcode? Please provide a numerical response. Text Response Is Greater Than 6999

DNQ1 Thank you for your interest in this survey.

Unfortunately, you do not meet the criteria to participate.

Thanks for taking the time to be involved.

Skip To: End of Survey If Thank you for your interest in this survey.... Is Displayed

Q3 Are you...

- Male (1)
- Female (2)
- Other - *please specify* (3) _____
- I prefer not to say (4)

Q4 In which country were you born?

- Australia (1)
- England (2)
- New Zealand (3)
- India (4)
- South Africa (5)
- Philippines (6)
- Other - *please specify* (7) _____

Display This Question: If In which country were you born? != Australia

Q5 How long have you lived in Australia?

- Less than 1 year (1)
- 1 - 5 years (2)
- 6 - 10 years (3)
- More than 10 years (4)

Display This Question: If In which country were you born? = Australia

Q6 Do you identify as Aboriginal and/or Torres Strait Islander?

- ○ Yes, Aboriginal (1)
- ○ Yes, Torres Strait Islander (2)
- ○ Yes, Aboriginal and Torres Strait Islander (3)
- ○ No (0)

Q7 What is the highest level of education that you have completed?

- ○ Primary School (1)
- ○ Year 10 (or equivalent) (2)
- ○ Year 12 (secondary school certificate) (3)
- ○ Technical or further educational institute (e.g. TAFE, vocational college) (4)
- ○ University or other tertiary institute degree (5)
- ○ Other - *please specify* (6) _____
- ○ I don't know (7)

Q8 Are you currently?

- ○ Retired/Not searching for work (1)
- ○ Employed/Self-employed (full-time) (2)
- ○ Employed/Self-employed (part-time) (3)
- ○ Unemployed/Searching for work (4)
- ○ Other - *please specify* (5) _____

End of Block: DEMOGRAPHICS

Start of Block: WATER BASED ACTIVITY & BEHAVIOUR

PREFACE WATER *This next section refers to your participation in water-based activities. It will tell us how you spend time in and around water and why.*

Q17 Using a scale from 1 to 7, where 1 is "poor" and 7 is "excellent", how do you rate your current swimming ability?

- I CANNOT SWIM (0)
- Poor (1) (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- Excellent (7) (7)

Q18 How many metres can you currently swim without stopping or touching the bottom?
(50 metres is one lap of an Olympic size swim pool)

- Less than 50 metres (1)
- Between 51-100 metres (2)
- 101-200 metres (3)
- 201-500 metres (4)
- 500+ metres (5)
- I don't know (6)

Q19 Have you ever participated in formal swimming lessons? (e.g. School or community based swimming lessons (VacSwim), private swimming lessons)

- Yes (1)
- No (0)

Display This Question: If Have you ever participated in formal swimming lessons? (e.g. School or community based swimming l... = Yes

Q20 When did you last participate in formal swimming lessons?

- School years (up to 17 years of age) (1)
- 18 - 45 years (2)
- 46 - 64 years (3)

Display This Choice: If If What is your age? Please provide a numerical response. Text Response Is Greater Than or Equal to 65

- 65+ years (4)

Q21 In the **past 12 months**, which water-based activities have you participated in? *Please select all that apply*

- ⊗None (19)
- Boating (9)
- Fishing and/or rock fishing (21)
- Pool swimming (1)
- Ocean/beach swimming (20)
- River, dam, or lake swimming (4)
- Relax in water - e.g. spa (5)
- Recreational boating activities e.g. wakeboard, water-ski , jet ski (10)
- Stand up paddle board, canoe or kayak (11)
- Surfing, body-boarding, windsurfing or kitesurfing (12)
- Snorkelling (13)
- Scuba diving or free diving (15)
- Playing water sports e.g. water polo (17)
- Other - *please specify* (18) _____

Skip To: End of Block If In the past 12 months, which water-based activities have you participated in? Please select all... = None

Page Break

Q49 Have you ever completed Cardiopulmonary Resuscitation (CPR) training?

- ○ Yes, within the last 12 months (1)
- ○ Yes, more than 12 months ago (2)
- ○ No (3)
- ○ Don't know / Unsure (4)

Q50 In the next 3 months, do you plan on participating in CPR training?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know / Unsure (3)

Q23 In the **last 12 months**, have you...

	Yes (1)	No (0)
Gotten into trouble in the water. (Q23_8)	○	○
Participated in leisure activities (e.g. boating, fishing, swimming, etc.) in or around water whilst alone. (Q23_3)	○	○
Participated in activities in or around water after having consumed alcohol. (Q23_4)	○	○
Participated in water-based activities whilst impaired by prescription medication. (Q23_5)	○	○
Participated in activities on a boat whilst not wearing a life jacket. (23_6)	○	○
Participated in water based activities in poor weather conditions. (Q23_7)	○	○

End of Block: WATER BASED ACTIVITY & BEHAVIOUR

Start of Block: KNOWLEDGE, ATTITUDES AND BELIEFS

PREFACE KAB
These questions ask what you think, know or remember about water safety.

Q26 Lifejackets are only needed if you cannot swim, or the conditions are rough. *Is this statement true or false?*

- ○ True (0)
- ○ False (1)

Q29 How often must a CPR re-qualification be undertaken for it to be current?

- ○ Every year (1)
- ○ Every two years (2)
- ○ Every three years (3)
- ○ Never (4)
- ○ I don't know/unsure (5)

Q51 What is the best way to get weather and condition information prior to and/or during water activities such as fishing, boating or swimming?

- ○ Bureau of Meteorology website (bom.gov.au), television or radio reports (1)
- ○ Weather based online apps (e.g. Deckee, WillyWeather). *If yes, which online app do you use?* (2) _____
- ○ Look out to the water and assess the weather and conditions when I arrive (3)

Q52 Is **SWIMMING** with a Blood Alcohol Concentration of 0.05 as dangerous as driving a car with a BAC of 0.05?

- ○ Less dangerous (3)
- ○ As dangerous (1)
- ○ More dangerous (2)

Q53 Which of the following medical conditions should you talk to your doctor about, before engaging in activities in or around the water? *Choose all correct responses*

- ☐ Cardiac conditions (1)
- ☐ Seizures (2)
- ☐ Dementia (3)
- ☐ Starting a new medication (4)
- ☐ A tummy bug (5)
- ☐ A sore throat (6)

Q54 Is **DRIVING A BOAT** with a Blood Alcohol Concentration of 0.05 as dangerous as driving a car with a BAC of 0.05?

- ○ Less dangerous (3)
- ○ As dangerous (1)
- ○ More dangerous (2)

Page Break

Q35 Please indicate for each of the following statements how risky you believe each activity is in relation to drowning amongst people your age.

	Little or no risk (1)	Very small risk (2)	Moderate risk (3)	High risk (4)
Undertaking water-based activities on your own. (Q35_1)	○	○	○	○
Consuming alcohol when undertaking activities in or around water. (Q35_2)	○	○	○	○
Combining alcohol and prescription medication and then participating in activities in and around water. (Q35_3)	○	○	○	○
Not wearing a lifejacket when boating or rock fishing. (Q35_4)	○	○	○	○
Participating in activities in and around water with pre-existing medical conditions. (Q35_5)	○	○	○	○
Participating in activities in and around water without first aid and resuscitation skills. (Q35_6)	○	○	○	○
Undertaking water-based activities in an unfamiliar location. (Q35_7)	○	○	○	○

End of Block: KNOWLEDGE, ATTITUDES AND BELIEFS

Start of Block: SOCIAL NORMS

PREFACE HALF WAY You're about two thirds through the survey! Thanks for sticking with it. Your responses will help RLSSWA develop better programs.

Q36 Using the scale below, how likely are the following people to APPROVE of you **participating in water-based activities alone**?

	Very Unlikely (1)	Unlikely (2)	Neither likely nor unlikely (3)	Likely (4)	Very Likely (5)	NOT APPLICABLE (0)
Spouse/Significant other (36_1)	○	○	○	○	○	○
Friends (36_2)	○	○	○	○	○	○
Children (36_3)	○	○	○	○	○	○

Q38 Using the scale below, how likely are the following people to APPROVE of you **drinking alcohol whilst participating in activities in and around the water**?

	Very Unlikely (1)	Unlikely (2)	Neither likely nor unlikely (3)	Likely (4)	Very Likely (5)	NOT APPLICABLE (0)
Spouse/Significant other (38_1)	○	○	○	○	○	○
Friends (38_2)	○	○	○	○	○	○
Children (38_3)	○	○	○	○	○	○

Q39 Using the scale below, how likely are the following people to APPROVE of you **wearing a lifejacket while boating**?

	Very Unlikely (1)	Unlikely (2)	Neither likely nor unlikely (3)	Likely (4)	Very Likely (5)	NOT APPLICABLE (0)
Spouse/Significant other (39_1)	○	○	○	○	○	○
Friends (39_2)	○	○	○	○	○	○
Children (39_3)	○	○	○	○	○	○

Q40 Using the scale below, how likely are the following people to APPROVE of you **participating in water-based activities in unfamiliar locations**?

	Very Unlikely (1)	Unlikely (2)	Neither likely nor unlikely (3)	Likely (4)	Very Likely (5)	NOT APPLICABLE (0)
Spouse/Significant other (40_1)	○	○	○	○	○	○
Friends (40_2)	○	○	○	○	○	○
Children (40_3)	○	○	○	○	○	○

End of Block: SOCIAL NORMS

Start of Block: MEDIA CAMPAIGNS

QC1 In the **past six months**, do you remember seeing or hearing any advertising about water safety or drowning prevention?

- Yes (1)
- No (2)
- I don't know (3)

Display This Question: If In the past three months, do you remember seeing any advertising about water safety or drowning = Yes

QC2 Can you please describe the advertisement/s you saw or heard? _____

Display This Question: If In the past three months, do you remember seeing any advertising about water safety or drowning = Yes

PREF_ADVERTS Below are 4 recent adverts about water safety and drowning prevention. Please listen to each advert by clicking on the links before answering the questions.

QC3_AD1 Please listen to advert 1, before answering the following question.
click here for ADVERT 1 Have you heard this ad before today?

- Yes (1)
- No (2)
- Don't know / Unsure (3)

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Hav... = Yes

QC4_AD1 What are the main messages ADVERT 1 is trying to tell you? _____

QC3_AD2 Please listen to advert 2, before answering the following question.
click here for ADVERT 2 Have you heard this ad before today?

- Yes (1)
- No (2)
- Don't know / Unsure (3)

Display This Question: If Please listen to advert 2, before answering the following question.click here for ADVERT 2 Have... = Yes

QC4_AD2 What are the main messages ADVERT 2 is trying to tell you?_____

QC3_AD3 Please listen to advert 3, before answering the following question.
click here for ADVERT 3 Have you heard this ad before today?

- Yes (1)
- No (2)
- Don't know / Unsure (3)

Display This Question:If Please listen to advert 3, before answering the following question.click here for ADVERT 3 Have... = Yes

QC4_AD3 What are the main messages ADVERT 3 is trying to tell you?_____

QC3_AD4 Please listen to advert 4, before answering the following question.
click here for ADVERT 4 Have you heard this ad before today?

- Yes (1)
- No (2)
- Don't know / Unsure (3)

Display This Question:If Please listen to advert 4, before answering the following question.click here for ADVERT 4 Have... = Yes

QC4_AD4 What are the main messages ADVERT 4 is trying to tell you? _____

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Hav... = Yes; Or Please listen to advert 2, before answering the following question.click here for ADVERT 2 Have... = Yes; Or Please listen to advert 3, before answering the following question.click here for ADVERT 3 Have... = Yes; Or Please listen to advert 4, before answering the following question.click here for ADVERT 4 Have... = Yes

QC5 How well do you think any of the ads you heard conveyed the following messages?

	Not at all well (1)	Not very well (2)	Just OK (3)	Very well (4)	Extremely well (5)
Wear a life jacket when boating and fishing. (QC5_2)	○	○	○	○	○
Check local conditions before undertaking water based activity. (QC5_3)	○	○	○	○	○
Learn CPR. (QC5_4)	○	○	○	○	○
Know the impact of your medical condition on water based activity. (QC5_5)	○	○	○	○	○

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Hav... = Yes; Or Please listen to advert 2, before answering the following question.click here for ADVERT 2 Have... = Yes; Or Please listen to advert 3, before answering the following question.click here for ADVERT 3 Have... = Yes; Or Please listen to advert 4, before answering the following question.click here for ADVERT 4 Have... = Yes

QC6 Do you agree or disagree with the following statements about the ads you've heard?

	Disagree (1)	Agree (2)	Don't know / Unsure (0)
I enjoyed these ads (QC6_1)	○	○	○
These ads told me something new (QC6_2)	○	○	○
These ads are relevant to me (QC6_3)	○	○	○
These ads are believable (QC6_4)	○	○	○
I would talk about these ads with my friends (QC6_5)	○	○	○
These ads were easy to understand (QC6_6)	○	○	○
These ads grabbed my attention (QC6_7)	○	○	○
These ads made me think about the issue of water safety (QC6_8)	○	○	○
This type of ad sticks in my mind (QC6_9)	○	○	○
I am getting fed up with these ads (QC6_10)	○	○	○

Display This Question: If Do you agree or disagree with the following statements about the ads you've heard? = I enjoyed these ads [Agree]

QC6_1A What was it about these ads that you enjoyed?_____

Display This Question: If Do you agree or disagree with the following statements about the ads you've heard? = These ads are believable [Agree]

QC6_4A What was it about these ads that you think is believable?_____

Display This Question: If Do you agree or disagree with the following statements about the ads you've heard? = This type of ad sticks in my mind [Agree]

QC6_9A What was it about these ads that sticks in your mind?_____

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Hav... = Yes; Or Please listen to advert 2, before answering the following question.click here for ADVERT 2 Have... = Yes; Or Please listen to advert 3, before answering the following question.click here for ADVERT 3 Have... = Yes; Or Please listen to advert 4, before answering the following question.click here for ADVERT 4 Have... = Yes

QC7 Where did you hear the ad(s)? (select all that apply)

- ☐ On the radio (1)
- ☐ Somewhere else - *please specify* (6) _____
- ☐ ⊗Don't know/Unsure (99)

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Have... = Yes; Or Please listen to advert 2, before answering the following question. click here for ADVERT 2 Have... = Yes; Or Please listen to advert 3, before answering the following question .click here for ADVERT 3 Have... = Yes; Or Please listen to advert 4, before answering the following question. click here for ADVERT 4 Have... = Yes

QC8 Who do you think is responsible for developing these ads?

- ☐ Royal Life Saving Australia (1)
- ☐ Royal Life Saving Society WA (2)
- ☐ Department of Health WA (3)
- ☐ Surf Life Saving (4)
- ☐ Australian Government (5)
- ☐ Recfishwest (6)

End of Block: MEDIA CAMPAIGNS

Start of Block: OUTDOOR EXECUTION

QOE1 *Please look at the following images before answering this question <outdoor execution posters> Have you seen any of these images before today?*

- ○ Yes (1)
- ○ No (2)
- ○ Don't know / Unsure (3)

Skip To: End of Block If Please look at the following images before answering this question Have you seen any of these images... = No; Skip To: End of Block If Please look at the following images before answering this question Have you seen any of these images... = Don't know / Unsure

QOE2 Do you agree or disagree with the following statements?

	Disagree (1)	Agree (2)	Don't know / Unsure (3)
I enjoyed these images (QOE2_1)	○	○	○
The images told me something new (QOE2_2)	○	○	○
The images are relevant to me (QOE2_3)	○	○	○
The images are believable (QOE2_4)	○	○	○
I would talk about these images with my friends (QOE2_5)	○	○	○
These images were easy to understand (QOE2_6)	○	○	○
The images grabbed my attention (QOE2_7)	○	○	○
The images made me think about the issue of water safety (QOE2_8)	○	○	○
This type of image sticks in my mind (QOE2_9)	○	○	○

QOE3 How well do you think the images convey each of the following messages?

	Not at all well (1)	Not very well (2)	Just OK (3)	Very well (4)	Extremely well (5)
Do not swim alone (QOE3_6)	○	○	○	○	○
I absolutely cannot be complacent when it comes to my pool because ultimately my child's safety comes down to me. (QOE3_3)	○	○	○	○	○
Learn CPR (QOE3_4)	○	○	○	○	○
Know the impact of your medical conditions on water based activity (QOE3_5)	○	○	○	○	○
The most effective way to prevent toddler drowning is constant adult supervision, within arm's reach of children (QOE3_2)	○	○	○	○	○

Display This Question: If Please look at the following images before answering this questionHave you seen any of these imag... = Yes

QOE4 Where did you see the images?

- ☐ Facebook (1)
- ☐ Instagram (2)
- ☐ Somewhere else (please specify) (3) _____
- ☐ ⊗Don't know/unsure (4)

End of Block: OUTDOOR EXECUTION

Start of Block: BEHAVIOURAL INTENT

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Have... = Yes; Or Please look at the following images before answering this question Have you seen any of these images... = Yes

QBI1 As a result of hearing or seeing the ads, did you think about doing any of the following? *You can choose more than one response.*

- ☐ Wearing a life jacket when boating (1)
- ☐ Wearing a life jacket when fishing (2)
- ☐ Checking weather conditions before undertaking water based activity (3)
- ☐ Speaking to my doctor or other health professional about medical conditions (4)
- ☐ Drinking LESS alcohol while undertaking water based activity (5)
- ☐ Drinking NO alcohol while undertaking water based activity (6)
- ☐ Taking a CPR class (7)
- ☐ Taking a mate when undertaking water based activity (8)

Display This Question: If Please listen to advert 1, before answering the following question. click here for ADVERT 1 Have... = Yes; Or Please look at the following images before answering this question Have you seen any of these image... = Yes

QBI2 Did you think about doing anything else? *Please specify*

_____

End of Block: BEHAVIOURAL INTENT

Start of Block: PROGRAM RECOGNITION

QPR1 Before today, had you heard of the *Make the Right Call* Program?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know / Unsure (3)

QPR2 Before today, had you seen this logo? *<MTRC logo>*

- ○ Yes (1)
- ○ No (2)
- ○ Don't know / Unsure (3)

Display This Question: If Before today, had you heard of the Make the Right Call Program? = Yes; Or Before today, had you seen any of the following logos? = Yes

QPR3 Where did you see or hear about the *Make the Right Call* Program? *Please select all that apply*

- ☐ Radio (1)
- ☐ Local community newspaper (2)
- ☐ The West Australian or Sunday Times (3)
- ☐ Facebook (4)
- ☐ Royal Life Saving Society WA (RLSSWA) Website (5)
- ☐ Royal Life Saving Society WA (RLSSWA) events (8)
- ☐ Public swimming pool (7)
- ☐ Boating/tackle shop (8)
- ☐ From a health professional, community nurse or doctor (9)
- ☐ Visitor Information Centres (10)
- ☐ From people I know (11)
- ☐ Somewhere else - *please specify* (12) _____
- ☐ ⊗Can't remember (99)

End of Block: PROGRAM RECOGNITION

Start of Block: ALCOHOL

PREFACE ALCOHOL *There are only a few questions left!*

This next section is about alcohol consumption. The term 'standard drink' refers to a standard amount of alcohol (10g) in each drink. This differs depending on the type of alcoholic drink that is consumed.

Here is a graphic to help you understand what we are asking. <alcohol standard drinks graphic>

Q44 How often do you have a drink containing alcohol? *The term ALCOHOL is used to refer to beer, wine, wine coolers, liquor, spirits, cider and mixed drinks*

- Never (0)
- Monthly or less (1)
- 2-4 times a month (2)
- 2-3 times a week (3)
- 4 or more times a week (4)

Skip To: End of Block If How often do you have a drink containing alcohol? = Never

Q45 How many standard drinks containing alcohol do you have on a typical day (when you are drinking alcohol)?

- 1 or 2 (0)
- 3 or 4 (1)
- 5 or 6 (2)
- 7 or 9 (3)
- 10 or more (4)

Q46 How often do you have six or more standard drinks on one occasion?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

Q47 Are you currently taking any prescription medication regularly?

- No (0)
- Yes, I take prescription medication for one condition (1)
- Yes, I take prescription medication for multiple conditions (2)

End of Block: ALCOHOL

Start of Block: PRIZE DRAW AND THANK YOU

Q48 How did you hear about this survey?

- ☐ RLSSWA Facebook page (1)
- ☐ Another Facebook page - *please specify* (2) _____
- ☐ A friend shared it (3)
- ☐ Word of mouth (4)
- ☐ a Forum (which one?) (5) _____
- ☐ Other - *please specify* (6) _____
- ☐ ⊗I can't recall (7)

PRIZE DRAW *Thanks so much for making it through the survey! Your responses will help Royal Life Saving Society WA ensure their program is relevant and effective. As thanks, please fill in your details below to go in the draw to* ***WIN ONE OF THREE $100 VISA cash cards****. Remember your contact details will be kept separate from your responses, so enter the draw to win. You can read the Terms and Conditions by clicking* HERE*.*

- ○ First name (1) _____
- ○ Phone number (2) _____

PROGRAM LINK If you would like more information on RLSSWA's Adult Water Safety Program click on this link HERE

End of Block: PRIZE DRAW AND THANK YOU

APPENDIX B

AWSP Stakeholder Interview Schedule 2023

		ASSESS
INTRODUCTION AND LEAD IN		
1.	Can you tell me how you work with RLSSWA through your role or via your organisation? PROMPT: Gauge how long they've been in role, general day to day activities	Level of involvement with RLSSWA The Program target group
2.	ASK ONLY IF NOT IMMEDIATELY CLEAR FROM THEIR ROLE The *ASWP/ Make the Right Call Program* is for people in WA who are aged 45 and older. How do you / your organisation work with the program target group?	
3.	Thinking about your competing priorities, where does injury prevention sit? PROMPT: Drowning prevention specifically	
USE OF STRATEGIES: those involved in the aquatic industry only (e.g. Aquatic centre, RECFISH WEST & Maritime staff)		
4.	Do you discuss drowning prevention strategies with the target group (your clients/members)? PROMPTS: How often? (%, with who) How do you decide when it's relevant? What do you discuss? Barriers/Enablers	KNOWLEDGE OF STRATEGIES PERCEIVED CAPACITY
5.	How confident would you say that you /your staff are to talk about and/or deliver drowning prevention strategies? PROMPT: What skills if any would you like to develop further? What do you see as your strengths or limitations in delivering drowning prevention strategies?	PERCEIVED CAPACITY
6.	What impact do you think that you have / your organisation has in preventing drownings among the relevant target group? PROMPT: What impact do you have now? What impact could you have? Barriers/ Enablers	PERCEIVED CAPACITY
7.	What factors, in your opinion, influence the number of drownings in older adults?	BASELINE KNOWLEDGE KNOWLEDGE OF STRATEGIES CAPACITY TO DELIVER STRATEGIES
8.	Has the AWS program or resources impacted your ability to deliver drowning prevention messages/strategies to people aged over 45 years? PROMPT: Program may include: Make the Right Call campaign, Presentations, Aqua Skills +55, Heart Beat +55, Survey distribution How so? What has it enabled you to do, that you couldn't before? If not, why not?	PERCEIVED CAPACITY KNOWLEDGE

What else would you like to see RLSSWA do in this space?

IMPACT OF AWSP - those not directly involved in aquatic industry		
9.	How has the introduction of the AWSP impacted your organisation/ clients? PROMPT: Program may include: Make the Right Call campaign, Presentations, Aqua Skills +55, Heart Beat +55, Survey distribution If not, why not? How would that have been handled before? (ie If the program has freed up staff time or created more work) What has that meant for you you/ your organisation?	KNOWLEDGE AND PERCEIVED CAPACITY

BARRIERS		
10.	Have there been any barriers to your involvement in the program? PROMPT: Financial, people, organisational focus etc. Program may include: Make the Right Call campaign, Presentations, Aqua Skills +55, Heart Beat +55, Survey distribution What did this mean for the program? Has COVID-19 impacted program delivery?	Perceived barriers
11.	How did you work around these barriers? PROMPT What impact did this have on program delivery? How do you think the program can be adjusted or improved to account for these challenges?	Overcoming barriers

RESOURCES		
12.	Have you used/ seen any of the Make the Right Call campaign material or resources? PROMPT: Posters, flyers, keep cups, note pads, caps, magnets	PERCEIVED VALUE & IMPACT ON CAPACITY
13.	Can you provide your perspective on the campaign resources? PROMPT: Do you think the Make the Right Call campaign resources are useful? appropriate? Do they get the AWSP message across? How else could we promote the programs messages? Are there any other resources that would be useful/acceptable? What would you change if anything?	

FUTURE PLANNING		
14.	Thinking about the relevant target group and drowning prevention, what would you like to see the RLSSWA do in the next 12 months? Target group will depend on their clients but should include people aged over 45 years living in WA	FUTURE PLANNING

Contact

Collaboration for Evidence, Research & Impact in Public Health

Curtin University
PO Box U1987
Bentley Western Australia 6845
Tel: +61 8 9266 7988
Web: ceriph.curtin.edu.au