



Campaign Evaluation BreastScreen 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 BreastScreen Australia campaign, *An invitation that could save your life*, to promote that the invitation to participate in the free screening programme had been extended to women aged 70-74, and all women aged between 50-74 years would now receive an invitation to screen. The campaign included print, out of home, online (collectively referred to as print) and radio with specific material for Aboriginal and Torres Strait Islander and culturally and linguistically diverse audiences. Specifically, the objectives included:

- To inform women aged 70-74 that they are invited for free screening under the expanded BreastScreen Australia Program.
- To inform women aged 65-69 that they will continue to be invited for free screening under the ongoing BreastScreen Australia Program.
- To increase awareness amongst the primary target audience of the importance and benefits of regular screening at an older age, through the BreastScreen Australia Program.
- To increase confidence in the programme's ability to detect breast cancer.
- Generate positive attitudes towards breast screening at an older age.
- To generate an increased intention to regularly participate in the BreastScreen Australia Program amongst the primary target audience.

An evaluation survey was conducted to determine current levels of awareness, attitudes, knowledge, behaviour and intentions about breast cancer and breast cancer screening. It was conducted via computer assisted telephone interviews (CATI) amongst n=1051 women aged 45-74 years across Australia. 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 98 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 results may be reported as non-significant.

Key Findings

Of all women interviewed in the overall sample (45-74 years) 28% recalled seeing at least one of the campaign elements including 24% of the primary target audience (65-74 years). Significantly more women saw the print, out of home or online advertisements than had heard the radio ad (20% compared with 12% respectively), with similar results for the primary target audience (17% compared with 10% respectively).

Unprompted recognition of the campaign amongst women in the total sample was 5%, representing 19% of women who recalled any breast cancer screening category advertising.

Recognition amongst Aboriginal and Torres Strait Islander women of the general print, out of home and online material was similar to the general population (16% compared with 20%), but recall of radio was higher (17% compared with 12%). Further, 17% of Aboriginal and Torres Strait Islander women recalled the specific material developed for this audience.

At least two thirds of all women strongly agreed that the key messages had been clearly communicated. In particular, 88% gained the impression that *women 70-74 will continue to receive an invitation to BreastScreen*. The campaign material was also considered to be very easy to understand (91%), very believable (84%), very informative (75%), and very relevant (72%).

Intentions as a result of the advertising were positive, with 88% of respondents who were exposed to the campaign saying that they were likely to make an appointment at BreastScreen next time they receive an invitation.

Overall awareness of the BreastScreen Australia Program was high amongst all groups (89%) and significantly higher amongst those who were also aware of the campaign (93%, compared to 87% for those not aware).

The reported programme participation rate amongst women 70-74 years was 59% - a non-significant increase from 51% in the 2014 benchmark and in line with the programme target of 55%. Reported participation amongst women aged 50-69 remained constant between 2014 and 2015 at 64% - above the programme target.

There was overwhelming agreement by all respondents with key statements about the positive aspects of breast screening. Women who were aware of the *An invitation that could save your life* campaign were significantly more likely than those not aware to agree that *“it’s important for women to continue screening until their mid-70s”* – a key campaign message (95%, compared with 90%).

Women who were aware of the campaign were also significantly more likely than those not aware to believe core statements about the programme. In particular, these women were significantly more likely to say it was true that *BreastScreen Australia invites women 50-74 years for a free screening mammogram* (89%, significantly higher than 71%); and that *the BreastScreen Australia Program has expanded to invite women 70-74 to be screened* (65%, significantly higher than 40%).

Women who were aware of the campaign were also significantly more likely to believe that *BreastScreen Australia provides a high quality service* (91% aware, 81% unaware) and that *BreastScreen Australia is effective at detecting breast cancer early* (91% aware, 84% unaware).

Introduction

Breast cancer is the most common cancer in Australian women, representing 28% of all cancers in women. About 14,000 women are diagnosed each year. One in eight women will be diagnosed with breast cancer by the age of 85. Although it can occur at any age, breast cancer is more common in older women. A breast screen (or mammogram) can find cancer early, when it's small and easier to treat.

The BreastScreen Australia Program aims to reduce illness and death from breast cancer through an organised, systematic approach to the early detection of breast cancer using screening mammography.

When free BreastScreen Australia services started in 1991, there were 68 deaths per 100,000 women. This decreased to 43 deaths per 100,000 women in 2010. The decrease is due to the early detection through mammograms and the effective treatment of breast cancer.

In April 2015, Australian Government Department of Health launched a BreastScreen Australia campaign to promote that the invitation to participate in the programme had been extended to include women aged 70-74 and reinforce that all women aged between 50 and 74 years should screen every two years.

The Department of Health commissioned McNair Ingenuity Research to conduct benchmark and post campaign research studies to evaluate the effectiveness of the campaign to date.

This report details the key findings from the campaign evaluation survey conducted amongst women aged 45-74 years across Australia from 13 May to 3 June 2015, including comparisons to the benchmark survey conducted in June 2014.

Background

1. Campaign Context

Cancer screening can help protect health through early detection, even if there are no symptoms of the disease. BreastScreen Australia invites women aged 50-74 to have free two-yearly mammograms. Women aged 40-49 and 75 and over are also eligible to receive free mammograms but do not receive an invitation to attend.

The BreastScreen Australia Program is jointly funded by Commonwealth and state and territory governments. The programme is delivered by each state and territory according to its own policies and procedures.

2. Communications Strategy

A new BreastScreen Australia campaign was launched on 8 April 2015. The first wave concluded four weeks later. There was a second wave of media for a further four weeks in late-May through to mid-June, however, recognition of this may or may not be captured in the report. The BreastScreen Australia Program aims to achieve 55 per cent participation amongst 70-74 year olds. The campaign aims to support the programme by informing women that BreastScreen Australia is expanding, so that more women are screened, more cancers are detected early and more women survive. The secondary aim is to support the programme target of maintaining at least 55 per cent participation amongst the current target age range of 50-69 year olds.

3. Target Audience

Primary

- Women aged 65-74 years consisting of:
 - Women aged 70-74 years who will be invited to be screened as part of the expanded BreastScreen Australia Program – this may include women who have previously participated in the programme.
 - Women aged 65-69 years who will move in the 70-74 cohort during the campaign period.

Secondary

- Women aged 50-64 who are currently being invited to be screened as part of the programme.

4. Communications Objectives

The BreastScreen Australia campaign aims to support the programme to continue to reduce deaths from breast cancer through early detection of the disease. The overall aim of the campaign is to inform women aged 50-74 years that there is a free test available and that the invitation for free screening has expanded to include women aged 70-74 years.

Specifically the campaign objectives are:

Awareness

- To inform women aged 70-74 that they are invited for free screening under the expanded BreastScreen Australia Program.
- To inform women aged 65-69 that they will continue to be invited for free screening under the ongoing BreastScreen Australia Program.
- To increase awareness amongst the primary target audience of the importance and benefits of regular screening at an older age, through the BreastScreen Australia Program.

Attitudes

- To increase confidence in the programme's ability to detect breast cancer.
- Generate positive attitudes towards breast screening at an older age.

Intentions

- To generate an increased intention to regularly participate in the BreastScreen Australia Program amongst the primary target audience.

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 materials including brochures, posters and flyers. Given the similarity of the visual creative the print, out of home and online are reported together. The theme of the campaign was *An invitation that could save your life*. An example of the print advertisement is displayed below:

ADVERTISEMENT



THE INVITATION FOR FREE BREAST SCREENING NOW COVERS WOMEN UP TO 74

The invitation for free breast screening has been expanded to include women aged 70-74. Early detection saves lives. If you're aged 50-74 you should be screened every two years. If you're over 75, talk to your GP or health professional to find out if breast screening is right for you. For more information visit the website.

 **IT'S AN INVITATION THAT COULD SAVE YOUR LIFE**
australia.gov.au/breastscreen
Authorised by the Australian Government, Capital Hill, Canberra.

 Call
13 20 50

The script for the radio advertisement is:

At BreastScreen Australia, we're expanding the invitation for free breast screening to cover women aged up to 74. This means we can find more breast cancer early, and save up to 600 more lives a year. If you're aged between 50 and 74, you should be screened every two years. Search BreastScreen Australia online for more information, or call 13 20 50. Breast screening. It's an invitation that could save your life.

In addition to the campaign materials for the general population specific materials for Aboriginal and Torres Strait Islanders and culturally and linguistically diverse (CALD) groups were created, these were translated into Arabic, Mandarin, Cantonese, Italian, Greek, Croatian, Macedonian and Vietnamese. Examples are displayed below.

Indigenous specific print advertisement:



The invitation for free breast screening now covers women up to 74

The invitation for free breast screening has been expanded to include women aged 70-74. Early detection saves lives. If you're aged 50-74 you should be screened every two years. If you're over 75, talk to your GP or health professional to find out if breast screening is right for you.

For more information visit the website.

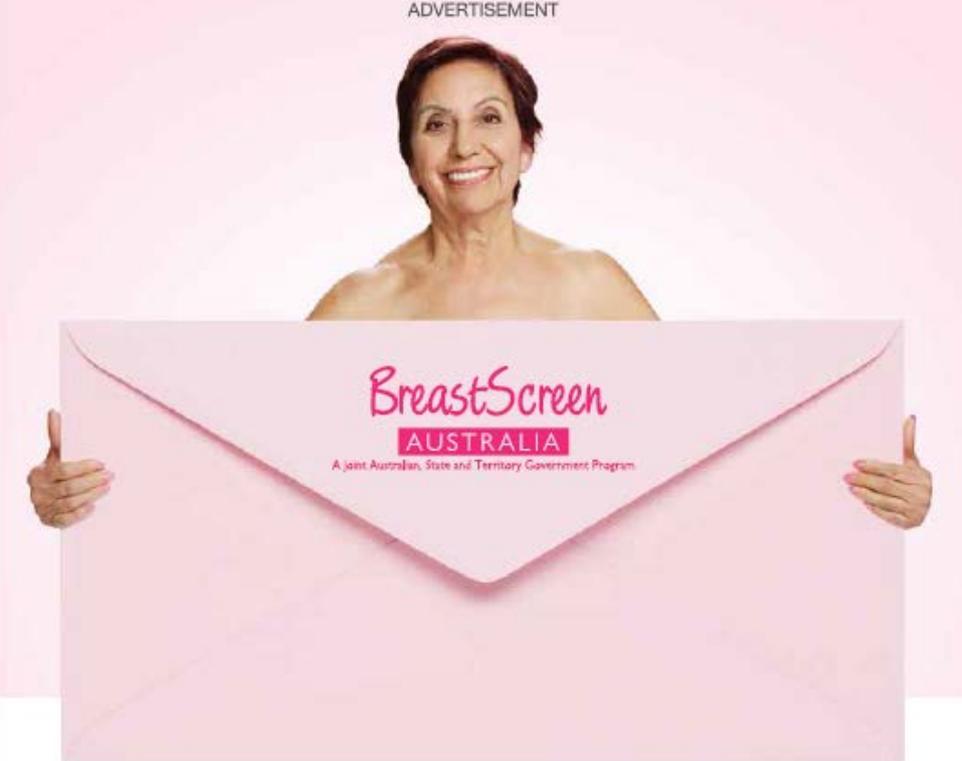


australia.gov.au/breastscreen
Authorised by the Australian Government, Capital Hill, Canberra

Call
13 20 50

Arabic print advertisement:

ADVERTISEMENT



BreastScreen
AUSTRALIA
A Joint Australian, State and Territory Government Program

الدعوة لإجراء فحص الثدي المجاني تشمل الآن النساء حتى 74 سنة من العمر

لقد تم توسيع الدعوة لإجراء فحص الثدي المجاني لتشمل النساء بين سن 70 و 74 سنة من العمر. إن الكشف المبكر لسرطان الثدي ينقذ الحياة. إذا كنت تبلغين 50 إلى 74 سنة من العمر فيجب إجراء الفحص لك كل سنتين. وإذا كنت فوق 75 سنة من العمر، تحدثي مع طبيبك العام أو الاختصاصي الصحي لمعرفة ما إذا كان فحص الثدي مناسباً لك. للمزيد من المعلومات تفقدي الموقع الإلكتروني.

اتصلي على الرقم
13 20 50
إذا احتجت إلى مساعدة بفتحك كرسى الاتصال
بخدمة الترجمة الخطية والشفهوية (TIS) 131 450

إنها دعوة يمكن أن تنقذ حياتك
australia.gov.au/breastscreen
Authorised by the Australian Government, Capital Hill, Canberra.



Australian Government

Methodology

A benchmark survey was conducted in June 2014. The evaluation survey replicated the benchmark methodology, with some changes to the questionnaire. Detailed information about the methodology can be found in the Appendix.

1. Research Objectives

An evaluation survey was conducted immediately after the first wave of the campaign and continued through two weeks of the second wave. Research was required to determine current levels of awareness, attitudes, knowledge, behaviour and intentions about breast cancer and breast cancer screening. The main research objectives were to determine:

- Overall awareness of the BreastScreen Australia Program;
- 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 of 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's National Bowel Cancer Screening Program (NBCSP) campaign.

The BreastScreen Australia campaign evaluation survey was conducted nationally amongst 1,051 women aged 45-74 years. Respondents who met the criteria, that is had not had breast cancer and were women aged between 45 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 interviewer but no boosted sample was added.

3. Survey Development

The questionnaire was developed by McNair Ingenuity Research consultants from a brief provided by the Department of Health. The survey was based on the benchmark survey conducted in June 2014 and questions were duplicated wherever possible to ensure that accurate comparisons could be made between benchmark and evaluation surveys. 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. A copy of the final questionnaire is in the Appendix.

4. Fieldwork Statistics

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

5. Analysis

All results were 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 a hash (#).

Significant differences between the evaluation survey conducted in May 2015 and the benchmark survey conducted in June 2014 are marked with a double asterisk (**). Unless stated, there were no significant differences between audiences.

Sample Composition

A total of 1,051 surveys were completed with women aged 45-74 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.

Table 1: Sample Composition

	Total	Metro	Non-metro	Indigenous	CALD
Primary Audience (65-74 years)	388	244	144	11	31
Secondary Audience (50-64 years)	542	331	211	29	57
45-49 years	121	71	50	23	10
Total	1,051	646	405	63	98

Key findings

1. Campaign Awareness

Category recall

One third (33%) of women surveyed were aware of any campaign about breast cancer screening, significantly higher than the benchmark survey (23%). However, there were key differences in awareness between target populations. In the benchmark survey, primary target audience (65-74 years) awareness was significantly lower than that in the secondary target audience (50-64 years) (19%, significantly less than 23%). Similarly, in the 2015 evaluation survey respondents in the primary target audience were also significantly less likely than respondents in the secondary target audience to be aware of any category advertising (27%, significantly less than 38%).

One third of respondents from Aboriginal and Torres Strait Islander backgrounds (33%) and also those from culturally and linguistically diverse backgrounds (33%) were aware of any category advertising, significantly higher than the proportion of women in these groups during the benchmark survey (19% and 23% respectively).

It is noted that women in regional areas and in Victoria overall were significantly more likely to have recalled category advertising in the benchmark survey and the evaluation survey alike. Recall of category advertising amongst women in regional areas in the evaluation survey was 38% and amongst women in Victoria was 43%.

Table 2: Awareness of breast cancer screening advertising in the last 3 months benchmark and evaluation surveys: *Primary and secondary target group comparisons*

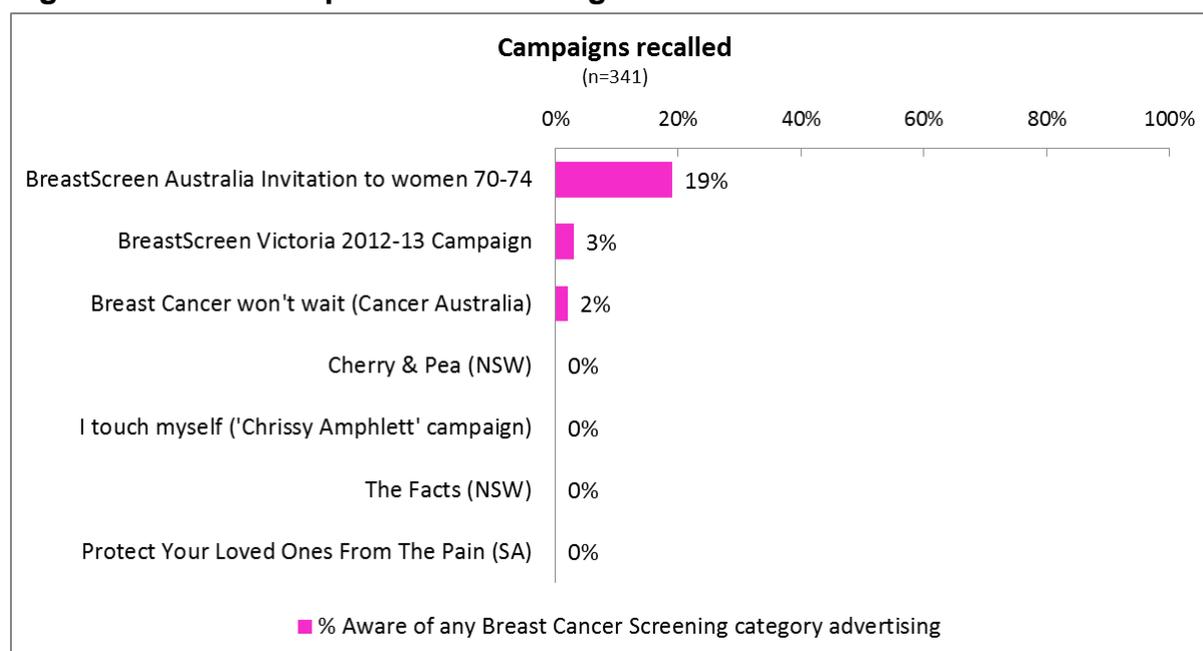
	Total: women 45-74 yrs. (2014 n =1031, 2015 n=1051)	Primary: women 65-74 yrs. (2014 n=380, 2015 n=388)	Secondary: women 50-64yrs (2014 n=535, 2015 n=542)
2014 benchmark survey	23%	19% [#]	23%
2015 evaluation survey	33% ^{**}	27% [#] , ^{**}	38% [#] , ^{**}

Unprompted recall

The majority of respondents who were aware of any category advertising 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 they had seen or heard, respondents mostly mentioned a non-specific television campaign (21%) or a non-specific press or print campaign (19%).

Of respondents who were aware of any breast cancer screening advertising, 19% described the BreastScreen Australia *An invitation that could save your life campaign*. This translates to 5% of the overall surveyed population, and was the highest recall of any specific campaign. The next most prominently recalled was the BreastScreen Victoria Campaign (3% recall nationally and 5% recall in Victoria), followed by Cancer Australia's campaign, Breast Cancer Won't Wait (3% recall nationally).

Figure 1: Recall of specific advertising



Prompted recognition

When prompted with a description of the campaign, 28% of respondents had seen or heard at least one of the campaign elements. Respondents aged 60-64 years (35%) and respondents in regional areas (31%) were significantly more likely to have seen at least one of the campaign elements.

Whilst prompted recognition of the campaign overall was 28%, prompted recognition of the radio campaign material was significantly lower (12%) than the print, outdoor and online campaign materials (20%).

Similarly, respondents in the primary target audience (65-74 years) and also those who were culturally and linguistically diverse, were significantly less likely to have heard the radio advertisement than to have seen the print, outdoor or online materials. (Primary audience recognition: 10% radio, 17% print. Culturally and linguistically diverse audience recognition: 9% radio, 19% print).

Table 3: Prompted recognition of campaign materials

	Total: women 45-74 yrs. (n=1051)	Primary: women 65-74 yrs. (n=388)	Indigenous women 45-74 yrs. (n=63)	CALD women 45-74 yrs. (n=98)
Overall	28%	24%	30%	26%
Print, outdoor and online	20%#	17%#	16%	19%
Radio	12%#	10%#	17%	9%#

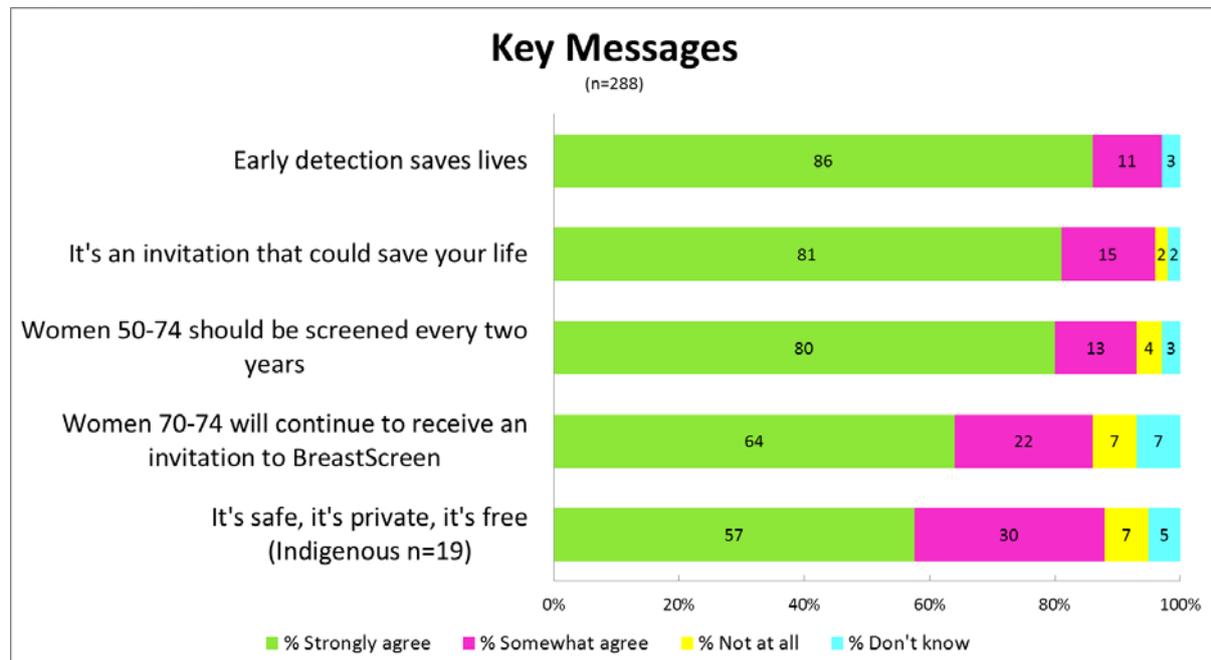
The proportion of Aboriginal and Torres Strait Islanders who recognised the specific Aboriginal and Torres Strait Islander print material (17%) was similar to the proportion of this group who recognised the mainstream print material (16%). The sample size of culturally and linguistically diverse respondents that spoke a language in which the

campaign materials had been translated was too small (n=14) to draw conclusions about recognition of specific materials aimed at this group versus their awareness of mainstream advertising (26%).

Knowledge of key campaign messages

Each of the key messages measured had strong recognition amongst respondents who were aware of the campaign. The most strongly communicated message was “*Early detection saves lives*” where 86% of respondents strongly agreed the message had been communicated by the campaign and a further 11% somewhat agreed that the advertising communicated this.

Figure 2: Impressions of key campaign messages (Base: total respondents aware of any campaign elements)

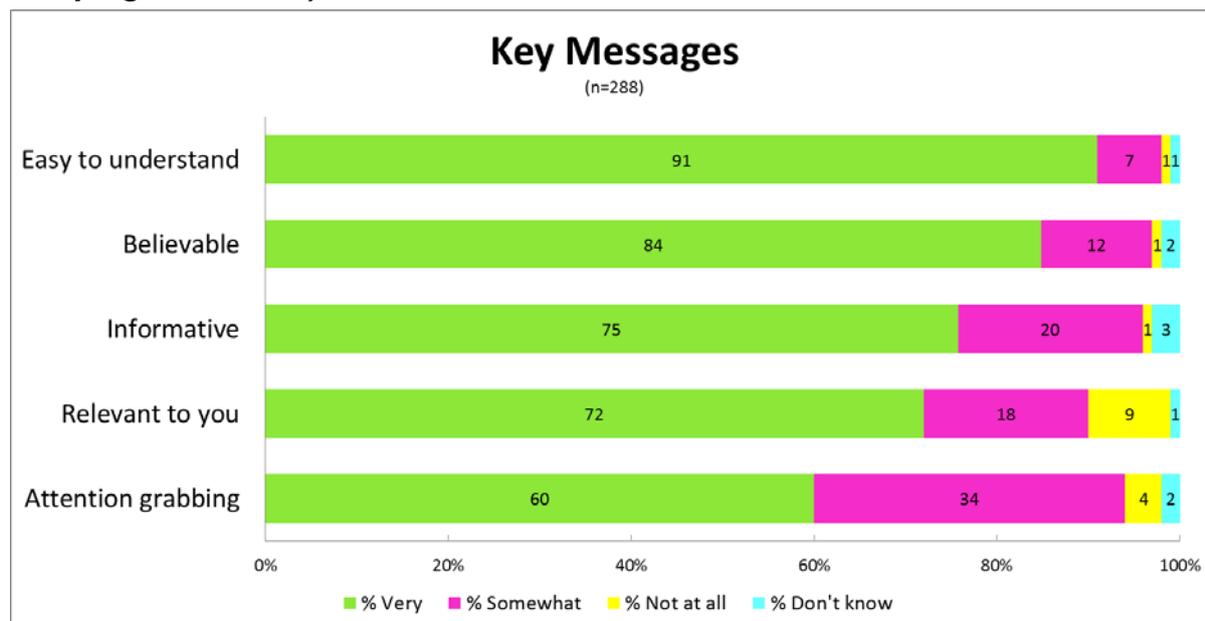


Of the respondents who were aware of the campaign, women in the primary target audience (65-74 years) were more likely than the overall sample (45-74 years) to strongly agree the campaign had communicated that “*women 70-74 will continue to receive an invitation to BreastScreen*” (69% compared with 67%, respectively), and significantly higher amongst 70-74 year olds (82%). The Aboriginal and Torres Strait Islander specific messaging *It's safe, it's private, it's free* among the Indigenous audience appeared to be less strongly communicated than other key messages (57% compared with an average of 78% for mainstream messaging).

Reactions to campaign creative

There was high overall agreement with all advertising diagnostics. The majority of respondents said that the campaign was very easy to understand (91%), very believable (84%), very informative (75%) and very relevant to them (72%). Three in five respondents (60%) said that the campaign was very attention grabbing.

Figure 3 Opinions of campaign creative (Base: total respondents aware of any campaign elements)



Screening behaviour

Respondents who were aware of the campaign were significantly more likely than respondents who were not aware to have had a mammogram in the past 12 months (53% aware compared with 40% not aware).

Conversely, respondents who were not aware of the campaign were significantly more likely than respondents who were aware to have had a mammogram between two and five years ago (10% compared with 6%, respectively) or to never have had a mammogram (13% unaware, 6% aware).

Table 4: Screening behaviour: period since last mammogram

	Aware of campaign (n=300)	Not aware of campaign (n=751)
Within the past 12 months	53% [#]	40% [#]
1-2 years ago	31%	31%
2-5 years ago	6% [#]	10% [#]
More than 5 years ago	4%	6%
Never	6% [#]	13% [#]

Respondents in the primary target audience (65-74 years) were significantly less likely than women in the secondary target audience (50-64 years) to have had a mammogram in

the past 12 months (44% compared with 50%, respectively). Conversely, respondents in the primary target audience were significantly more likely than women in the secondary target audience to have had a mammogram in the past one to two years (37% compared with 30%, respectively).

Table 5: Screening behaviour: *period taken last breast screening mammogram*

	Primary: women 65-74 yrs. (n=388)	Secondary: women 50-64 yrs. (n=542)
Within the past 12 months	44% [#]	50% [#]
1-2 years ago	37% [#]	30% [#]
2-5 years ago	9%	8%
More than 5 years ago	6%	4%
Never	3% [#]	8% [#]

Overall Awareness of and participation in the BreastScreen Australia Program

Overall awareness of the BreastScreen Australia Program was high, with 89% of women surveyed reporting that they had heard of the programme. As expected, respondents who were aware of the campaign were significantly more likely than those not aware to also be aware of the programme (93% compared with 87%, respectively)

There were two groups of respondents who were less likely than others to have heard of the programme; respondents in the primary target audience (65-74 years) were significantly less likely than women in the secondary target audience (50-64 years) to say that they were aware of the BreastScreen Australia Program (86% compared with 92%); and, culturally and linguistically diverse women were significantly less likely than other women to have heard of the programme (83% compared with 89%, respectively).

2. Indicators of Campaign Impact

Direct influence of the campaign – likely actions taken

Nearly nine in ten women who saw the campaign said that they would be likely (very likely and quite likely) to make an appointment next time they received an invitation from BreastScreen as a result of seeing the campaign. There was no significant difference between the primary target audience and the total sample (89% and 88%, respectively).

Table 6: Likelihood of making an appointment next time invitation is received
(Base: total respondents aware of any campaign elements)

	Total: women 45-74 yrs. (n=288)	Primary: Women 65-74 yrs. (n=51)
Very likely	77%	81%
Quite likely	11%	9%
Quite unlikely	3%	3%
Very unlikely	8%	7%
Neither	1%	-
*Net Likely	88%	89%
*Net Unlikely	11%	11%

Indirect influence of the campaign – likely actions taken

Overall likelihood of attending BreastScreen in the future was high, with 85% of all women (45-74 years) saying they were likely or very likely to go next time they were due for a mammogram, a significant increase from the benchmark survey (81%).

There was no significant difference between benchmark and evaluation in the proportion of women in the primary target audience (65-74 years) who were likely to attend BreastScreen (76% and 79%, respectively), but women in the secondary target audience (50-64 years) were significantly more likely to attend (89%).

The proportion of respondents that said they were very likely was higher amongst those who were aware of the campaign (74% aware, compared with 70% not aware).

Reported participation

Once respondents had received an invitation from BreastScreen, almost 80% of women stated that they were likely to make an appointment either immediately or eventually (79% primary, 78% secondary). There are no significant changes between the benchmark and evaluation survey amongst women in the primary target audience (76% and 78%, respectively).

Only 5% of women aged 50-74 years had never had a mammogram. The main reason given by nearly a quarter of these respondents (23%) was that they were 'too lazy' or 'had not got around to it'; 19% said they do 'not have a family history' and 13% said 'not having any symptoms' were the reasons for not participating in the programme.

The programme aims to achieve 55% participation amongst 70-74 year olds and to maintain participation amongst 50-69 year olds. In 2015, reported participation in

screening amongst 70-74 year olds was 59% (a non-significant increase from 51% in the 2014 benchmark survey and in line with the programme target of 55%) and 64% amongst women aged 50-69 years (no change from benchmark and higher than the programme target of 55%). Although this is positive news, it is too early to attribute any changes in reported programme participation to the campaign.

Figure 4 shows the comparison of calculated reported participation rates amongst women 70-74 years between the 2014 benchmark and the 2015 evaluation surveys.

Figure 4: Reported participation amongst women aged 70-74 years

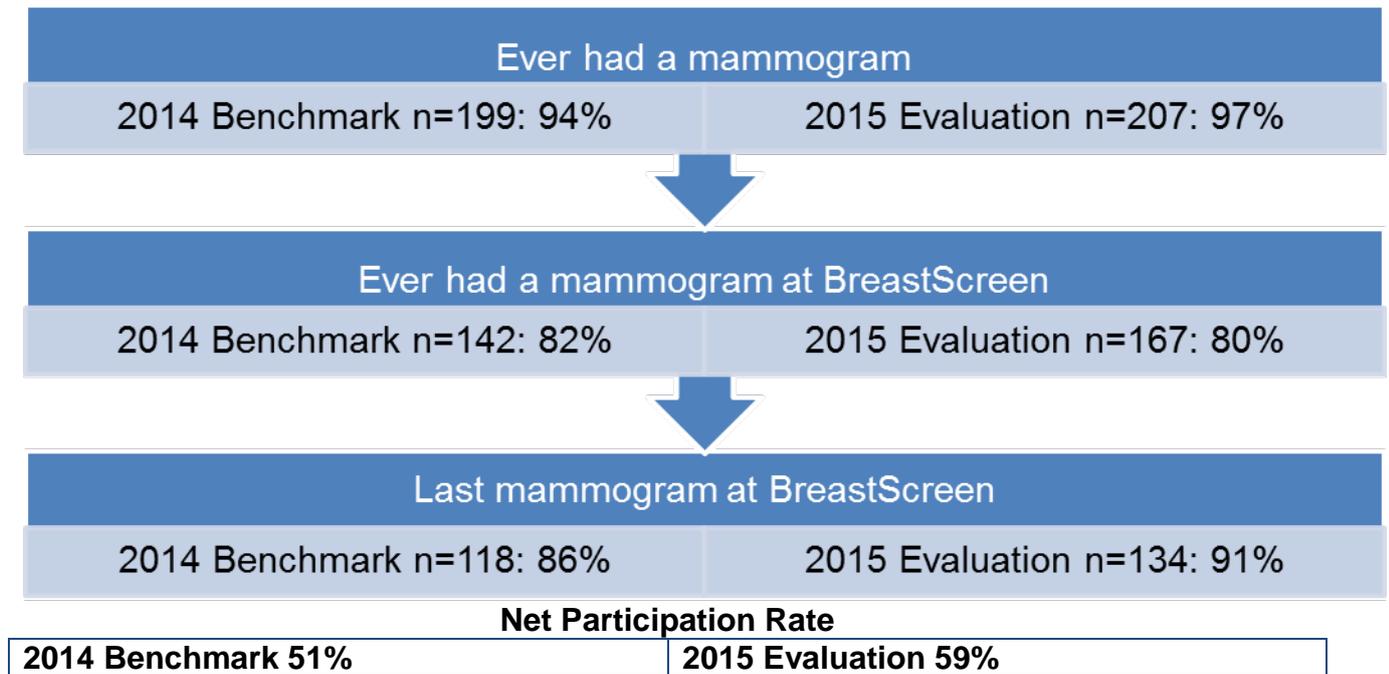
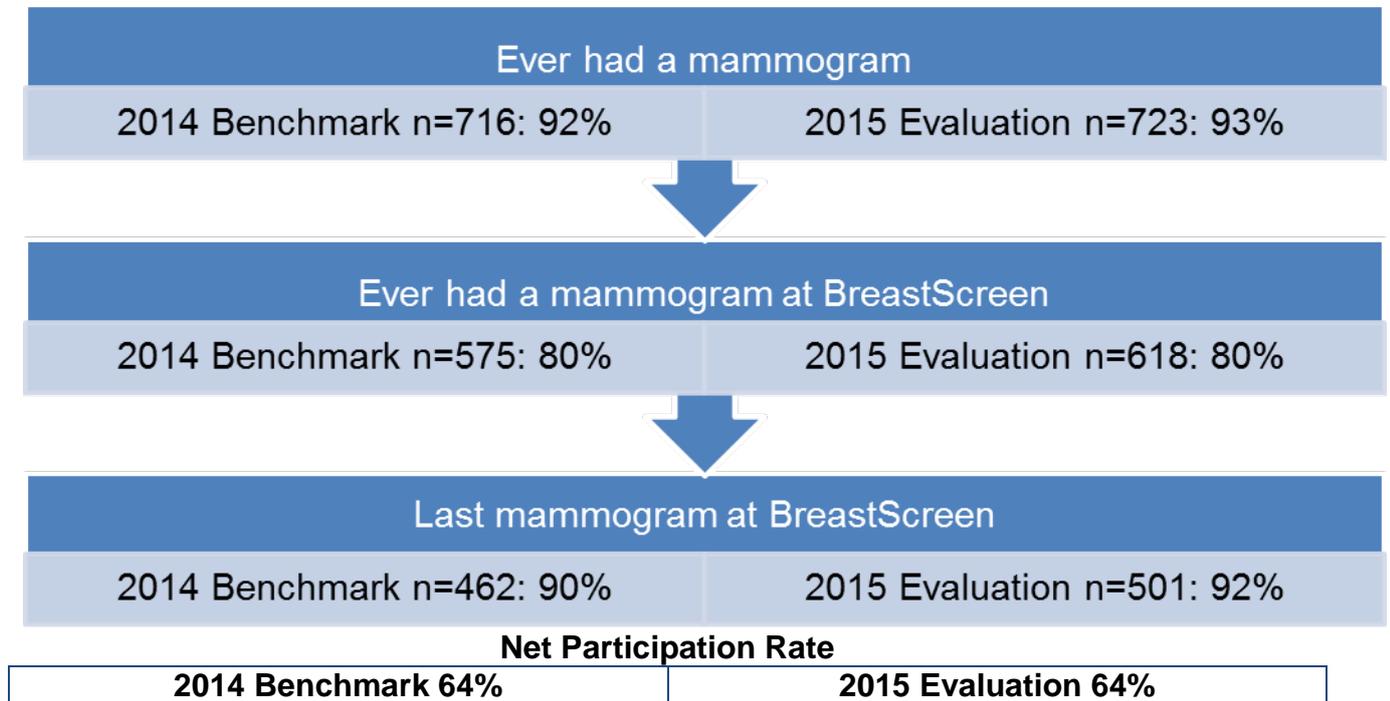


Figure 5 shows the comparison of calculated reported participation rates amongst women 50-69 years between the 2014 benchmark and the 2015 evaluation surveys.

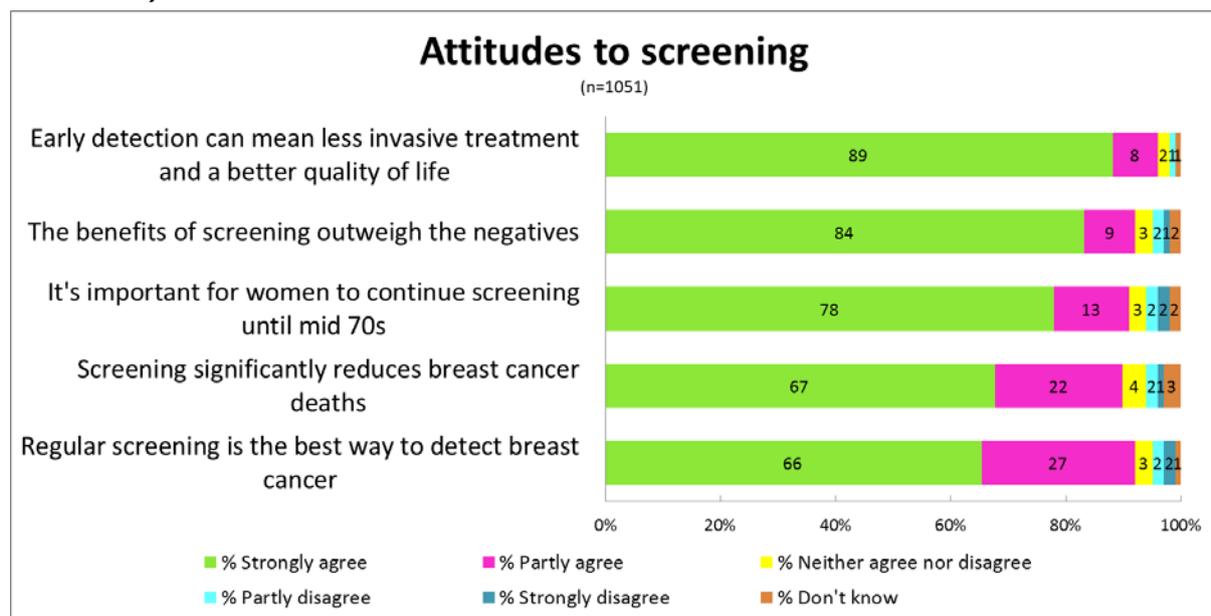
Figure 5: Reported participation amongst women aged 50-69 years



Attitudes to screening

All respondents overwhelmingly agreed with key statements that reflect the benefits of screening. Nearly nine in ten women surveyed strongly agree, with a further 8% partly agreeing that *early detection can mean less invasive treatment and a better quality of life*; 95% agree that *the benefits of screening outweigh the negatives*; 91% agree *it's important for women to continue screening until mid-70s*; 89% agree that *screening significantly reduces breast cancer deaths* and 93% agree that *regular screening is the best way to detect breast cancer*.

Figure 6: Attitudes to Screening (Base: total respondents aware of any campaign elements)



A key message in the advertising material was that women aged 70-74 years will continue to be invited for a free mammogram. Respondents who were aware of the BreastScreen Australia campaign were significantly more likely than those who were not aware of the campaign to agree *It's important for women to continue screening until mid-70s* (95%, compared with 90%).

Overall agreement with these statements was already high in the 2014 benchmark survey and there was little change between 2014 and 2015. Respondents in the 2015 evaluation were significantly less likely than in the 2014 benchmark to agree *that the benefits of screening outweigh the negatives* (92%, less than 96%), although there was no significant difference in agreement between the benchmark and evaluation amongst the primary target audience (94% benchmark, 93% evaluation).

Table 7: Attitudes to breast screening: comparisons between benchmark and evaluation

	Total: women 45- 74 yrs. Benchmark 2014 (n=1030)	Total: women 45- 74 yrs. Evaluation 2015 (n=1051)	Primary: women 65- 74 yrs. Benchmark 2014 (n=199)	Primary: women 65- 74 yrs. Evaluation 2015 (n=388)
Regular screening is the best way to detect breast cancer	95%	93%	95%	94%
It's important for women to continue screening until mid-70s	92%	91%	91%	91%
Early detection can mean less invasive treatment and a better quality of life	97%	97%	97%	97%
The benefits of screening outweigh the negatives	96%	92% [#]	94%	93%
Screening significantly reduces breast cancer deaths	90%	90%	87%	89%

Beliefs about screening

Respondents were asked at what age they believed screening should commence, with the majority (52%) believing an age lower than that recommended by the programme: 26% said it should begin between 18-29 years and 26% say it should begin after age 30.

Aboriginal and Torres Strait Islander women were also significantly more likely than all other surveyed women to believe that screening mammograms should commence before 30 years (48%, higher than 26%).

Respondents in the primary target audience were significantly less likely than respondents in the secondary target audience to believe that screening should commence after 50 years of age (6% and 11% respectively).

Table 8: Beliefs about timing of commencing screening: target group comparisons

	Primary: women 65-74 yrs. (n=388)	Secondary: women 50-64 yrs. (n=542)	Indigenous women 45-74 yrs. (n=63)
18-29 years	32% [#]	25% [#]	48% [#]
Over 30 years	28%	25%	20%
Over 40 years	25%	31%	23%
Over 50 years	6% [#]	11% [#]	5%

Beliefs about the programme

There were some changes between the 2014 benchmark and the 2015 evaluation survey in reported beliefs about the BreastScreen Australia Program.

In particular, there was a significant increase in the proportion of women in the primary target group (65-74 years) who agreed that *BreastScreen Australia invites women 50-74 for a screening mammogram* (78%, up from 67% in 2014). These women were also significantly more likely than the secondary target audience (50-64 years) to recognise the programme expansion message that *the BreastScreen Australia Program has expanded to invite women 70-74 to be screened* (62% compared with 41%).

Respondents who were aware of the campaign were significantly more likely than those not aware to believe all the statements (see Table 9). Note that these statements included one that referenced the previous invitation cut-off (*BreastScreen Australia invites women 50-69 for a screening mammogram*).

Table 9: Proportion of women who believe statements are true: aware versus not aware of campaign

	Aware of campaign (n=300)	Not aware of campaign (n=751)
BreastScreen Australia invites women 50-74 for a screening mammogram	89% [#]	71% [#]
BreastScreen Australia invites women 50-69 for a screening mammogram	75% [#]	63% [#]
The BreastScreen Australia Program is free	94% [#]	88% [#]
The recommended screening interval with BreastScreen Australia is every two years	92% [#]	85% [#]
The BreastScreen Australia Program has expanded to invite women 70-74 to be screened	65% [#]	40% [#]

Attitudes towards the programme

Respondents who were aware of the *An invitation that could save your life* campaign were significantly more likely than respondents who were not aware to agree that *BreastScreen Australia provides a high quality service* (91% compared with 81%) and that *BreastScreen Australia is effective at detecting breast cancer early* (91% compared with 84%).

Table 10: Attitudes towards the programme (% agree strongly or partly)

	Aware of campaign (n=300)	Not aware of campaign (n=751)
BreastScreen Australia provides a high quality service	91% [#]	81% [#]
BreastScreen Australia is effective at detecting breast cancer early	91% [#]	84% [#]
Screening women for breast cancer in this way is a good idea	98%	94%

There was no change in attitudes about the programme between the 2014 benchmark and the 2015 evaluation survey across either the primary target audience (65-74 years) or the secondary target audience (50-64 years).

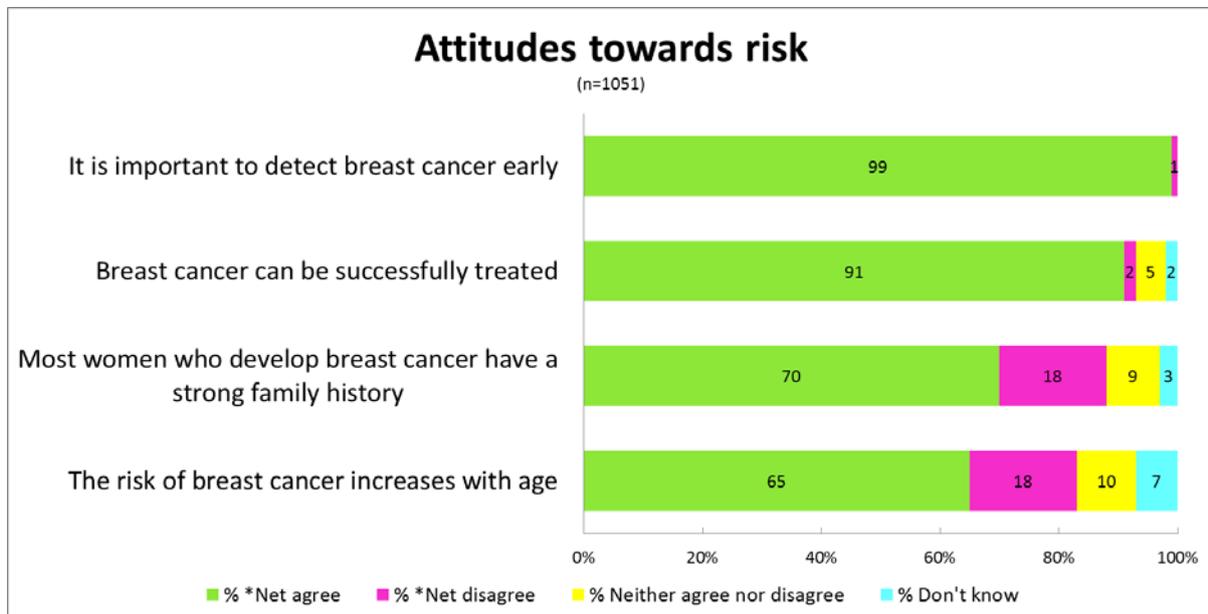
Attitudes towards risk

One third of all women surveyed (33%) said that the main health concern for themselves and other women their age was breast cancer, however women in the primary target audience (65-74 years) were significantly less likely than women in the secondary target audience to say this (22% compared with 37%).

There is universal agreement among women that it *is important to detect breast cancer early* (99%) and the majority of respondents (93%) believe that *breast cancer can be successfully treated if it is detected early*.

Overall two thirds (65%) of women 45-74 agree that *the risk of breast cancer increases with age*, lower for women 70-74 years (46%) and 65-69 years (56%) but higher amongst those aware of the campaign (68% aware, 60% unaware).

Figure 7: Beliefs about Risk (Base: total respondents, women 45-74 years)



Summary and recommendations

Between the 2014 benchmark and the 2015 evaluation survey there was a significant increase in recall of any advertising related to the breast cancer screening category (23% to 33%). Given that the *An invitation that could save your life* advertising campaign was launched during this time, it is reasonable to assume that the significant increase in recall is due mostly to the Australian Government Department of Health's campaign. That the campaign was the most spontaneously recalled in the category further supports this assumption.

The overall prompted awareness of 28% is satisfactory and given the relatively low media weights and lack of television used, this level of awareness shows evidence of some cut through, confirmed by 94% overall who said that the campaign was very or somewhat *attention grabbing*. To increase cut through we would suggest increasing media weights and if additional budget were available, perhaps give thought to the creation of an audio visual campaign that could be run online or in cinema.

The print, outdoor and online materials together had significantly greater recognition than the radio advertising amongst the total population (20% compared with 12%). This could be a result of greater media weight across print, online and out of home media but it may also be that the visual aspect of the campaign created a more memorable impression. If radio advertising is continued, we would suggest that the media weight be increased. Another option might be to make use of the media multiplier effect, where the radio script be used for an audio visual campaign to reinforce the message across both media and increase awareness overall.

There was no significant difference in recognition of the Indigenous specific print material and the mainstream print material amongst Aboriginal and Torres Strait Islander respondents. We would suggest that the specific material is as strong as the general population material and therefore should continue to be used.

Prompted recognition of any mainstream campaign element among the culturally and linguistically diverse audience was 26%. The proportion of this sample that spoke a language in which the campaign materials had been translated was particularly small (n=14), thus further analysis on those who recognised the specific material was not achievable. As such, it is not possible to draw conclusions about the effectiveness or likelihood of exposure to the translated materials. In order to understand the effectiveness of the translated campaign materials amongst these women it is suggested that for future campaign phases the sample size be boosted to ensure adequate representation of culturally and linguistically diverse respondents who have seen the campaign.

The campaign creative was strong in all other aspects, including ease of understanding, information provided and relevance to the target audience. Therefore, the results indicate that the creative should be maintained for future advertising waves.

The key messages about the importance of screening were mostly understood by respondents. The strongest performing was *early detection saves lives* followed by *It's an invitation that could save your life*. Overall the specific message about inviting women up to 74 years for free screening was less strongly recalled (88% strongly or somewhat agreed that the campaign presented this message), but importantly, 70-74 year old respondents who had been exposed to the campaign were significantly more likely (82%)

to have strongly been given the impression that *women 70-74 years will continue to receive the invitation to BreastScreen*.

The main messages are clear and easy to understand for all women and specifically for older women. These results suggest that the messaging content should continue without change to build awareness in future campaign phases.

The specific message for Aboriginal and Torres Strait Islander women that BreastScreen Australia *provides a safe, free and private environment* was less well understood (57%) by this audience than the other key messages of the campaign. Some of the confusion amongst this group may be due to the fact that they may have only seen the general campaign materials and not the specific Indigenous material.

The campaign had a positive impact on respondents and behaviour. Respondents who were aware of the campaign were significantly more likely than those who were not aware to say they were very likely to make an appointment with BreastScreen next time they were due for a mammogram (74% compared with 70%). There was also a significant increase in respondents indicating high likelihood of attending BreastScreen in the future between the benchmark survey and the evaluation survey (81% in 2014, 85% in 2015). Respondents who were aware of the campaign were also more likely than those who were unaware to have had a mammogram in the past 12 months (53% compared with 40%).

Reported BreastScreen Australia Program participation amongst 70-74 year olds increased between the benchmark and evaluation from 51% to 59% - above the anticipated target 55% participation rate. Over the same period, women aged 50-69 years maintained their reported participation rate of 64% - also above the target 55%. It should be noted that these participation rates are self-reported and may well differ from the recorded programme data reported by the Australian Institute of Health and Welfare.

While there was no change in beliefs about what age screening should commence, there was an increase amongst all women and specifically among women 70-74 years, who now believe that women 50-74 years are invited for free breast screening. Although there was evidence of some confusion about whether the BreastScreen Program had expanded to include women 70-74 years in the overall sample, importantly women in the affected age group of 70-74 years were significantly more likely to believe that this was true. This again indicates that the message was successfully received by women in the target audience.

Overall attitudes towards screening did not change between the benchmark and the evaluation survey. Given that attitudes towards screening are already positive it is not necessary to change perceptions towards screening in general but only to make the population aware that free screening is available to older women. There was only one key change between the benchmark and evaluation which was that fewer women now agree that *"the benefits of screening outweigh the negatives"* (down from 96% to 92%). This change in attitude could be a result of broader media coverage devoted to the topic in general as opposed to specific campaign messaging.

Overall, the campaign shows indications of success with key messages being clearly understood, perceived to be highly believable and very relevant, and generated intentions to participate in the future. Therefore, the campaign had a generally positive impact amongst those who saw the campaign and demonstrated some cut through. However, the

overall campaign exposure of 28% is considered quite low. This suggests that it would be beneficial to repeat the campaign and to increase media weights to build greater awareness in the future.

APPENDIX

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 National Bowel Cancer Screening Program (NBCSP) campaign. Both the NBCSP campaign evaluation survey and the BreastScreen Australia campaign evaluation survey 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 BreastScreen campaign evaluation survey was conducted nationally amongst 1,051 women aged 45-74 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 breast cancer and were women aged between 45 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 group.

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 the Australian 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 was 45%.

4. Analysis

All results were 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 the 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 women 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 10: 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

Sample Composition

A total of 1,051 surveys were completed with women aged 45-74 years across Australia.

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

Table 11: Sample Composition

	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	Total
Total	121	168	193	181	181	207	1,051
Metropolitan	71	98	121	112	114	130	646
Non-metropolitan	50	70	72	69	67	77	405
NSW	43	53	58	60	57	71	342
VIC	29	40	51	43	46	49	258
QLD	27	39	45	36	36	47	230
SA	10	13	14	15	14	17	83
WA	9	15	16	19	16	14	89
TAS	1	5	6	5	5	6	28
NT	0	1	2	0	3	1	7
ACT	2	2	1	3	4	2	14
Indigenous	23	11	12	6	6	5	63
CALD	10	17	21	19	12	19	98

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 PART B: BREAST SCREEN OR PART C: NBCSP

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 an 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: BREASTSCREEN

INTRODUCTION – once established BreastScreen participant

Today we are conducting a study on women's health among females aged between 45 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 breast 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
Other cancer	05
Health risk factor related:	
Not being fit	06
Overweight	07
Stress	08
Long-term health conditions:	
Osteoporosis	09
Arthritis / rheumatism	10
Mental and behavioural conditions	11
Asthma	12
Heart disease / heart attack	13
Diabetes	14
Blood pressure	15
Other conditions:	
Back problems	16
Gynaecological problems	17
Menopause	18
Hormone replacement therapy	19
Other (WRITE IN)	20

3. Now, I'd like to talk about breast cancer. I am going to read out some statements that other people have made about breast 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)
Breast cancer can be successfully treated	1	2	3	4	5	6
The risk of breast cancer increases with age	1	2	3	4	5	6
Most women who develop breast cancer have a strong family history	1	2	3	4	5	6
It is important to detect breast cancer early	1	2	3	4	5	6

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

All women 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	8 DO NOT READ
Don't know	9 DO NOT READ

5. Which best describes the last time you had a breast screening mammogram **READ OUT SINGLE RESPONSE**

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

6. Based on what you know and think how effective are mammograms in detecting breast 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

ASK IF HAS HAD A MAMMOGRAM AT Q5

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

As a result of finding a specific symptom such as lump	1
--	---

OR

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

ASK IF HAS HAD A MAMMOGRAM, BUT NOT IN THE PAST 2 YEARS –Q5 CODE 3 AND 4

- 7b Why would you say that you have not had another mammogram in the past two 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
Self-examining your breasts	09
Having breast examinations by your GP	10
Too lazy/ haven't got around to it	11
Don't have family history	12
Had/have breast cancer	13 TERMINATE
Had a mastectomy	14 TERMINATE
Haven't received a reminder letter	15
Hurts too much	16
Previous bad experience	17
Other (specify): _____	18
Don't know	19

ASK IF HAS NOT HAD A MAMMOGRAM CODE 5 in Q5

7c. Why would you say that you have not had a mammogram to date? **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
Self-examining your breasts	09
Having breast examinations by your GP	10
Too lazy/ haven't got around to it	11
Don't have family history	12
Other (specify): _____	13
Don't know	14

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 breast cancer	1	2	3	4	5	6
It's important for women to continue screening until mid 70s	1	2	3	4	5	6
Early detection can mean less invasive treatment and a better quality of life	1	2	3	4	5	6
The benefits of screening outweigh the negatives	1	2	3	4	5	6
Screening significantly reduces breast cancer deaths	1	2	3	4	5	6

ALL RESPONDENTS

9a. Have you ever heard of BreastScreen Australia?

Yes	1	GO TO Q9b
No	2	GO TO Q10a

ASK IF HAD A MAMMOGRAM AT Q4.

9b. Have you ever had a mammogram at BreastScreen Australia?

Yes	1	CONTINUE
No	2	SKIP TO Q9d
Don't know	3	SKIP TO Q9d

9c. Was your last mammogram at BreastScreen Australia?

Yes	1
No	2
Don't know	3

ASK IF AWARE OF BREASTSCREEN AUSTRALIA (CODE 1 in Q9a)

9d. Do you recall receiving an invitation letter from BreastScreen [INSERT RELEVANT STATE FROM QUOTA INFORMATION]?

Yes	1	
No	2	GO TO Q10a

ASK IF HAS RECEIVED AN INVITATION FROM BREASTSCREEN (CODE 1 IN Q9d)

9e. What did you do after receiving an invitation letter from BreastScreen? **DO NOT READ OUT SINGLE RESPONSE**

Made an appointment promptly	1
Made an appointment eventually	2
Didn't make an appointment	3
Spoke to my GP	4
Don't know	5

10a. At what age do you think women should commence having mammograms? **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

10b. At what age do you think women should stop having mammograms? **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

10c. And once women begin having mammograms, how often do you think they should be screened? **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

11. To the best of your knowledge, please tell me whether the following statements are true or false. **READ OUT AND ROTATE SINGLE RESPONSE PER STATEMENT**

	TRU	FAL	DK
BreastScreen Australia invites women 50-74 for a screening mammogram	1	2	3
BreastScreen Australia invites women 50-69 for a screening mammogram	1	2	3
The BreastScreen Australia program is free	1	2	3
The recommended screening interval with BreastScreen Australia is every two years	1	2	3
The BreastScreen Australia program has expanded to invite women 70-74 to be screened	1	2	3

12. Based on what you know and think about the BreastScreen Australia 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)
BreastScreen Australia provides a high quality service	1	2	3	4	5	6
BreastScreen Australia is effective at detecting breast cancer early	1	2	3	4	5	6
Screening women for breast cancer in this way is a good idea	1	2	3	4	5	6

(ASK ALL EXCEPT CODE 13 or 14 IN Q 7b)

13. How likely are you to attend BreastScreen next time you are due for a mammogram?

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

14. Thinking about the last 3 months, have you read, seen or heard any advertising or materials about breast cancer screening?

Yes	1	GO TO Q15a
No	2	GO TO Q 15b
Don't know	3	GO TO Q 15b

15a. Please describe what you saw read or heard.

CODE TO CAMPAIGN WHERE POSSIBLE

Cherry & Pea (NSW)	01
I touch myself ('Chrissy Amphlett' campaign)	02
Take You Away (NSW)	03
The Facts (NSW)	04
Protect Your Loved Ones From The Pain (SA)	05
BreastScreen Victoria 2012-13 Campaign	06
A Good Friend (ACT)	07
Breast Cancer won't wait (Cancer Australia)	08
BreastScreen Australia Invitation to women 70-74	09
Other _____	10

15b i) **ask all**

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

The ad shows a group of four women standing behind a large pink envelope that has the BreastScreen Australia logo on it. The theme colour is pink. The headline says that the invitation for free breast screening now covers women up to 74. The message says the invitation for free breast screening has been expanded to include women aged 70-74. Early detection saves lives. If you're aged 50-74 you should be screened every two years. If you're over 75, talk to your GP or health professional to find out if breast screening is right for you. For more information visit the website. The tagline at the bottom says It's an invitation that could save your life.

Have you seen this advertisement before today?

Yes	1
No	2

15b ii) **IF CODE 1 IN A2 ASK:**

There is another version of the print ad which has two sisters of Aboriginal background standing behind the pink envelope – have you seen this version?

Yes	1
No	2

15b iii) **CODE 3 IN A3 and language CODE from A4 ASK:**

There is another version of the print ad which has just one woman from your cultural background standing behind the envelope and the message was written in <language> have you seen this?

Chinese/Vietnamese/Arabic/Spanish/Italian/Greek/Croatian/Macedonian **NOTE TO PROGRAMMER MATCH LANGUAGE FROM A4**

Have you seen or heard this advertisement before today?

Yes	1
No	2

15c. I am going to read you the script from some radio advertising. Can you please tell me if you recall hearing this before today?

At BreastScreen Australia, we're expanding the invitation for free breast screening to cover women aged up to 74. This means we can find more breast cancer early, and save up to 600 more lives a year. If you're aged between 50 and 74, you should be screened every two years. Search BreastScreen Australia online for more information, or call 13 20 50. Breast screening. It's an invitation that could save your life.

Have you heard this advertisement before today?

Yes	1
No	2

ASK IF AT LEAST ONE OF CODE 9 from 15a OR CODE 1 FROM 15bi, 15bii, 15biii 15c

Q15d. 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	Don't know (DON'T 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
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15e. 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
Women 70-74 will continue to receive an invitation to breast screen	1	2	3	4
Women 50-74 should be screened every two years	1	2	3	4
Early detection saves lives	1	2	3	4
It's an invitation that could save your life	1	2	3	4
(Indigenous) It's safe, it's private it's free	1	2	3	4

15f. As a result of seeing the campaign how likely are you to make an appointment for a mammogram next time you receive an invitation from BreastScreen?

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