



Campaign Evaluation National Bowel Cancer Screening Program (NBCSP) Australia



Report of Findings

Prepared for:
Department of Health

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Executive Summary

In April 2015 the Australian Government Department of Health launched the National Bowel Cancer Screening Program (NBCSP) campaign *A Gift for Living*, to raise awareness about the programme and promote that all eligible Australians aged 50-74 years are sent a free Faecal Occult Blood Testing (FOBT) Kit – a simple test to screen for bowel cancer. The campaign included print, online, out of home (collectively reported as 'print') and radio advertising and included specific material for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) audiences. Specifically, the campaign objectives included:

- To increase awareness of the prevalence of bowel cancer in Australia and awareness of the NBCSP, including the invitation process and availability of free screening to eligible Australians.
- To increase awareness among the target audience of the change in screening ages and intervals over the next five years.
- To increase confidence in the NBCSP ability in the early detection and prevention of bowel cancer.
- To reinforce the simple nature of the test, and the fact it can be completed in the privacy of your own home.
- To generate an increased intention to participate in the NBCSP.

The aim of this research was to assess the campaign against its objectives amongst the target audience of men and women aged between 50 and 74 years, specifically assessing:

- Overall awareness of the NBCSP;
- Attitudes towards the programme;
- Levels of knowledge about the screening programme;
- Levels of awareness of the campaign;
- Knowledge of the campaign's key messages;
- Information access (including where they have seen or heard the campaign's materials);
- Current behaviour with regards to screening;
- Future intentions in relation to key messages; and
- Demographic details.

A survey was conducted via computer assisted telephone interviews (CATI) nationally amongst 1,051 people aged 50-74 years and utilised a stratified random sample design with the key strata based on five year age groups, gender and location. To ensure a nationally representative sample size of Aboriginal and Torres Islander respondents the sample was boosted to achieve at least 50 interviews with this audience. A total of 88 culturally and linguistically diverse individuals were surveyed, which is slightly lower than the proportion nationally. Results in the report are based on data weighted by location and age within sex. Statistical significant differences are based on a t-test at a 95% confidence

interval. Due to the differences between the sample sizes of the mainstream, Indigenous and culturally and linguistically diverse audiences it is difficult to detect small changes at a 95% confidence interval and as such may be reported as non-significant.

Key Findings

Nearly one third (28%) of the target audience recalled seeing at least one element of the campaign, with all media channels displaying a similar level of recognition (print 19%, radio 16%).

Unprompted recall of the campaign represented 2% of all people surveyed, signifying 6% of people aged 50-74 years who recalled any bowel cancer screening category advertising.

Recognition amongst Aboriginal and Torres Strait Islander people of the general print, out of home and online material was similar to the general population (21% compared with 19% in the general population). Recall of radio material amongst Aboriginal and Torres Strait Islander people was lower (but not significantly) than amongst the general population (13% lower than 19%). 16% of Aboriginal and Torres Strait Islander people recalled the specific material developed for this group.

The campaign material was considered to be very easy to understand (86%), very believable (82%), very informative (76%) and very relevant (73%). Key campaign messages were clearly communicated, with nearly all respondents who were aware of the campaign agreeing that the *FOBT kit can detect bowel cancer before symptoms appear*.

Respondents who were exposed to the campaign were significantly more likely than those not exposed to say that they were likely to use the FOBT kit next time they were sent one (91% compared with 82%).

Overall awareness of the programme was high amongst all groups (91%) and respondents who were aware of the campaign were significantly more likely than those who were unaware to also be aware of the NBCSP (96% compared to 89%).

Amongst people aged 50-74 years the self-reported rate of having ever participated in the programme was 46%. The most commonly reported reason for non-participation was that they had undergone a colonoscopy (25%).

Overall there were high levels of agreement with key statements that reflect the positive aspects of screening, including *the benefits of screening outweigh the negatives* (93%) and *regular screening is the best way to detect bowel cancer* (94%). Although there was comparatively less agreement with the statements that *the bowel cancer screening test is easy to do* (80%) and that *screening can detect bowel cancer before symptoms appear* (81%), the vast majority of respondents either partly or strongly agreed with these.

People who were aware of the *A Gift for Living* campaign were significantly more likely than those who were not aware of the campaign to believe core statements about the programme, that the NBCSP *provides a high quality service* (92% compared to 86%) and *is effective at detecting cancer early* (92% compared to 76%).

Introduction

Bowel cancer is one of Australia's most common cancers, and a major health risk for people aged over 50 years. It is the second biggest cancer killer and accounts for around 80 deaths in Australia every week. If caught early, up to 90 per cent of cases can be successfully treated. The screening test used in the National Bowel Cancer Screening Program (NBCSP) can save lives by catching cancer early.

The NBCSP mails free bowel cancer screening kits to Australians aged 50-74. Between now and 2020, the programme will expand so that all people aged 50-74 will receive a test kit every two years.

A national communications campaign was developed to increase awareness of the programme and its expansion amongst Australians aged 50-74 years.

The Australian Government Department of Health commissioned McNair Ingenuity Research to conduct a post campaign research study to evaluate the effectiveness of the campaign to date.

This report details the key findings from the campaign evaluation survey conducted amongst men and women aged 50-74 years across Australia in May and June 2015.

Background

1. Campaign Context

Cancer screening can help protect health through early detection, even if there are no symptoms of the disease. Simple screening tests look for particular changes and early signs of cancer before it has developed or before any symptoms emerge. The NBCSP invites Australians aged over 50 years to screen for bowel cancer using a free, simple test at home. The programme sends free Faecal Occult Blood Test (FOBT) kits in the mail to eligible Australians (aged between 50 and 74 years). The Australian Government has increased its commitment to the early detection of bowel cancer by expanding the NBCSP to progressively introduce biennial screening by 2020.

2. Communications Strategy

The NBCSP campaign supports the programme expansion with activities designed to encourage participation in the programme and inform Australians about the expansion.

A new NBCSP campaign was launched on 12 April 2015. The first wave concluded one month later.

There was a smaller second burst of media (radio and print) in the last two weeks of June; however, recognition of this is not captured in this report.

3. Target Audience

The campaign was targeted at men and women aged between 50 and 74 years across Australia.

4. Communications Objectives

The NBCSP aims to continue to reduce deaths from bowel cancer through early detection of the disease. The overall aim of the campaign is to inform Australians aged 50-74 years there is a simple, free test available. Specifically the campaign objectives are:

Awareness

- To increase awareness of the prevalence of bowel cancer in Australia and awareness of the NBCSP, including the invitation process and availability of free screening to eligible Australians.
- To increase awareness among the target audience of the change in screening ages and intervals over the next five years.

Attitudes

- To increase confidence in the NBCSP ability in the early detection and prevention of bowel cancer.
- To reinforce the simple nature of the test, and the fact it can be completed in the privacy of your own home.

Intentions

- To generate an increased intention to participate in the NBCSP.

5. Campaign Elements

The mass media campaign included print (newspapers and magazines), radio, out of home (washrooms) and online. This campaign was supported by public relations material including brochures, posters and flyers. The theme of the campaign was “A Gift for Living”, with an example of the print advertising below:

A gift for living

National Bowel Cancer Screening Program Kit

Easy, quick, done in your own home when convenient to you.

If you're aged 50-74 you'll be sent a free bowel cancer screening kit. The kit is simple to use and can detect bowel cancer before any symptoms appear. Around 80 Australians die of bowel cancer every week, but if detected early, up to 90% of cases can be successfully treated. So be sure to complete and return your kit. It's a gift that could save your life. If you're over 74 talk to your GP. By 2020 people aged 50-74 will receive a kit every two years.

 **Australian Government**

australia.gov.au/bowelscreening
1800 11 88 68

NATIONAL BOWEL CANCER SCREENING PROGRAM

The script for the radio advertisement was:

The free bowel cancer screening kit isn't just any gift. It's a gift that could save your life. Because it can detect bowel cancer before any symptoms appear. And early detection can give you up to a 90% chance of survival. By 2020 people aged 50 to

74 will receive a kit every two years. Visit australia.gov.au/bowelscreening or call 1800 11 88 68 Bowel screening. It's A Gift for Living.

In addition to the campaign materials for the general population, specific materials for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse (CALD) groups were created.

Indigenous specific materials included print, radio, fact sheet and flyer. The print ad and radio script are below:

A gift for living.

It's a gift that could save your life, and make sure you're around to be strong and healthy for your family.

National Bowel Cancer Screening Program Kit

Easy, quick, done in your own home when convenient to you.

If you're aged 50-74 you'll be sent a free bowel cancer screening kit. The kit is easy for you to use, and can detect bowel cancer before any symptoms appear. Around 80 Australians die of bowel cancer every week, but if detected early, up to 90% of cases can be successfully treated. So be sure to complete and return your kit. If you're over 74 talk to your GP.

By 2020 people aged 50-74 will receive a kit every two years.

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1800 11 88 68

NATIONAL BOWELCANCER
SCREENING PROGRAM

Indigenous radio script:

The free bowel screening kit isn't just any gift. It's a gift that could save your life and make sure you're around to be strong and healthy for your family. Because it can detect bowel cancer before any symptoms appear, and early detection can give you

up to a 90% chance of survival. By 2020 people aged 50 to 74 will receive a kit every two years.

Visit australia.gov.au/bowelscreening, call 1800 11 88 68, or visit your local medical centre for more information.

Bowel screening. It's A Gift for Living.

The campaign was also translated into Arabic, Mandarin, Cantonese, Italian, Greek and Vietnamese for press, radio and digital (Mandarin and Cantonese only). An example of the Arabic print advertisement is below:



هدية الحياة

NATIONAL BOWELCANCER SCREENING PROGRAM
National Bowel Cancer Screening Program Kit
إنها سهلة وسريعة ويتم إجراؤها في منزلك في الوقت الذي يناسبك.

إذا كنت تبلغ من العمر 50 إلى 74 عاماً فسوف تُرسل إليك رزمة مجانية لفحص سرطان الأمعاء. والرزمة سهلة الاستخدام ويمكن بواسطتها اكتشاف سرطان الأمعاء قبل ظهور أية أعراض. إن سرطان الأمعاء يتسبب بوفاة حوالي 80 أستراليا وأستراليا كل أسبوع، لكن إذا تم اكتشافه مبكراً فإنه يمكن معالجة ما يصل إلى 90% من الحالات بنجاح. إذا تأكد من اتباع التعليمات في رزمتك وإعادتها، إنها هدية يمكن أن تنقذ حياتك. إذا كنت فوق سن 74 عاماً تحدّث عن الأمر مع طبيبك العام. بحلول العام 2020 سيتلقى كل فرد بين سن 50 و 74 سنة رزمة كل سنتين.

australia.gov.au/bowelscreening
1800 11 88 68
إذا كنت بحاجة إلى مساعدة في اللغة الخاصة بك، يرجى الاتصال بخدمة الترجمة والتفسير (TIS) على الرقم 131 450

Australian Government
NATIONAL BOWELCANCER SCREENING PROGRAM
Authorised by the Australian Government, Capital Hill, Canberra.

Methodology

1. Research Objectives

An evaluation survey was conducted immediately after the first wave of the campaign to determine current levels of awareness, attitudes, knowledge, behaviour and intentions about bowel cancer and bowel cancer screening. The main research objectives were:

- Overall awareness of the NBCSP;
- Attitudes towards the programme;
- Levels of knowledge about the screening programme;
- Levels of awareness of the campaign;
- Knowledge of the campaign's key messages;
- Information access (including where they have seen or heard the campaign's materials);
- Current behaviour with regards to screening;
- Future intentions in relation to key messages; and
- Demographic details.

2. Research and Sample Design

The survey was administered through a computer assisted telephone interview (CATI) concurrently with the evaluation survey for the Department of Health BreastScreen Australia campaign.

Respondents who met the criteria, that is had not had bowel cancer and were aged between 50 and 74 years, completed a 15 minute telephone interview.

In order to ensure there was adequate representation of Indigenous respondents, the sample was boosted from the McNair Ingenuity Research Indigenous Panel to achieve at least 50 interviews with this audience.

Respondents whose English was limited were offered support from bi-lingual interviewers.

3. Survey Development

The questionnaire was developed by McNair Ingenuity Research consultants from a brief provided by Department of Health. Final approval for the questionnaire was given by Department of Health staff prior to programming. Questions were mostly closed ended and used a combination of ordinal and scaled question design.

4. Fieldwork Statistics

The survey was conducted over four weeks between 13 May 2015 and 3 June 2015 by the McNair Ingenuity Research in-house CATI team. The response rate was 45%.

5. Analysis

All results were subsequently “RIM weighted” by age within sex and by location, so as to bring the sample into line with the population distribution of each area by these characteristics.

Results in this evaluation report are based on weighted data and tested for statistically significant differences based on a t-test at 95% confidence interval. Significant differences are marked with an asterisk (*). Any apparent differences are not significant unless stated.

Sample Composition

A total of 1,051 surveys were completed with men and women aged 50-74 years across Australia.

The sample was split according to age and location at an Australia-wide level using the 2012 Australian Bureau of Statistics Estimated Resident Population (see *Table 1*).

Table 1: Sample Composition

	Total	Male	Female	Metro	Non-Metro	Indigenous	CALD
Total	1,051	514	537	667	384	58	88

Key Findings

1. Campaign Awareness

Category recall

All respondents were asked if they had recently seen or heard any advertising about bowel cancer screening (see *Table 2*). Over one third (36%) of all people surveyed were aware of any bowel cancer screening advertising or information.

Recall was significantly higher amongst people in regional areas (47%) and significantly lower among respondents from culturally and linguistically diverse backgrounds (21%).

Table 2: Awareness of Bowel Cancer Screening Category advertising in the last 3 months– Target Group Comparisons

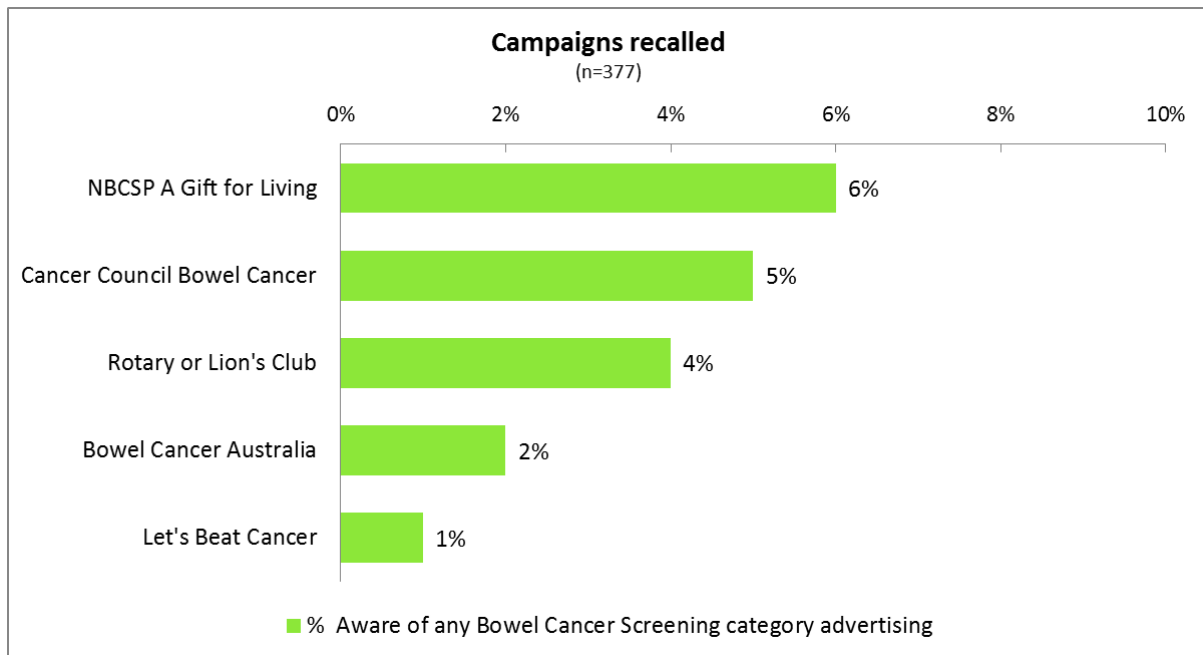
	Total 50-74 Years (n=1051)	Non- Metro 50-74 years (n=384)	Indigenous 50-74 Years (n=58)	CALD 50-74 years (n=88)
Read, saw, or heard any advertising or materials about bowel cancer screening	36%	47%*	43%	21%*

Unprompted recall

The majority of respondents who were aware of any category advertising about bowel cancer screening could not adequately describe any specific campaign that they had seen or heard. Responses were more likely to describe where the campaign was seen or a general media campaign rather than to provide any specific details about campaign creative. When asked to describe any campaign that they had seen or heard, respondents mostly mentioned a non-specific television campaign (29%) or a non-specific press or print campaign (16%).

When comparing unprompted descriptions of bowel screening related advertising, specific recall of *A Gift for Living* was the highest (6%), followed by the Rotary or Lion's Club campaigns (4%) and Cancer Council Bowel Cancer campaigns (5%) (See *Figure 1*).

Figure 1: Unprompted Recall of Specific Advertising in the last 3 months



Prompted recognition

When prompted, almost one in three (28%) respondents had seen or heard at least one of the elements of *A Gift for Living* campaign (see *Table 3*). Exposure was significantly higher amongst younger respondents aged 50-54 years (36%) and respondents in non-metropolitan areas (32%).

There is an indication that the prompted recall of any campaign element is higher among Aboriginal and Torres Strait Islander and culturally and linguistically diverse audiences, however the sample sizes of these groups are not large enough to detect any statistically significant difference.

Recognition of Indigenous specific material was 16% among Aboriginal and Torres Strait Islander audiences. Prompted recognition of campaign materials in the culturally and linguistically diverse audience was 32%, but there was no recognition of the specifically translated materials amongst this small sub sample.

In regards to the media channels used, for the overall population there was no significant difference in recognition of radio (16%) and print, out of home and online (19%) advertising. However among older respondents aged 70-74 years, print advertising appeared to play an important role as they were much more likely to recognise print (15%) in comparison to radio advertisements (9%).

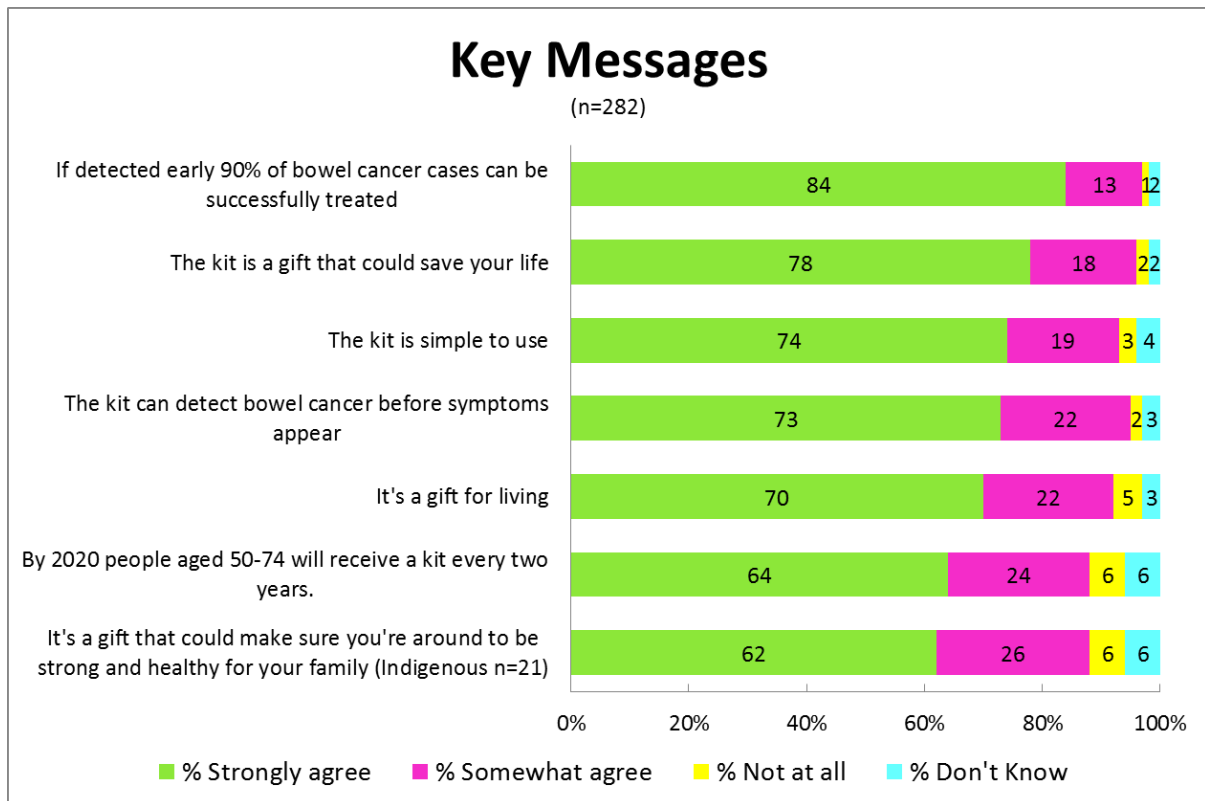
Table 3: Prompted recall – A Gift for Living Campaign materials

	Total 50-74 years (n=1051)	Indigenous 50-74 years (n=58)	CALD 50-74years (n=88)
Overall	28%	36%	32%
Print, Outdoor and Online advertising	19%	21%	24%
Radio advertising	16%	13%	21%
Indigenous specific materials	-	16%	-

Knowledge of key campaign messages

Each of the key messages measured had strong recognition amongst respondents who were aware of at least one of the campaign elements. The most strongly communicated message was “If detected early 90% of bowel cancer cases can be successfully treated”, where 97% of all respondents gained this impression from the campaign.

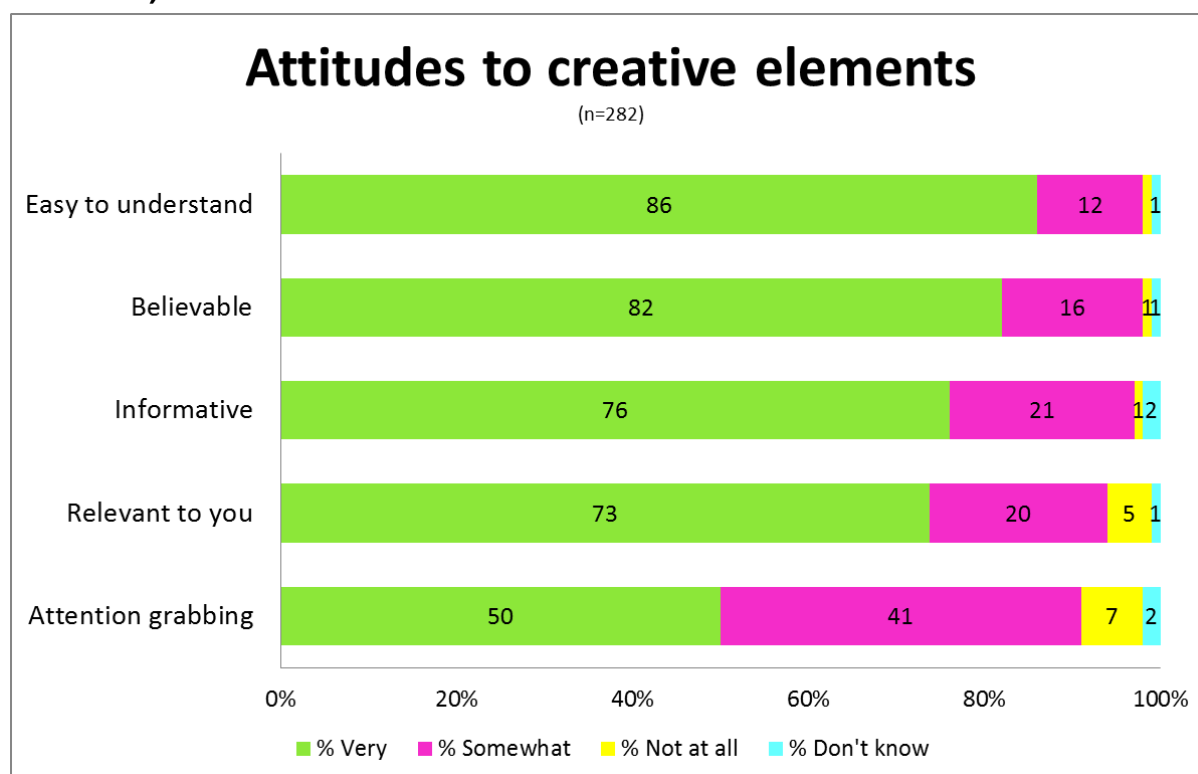
Figure 2: Impressions of Key Messages (Base: total aware of any campaign elements)



Reactions to campaign creative

The majority of respondents said that the campaign was very easy to understand (86%), very believable (82%), very informative (76%) and very relevant to them (73%). The majority of respondents said that the campaign was very or somewhat attention grabbing (91%).

Figure 3: Attitudes to creative elements (Base: total aware of any campaign elements)



Screening behaviour

Respondents who were aware of the campaign were significantly more likely than those not aware to have completed an FOBT test kit (whether NBCSP related FOBT or not) in the last 12 months (29%, higher than 19%).

Table 4: Screening behaviour – usage of any home FOBT test

	Aware of Campaign (n=283)	Not aware of campaign (n=706)
Within the past 12 months	29%*	19%*
1 to 2 years ago	21%	17%
2 to 5 years ago	13%	19%
More than 5 years ago	5%	7%
Never	33%	38%
Don't know	2%	1%

2. Indicators of Campaign Impact

Direct influence of the campaign – likely actions taken

Respondents who were aware of the NBCSP *A Gift for Living* campaign were significantly more inclined than those who weren't to say that they were likely (net very or quite likely) to use the test kit next time it was sent to them (91%, higher than 82%).

Older respondents who were aware of the campaign aged 70-74 years were significantly less inclined than younger respondents who were aware of the campaign to say that they were likely (very or quite) to use the NBCSP kit next time it was sent to them (78%, lower than 85%).

Overall Awareness of the NBCSP

Overall awareness of the NBCSP was high, with 91% of people surveyed reporting that they had heard of the programme. Respondents who were aware of the *A Gift for Living* campaign were significantly more likely than respondents not aware to also be aware of the programme (96%, higher than 89%).

Female respondents were significantly more likely than males to have heard of the programme, although overall awareness in both groups still remained high (92% compared with 89%). Older respondents aged 70-74 years were significantly less likely than younger respondents aged 50-69 years to say that they were aware of the programme (81% compared with 92%).

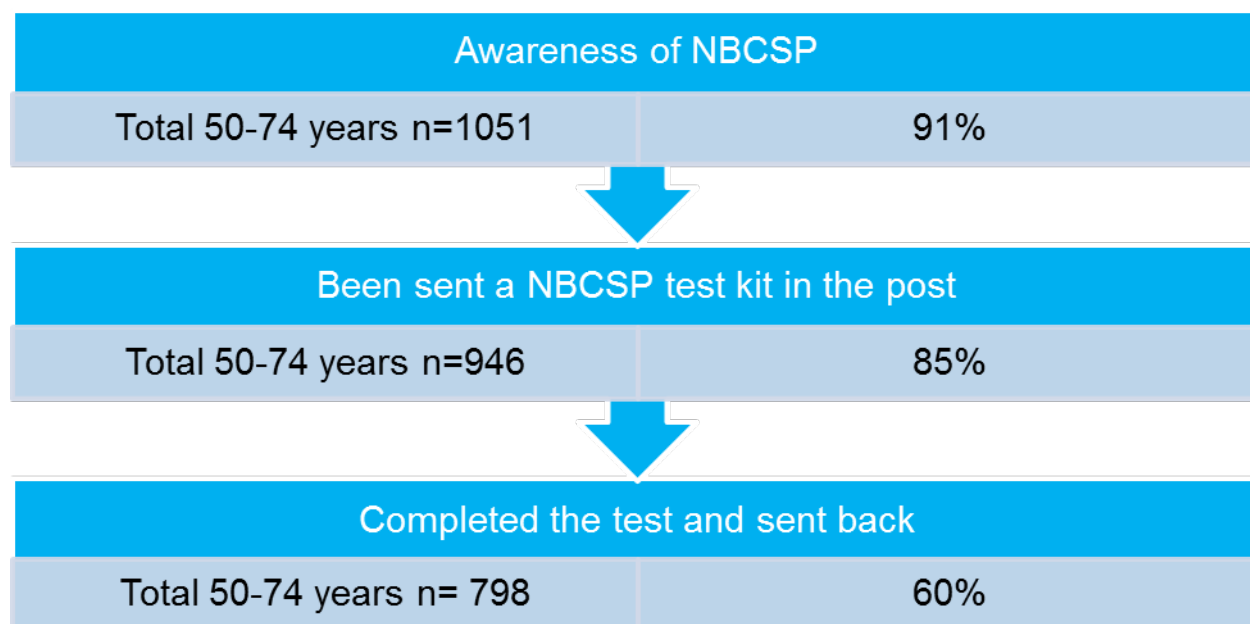
Respondents from Aboriginal and Torres Strait Islander backgrounds and respondents from culturally and linguistically diverse backgrounds were significantly less likely than all other respondents to be aware of the NBCSP (81%, 83%, and 91% respectively).

Reported participation

Whilst one of the goals of the campaign strategy was to increase participation in the NBCSP amongst people aged 50-74 years, it is too early to attribute any change in reported participation in the NBCSP to the effect of the *A Gift for Living* campaign as kits are distributed based on eligible ages. Of the people who were aware of the NBCSP, 85% said they had ever received a kit in the post; 60% of those reported having completed and sent it back, resulting in an overall reported participation rate of 46%. The main reasons given for not completing the FOBT kit were that respondents had undergone a colonoscopy (25%) or that they were too lazy (16%).

Respondents who were aware of the campaign were significantly more likely than respondents who were unaware to report participating in the programme (54% compared with 43%).

Figure 4: Reported participation amongst people 50-74 years (Overall reported participation = 46%)¹



Attitudes to screening

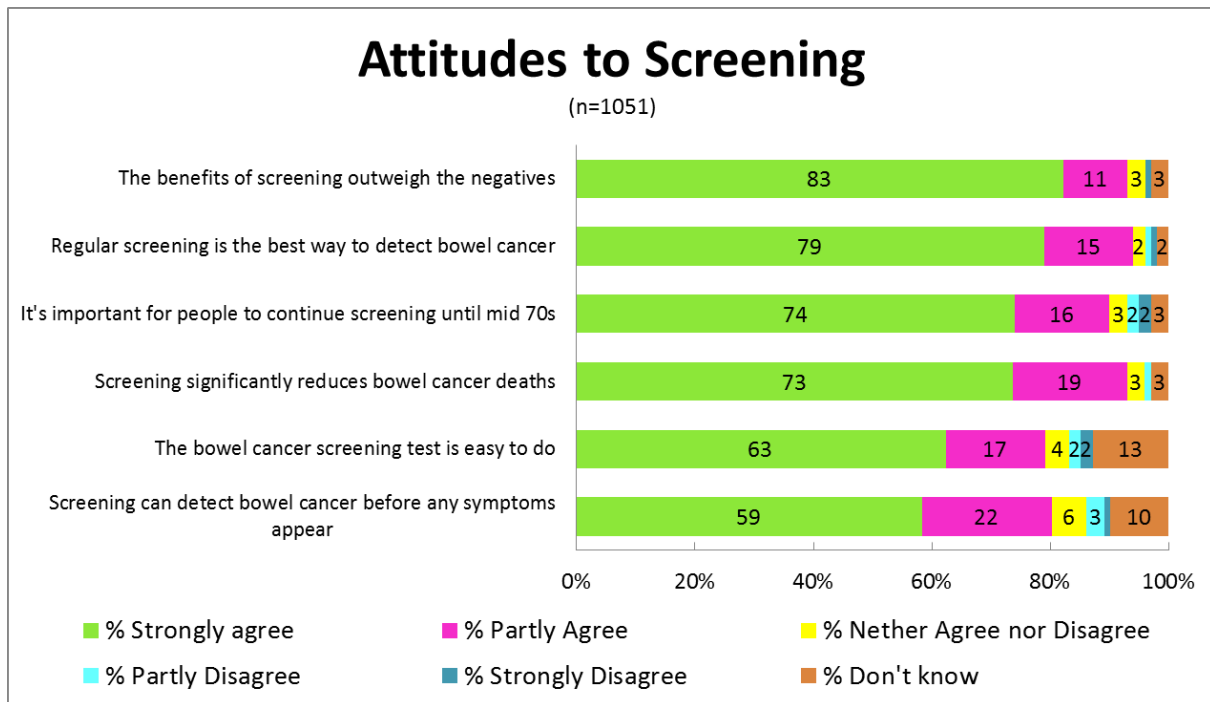
There was overwhelming agreement by all respondents with key statements that reflect the positive aspects of cancer screening (see *Figure 5*). The majority agree *that the benefits of screening outweigh the negatives* (net 94%) and that *regular screening is the best way to detect bowel cancer* (net 94%). Respondents also agreed that *it is important to continue screening until mid-70s* (net 90%).

Whilst two thirds (63%) of respondents strongly agreed that *the bowel cancer screening test is easy to do*, 13% of respondents stated they did not know, indicating a lack of understanding of FOBT requirements or that they have not had the opportunity to participate.

Respondents aged 50-54 years were significantly less likely than older respondents to agree *that the bowel cancer screening test is easy to do* (71%, lower than 85%). Respondents who had already taken the FOBT test were significantly more likely than those who had not taken the test to agree *that the bowel cancer screening test is easy to do* (96%, higher than 56%).

¹ Overall participation calculated from those who had ever completed the test and sent back as a proportion of the total sample

Figure 5 Attitudes to Screening (Base: all respondents)



Respondents who were aware of the campaign were more likely to have positive attitudes than respondents who were not aware of the campaign. Agreement with all positive attitude statements was significantly higher among respondents aware of NBCSP campaign materials in comparison to respondents that were unaware (see *Table 5*).

Whilst agreement with the positive statements was also high amongst respondents from culturally and linguistically diverse backgrounds, this group of respondents were significantly less likely than English speaking respondents to agree with the following statements:

- *Regular screening is the best way to detect bowel cancer*
- *Screening significantly reduces bowel cancer deaths*
- *The benefits of screening outweigh the negatives*

Table 5: Attitudes to screening (% agreement)

	Aware of Campaign (n=287)	Not Aware of Campaign (n=764)	English Language Speaking (n=963)	Non-English Language Speaking (n=88)
Regular screening is the best way to detect bowel cancer	97%*	92%*	94%*	87%*
It's important for people to continue screening until mid-70s	96%*	88%*	91%	87%
Screening significantly reduces bowel cancer deaths	97%*	91%*	93%*	86%*
The bowel cancer screening test is easy to do	88%*	76%*	80%	73%
Screening can detect bowel cancer before any symptoms appear	85%*	79%*	82%	74%
The benefits of screening outweigh the negatives	96%*	92%*	94%*	81%*

Beliefs about screening

Respondents were asked at what age bowel cancer screening using the FOBT kit should commence. There was confusion about the recommendation with 39% correctly stating screening should commence from 50 years however almost one in three (29%) believe screening should commence over 40 years, and a further 4% stating screening should commence from 60 years.

Respondents who were aware of the campaign were also significantly more likely than those unaware to agree that the NBCSP FOBT kit is effective at detecting bowel cancer (81% compared with 71%).

Beliefs about the programme

Respondents were also asked their beliefs about the programme and bowel cancer in general. Those who were aware of the campaign were significantly more likely than those not aware to agree with the bank of statements (see *Table 8* below).

In most cases, at least 25% of respondents did not know if the proposed statement was true or not. The only exception to this was that only 5% do not know if *the National Bowel Cancer Screening Program is free*.

Table 6: Beliefs about NBCSP (% Believe TRUE)

	Aware of Campaign (n=287)	Not Aware of Campaign (n=764)
The National Bowel Cancer Screening Program is free	97%*	91%*
The recommended interval for screening is every two years	77%*	58%*
Bowel cancer is Australia's second biggest cancer killer	74%*	53%*
The programme send test kits to people aged 50, 55, 60, 65	69%*	54%*
By 2020 people aged 50-74 years will receive a kit every two years	68%*	44%*
The programme send test kits to people aged 50, 55, 60, 65, 70, 74	65%*	47%*
Around 80 Australians die of bowel cancer every week	59%*	40%*

Attitudes towards the programme

Respondents who were aware of the campaign were significantly more likely than respondents who were not aware to agree that the NBCSP provides a high quality service (92%, higher than 76%), is effective at detecting bowel cancer early (92%, higher than 86%), and that screening for bowel cancer in this way is a good idea (98%, higher than 93%).

Table 7: Attitudes towards the Program (% agreement)

	Aware of Campaign (n=287)	Not aware of campaign (n=764)
The programme provides a high quality service	92%*	76%*
The programme is effective at detecting bowel cancer early	92%*	86%*
Screening for bowel cancer in this way is a good idea	98%*	93%*

Attitudes towards risk

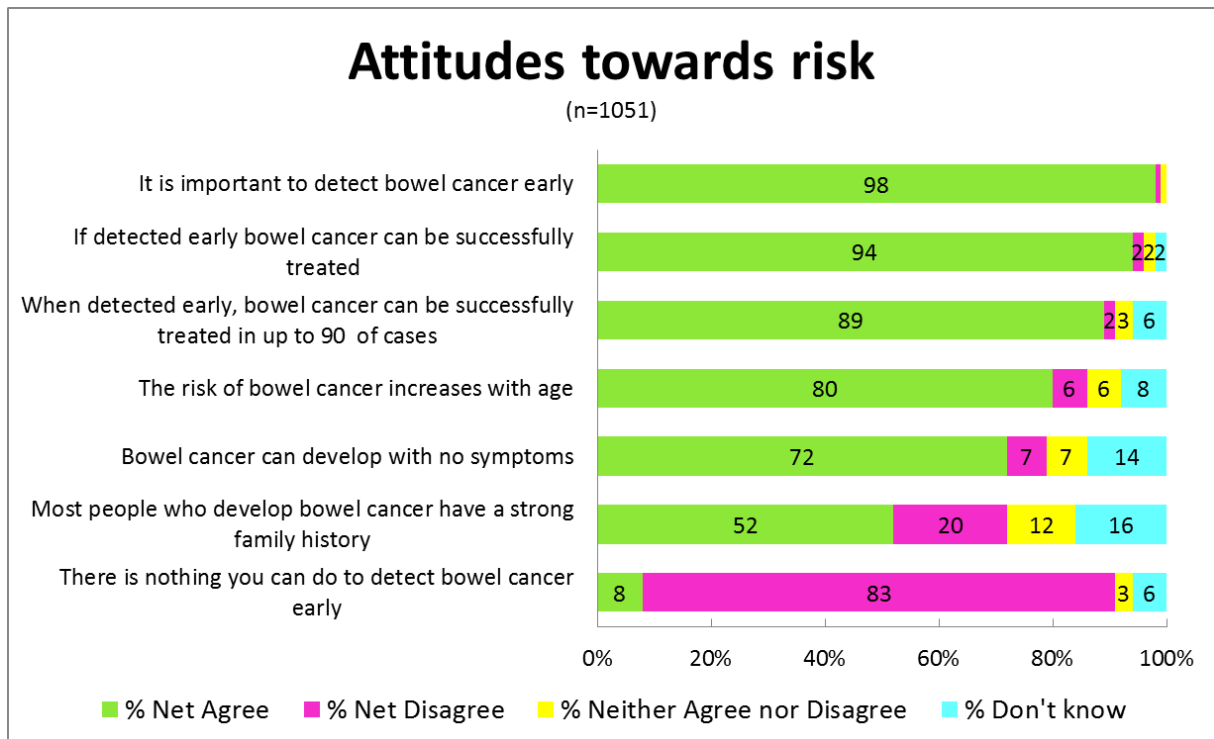
Respondents were asked what their main health concerns are for themselves personally, and people their age. Although the most common response was cardiovascular conditions (25%), 16% of respondents considered bowel cancer as a significant health concern.

There is universal agreement among the target audience that *it is important to detect bowel cancer early* and the majority of respondents strongly agree *that bowel cancer can be successfully treated if it is detected early* (94%).

There appears to be some confusion regarding risks associated with a family history of bowel cancer, with more than half of all respondents (52%) thinking that *most people who develop bowel cancer have a strong family history*.

In all cases, respondents who were aware of the campaign were significantly more likely than respondents who were unaware of the campaign to agree with the statement.

Figure 6: Beliefs about Risk (Base: total aware of any campaign elements)²



² Net agree/disagree – addition of strongly and somewhat agree/disagree

Summary and Recommendations

The overall prompted awareness of 28% for the *A Gift for Living* campaign is satisfactory and given the relatively low media weights, this level of awareness of the campaign shows evidence of some cut through. The majority of respondents (91%) said that the campaign was very or somewhat *attention grabbing*, indicating that the creative approach is strong enough to provide some cut through.

There was no significant difference in recall between the print (including out of home and online) and radio advertising materials amongst the general population. The continuation of all campaign materials would be beneficial and greater media weight given where possible.

There is an indication that the prompted recall of any campaign element is higher among Aboriginal and Torres Strait Islander audiences; however the sample size of this group, although nationally proportional, is not large enough to detect any statistically significant difference.

Prompted recognition of campaign materials in the culturally and linguistically diverse audience was 32%, but there was no recognition of the specifically translated materials amongst this small sub sample. In order to understand the effectiveness of the translated campaign materials amongst these people it is suggested that for future campaign phases the sample size be boosted to ensure adequate representation of culturally and linguistically diverse respondents.

The key messages about the importance of screening were mostly understood by respondents. The specific message about *all people between 50-74 years receiving a kit every two years by 2020* was less strongly recalled by the target audience overall but with continued communication it is expected that awareness of this practice will increase.

The specific message for Aboriginal and Torres Strait Islander men and women that the NBCSP is *a gift that could make sure that they are around to be strong and healthy for their family* was less strongly recalled than the other key messages of the campaign. However, the campaign material overall had high recall amongst this group, suggesting that with continued communication the message will be delivered.

The campaign had a positive impact on respondents and their intention to participate in the programme. Respondents who were aware of the campaign were significantly more likely to say they would use the FOBT kit next time they were sent one and were also more likely to have completed a FOBT in the past 12 months.

Self-reports of having ever participated in the program overall is 46%. Respondents who were aware of the *A Gift for Living* campaign were significantly more likely than those who were unaware to have participated in the programme (54%, compared with 43%). However, given screening intervals and how recent the campaign was the participation cannot be attributed to campaign exposure and previous participation may have influenced awareness of the campaign. That being said, indications in the survey show that awareness of the campaign positively impacts on attitudes and beliefs in relation to screening and the programme and intentions to participate in the future.

Those who have previously completed the test were vastly more likely to say the test is easy to do (96% compared with 56%). This presents an opportunity to communicate about the test and shift perceptions of those who have not yet had the opportunity to participate.

Overall, the campaign shows indications of success with the key messages understood by the target audience. Whilst the campaign had some cut through, the messages would benefit from repeating the campaign and increasing media weights to build greater awareness in the future. In addition, repetition will help to encourage greater participation in the program.

APPENDIX 1: Detailed Methodology

1. Research and Sample Design

The survey was administered through a computer assisted telephone interview (CATI), concurrently with the evaluation survey for the Department of Health BreastScreen Australia campaign. Both the NBCSP campaign and the BreastScreen Australia campaign surveys made use of the same sample frame from SamplePages, which are sourced from a directory of 7 million residential numbers, updated monthly, and checked regularly for consistency. The sample includes approximately 850,000 mobile numbers with location information attached. Both surveys were programmed and depending on the respondent criteria respondents were allocated to the BreastScreen evaluation survey, the NBCSP evaluation survey or neither survey.

The survey was conducted nationally amongst 1,051 people aged 50-74 years and utilised a stratified random sample design with the key strata based on 5 year age groups, gender and location.

Respondents who met the criteria, that is had not had bowel cancer and were aged between 50 and 74 years, completed a 15 minute telephone interview.

In order to ensure there was adequate representation of Aboriginal and Torres Strait Islander respondents, the sample was boosted from the McNair Ingenuity Research Indigenous Panel to achieve at least 50 interviews with this audience.

Respondents whose English was limited were offered support from a bi-lingual interviewers.

2. Survey Development

The questionnaire was developed by McNair Ingenuity Research consultants from a brief provided by Department of Health. Final approval for the questionnaire was given by Department of Health staff prior to programming. Questions were mostly closed ended, and used a combination of ordinal and scaled question design.

3. Fieldwork Statistics

The survey was conducted over four weeks between 13 May 2015 and 3 June 2015 by the McNair Ingenuity Research in-house CATI team. Response rate across both BreastScreen evaluation and NBCSP evaluation surveys was 45%.

4. Analysis

Open ended responses were coded by the McNair Ingenuity Research coding team.

All results were subsequently "RIM weighted" by age within sex and by location, so as to bring the sample into line with the population distribution of each area by these characteristics.

The computer tables in a separate Appendix to this report show detailed results for each question tabulated by region state, gender, age group, cultural group and awareness of the campaign.

The numbers of respondents on whom percentages are calculated are shown in the computer tables at the top of each column. Special care needs to be taken in interpreting the results where the number of respondents is small. In these cases, there is a relatively wide possible margin of error in the results.

For results in this report that are based on all 1,051 people in the sample, the true result in the population is no more than plus or minus 3.2% around the result shown in this report (at the 95% level of confidence). For results in this report that are based on sub-samples, there is a wider possible margin of error. For example, amongst a sub-sample sample of 250 the true result in the population is no more than plus or minus 6.3% around the result shown in this report (at the 95% level of confidence).

Table 8: Margin of Error Table (95% CONFIDENCE LEVEL) Percentages Giving a Particular Answer

Sample Size	5% 95% %	10% 90% %	15% 85% %	20% 80% %	25% 75% %	30% 70% %	35% 65% %	40% 60% %	45% 55% %	50% 50% %
50	6.2	8.5	10.1	11.3	12.2	13.0	13.5	13.9	14.1	14.1
100	4.4	6.0	7.1	8.0	8.7	9.2	9.5	9.8	9.9	10.0
150	3.6	4.9	5.8	6.5	7.1	7.5	7.8	8.0	8.1	8.2
200	3.1	4.2	5.0	5.7	6.1	6.5	6.7	6.9	7.0	7.1
250	2.8	3.8	4.5	5.1	5.5	5.8	6.0	6.2	6.3	6.3
300	2.5	3.5	4.1	4.6	5.0	5.3	5.5	5.7	5.7	5.8
400	2.2	3.0	3.6	4.0	4.3	4.6	4.8	4.9	5.0	5.0
500	1.9	2.7	3.2	3.6	3.9	4.1	4.3	4.4	4.4	4.5
600	1.8	2.4	2.9	3.3	3.5	3.7	3.9	4.0	4.1	4.1
700	1.6	2.3	2.7	3.0	3.3	3.5	3.6	3.7	3.8	3.8
800	1.5	2.1	2.5	2.8	3.1	3.2	3.4	3.5	3.5	3.5
900	1.5	2.0	2.4	2.7	2.9	3.1	3.2	3.3	3.3	3.3
1000	1.4	1.9	2.3	2.5	2.7	2.9	3.0	3.1	3.1	3.2

5. Sample Composition

A total of 1,051 surveys were completed with men and women aged 50-74 years across Australia.

The sample was split according to age, location and cultural and linguistic background at an Australia-wide level using the 2012 Australian Bureau of Statistics Estimated Resident Population.

Table 9: Sample Composition

	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	Total
Total	205	212	206	214	214	1,051
Male	97	104	101	106	106	514
Female	108	108	105	108	108	537
Metropolitan	128	137	133	132	137	667
Non-Metropolitan	77	75	73	82	77	384
NSW	70	70	68	74	72	354
VIC	42	46	48	46	53	235
QLD	43	43	41	43	38	208
SA	14	19	16	17	16	82
WA	22	21	18	17	18	96
TAS	7	6	8	9	7	37
NT	1	2	3	1	2	9
ACT	6	5	4	7	8	30
Indigenous	13	17	7	12	9	58
CALD	14	14	17	16	27	88

Appendix 2: FINAL Questionnaire

Good, I'm from McNair Ingenuity Research. Today, we are conducting a short study on health among people aged between 45 and 74 years on behalf of the Department of Health which will take 15 minutes or so. Could I please talk to the person aged between 45 and 74 years living in your household who last had a birthday? **IF NO SUCH AGED PERSON IN HOUSE TERMINATE, THANKING RESPONDENT. IF LAST BIRTHDAY NOT AVAILABLE, MAKE AN APPOINTMENT AND RECORD ON CALL SHEET. WHEN LAST BIRTHDAY COMES TO PHONE, GO TO INTRODUCTION.**

Part A:

Record Gender:

1 **Male** – Allocate to part B: NBCSP

2 **Female** – Randomly allocate to part B: NBCSP or part C: BreastScreen (Part C is not included in this report as it is contained in report B BreastScreen Evaluation)

1. Which of the following age groups do you belong to?

Under 45	1 TERMINATE	60-64 years	5
45-49 years	2 BREASTSCREEN ONLY	65-69 years	6
50-54 years	3	70-74 years	7
55-59 years	4	75+	8 TERMINATE

2. Do you identify yourself as a person of Aboriginal or Torres Strait Islander descent?

1	Yes
2	No
3	Don't know

3. Were you born in Australia or overseas? **IF BORN OVERSEAS ASK:** And would that have been English speaking or non-English speaking country? **IF BORN OVERSEAS:** Which country were you born in?

Australia	1 GO TO PART B/C
English speaking	2 } GO TO PART B/C
Non-English speaking	3 } GO TO Q4

WHICH COUNTRY: _____

4. What is the main language spoken by yourself at home?

		NOTE LANGUAGE TO USE FOR Q15biii	NOTE LANGUAGE TO USE FOR PART C Q13bii
Arabic	1	Y	Y
Cantonese	2	Y	Y
Chinese NFI	3	Y	Y
Filipino / Tagalog	4		
German	5		
Greek	6	Y	Y
Hindi (Indian)	7		
Italian	8	Y	Y
Japanese	9		
Korean	10		
Mandarin	11	Y	Y
Polish	12		
Portuguese	13		
Spanish	14	Y	
Turkish	15		
Vietnamese	16	Y	Y
Croatian	17	Y	
Macedonian	18	Y	
English	19		
Other (specify: _____)	20		
Don't know	21		
Refused	22		

Part B: NBCSP

INTRODUCTION – once established NBCSP participant

Today we are conducting a study on health among people aged between 50 and 74 years on behalf of the Department of Health which will take 20 minutes or so of your time.

1 Have you ever had bowel cancer?

Yes	1	TERMINATE
No	2	

2 Thinking about you personally and other women of your age, what are the major health problems you are concerned about? Any others? **DO NOT READ OUT MULTIPLE RESPONSE**

Cancer:	
Breast cancer	01
Bowel cancer	02
Ovarian cancer	03
Cervical cancer	04
Prostate cancer	05
Lung cancer	06
Other cancer	07
Health risk factor related:	
Not being fit	08
Overweight	09
Stress	10
Long-term health conditions:	
Osteoporosis	11
Arthritis / rheumatism	12
Mental and behavioural conditions	13
Asthma	14
Heart disease / heart attack	15
Diabetes	16
Blood pressure	17
Other conditions:	
Back problems	18
Gynaecological problems	19
Menopause	20
Hormone replacement therapy	21
Other (WRITE IN)	22

3. Now, I'd like to talk about bowel cancer. I am going to read out some statements that other people have made about bowel cancer. Please tell me how strongly you personally agree or disagree with each of the following statements? Firstly, do you agree or disagree that**READ OUT AND ROTATE. IF AGREE** - is that strongly agree or partly agree? **IF DISAGREE** - is that partly disagree or strongly disagree? **SINGLE RESPONSE PER STATEMENT**

	Strongly Disagree	Partly Disagree	Nether Agree nor Disagree	Partly Agree	Strongly agree	Don't know (DO NOT READ)
If detected early bowel cancer can be successfully treated	1	2	3	4	5	6
The risk of bowel cancer increases with age	1	2	3	4	5	6
Most people who develop bowel cancer have a strong family history	1	2	3	4	5	6
It is important to detect bowel cancer early	1	2	3	4	5	6
Bowel cancer can develop with no symptoms	1	2	3	4	5	6
When detected early, bowel cancer can be successfully treated in up to 90% of cases	1	2	3	4	5	6
There is nothing you can do to detect bowel cancer early	1	2	3	4	5	6

4. Which of the following age groups of people do you believe are most at risk of developing bowel cancer? **SINGLE RESPONSE READ OUT**

All people equally	1
18-29 years	2
Over 30 years	3
Over 40 years	4
Over 50 years	5
Over 60 years	6
Over 70 years	7
None (DO NOT READ)	8
Don't know (DO NOT READ)	9

ALL RESPONDENTS

5. Are you aware of the bowel cancer screening test that can be completed at home? **IF NECESSARY READ:** *There is a screening test for bowel cancer which involves you taking very small samples of a couple of your bowel motions and sending them to a laboratory for testing. The test is A FAECAL OCCULT BLOOD TEST, which is usually referred to as an “FOBT”.*

Yes	1	
No	2	GO TO Q7a

6. Which best describes the last time you completed a home test for bowel cancer (FOBT)?

Within the past 12 months	1
1 to 2 years ago	2
2-5 years ago	3
More than 5 years ago	4
Never	5

ASK IF HAS HAD A TEST FOR BOWEL CANCER AT CODES 1-4 Q6

- 7a. You mentioned that you have had a test for bowel cancer. Could you please tell me whether your last bowel cancer test was **READ OUT SINGLE RESPONSE**

As a result of a specific symptom	1
-----------------------------------	---

OR

As part of regular screening or a precautionary check-up	2
--	---

ASK IF HAS HAD A TEST FOR BOWEL CANCER AT Q6, BUT NOT IN THE PAST 5 YEARS (Q6 CODE 4 FOR TEST FOR BOWEL CANCER)

7b Why would you say that you have not had another test for bowel cancer in the past five years? **PROBE BUT DO NOT READ**

Don't have symptoms	01
Don't have time	02
I never thought about it	03
Not aware before today	04
Not at risk	05
Never referred by doctor/GP	06
Too young	07
Too old	08
Too lazy/ haven't got around to it	09
Don't have family history	10
Had/have bowel cancer	11
Haven't received a test kit in the mail	12
Not eligible for the Program	13
Other (specify): _____	14
Don't know	15

ASK ALL

8. Please tell me how strongly you personally agree or disagree with the following statements? Firstly, do you agree or disagree that**READ OUT AND ROTATE**

IF AGREE - is that strongly agree or partly agree?

IF DISAGREE - is that partly disagree or strongly disagree?

SINGLE RESPONSE PER STATEMENT

	Strongly Disagree	Partly Disagree	Nether Agree nor Disagree	Partly Agree	Strongly agree	Don't know (DO NOT READ)
Regular screening is the best way to detect bowel cancer	1	2	3	4	5	6
It's important for people to continue screening until mid 70s	1	2	3	4	5	6
Screening significantly reduces bowel cancer deaths	1	2	3	4	5	6
The bowel cancer screening test is easy to do	1	2	3	4	5	6
Screening can detect bowel cancer before any symptoms appear	1	2	3	4	5	6
The benefits of screening outweigh the negatives	1	2	3	4	5	6

9a. Are you aware of the National Bowel Cancer Screening Program (the Program) which sends out test kits in the posts?

Yes	1	GO TO Q9b
No	2	GO TO Q10a

9b Have you ever been sent a National Bowel Cancer Screening Program test kit in the post?

Yes	1	GO TO Q9c
No	2	GO TO Q10a
Don't know	3	GO TO Q10a

9c Did you complete the test and send it back?

Yes	1	GO TO Q10
No	2	GO TO Q9d

9d. Why did you not take the test? **DO NOT READ CODE TO LIST**

Recently purchased own test	1
Recently completed by doctor	2
Undergone colonoscopy	3
No symptoms	4
Too lazy	5
Other (specify): _____	6

ASK ALL

10 From what you know or think about the National Bowel Cancer Screening Program's FOBT test kits how effective are they in detecting bowel cancer? **IF EFFECTIVE** - is that very effective or quite effective? **IF NOT EFFECTIVE** - is that not very effective or not at all effective? **SINGLE RESPONSE**

Not at all effective	1
Not very effective	2
Neither effective nor ineffective	3
Quite effective	4
Very effective	5
Don't know (DO NOT READ)	6

11a. At what age do you think people should commence screening for bowel cancer using the FOBT test kits? **DO NOT READ SINGLE RESPONSE**

18-29 years	1
Over 30 years	2
Over 40 years	3
Over 50 years	4
Over 60 years	5
Over 70 years	6
None	7
Don't know	8

11b. At what age do you think people should stop screening for bowel cancer using the FOBT test kits? **DO NOT READ SINGLE RESPONSE.**

18-29 years	1
Over 30 years	2
Over 40 years	3
Over 50 years	4
Over 60 years	5
Over 70 years	6

Never	7
Don't know	8

11c. How often do you think people should screen for bowel cancer using the FOBT test kits? **DO NOT PROMPT. SINGLE RESPONSE.**

Once	1
Twice a year or more often	2
Once a year	3
Once every two years	4
Less often	5
Never	6
Don't know	7

ASK ALL

12a To the best of your knowledge, please tell me whether the following statements about Bowel Cancer and the National Bowel Cancer Screening Program are true or false. **READ OUT AND ROTATE SINGLE RESPONSE PER STATEMENT**

	TRUE	FALSE	DK (DO NOT READ)
The Program send test kits to people aged 50, 55, 60, 65	1	2	3
The Program send test kits to people aged 50, 55, 60, 65, 70, 74	1	2	3
The National Bowel Cancer Screening Program is free	1	2	3
The recommended interval for screening is every two years	1	2	3
By 2020 people aged 50-74 years will receive a kit every two years	1	2	3
Bowel cancer is Australia's second biggest cancer killer	1	2	3
Around 80 Australians die of bowel cancer every week	1	2	3

12b. Based on what you know and think about the National Bowel Cancer Screening Program, to what extent do you agree or disagree..... **READ OUT AND ROTATE? IF AGREE** - is that strongly agree or partly agree? **IF DISAGREE** - is that strongly disagree or partly disagree? **SINGLE RESPONSE PER STATEMENT**

	Strongly Disagree	Partly Disagree	Neither Agree nor Disagree	Partly Agree	Strongly agree	Don't know (DO NOT READ)
The program provides a high quality service	1	2	3	4	5	6
The program is effective at detecting bowel cancer early	1	2	3	4	5	6
Screening for bowel cancer in this way is a good idea	1	2	3	4	5	6

13. Thinking about the last 3 months, have you read, seen or heard any advertising or materials about bowel screening?

Yes	1	GO TO Q14a
No	2	GO TO Q 14b
Don't know	3	GO TO Q 14b

Q14a. Please describe what you saw read or heard.

CODE TO CAMPAIGN WHERE POSSIBLE

Jodi Lee Foundation Make Bowel Cancer Disappear TVC	01
Bowel Cancer Australia campaigns:	
Don't wait until it's too late	02
Love my family (Lara Bingle)	03
Join the Bowel Movement	04
It's Crunch Time	05
Do you have the guts screening challenge	06
Decembeard	07
Red Apple Day	08
Don't be a Fool Test your Stool	09
Let's beat bowel cancer:	
FObruary	10
Dip, Drop, Done	11
Cancer Council Bowel Cancer:	
Real Stories campaign	12
Get behind bowel screening campaign	13
NBCSP Gift for Living	14
Other _____	15

Q14bi. **ASK ALL**

I am going to read you a description of some advertising you might have seen in either a newspaper or a magazine. Can you please tell me if you recall seeing this before today?

The ad shows the box of the National Bowel Cancer Screening Program Kit inside a blue gift box with a ribbon and blue tissue paper. The theme colour is blue and the headline reads A Gift for Living. The message says if you're aged 50-74 you'll be sent a free bowel cancer screening kit. The kit is simple to use and can detect bowel cancer before any symptoms appear. Around 80 Australians die of bowel cancer every week, but if detected early, up to 90% of case can be successfully treated. So be sure to complete and return your kit. It's a gift that could save your life. If you're over 74 talk to your GP. By 2020 people aged 50-74 will receive a kit every two years.

Have you seen this advertisement before today?

Yes	1
No	2

14b ii. **IF CODE 1 IN A2 ASK:**

There is a similar version was also available in Indigenous newspapers and magazines and had an orange background, a photograph gift tag on the box showing two grandparents teaching their grandchild tradition craft?

The headline said *A Gift for Living*. It's a gift that could save your life and make sure you're around to be strong and healthy for your family

Have you seen or heard this advertisement before today?

Yes	1
No	2

14b iii. **CODE 3 IN A3and language CODE from A4 ASK:**

I am going to read you a description of some advertising you might have seen in either a newspaper or a magazine. Can you please tell me if you recall seeing this before today?

The ad shows the box of the National Bowel Cancer Screening Program Kit inside a blue gift box with a ribbon and blue tissue paper. The theme colour is blue and the headline reads A Gift for Living. The message says if you're aged 50-74 you'll be sent a free bowel cancer screening kit. The kit is simple to use and can detect bowel cancer before any symptoms appear. Around 80 Australians die of bowel cancer every week, but if detected early, up to 90% of case can be successfully treated. So be sure to complete and return your kit. It's a gift that could save your life. If you're over 74 talk to your GP. By 2020 people aged 50-74 will receive a kit every two

years. The message is written in Chinese/Vietnamese/Arabic/Italian/Greek **NOTE TO PROGRAMMER MATCH LANGUAGE FROM A4**

Have you seen or heard this advertisement before today?

Yes	1
No	2

14c. Now I will read the script from the radio advertisement. Can you please tell me if you recall hearing this before today?

The free bowel cancer screening kit isn't just any gift. It's a gift that could save your life. Because it can detect bowel cancer before any symptoms appear. And early detection can give you up to a 90% chance of survival. By 2020 people aged 50 to 74 will receive a kit every two years. Visit australia.gov.au/bowelscreening or call 1800 11 88 68 Bowel screening. *It's A Gift for Living.*

Have you heard this advertisement before today?

Yes	1
No	2

ASK IF AT LEAST ONE OF CODE 14 from 14a OR CODE 1 FROM 14bi, 14bii, 14c

14d. Thinking about this ad, how **[READ STATEMENT]** would you say it is? Would you say very, somewhat or not at all? **[REPEAT SCALE AS NECESSARY]. [RANDOMISE].**

	Very	Somewhat	Not at all	Dont know (DONT READ)
attention grabbing	1	2	3	4
believable	1	2	3	4
relevant to you	1	2	3	4
Informative	1	2	3	4
Easy to understand	1	2	3	4

14e. Thinking about this ad, to what extent did it give you the impression that...? **[READ FIRST STATEMENT]**. Did this ad strongly give that impression, somewhat give that impression, or did not give that impression at all. **[RANDOMISE]**.

	Strongly	Somewhat	Not at all	Don't know
By 2020 people aged 50-74 will receive a kit every two years.	1	2	3	4
If detected early 90% of bowel cancer cases can be successfully treated	1	2	3	4
The kit is simple to use	1	2	3	4
The kit can detect bowel cancer before symptoms appear	1	2	3	4
The kit is a gift that could save your life	1	2	3	4
<i>It's A Gift for Living</i>	1	2	3	4
(Indigenous) It's a gift that could make sure you're around to be strong and healthy for your family	1	2	3	4

15. How likely are you to use the National Bowel Cancer Screening Program Kit next time you are sent one in the post?

Very likely	1
Quite likely	2
Quite unlikely	3
Very unlikely	4
Neither	5
Don't know	6

PART D ASK ALL (EITHER SURVEY)

CLASSIFICATION

1. To help us ensure that we have a representative cross section, could you please tell me which of these best describes the highest level of education you have completed? **READ OUT. SINGLE RESPONSE**

Primary school	1
Some secondary school	2
Completed secondary school	3
TAFE/tech or college	4
University	5
Don't know/refused	6

2. Which of the following best describes your present marital status? **READ OUT SINGLE RESPONSE**

Never married	1
De facto	2
Married	3
Separated/divorced/widowed	4

3. Which of these categories best describes you? **READ OUT. SINGLE RESPONSE**

Working full time	1}	GO TO 4b
Working part time	2}	
Not working	3	CONTINUE

- 4a. **IF NOT WORKING:** Would you be **READ OUT. SINGLE RESPONSE**

A student	1
Unemployed	2
Engaged in home duties	3
Engaged in volunteer duties	4
Retired	5
Other	6

4b IF WORKING (Q21, CODES 1 or 2):

Which one of these best describes your occupation? **(READ LIST) SINGLE RESPONSE**

Professional or senior gov't	1
Business manager or executive	2
Business owner or self-employed	3
Sales or clerical	4
Technical or skilled	5
Semi-skilled	6
Manual worker	7
Other (SPECIFY)	8
Refused (DO NOT READ)	9

Thank you for your time, again, I am **[your first name]** from McNair Ingenuity Research, and we assure you that your answers are used only for statistical purposes and cannot be identified back to you.

Our supervisor is _____, and in case they need to check my work, can I just check your first name, and check that the phone number I have reached you on is: _____

If you have any queries you can call us on 1800 669 133, and ask for the supervisor. Thank you and good day/night.

Quotas