that, between the first (baseline) and second (follow-up) survey waves, 30.5 to 35.5 percent of California adults who had not been exposed to KTS at baseline reported being newly exposed to the campaign.\(^2\) This means we can estimate that, across both survey waves, over half of Californian adults were exposed to KTS.\(^3\)

In both the baseline and follow-up surveys, respondents were asked an identical set of questions regarding the extent to which they agreed with seven items about their level of confidence to intervene with an individual at risk for suicide, such as “I feel comfortable discussing suicide with my friends, colleagues, and family members” and “I am aware of the warning signs of suicide.” Respondents rated their agreement for each item on a scale ranging from 1 (strongly disagree) to 7 (strongly agree); our measure of confidence to intervene was the average across all seven items, with a value of 1 indicating low confidence and a value of 7 indicating high confidence. We compared confidence to intervene between the group that was exposed to KTS for the first time between the two surveys and those who had still never been exposed to KTS at Wave 2. At baseline, those not yet exposed to KTS had an identical mean level of confidence to intervene, as shown in the figure. So, those exposed to KTS after Wave 1 did not have a higher level of confidence at baseline than those who were never exposed to KTS, ruling out the possibility of selective attention or recall.

Using regression analysis, we estimated whether those newly exposed to KTS have higher levels of confidence at the follow-up survey, accounting for the level of confidence they displayed at baseline.\(^4\) Our results indicate that those newly exposed to KTS reported, on average, levels of confidence nearly 0.4 points higher on the 7-point scale than those unexposed, a difference that was statistically significant at \(p < 0.05\). Thus, someone who scored a 4.1 at baseline who was later exposed to KTS scored, on average, 4.4 at follow-up, whereas those with the same baseline score who were not exposed to KTS at the follow-up scored, on average, 4.0 (see figure).
As important as it is to understand whether this effect of new exposure occurs in different racial/ethnic groups and among those who took the survey in a language other than English, our sample sizes were not large enough to detect meaningful differences among diverse groups of Californians.

Results from our previous evaluation of the KTS media campaign materials found that it aligned with best practices and was highly regarded by experts (Acosta and Ramchand, 2014b). We also found that those exposed to the campaign at baseline had higher levels of confidence in their ability to intervene with someone in distress (Acosta and Ramchand, 2014a). The second wave of survey data enabled us to examine changes in confidence among those subsequently exposed to the campaign compared with those who were never exposed. The results presented here provide further evidence that the KTS campaign is making Californians more confident in their abilities to intervene with someone at risk of suicide.

Notes

1 As with all longitudinal surveys, those lost to follow-up may differ systematically from those who agreed to be re-surveyed. This may bias results, in that those who completed the follow-up survey may have been more likely to have been exposed to KTS, experienced greater changes in confidence to intervene, or both.

2 Our measure of exposure to KTS was the same as reported in Acosta and Ramchand, 2014a: Respondents were asked if they had, in the past 12 months, "seen or heard an advertisement that has the slogan 'Know the Signs' or 'Pain Isn't Always Obvious' or 'Suicide Is Preventable,'" "visited the website 'Suicide Is Preventable dot org,'" or "seen or heard an advertisement for suicide prevention with the website 'Suicide is Preventable dot org.'" Respondents reporting "yes" to any of these questions were categorized as having been exposed to KTS.

3 35 percent at baseline + 33 percent newly exposed among 65 percent of those unexposed at baseline = 56.45 percent.

4 Among those with no exposure at baseline, our regression model took the form \( Y_2 = \beta_0 + \beta_1 Y_1 + \beta_2 X \), where \( Y \) is level of confidence and \( X \) is exposure to KTS, as reported at the follow-up survey. The results from this model were \( \beta_0 = 2.26, \beta_1 = 0.43, \) and \( \beta_2 = 0.39. \)

References


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