

National Cervical Screening Awareness Campaign

Communications Brief

Brief overview

Department responsible for brief	Department of Health and Aged Care	
Project name	Cancer Screening Awareness Campaign	
Date of briefing	August 2023	
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Partners	Advertising Campaign and Board Member	ACON
	HCP education and Board Member	Australian Centre for Prevention of Cervical Cancer (ACPCC)
	First Nations HCP education and Board Member	National Aboriginal Community Control Health Agency (NACCHO)
	CALD HCP education and Board Member	Australian Multicultural Health Collaborative managed by (FECCA)

	Market Research and Board Member	Fifty-Five 5
Budget	\$10.2 million (GST exclusive) commencing 2022/23 until 2025	
Date of campaign activity in market	Campaign launch will be the first half of 2024. Timing is subject to research advice and campaign development lead time.	
Geographic markets	National	

Context

The National Cervical Screening Program (NCSP) was established in 1991 to reduce the impact of cervical cancer through early detection. It encourages women and people with a cervix aged 25-74 years of age who have ever had any sexual contact to have a Cervical Screening Test every five years. The test detects the presence of human papillomavirus (HPV), a common infection that causes almost all cervical cancers, so it can be monitored or investigated further if needed.

In 2022, 4.7 million people aged between 25 and 74 had a Cervical Screening Test. This was an estimated 5-year participation rate of 68%¹ of the eligible population. However, Aboriginal and Torres Strait Islander women are disproportionately burdened by cervical cancer:

- Aboriginal and Torres Strait Islander people are twice as likely to be diagnosed with cervical cancer (Over 2014–2018, there were 161 Aboriginal and Torres Strait Islander women aged 25–74 diagnosed with cervical cancer, which is an incidence rate of 19 new cases per 100,000 Indigenous women in the population, two times the rate of non-Indigenous Australians²).
- The mortality rate for Aboriginal and Torres Strait Islander people is 7 deaths per 100,000 Indigenous women in the population. This is 3.8 times the rate of non-Indigenous Australians³.

Accurate culturally and linguistically diverse (CALD) community screening rates are unknown due to a lack of appropriate data. However, social research has found overseas born women living in Australia were more likely to have never-screened or be overdue for screening compared to Australian-born women⁴.

On 1 July 2022, the program expanded to provide the option for all participants to take their own sample from their vagina, using a simple swab. Self-collection has the potential to reach never or under-screened participants, overcoming social barriers to cervical screening and improving equity of access to the program by providing a more discreet and sensitive screening option.

Reaching and engaging those who are under-screened or never-screened, is also critical to achieving cervical cancer elimination in Australia. This will require a priority approach for First Nations peoples and migrant communities. People with a disability, those living in rural and remote areas, and sexually

¹ Australian Institute of Health and Welfare (2022) National Cervical Screening Program monitoring report 2022, catalogue number CAN 149, AIHW, Australian Government

² Australian Institute of Health and Welfare (2022) National Cervical Screening Program monitoring report 2022, catalogue number CAN 149, AIHW, Australian Government

³ Australian Institute of Health and Welfare (2022) National Cervical Screening Program monitoring report 2022, catalogue number CAN 149, AIHW, Australian Government.

⁴ Evaluating ways to engage with Culturally and Linguistically Diverse (CALD) Groups about National Cancer Screening Programs (Bowel, Cervical and Breast) and Developing Materials and Initiatives to assist in boosting participation

and gender diverse individuals will also need to be included as these cohorts are also over-represented in cervical cancer incidence and mortality⁵.

It is important the anatomically correct terms vagina and cervix are used when explaining the new self-collect option to accurately describe the process and help mitigate misinformation and misunderstandings, particularly for First Nations and CALD audiences who may have cultural concerns about current collection processes where a doctor needs to perform the procedure.

Past campaign history

Between June and November 1998, the Commonwealth and States and Territories implemented a national campaign using television advertising, print media and initiatives aimed at raising the awareness of service providers about their role in encouraging women to be screened in conformity with the 2-yearly interval. A further campaign was implemented during mid-1999.

Over the past 23 years, there have only been adhoc campaigns run at state and territory levels, but nothing at a national level.

The need for communication

The landscape of cervical screening has shifted dramatically since the NCSP's inception in 1991.

The introduction of the human papillomavirus (HPV) vaccine (Gardasil) into the National Immunisation Program in 2007 for teenage girls has helped protect against many types of HPV that can cause cervical cancers. In 2013, HPV vaccine eligibility under the National Immunisation Program was also extended to include teenage boys.

As a result of the success of the HPV vaccine and advances in HPV and cervical related medical sciences, key changes were introduced to the NCSP in December 2017 including:

- A new test: the screen will no longer look for abnormal cells (like the Pap test did), but instead detect HPV infections directly at the earliest stages
- A change in routine screening interval, from 2- to 5-yearly testing
- A change in starting age, with the first test at age 25, rather than age 18-20
- A self-collect option for women over thirty who have never screened or are more than two years overdue for their screening

Given the changes to the NCSP since 1991, there is a need to communicate what they are, what they mean, the efficacy of the self-collect test, and the importance of screening.

Problems for communications to solve

Attitudinal market research undertaken by research agency *Fiftyfive5* in March 2023 found that there were significant knowledge gaps, confusion about the test options, recommended screening intervals and eligibility, as well as significant emotional and cultural barriers to overcome.

This research is provided at **Attachment A**.

⁵ Self-collection: equity in reaching cervical cancer elimination | InSight+ (mja.com.au)

Communication objectives

The communication objectives inform the key performance indicators for this activity and are relevant to the primary target audience. The success of these objectives will be measured through increasing or maintaining awareness, attitudes, and intentions.

- Improve awareness of the self-collection option specifically in priority audiences (First Nations peoples and Culturally and Linguistically Diverse communities).
- Improve awareness on the benefits of routine cervical screening and why it is important.
- Increase the number of priority members of the public completing their cervical screening, regardless of collection option.
- Equip healthcare providers with information, resources and tools to support them in communicating screening options and the importance of routine cervical screening.

Awareness

- Inform women and people with a cervix that cervical screening tests detect HPV, which causes almost all cervical cancers, not abnormal cells and as a result they only need to screen every five years from 25 years of age.
- Address perceived misconceptions (i.e. you do not need to screen if you've only had sexual contact with women).
- Increase the profile of the self-collect option.

Attitudes

- Increase confidence in the safety and accuracy of the self-collect cervical screening option.

Intentions

- Increase intention to participate in routine cervical screening.
- Seek further official information on the importance of cervical screening and the self-collect option by visiting (Campaign website), or their GP/healthcare provider.
- Increase self-efficacy and response efficacy.

Performance Targets

The following minimum targets are set based on research and evaluation advice:

- *Reach*: Prompted campaign recognition >30%
- *Response*: Key campaign message recall >40%
- *Impact*: Significant increases in campaign related actions from benchmark. Most common actions taken >40% among campaign recognisers.

Strategic communication approach

The cervical screening (self-collect) awareness campaign will be delivered in partnership with cancer control organisations and peak clinical bodies.

These partners are ACON, the National Aboriginal Community Controlled Organisation (NACCHO), The Australian Multicultural Health Collaborative managed within FECCA, and the Australian Centre for the

Prevention of Cervical Cancer (ACPCC). The Department will establish and Chair an Advisory Committee for campaign governance and delivery to manage the roles, responsibilities and outputs from each partner. As Chair, the Department will have final say over campaign decisions.

ACON will deliver the creative elements and media buy by expanding the cervical self-collect campaign they developed for NSW Cancer Institute. This creative tested very well with our target audiences. ACON will subcontract two specialist agencies for First Nations and CALD audiences, to advise on the creative assets and media placements. NACCHO and FECCA will act as advisors to this work.

ACPCC will deliver the healthcare/GP education element of the campaign and will work with NACCHO and FECCA to co-design resources for First Nations and CALD healthcare providers and centres.

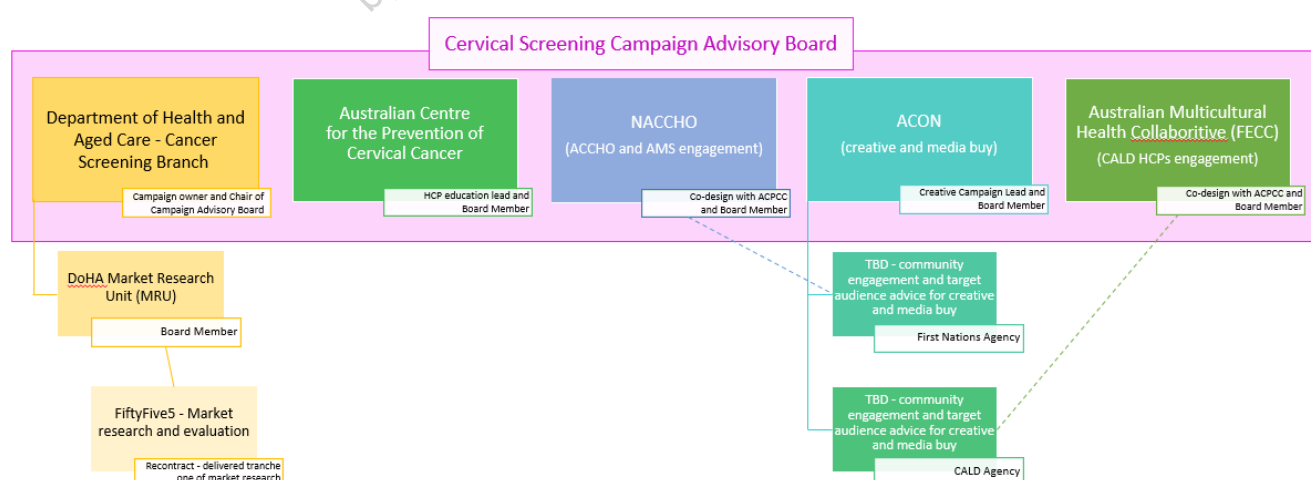
FiftyFive5 will continue as the market research agency, in collaboration with Cultural Partners who specialise in First Nations and CALD audiences.

We will provide updates to the Minister's Office with a brief to advise on the approach and thereafter updates via email through AS and FAS. Annual summaries will also be provided for 2024 and 2025. Internal updates will be provided via AS regular meetings and weekly Director emails.

Strategic approach in practice

- Consult with partners to define roles, responsibilities, and relationships with other partners.
- Clearly define the outcomes of the consultations when contracting the partners.
- Send all relevant campaign briefs, research and terms of reference to partners.
- The Department will organise a meeting for all of the partners to meet, communicate everyone's role within the campaign, discuss the campaign research with FiftyFive5 and ACON, and agree on timeframes.
- From this point forward, everything will be managed by the Department through the Advisory Board and with each partner as required.

See campaign timeline at **Attachment B**.



Monitoring and evaluation

The Department will engage an independent evaluation partner to provide a comprehensive evaluation on the communication activities used including the healthcare provider education component. This will also include learnings, insights, and recommendations for all channels of the media buy, at the completion of the activity.

ACON's media buying agency will analyse the campaign in real time and will optimise the paid media channels as the media buy progresses. They will report on paid media advertising analytics and metrics including engagement rates, click through rates, sentiment via moderation, and other relevant data provided by the Department to evaluate the media component of the campaign such as page views and unique views (editorial), average dwell time, social engagements and impressions, and unique reach.

The Department's social media platforms can be used to test message engagement and inform investment decisions and targeting.

Further analysis will be completed by the Department to examine page visitors to landing and subsequent pages at health.gov.au, dwell time on site, video views, and campaign resource downloads.

Campaign results will be evaluated and presented against campaign objectives at the completion of the campaign, in the form of a Post Campaign Evaluation report, delivered by the Department and presented to the Advisory Board.

Target audience

Primary audiences:

- Aboriginal and Torres Strait Islander women and people with a cervix aged between 25 and 74
- Migrant women and people with a cervix aged between 25 and 74
- Health professionals advising women and people with a cervix, including general practitioners, practice nurses, and health workers

Secondary audiences:

- Sexually and gender diverse individuals
- Women and people with a cervix living in regional and remote Australia
- Women and people with a cervix living with a disability

Key messages

Key messages will be further developed through research and consultation with campaign partners. Messages will be prioritised for different channels and specific audience's needs.

- Cervical cancer is one of the most preventable cancers.
- Having regular five-year interval Cervical Screening Tests is the best way to protect yourself from cervical cancer.
- More than 70% of Australians diagnosed with cervical cancer are under-screened or have never screened.

- The Cervical Screening Test can detect human papillomavirus (HPV), a common virus that causes most cervical cell changes and almost all cervical cancers before any abnormalities develop.
- There are 2 options for having a Cervical Screening Test. One option is to have a healthcare provider collect your sample. The other option is to collect your own sample.
- Self-collection is a simple process. It involves inserting a swab a few centimetres into your vagina and rotating it for 20-30 seconds to collect a sample.
- A Cervical Screening Test using a self-collected sample from your vagina is just as safe and as accurate at detecting HPV as a healthcare provider-collected sample taken from the cervix during a speculum examination.
- If you're a woman or person with a cervix, aged 25-74, and have ever had sexual contact, you should do your cervical screening every 5 years.
- To check if you're due or overdue for a Cervical Screening Test, contact your healthcare provider. If you're due, book your test today.
- Australia is on track to be the first country in the world to eliminate cervical cancer by 2035, but only if we keep up with our HPV vaccinations and cervical screening.

As a result of these messages, we want people to:

THINK: I am confident cervical screening is the best way to protect myself from cervical cancer by detecting HPV early.

FEEL: Aware and confident about the self-collect screening program.

DO: Visit health.gov.au, speak to a GP or other health professional, check if you're due and book an appointment to screen.

Key considerations and mandatory

Sensitivities

Will be identified further when testing has been done, however, in the meantime we know:

- Cervical cancer is an inequitable disease.
- Health professionals do not necessarily know about the self-collect option or agree on its accuracy.
- First Nations audiences have a lower level of baseline trust in government and seek trustworthy community leaders for validation of information.
- There are cultural barriers to screening that education on self-collect could address.
- The terminology needs to be anatomically correct and not nuanced due to translation purposes. As such, vagina and cervix must be used when explaining what the self-collect option means.

Channel considerations

Paid media

It is anticipated that paid media will support communications on owned channels and the below the line strategy to achieve the recommended engagement and reach metrics amongst the primary target audience. Key messages will raise awareness of the self-collect option, highlight the positives of routine cervical screening every five years, and provide reminders to catch up on screening. Paid media will be able to effectively target the primary audiences of First Nations and CALD audiences through specific placements. Specific geo-targeting of areas with known lower screening rates must be considered.

Community education and grassroots engagement

Communication approaches other than advertising need to be a strong feature of the overall campaign. The messages are complex and will require reinforcement by local service providers and community networks to support decisions. Departmental channels will be used to communicate the key messages that reinforce the positives of routine cervical screening.

Public relations activities and events will be needed to reach high-need audiences, including First Nations people and CALD communities, including potential use of trusted and local sources and strategies to manage misinformation.

Healthcare professionals are clearly highly trusted sources of information for the target audiences. As such there is considerable value in seeking their assistance to actively reinforce the aims of the campaign.

To support this approach, information materials such as brochures, posters and case studies will likely need to be developed/adapted as part of the campaign. It is anticipated this material will be distributed to appropriately identified healthcare settings.

Materials will need to be translated into the languages that support the most prominent CALD backgrounds. Materials will also be developed targeting First Nations women and people with a cervix. This may include digital assets such as case study videos, animation videos, radio and printed materials. A distribution strategy will be developed and may include targeted media, events, editorial content and sponsorship opportunities will be explored.

The materials will also be promoted to screening providers through primary healthcare services stakeholder groups and networks.

Materials will be available for download from the campaign website and adhere to accessibility guidelines.

Research

Developmental research

Baseline development market research was undertaken by Fiftyfive5 in June 2023 with women and people with a cervix from First Nations and Culturally and Linguistically Diverse backgrounds, Health professionals, and general population.

The objectives of this research were to:

- Provide an understanding of the current levels of awareness of and attitudes towards routine cervical cancer in target audiences.
- Explore awareness and understanding of the benefits of routine cervical screening and its importance amongst target audiences.
- Explore and identify audiences within the CALD communities, with a focus on the Vietnamese and Arabic communities.
- Identify specific barriers and motivators to screening amongst specific CALD and First Nations audiences.
- Understanding perceptions of risk and exposure to risk amongst target audiences.
- Explore best approach for communication and messaging options to reach target audiences, including motivators to get non-screeners to do their screening and the best approach for communication with and by health professionals.

Overall Sentiment, Awareness and Knowledge

Research showed that 36% of women or people with a cervix in the general population perceived the cervical screening test as important, necessary and great to detect cancer. 22% claimed that the test was painful, invasive and scary.

Self-reported knowledge about screening is low for a third of people in the general population, and even lower for cervical cancer itself. Australians living in regional and remote areas showed the lowest understanding about cervical cancer.

While most agree routine screening is important, there are knowledge gaps around eligibility, and whether it should be a personal priority. Only 2 in 5 were aware of the 5-year testing interval, with lower awareness among First Nations people. While some believe the lower frequency of testing to be positive, it raises concerns for others who don't understand the change. Participants are also concerned about keeping track of their testing frequency. Additionally, only 74% of respondents surveyed believed they were eligible for testing, with this proportion lower among First Nations people (62%).

There is low knowledge about cervical cancer in general (44%), and what can cause cervical cancer (40%). Respondents are concerned about cervical cancer, but not to the same extent as breast or skin cancer (37% very or extremely concerned about cervical cancer versus 45% and 44% for breast and skin cancer respectively).

Behaviours and Attitudes

More than three in four have been tested in the last 5 years, and a similar proportion intend to get testing in the next 5 years. The proportion of people who have never had a cervical screening test is higher among CALD audiences, 25-34 year olds, and those in remote areas. For most people, a reminder from a healthcare provider is critical, though typically a new appointment must be created and there is often a delay as people are busy, forget or don't prioritise cervical screening.

No one motivating factor is key but appeals from loved ones is less motivating than rational themes of accessibility and knowledge such as:

- No cost to participate in cervical cancer (82%)





- Easy to access a healthcare provider that does cervical screening (81%)
- Knowing that cervical screening is relevant to me / something that I should be getting done (81%)

Barriers to screening include:

- Fear of diagnosis (31%)
- Fear of the pain and discomfort of screening (31%)
- Embarrassment about doing cervical screening (29%)
- Fear the intimate nature of cervical screening (28%)

Targeting

Respondents were segmented along a continuum of how they felt about cervical screening, including Disengaged (5%), Active Avoiders (18%), Reluctant/Occasional (26%), Routine Testers (51%).

	DISENGAGED  5% <i>Not at all interested in cervical screening, unlikely to get tested in the future</i>	ACTIVE AVOIDERS  18% <i>Avoid thinking about cervical screening. If they are considering it, just not done anything about it</i>	RELUCTANT / OCCASIONAL  26% <i>Have had cervical screening tests, but just not consistently or not currently up to date</i>	ROUTINE TESTERS  51% <i>Regularly get cervical screening tests</i>
WHO ARE THEY	Regional, older, less likely to have seen a GP in the last year	Younger, CALD, less likely to have a regular GP or access to a female GP, lower health literacy	Slight skew to younger, lower income. Likely to have seen a GP in the last year	Higher income, seen a GP/gynecologist recently, have a regular GP, high health literacy. More likely to have had abnormal cells, know someone affected
KEY REASON FOR NOT TESTING MORE	Not concerned about Cervical cancer, least likely it as a killer, less likely to think they are eligible, low perceived efficacy of testing	Have strong barriers around discomfort, pain, embarrassment. Claim to know less about testing	While they know the risks, believe testing is effective, they keep forgetting. The logistical barriers give them excuses to put off an unpleasant task	They are strongly motivated to test due to known risks, but there are still gaps in their knowledge (only half aware that testing in now 5 yearly)
OPPORTUNITY FOR COMMS	Dial up the risk Cervical cancer poses for people like them and the important role that testing plays in saving lives	Communicate about the swab only option – less painful alternative. Bring cervical screening conversations into focus	Keep Cervical screening top of mind through comms. Talk about the 5 year frequency (not asking much of you) and help make it easier to remember when it is due	Communicate about the 5 year frequency in testing but reassure about this (they are used to testing more often)
OTHER OPPORTUNITIES		Help to overcome testing barriers – HCPs play a key role here, need to act with care and empathy before and during the test. Access to female GPs	Dial up reminders, break down the barriers along the journey e.g self-collection while at GP	Reminders will become more important as the testing gap widens

The perceived effectiveness of the cervical screening test increases with regularity of testing. 61% of Active Avoiders think the test is very/extremely effective, versus 79% of Routine Testers. In addition, those who are Disengaged report significantly lower levels of concern about cervical cancer (58%) compared to all other segments. The Disengaged and Active Avoider segments also report low levels of knowledge about cervical screening.

Forgetting is the key barrier to screening among those who are Reluctant/Occasional (50%), while Avoiders are more likely to report barriers around discomfort and embarrassment.

First Nations

Like others, the first associations of cervical screening for First Nations people are ones of discomfort and embarrassment. More of an issue is the private nature of such a test, it is very private women's business and can only be done by a female health professional. There would also be shame and stigma if a positive result was received (a belief they have been 'acting up'). There can also be concern over waiting for the result and the possibility of a cancer diagnosis.

Like others, there are significant knowledge gaps, including the age you test, the frequency, what is being screened, and eligibility. Being told that this is now a Cervical Screening Test but it is just the same as, or as painful as pap smears, means that this audience is unclear what the change is.

In addition, more First Nations young women have been vaccinated against HPV than the broader population. Some girls were told that this meant they no longer needed to test. This is driving confusion over eligibility and perceived need/priority.

CALD audiences

Similarly, the first associations of cervical screening are of discomfort and embarrassment. This cohort is also less likely to be testing and to be Active Avoiders, which means that they have stronger barriers around discomfort, pain and embarrassment. This cohort also finds it easier to forget about making an appointment for the test, usually because they are busy looking after other family priorities. Like others, there are significant knowledge gaps, including the age you test, the frequency, what you are screening for, and eligibility. Overall, there are more similarities with other audiences than differences with this cohort.

Like others, the GP is a key driver to remind and persuade for CALD participants. There is some evidence to suggest that CALD audiences are less likely to have a regular GP so perhaps are missing out on the key prompts to test. The cost of the appointments and access to a female GP is also challenging. For the Arabic and Vietnamese cohorts, there are some stronger associations that cancer is bad news so therefore they would rather not screen to cause anxiety to themselves and family. The Mandarin and Vietnamese are less likely to believe they need to screen because they believe they are young and healthy. There are some logistical barriers for the Arabic cohort, who have to ask permission to test. For Arabic women, the association of testing and being sexually active or promiscuous is particularly challenging to overcome when speaking with their family.

Healthcare Providers

The breadth of misunderstanding and confusion around cervical screening extends to healthcare providers. For example, they are still using a lot of older language and terms interchangeably to describe cervical screening today – many still refer to it as a ‘pap smear’ despite the Pap test being a different test and one that was superseded by the Cervical Screening Test in 2017. There is confusion about what is being screened and why it is effective. Some Practice Nurses incorrectly believed that receiving a vaccine means that screening is no longer required.

Additionally, though healthcare providers take care and steps to make the patient comfortable, not all empathise with the vulnerability patients may be feeling.

Healthcare providers do see their role as educating patients on the importance of screening and are key prompters to getting a test. In their view, there needs to be a clearer, wider reaching communication to patients to educate on the latest screening process and re-engage those overdue.

Self-collection

Increasing awareness of self-collection and healthcare providers who are offering this option could increase the likelihood of uptake. For example, 36% of the general population are very likely to ask for self-collection, but this increases to 40% if the test is offered by a health provider. For First Nations, this is 63% and 69% respectively.

The preference for the self-collection method increases by age, with 65- to 74-year-olds significantly higher than other age groups (31%).

Self-collect screening is described as a welcomed advancement, though there are some hesitations around the accuracy of self-collected samples. Over half had no issue with their healthcare provider

conducting a cervical screening test and are concerned they might have to go back for a full test anyway. The reluctant/occasional segment are more likely to identify several benefits of self-collection that motivate them to do cervical screening.

First nations and some CALD audiences (particularly Mandarin and Vietnamese) are interested to learn more about the option.

There are three key themes to address: accuracy, practicality, and logistics of self-collect. All areas require further education.

Moving towards a Communication Strategy

There are significant knowledge gaps that need to be addressed in order to ensure people are testing on time and reassured about the screening approach. To prioritise testing and overcome emotional and experimental barriers there needs to be communication and conversations about how cervical screening saves lives.

To drive screening rates higher, the self-collect option has a key role to play for some cohorts as it overcomes key barriers of discomfort, embarrassment and forgetting/putting off. For self-collection to be trusted and used, a clear story about screening needs to be communicated.

Healthcare providers are critical in reminding, educating and persuading people to get tested. They too have significant knowledge gaps that need to be addressed. Healthcare providers also need to be onboard with the role of self-testing.

First Nations and CALD audiences have specific communication approaches that will be effective depending on the audience.

Concept testing

Concept /territory testing research will be conducted nationally to ensure campaign materials are effective in conveying the key messages of the campaign and resonate with the target audiences.

Evaluation

Independent evaluation research will be conducted by an independent research partner. However, bench marking will be discussed and established with partners at the outset of the campaign.



CERVICAL SCREENING DEVELOPMENTAL RESEARCH

DEPARTMENT OF HEALTH AND AGED CARE | JUNE 2023

fiftyfive5

Part of Accenture Song

DEPARTMENT OF HEALTH

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FF5 PROJECT NUMBER

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This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care



SECTION 1

RESEARCH OBJECTIVES AND METHODOLOGY

This document has been released under
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RESEARCH OBJECTIVES

- 01 ▶ Provide an understanding of the current levels of awareness of and attitudes towards routine cervical cancer in target audiences
- 02 ▶ Explore awareness and understanding of the benefits of routine cervical screening and its importance amongst target audiences
- 03 ▶ Explore and identify key target audiences within the CALD communities. We suggest a focus on the Vietnamese and Arabic communities and newly arrived immigrants given recent research of other CALD communities has already been conducted
- 04 ▶ Identify specific barriers and motivators to screening amongst specific CALD and First Nations audiences
- 05 ▶ Understanding perceptions of risk and exposure to risk amongst target audiences
- 06 ▶ Explore best approach for communication and messaging options to reach target audiences, including motivators to get non-screeners to do their screening and the best approach for communication with and by health professionals

PROJECT OUTCOME

The Department is seeking research services to **conduct developmental and an option of concept testing** for a proposed National Cervical Screening Awareness campaign.

Up to date research is required to ascertain the most effective communication approaches for **encouraging cervical screening in targeted audiences**.

The research will be used to **improve awareness** of the benefits of routine cervical screening, **communicate changes** to screening options, as well as **equip healthcare providers with information and tools** when encouraging targeted audiences.

TARGET POPULATIONS

PRIMARY AUDIENCES

- **First Nations** women and people with a cervix aged between 25 and 74
- **CALD** women and people with a cervix aged between 25 and 74. The Department suggests a focus on the **Vietnamese and Arabic communities** and newly arrived immigrants given recent research of other CALD communities has already been conducted. Further research will be required to determine if targeting other CALD communities is required
- **Health professionals** advising women and people with a cervix, including general practitioners, practice nurses, and health workers

SECONDARY AUDIENCES

- Sexually and **gender diverse** individuals
- Women and people with a cervix living in **regional and remote Australia**
- Women and people with a cervix **living with a disability**

While not the primary audience, this research also looked at the **general population of people 25-74yrs who have a cervix.**

This was so we could **frame the attitudes, behaviours and sentiment** of target populations within the wider population. A campaign would also be likely to reach a broader audience so knowing what the challenges and opportunities are with the broader population is also important to know



QUAL METHODOLOGY AND APPROACH

40 PARTICIPANTS IN AN ONLINE COMMUNITY, 36 IN-DEPTH INTERVIEWS AND 10 FOCUS GROUPS

ONLINE COMMUNITY WITH 40 PARTICIPANTS



Fiftyfive5 ran an online community for 4 days, with 40 participants

- N=6 who have had cervical screening in the last 5 years
- N=21 who have not had cervical screening done in the last 5 years
- N=7 who have heard of cervical screening but never had it done

STATE

NSW	8
VIC	8
QLD	10
SA	4
WA	7
TAS/ ACT/ NT	3

LOCATION

Metro	28
Regional/Rural	12

SEXUALITY

Heterosexual	32
LGBTQAI+	8

SEXUALITY

Female	38
Non-binary	2

AGE

18-35	11
36-49	9
50 and over	20

TOTAL	40
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IN-DEPTH INTERVIEWS WITH 32 PARTICIPANTS



- N=24 depth interviews with HCPs who treat the general population with a cervix
- N= 12 depth interviews HCPs who treat mostly CALD and First Nations populations with a cervix

STATE

NSW	19
VIC	7
QLD	4
SA	1
WA	4
TAS/ ACT/ NT	1

GENDER

Female	24
Male	12

HCP TYPE

GP	13
Aged care/disability worker	4
Practice Nurse	13
Gynaecologist	2
Sexual health worker	2
Aboriginal health worker	2

TOTAL	36
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10 FOCUS GROUPS WITH CALD AND FIRST NATIONS

- N=6 focus groups with people with a cervix identifying as CALD
- N=4 focus groups with people with a cervix identifying as First Nations (2 Perth, 2 Sydney face to face)

CALD (Individual level)

AUDIENCE

Vietnamese	12
Mandarin	12
Arabic	12

SCREENING STATUS

Never screened	10
Screened in last 5 years	13
Screened but not in last 5 years	13

AGE

18-35	12
36-49	6
50 and over	18

TOTAL	36
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FIRST NATIONS (Individual level)

AGE

18-35	7
36-49	5
50 and over	12

SCREENING STATUS

Never screened	4
Screened in last 5 years	8
Screened but not in last 5 years	12

TOTAL	24
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QUANTITATIVE METHODOLOGY AND APPROACH

APPROACH:

The 15-minute survey was conducted online using an online panel partner. The survey flowed:

- Screener
- Woman’s awareness, knowledge, and attitude towards cervical screening
- Understand general health usage behaviour
- Understand cervical screening behaviour, history and intention
- Identify the motivators and barriers (including perceived risk and misconception) towards cervical screening
- Identify information sought/desired – what information, which touchpoints, gaps/ frustrations
- Identify communication preference
- Demographics

The survey was conducted 7 June to 16 June 2023

ANALYSIS:






Throughout this report:

- “T2B” or “T4B” refers to the Top 2 Box or Top 4 Box scores on the respective scale
- All significance testing is done at 95% confidence level
- NOTE: any sums not adding up to 100% throughout this report are due to rounding decimal places



- We surveyed N=1045 consumers who **were woman (and people with a cervix) from 25-74 years old**
- The target sample also includes:
 - n=51 First Nation women (and people with a cervix) aged 25-74
 - n=133 culturally and linguistically diverse women (and people with a cervix) aged 25-74

SAMPLE PROFILE

SAMPLE PROFILE			n		
 AGE	25-34	241	 REGION	Major Cities	746
	35-44	233		Inner Regional	217
	45-54	208		Outer Regional	67
	55-64	198		Remote	11
	65-74	165		Very Remote	4
 STATE	New South Wales	330	 TARGET AUDIENCES	First Nations	51
	Victoria	268		CALD	133
	Queensland	207		People living with a disability	226
	Western Australia	107		LGBTQIA+	59
	South Australia	69	 HPV vaccination		%
	Tasmania	33		Under 30	59%
	ACT	21		Over 30	20%
	Northern Territory	10			
TOTAL			N=1,045		

SECTION 2

OVERALL SENTIMENT, AWARENESS AND KNOWLEDGE

This document has been released under
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by the Department of Health and Aged Care



SCREENING IS FELT TO BE NECESSARY BUT UNCOMFORTABLE AND INVASIVE

FEELING ABOUT CERVICAL SCREENING



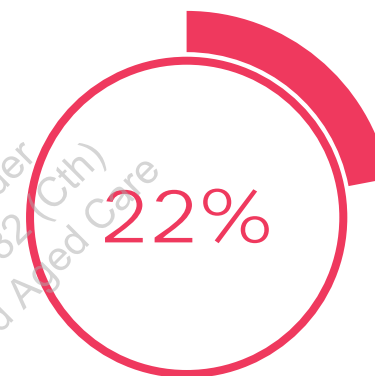
RATIONAL FEELINGS

People perceive the cervical screening test is **important, necessary** and great to **detect cancer**. Some were **accepting they had to do the test** and test **regularly**.



UNCOMFORTABLE

A third mentioned that they **felt uncomfortable** with the test.



NEGATIVE EXPERIENCES

People find the test **painful, invasive**, and **scary**. They felt **embarrassed** and don't like it though they understand it's vital for women health.



OTHERS

Few people **did the test as required**, while some **has not done** or **thought** or **know** about it.



Essential to regularly have pap smears in order to have anything problematic detected early on.

I do not like the process it is uncomfortable so I delay getting done

I don't like having them as I feel its an invasion of privacy. Don't love getting them done but essential

*It's one of those things I know I should have, but never do. I think they're good but I **never want to do them**.*

THE TEST MOMENT DOMINATES PERCEPTIONS OF CERVICAL SCREENING

Document 1.1

QUAL:
Gen Pop



Top of mind feelings associated with cervical screening are negative...

UNCOMFORTABLE

ANXIOUS

VULNERABLE

EMBARRASSED

...and reflective of a range of different people and situations...



*I feel very **uncomfortable** and **embarrassed** whilst having the pap smear procedure. **I feel vulnerable** as a female laying in a GPs surgery exposing an intimate part of my body. [Female, aged 55-64, not had CST in last 5 years]*

*The process leaves you **physically quite vulnerable** in that you literally have someone with a medical instrument inside you! It always seems worse in my head than the reality though which doesn't help the anxiety leading up to it."*
[Female, aged 35-44, had CST in last 5 years]

*I get **really anxious** and worried thinking about being in such a **vulnerable** and awkward situation even if it's the right thing to do*
[Non-binary, aged 25-34, never had CST]

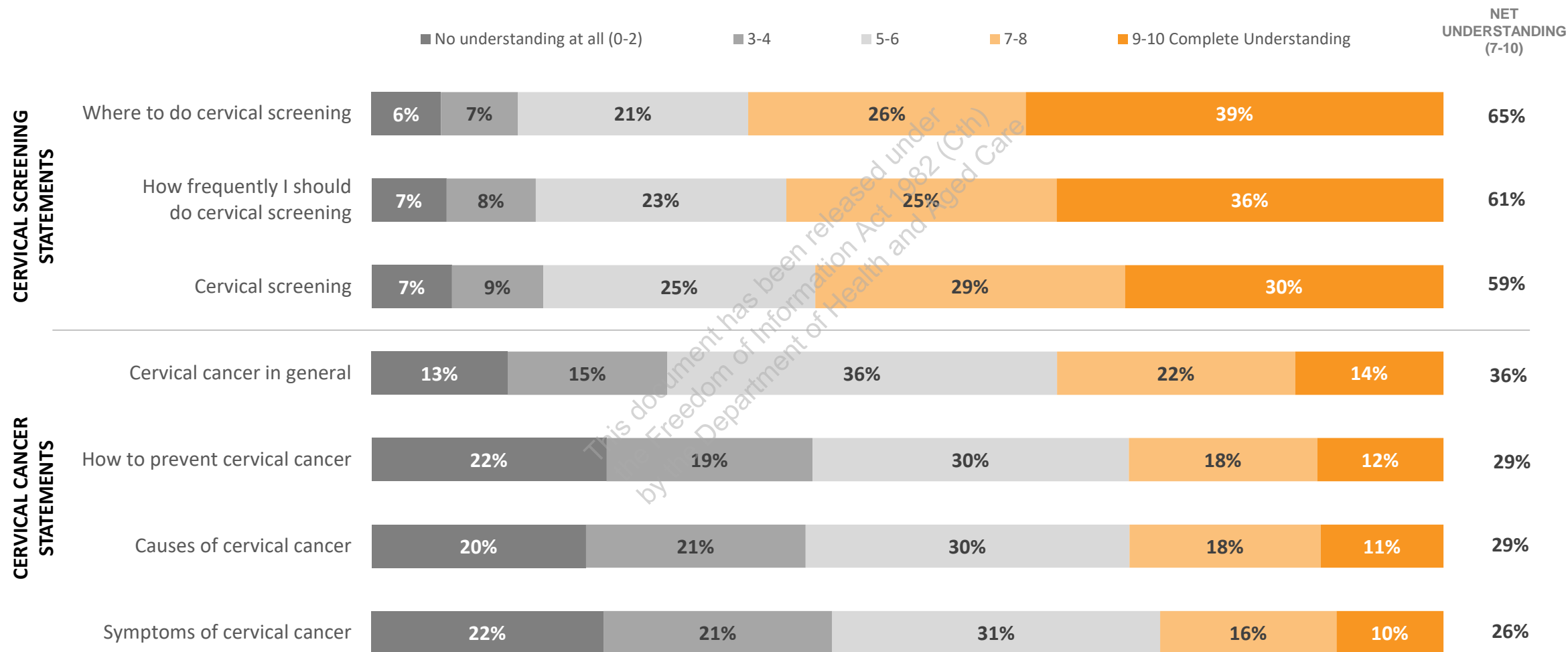
*I find its an **uncomfortable** process and can also make me **feel embarrassed** in front of my GP having to reveal myself even though their always professional"*
[Female, aged 25-34, had CST in last 5 years]

THIS HIGH LEVEL OF ANXIETY AND SELF CONSCIOUSNESS MAKES IT EASY FOR PEOPLE TO PUT OFF MAKING AN APPOINTMENT,
LET ALONE SHOWING UP



SELF REPORTED KNOWLEDGE ABOUT SCREENING IS LOW FOR A THIRD OF PEOPLE, AND EVEN LOWER FOR CERVICAL CANCER

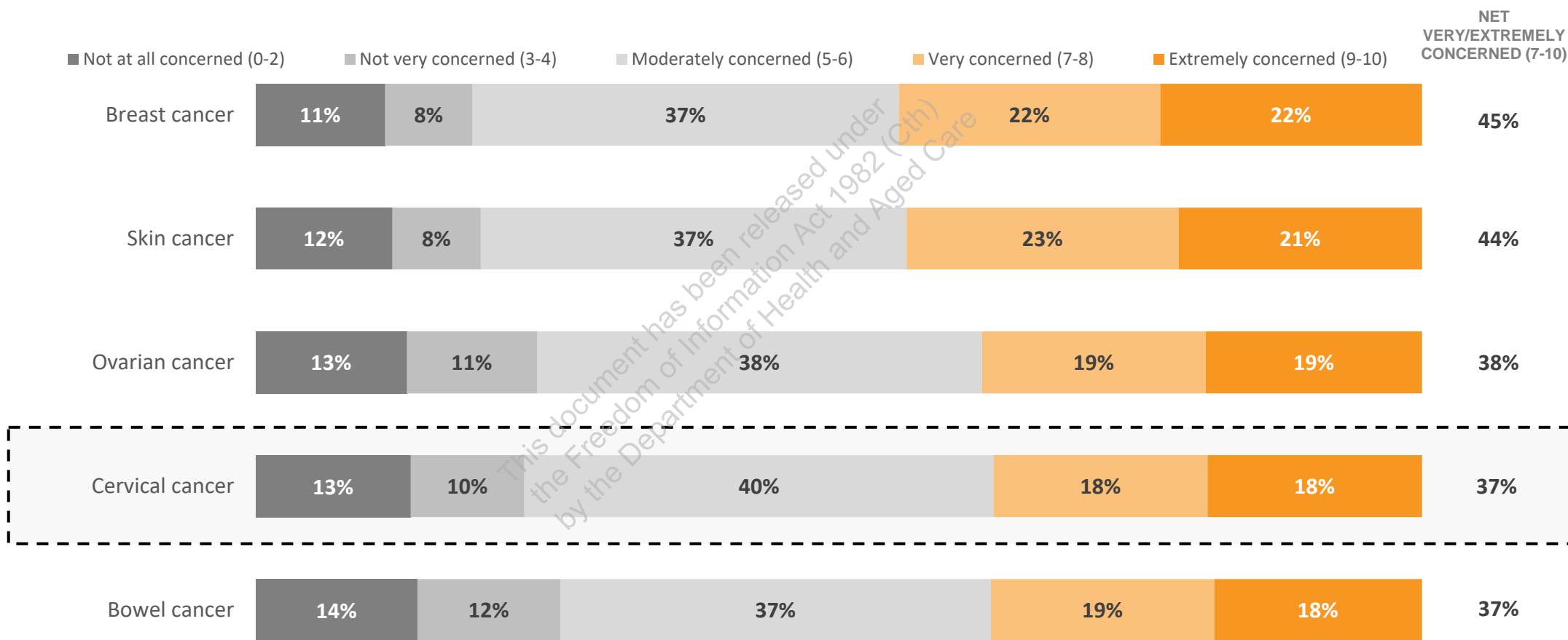
CLAIMED KNOWLEDGE ABOUT CERVICAL SCREENING AND CANCER





RESPONDENTS ARE CONCERNED ABOUT CERVICAL CANCER, BUT NOT TO THE SAME EXTENT AS BREAST OR SKIN CANCER

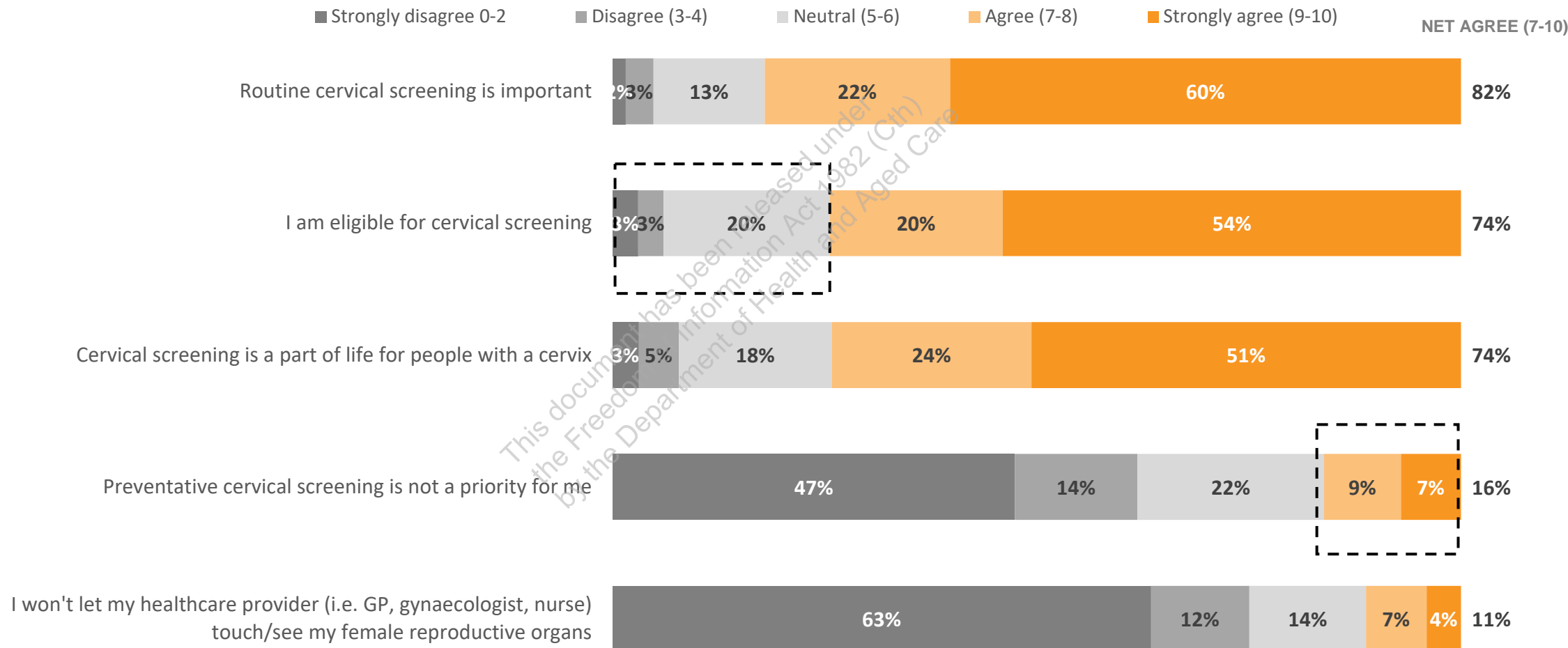
CONCERN ABOUT TYPES OF CANCER





WHILE MOST AGREE ROUTINE SCREENING IS IMPORTANT, THERE ARE KNOWLEDGE GAPS AROUND ELIGIBILITY, AND WHETHER IT SHOULD BE A PERSONAL PRIORITY




ATTITUDES TO CERVICAL SCREENING





FIRST NATIONS PEOPLE ARE SIGNIFICANTLY MORE LIKELY TO BELIEVE THAT THEY ARE NOT ELIGIBLE FOR CERVICAL SCREENING AND CERVICAL SCREENING IS NOT A PRIORITY

PROFILES OF NOT ELIGIBLE AND NOT PRIORITY

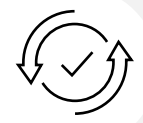
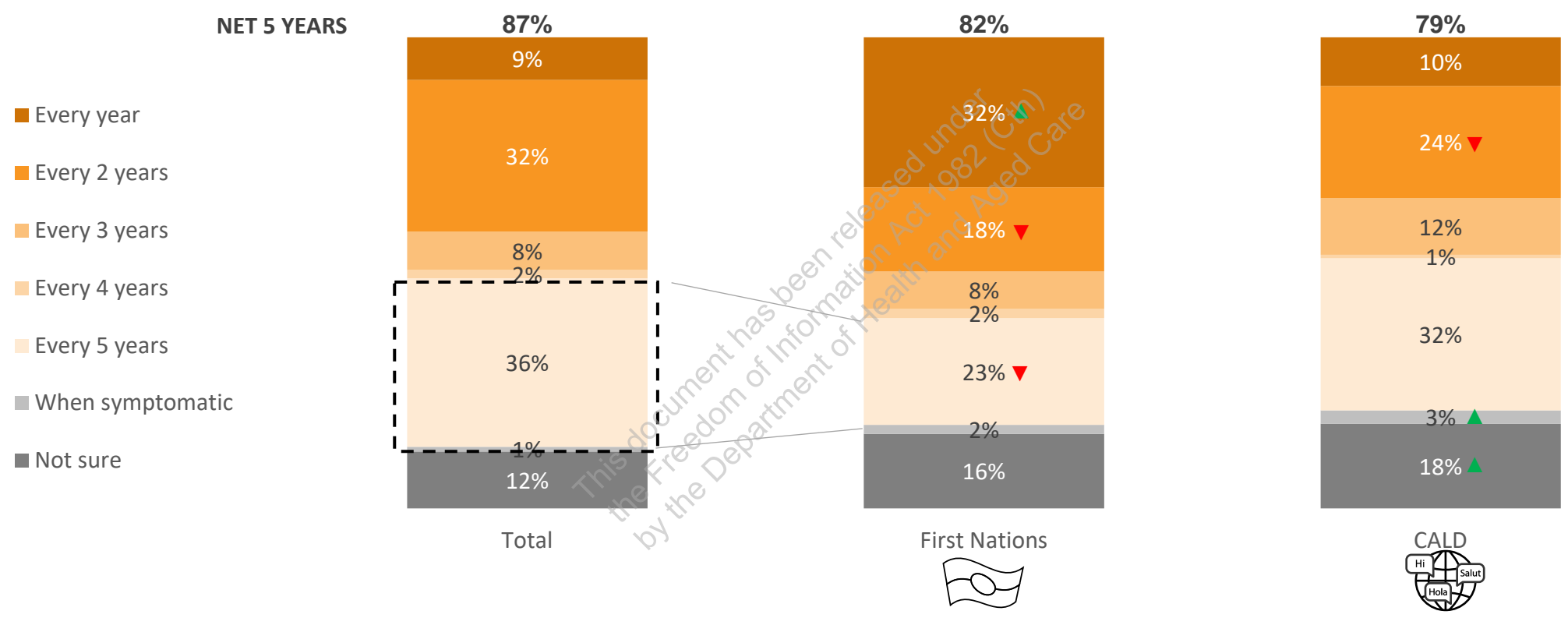
	TOTAL	NOT ELIGIBLE FOR CERVICAL SCREENING	CERVICAL SCREENING IS NOT A PRIORITY
		26%	16%
 AGE	25-34	25%	16%
	35-34	23%	15%
	45-54	30%	16%
	55-64	24%	15%
	65-74	26%	19%
 LOCATION	Major cities	26%	16%
	Regional	24%	17%
	Remote	21%	25%
 AUDIENCES OF INTEREST	CALD	31%	18%
	First Nations	38%	29%
	Born Overseas	24%	18%
	LGBTQIA+	15%	17%
	Lived in Australia less than 5 years	25%	18%



NEARLY 2 IN 5 AWARE OF 5-YEAR TESTING INTERVAL, LOWER AWARENESS AMONG FIRST NATIONS. 7 IN 10 PERCEIVE THE TEST AS EFFECTIVE AT EARLY CANCER DETECTION

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KNOWLEDGE OF CERVICAL SCREENING FREQUENCY



EFFECTIVENESS OF CERVICAL SCREENING

72%

79%

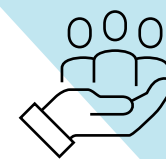
71%

THREE IN FOUR AGREE THAT CERVICAL CANCER IS A KILLER, HOWEVER THERE ARE SOME COMMON MISCONCEPTIONS ABOUT CERVICAL CANCER AND HPV

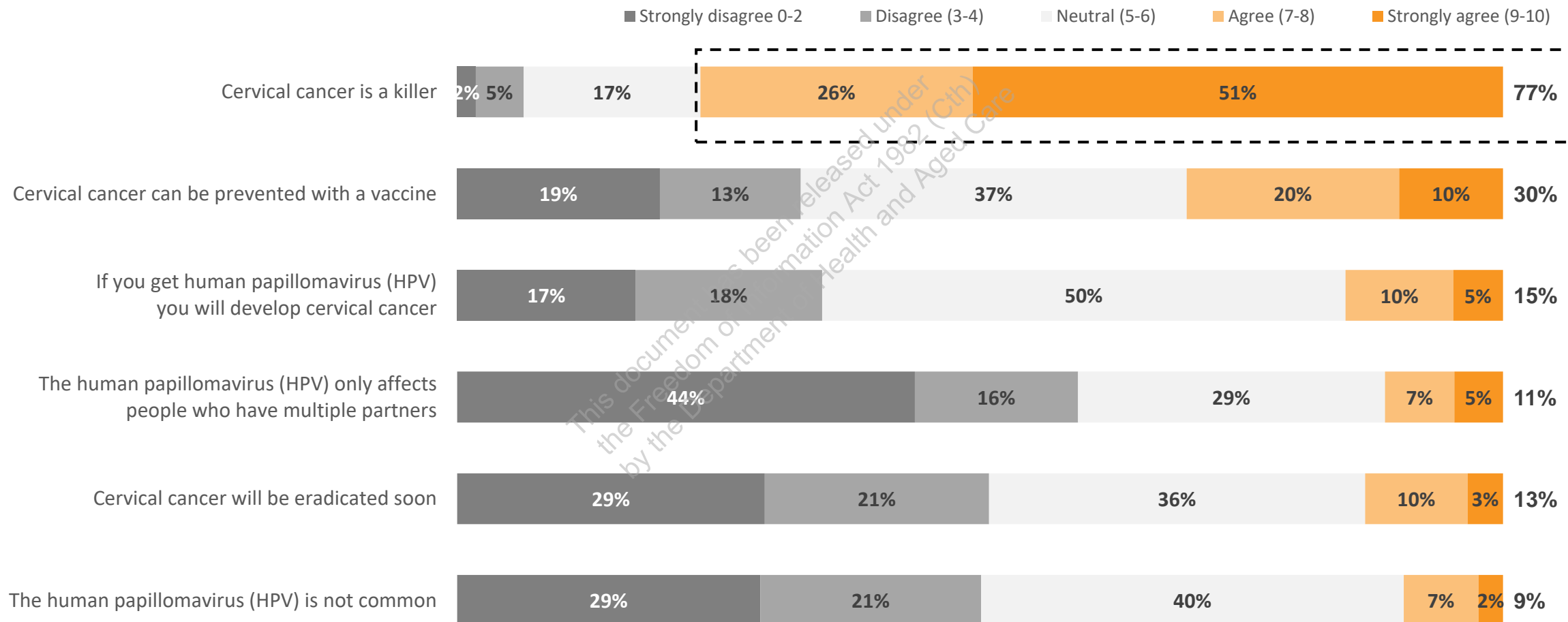
ATTITUDES TO CERVICAL CANCER

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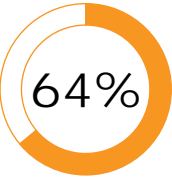
QUANT:
Gen Pop



NET AGREE (7-10)

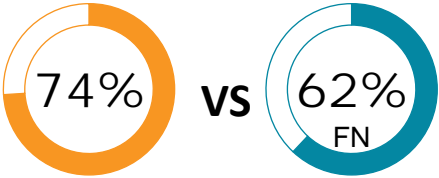


SUMMARISING THE MYTHS, MISCONCEPTIONS AND KNOWLEDGE GAPS



64% don't know that the test is 5 yearly now

The 5 year frequency is new news to most people. While this is a positive to many (not having to have the uncomfortable procedure as often), it raises concern for others – mostly because they don't understand why it is low risk to wait that long between tests (because they don't get the change in what is being tested, or new knowledge about how this cancer can develop). Also concern about keeping track / forgetting

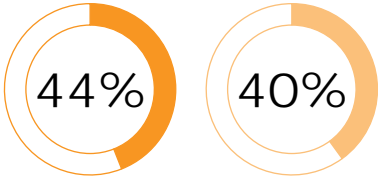


Only 74% of respondents surveyed believed they were eligible for testing; with this proportion lower among First Nations Peoples (62%)

There are some misconceptions about who needs to be tested qualitatively - we heard the following (noting not majority perceptions);

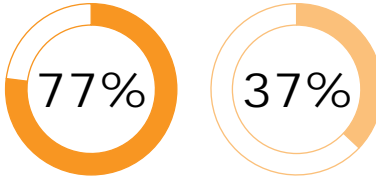
- Only those sexually active (ie not younger or older),
- only if you have multiple partners,
- not if you have had children,
- not if you are vaccinated against HPV.

In particular there are stories with the First Nations audience that they were told vaccination meant they no longer needed to test



There is low knowledge about cervical cancer in general (44%), and what can cause cervical cancer (40%)

The name Pap Smear is still used, especially by older people (and many HCPs). The test is now called Cervical Screening Test which puts the focus on the cervix and not on cancer nor on HPV. Given that the test with HCPs is exactly the same as the Pap Smear (people still overall think they are having their cervix tested for pre/cancerous cells) and is still called a pap smear by many, it is not surprising that there is not greater knowledge about Cervical cancer and HPV. An HPV test is more likely to be seen as a STI test rather than cancer focused. Also some confusion with HIV



77% agree that cervical cancer is a killer, however only 37% are concerned about cervical cancer (lower concern than breast and skin cancer)

The sentiment was that there was not much communication or conversations about Cervical cancer compared to other more high profile cancers. While many thought it was a killer, it was just not as top of mind. The fact it is such an invasive test, on a very private part of your body makes the conversations about this cancer more difficult to have. Without impactful stories about lives lost or saved, it becomes easier to put off screening.



I didn't realise it was recommended every 5 years - I thought it was recommended annually
35 -54, heard but never screened

The GP told me then that the testing was only needed every five years now, and I felt quite uncomfortable about that. I felt concerned that if I developed cancer shortly after the Pap smear that it would be developing for a long time before it was picked up at my next screening.
35 -54, not had in last 5 years

The test is recommended for sexually active women though I think you can carry hpv cells? Unsure if this is correct.
25-34, screened in last 5 years

I've spoken about cervical screening with a friend, as we both do not get cervical screening. Other than that, I have never had any conversations with other friends about cervical screening.
35 -54, heard but never screened

WITH MANY RECENT CHANGES AND MORE TO COME, THERE ARE SIGNIFICANT ISSUES IN CURRENT KNOWLEDGE AND PERCEPTIONS THAT WILL NEED ADDRESSING TO DRIVE NATIONAL TESTING RATES HIGHER

SECTION 3

BEHAVIOURS AND ATTITUDES

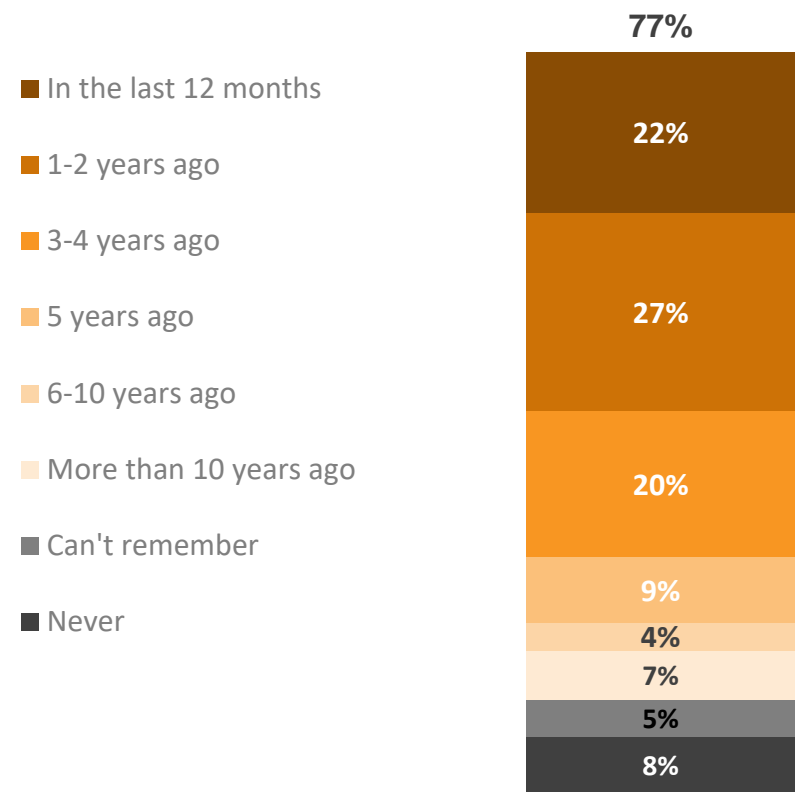
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MORE THAN THREE IN FOUR HAVE BEEN TESTED IN THE LAST 5 YEARS; AND A SIMILAR PROPORTION INTEND TO GET TESTED IN THE NEXT 5 YEARS

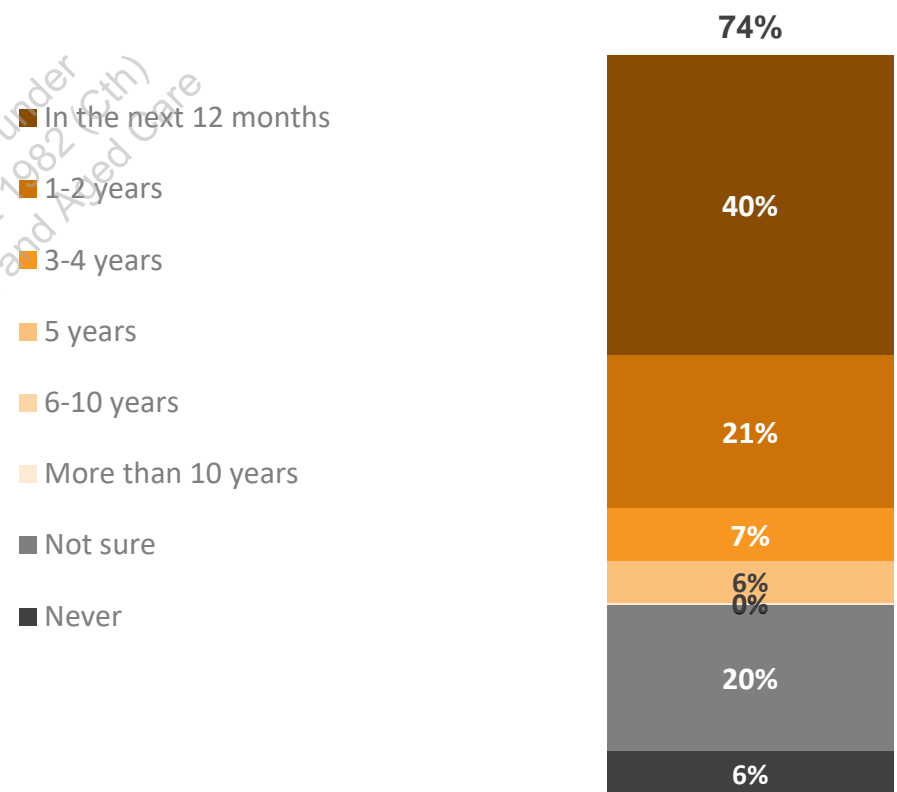
LAST TEST & INTENTION TO NEXT TEST

NET IN THE LAST 5 YEARS



LAST TEST

NET IN THE NEXT 5 YEARS



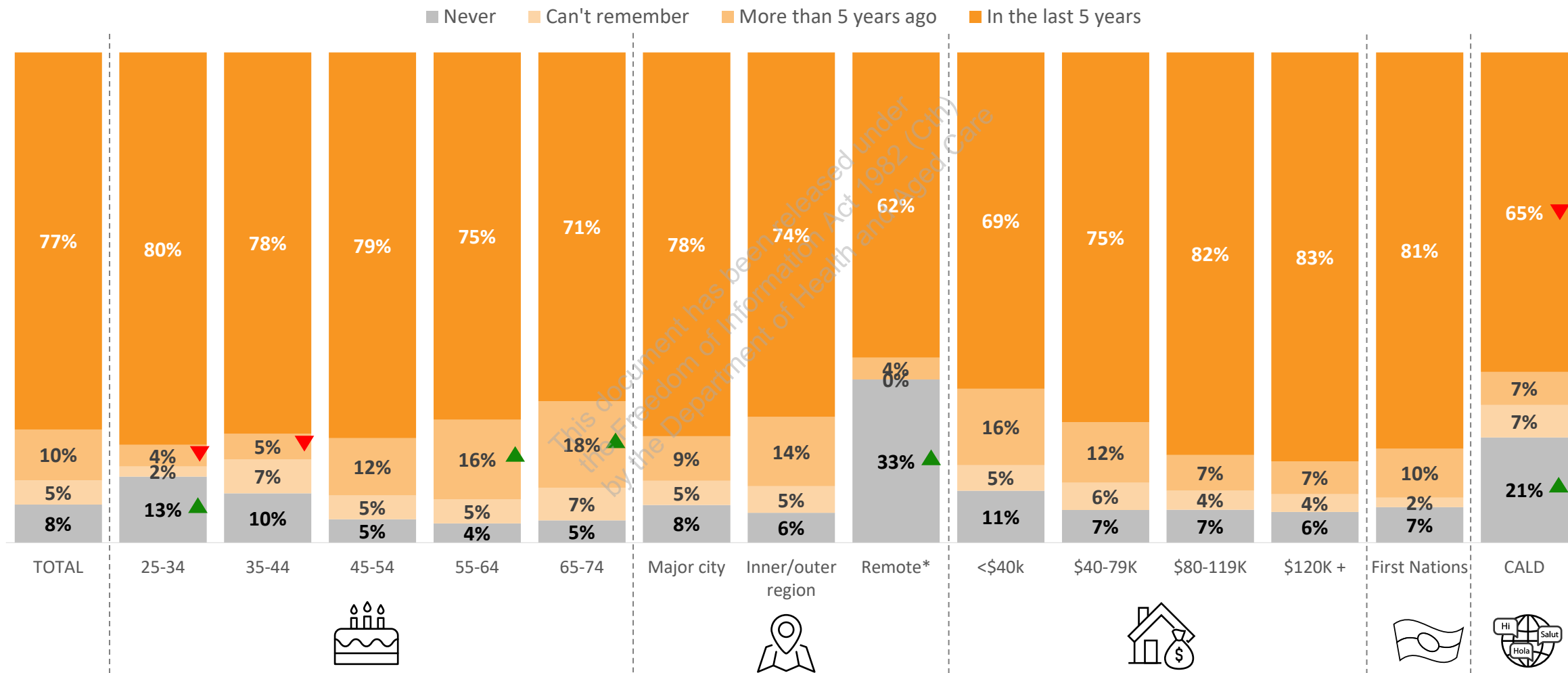
NEXT TEST - INTENTION



THE PROPORTION OF PEOPLE WHO HAVE NEVER HAD A CERVICAL SCREENING TEST IS HIGHER AMONG CALD AUDIENCES, 25–34-YEAR-OLDS, AND THOSE IN REMOTE AREAS

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TESTING BEHAVIOUR BY DEMOGRAPHIC



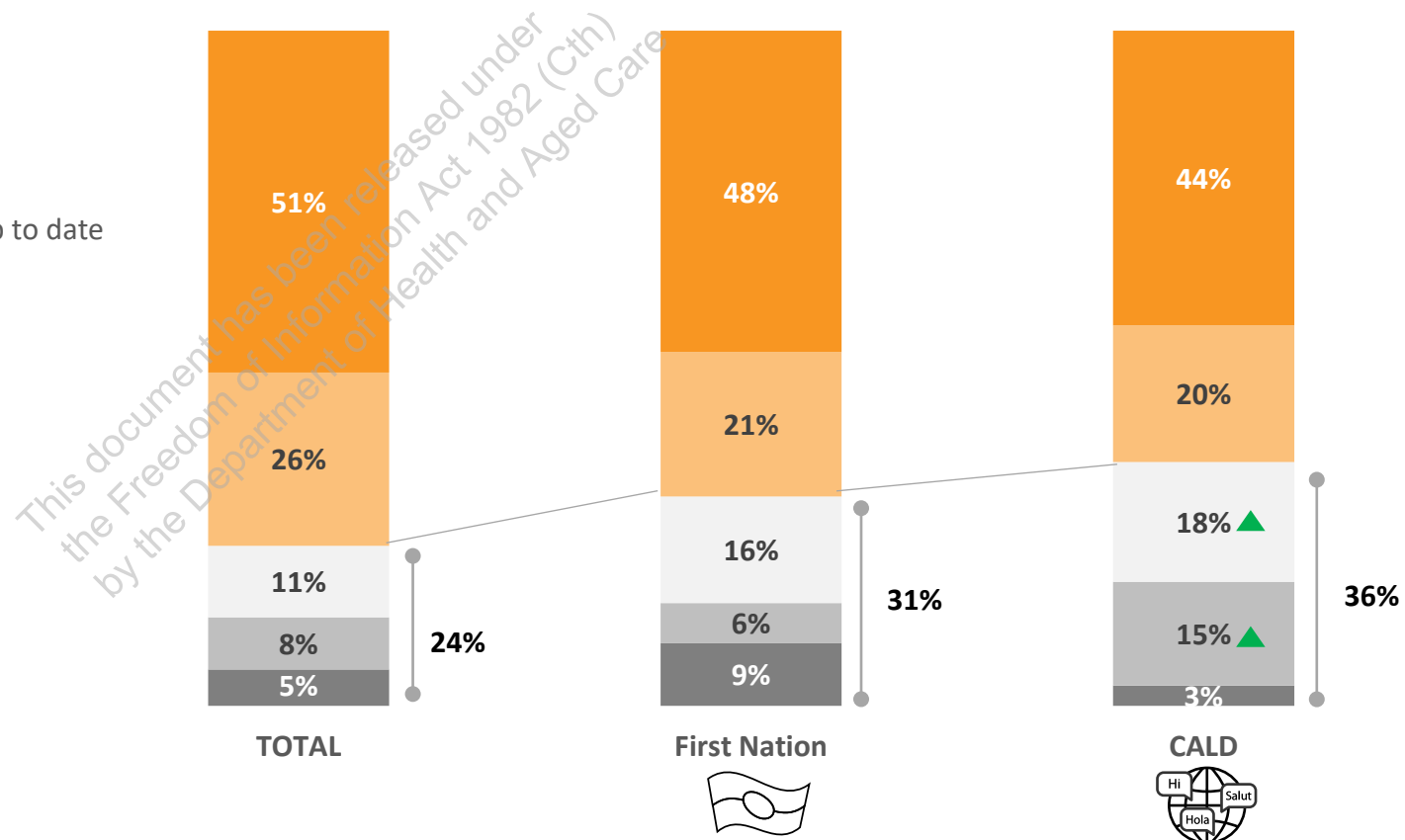
B1 - When was the last time you had a Cervical Screening Test (previously called a Pap Test/or pap smear)? Base Total (n=1,045), 25-34 (n=241), 35-44 (n=233), 45-54 (n= 208), 55-64 (n=198), 65-74 (n=165), Major city (n=746), Inner/Outer Regional (n=284), Remote (n=15*), <\$40k (n=210), \$40-80K (n=292), \$80K-112K (n=203), \$120K+ (n=253), First Nation (n=51), CALD (n=133)
*Caution low base n<30



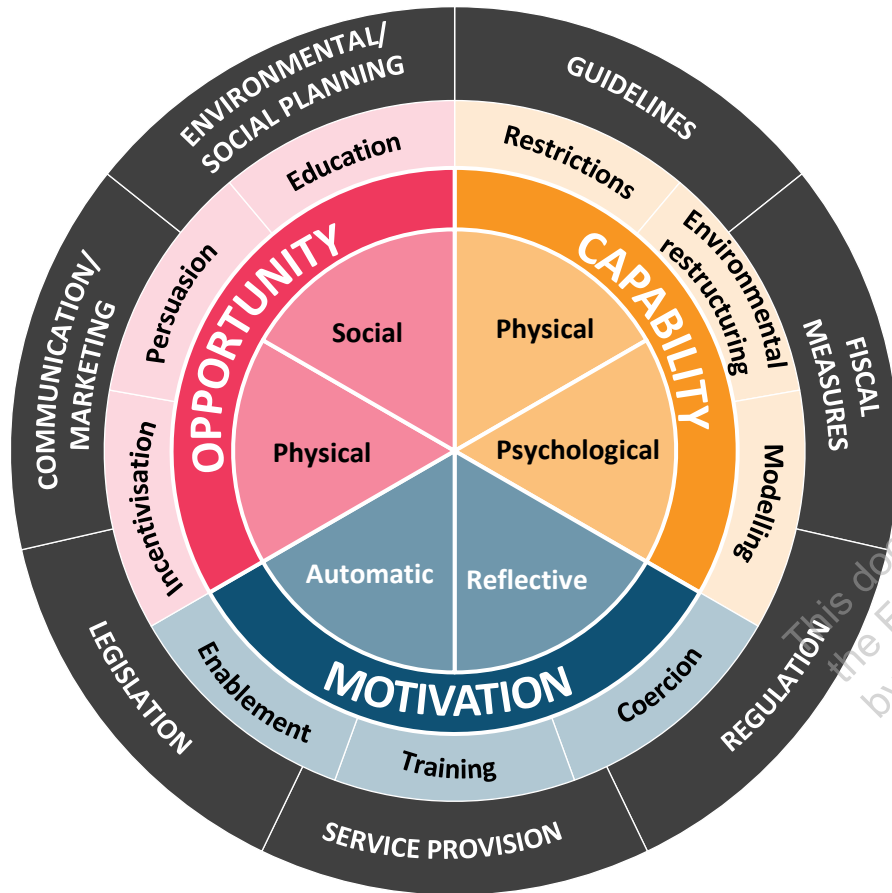
HALF OF RESPONDENTS SAY THEY REGULARLY GET TESTED. LARGE OPPORTUNITY TO INCREASE REGULAR TESTING, ESPECIALLY FOR THE CALD AUDIENCE

INTENTION TO TEST

- I regularly get cervical screening tests
- I've had cervical screening tests - but I'm not consistent / up to date
- I have considered it, but haven't done anything
- I have not really thought about it before
- I am not at all interested



IN THIS STUDY WE ARE USING THE COM-B MODEL TO IDENTIFY MOTIVATIONS AND BARRIERS TO BEHAVIOUR CHANGE AROUND CERVICAL SCREENING



We utilised the COM-B model to identify, at a broad level, the barriers that exist when deciding whether to get a cervical screening test done. It incorporates both personal and system-level barriers to behaviour change.

The 3 core constructs and 6 sub-constructs are:

CAPABILITY

- Physical
- Psychological

PHYSICAL CAPABILITY

I don't know how to or can't physically do this behaviour

PSYCHOLOGICAL CAPABILITY I don't have the knowledge or mental capacity to act

OPPORTUNITY

- Physical
- Social

PHYSICAL OPPORTUNITY

The tools and resources I need to act are not available

SOCIAL OPPORTUNITY

There are social barriers that exist which prevent me from acting

MOTIVATION

- Automatic
- Reflective

AUTOMATIC MOTIVATION

My negative emotions towards the behaviour prevent me from acting

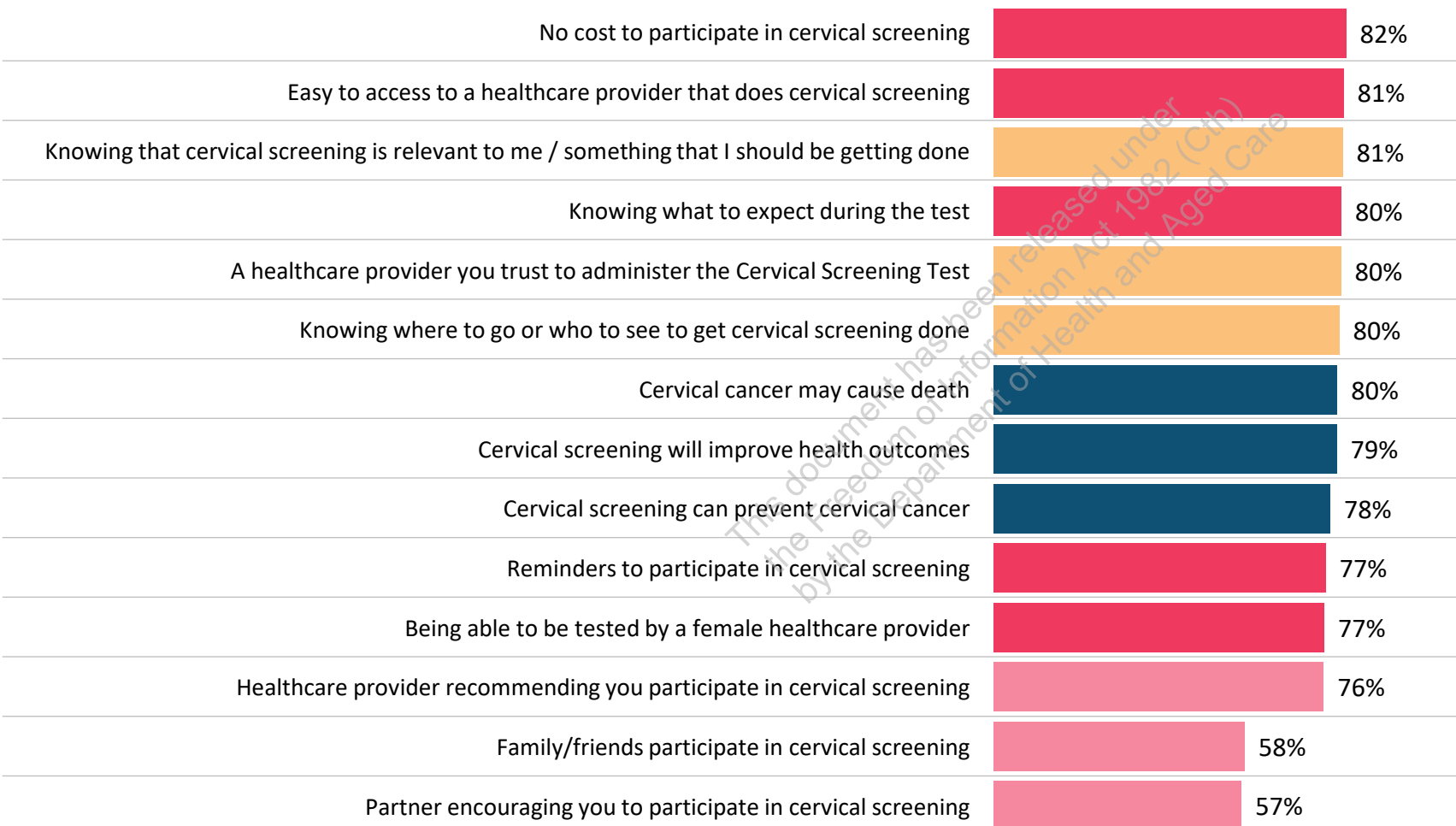
REFLECTIVE MOTIVATION

My considered beliefs about the behaviour prevent me from acting



NO ONE MOTIVATING FACTOR IS KEY, BUT APPEALS FROM LOVED ONES LESS MOTIVATING. RATIONAL THEMES OF ACCESSIBILITY AND KNOWLEDGE DOMINATE

MOTIVATORS – TOTAL AGREE (7-10)



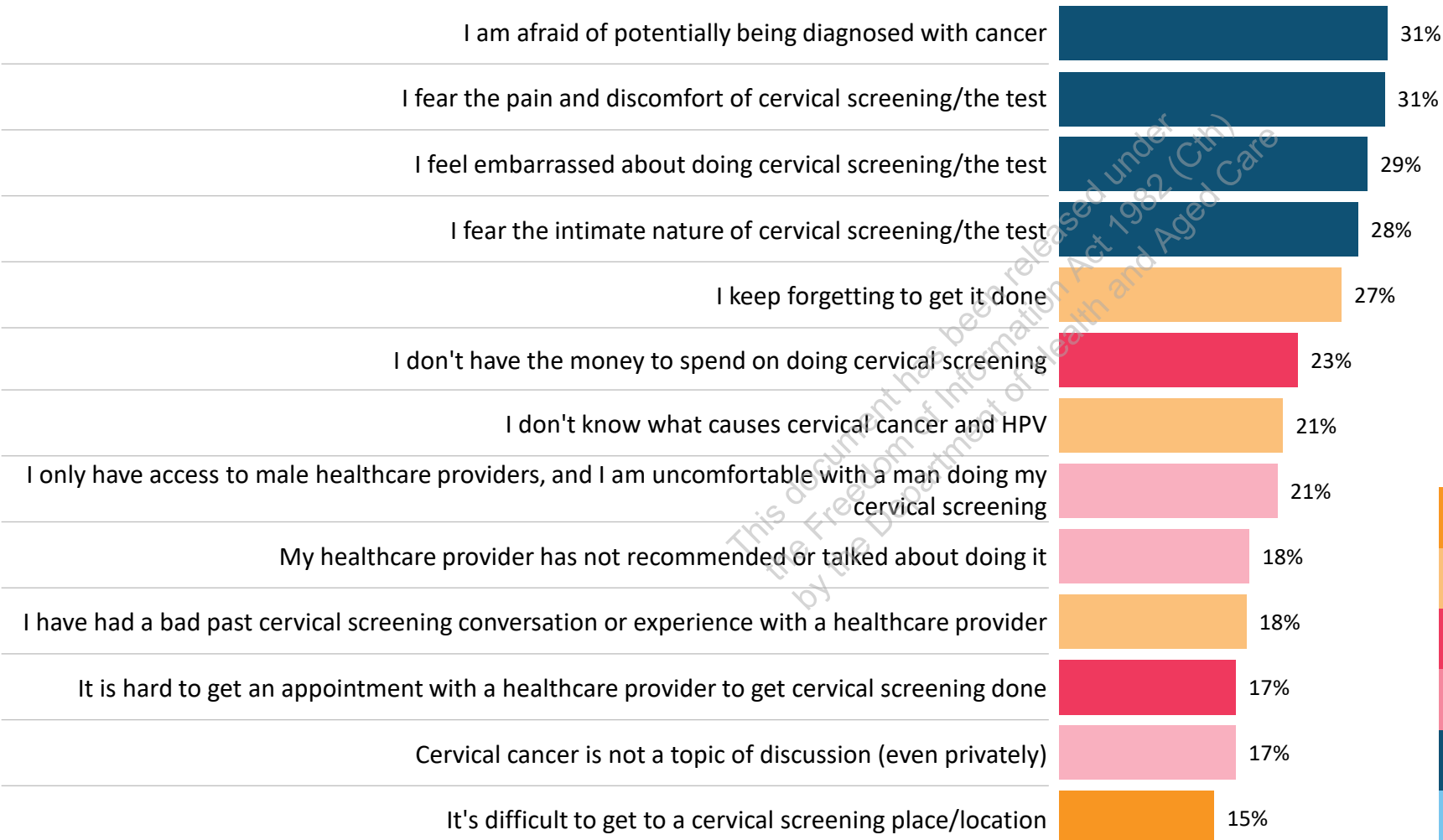
While people state that there is risk of death – only 37% are personally concerned about Cervical Cancer suggesting the risk is being rationalised rather than a strong motivator

PHYSICAL CAPABILITY	I know how to do this behaviour & what is required
PSYCHOLOGICAL CAPABILITY	I have the knowledge and mental capacity to act
PHYSICAL OPPORTUNITY	The tools and resources to act are available
SOCIAL OPPORTUNITY	Social permission to act
AUTOMATIC MOTIVATION	I emotionally feel this is the right thing to do
REFLECTIVE MOTIVATION	I rationally know this is the right thing to do



MOST COMMON BARRIERS EMOTIONAL – FEAR OF CANCER DIAGNOSIS, PAIN, DISCOMFORT AND EMBARRASSMENT (INTIMATE NATURE) AND FORGETTING

BARRIERS – TOTAL AGREE (7-10)



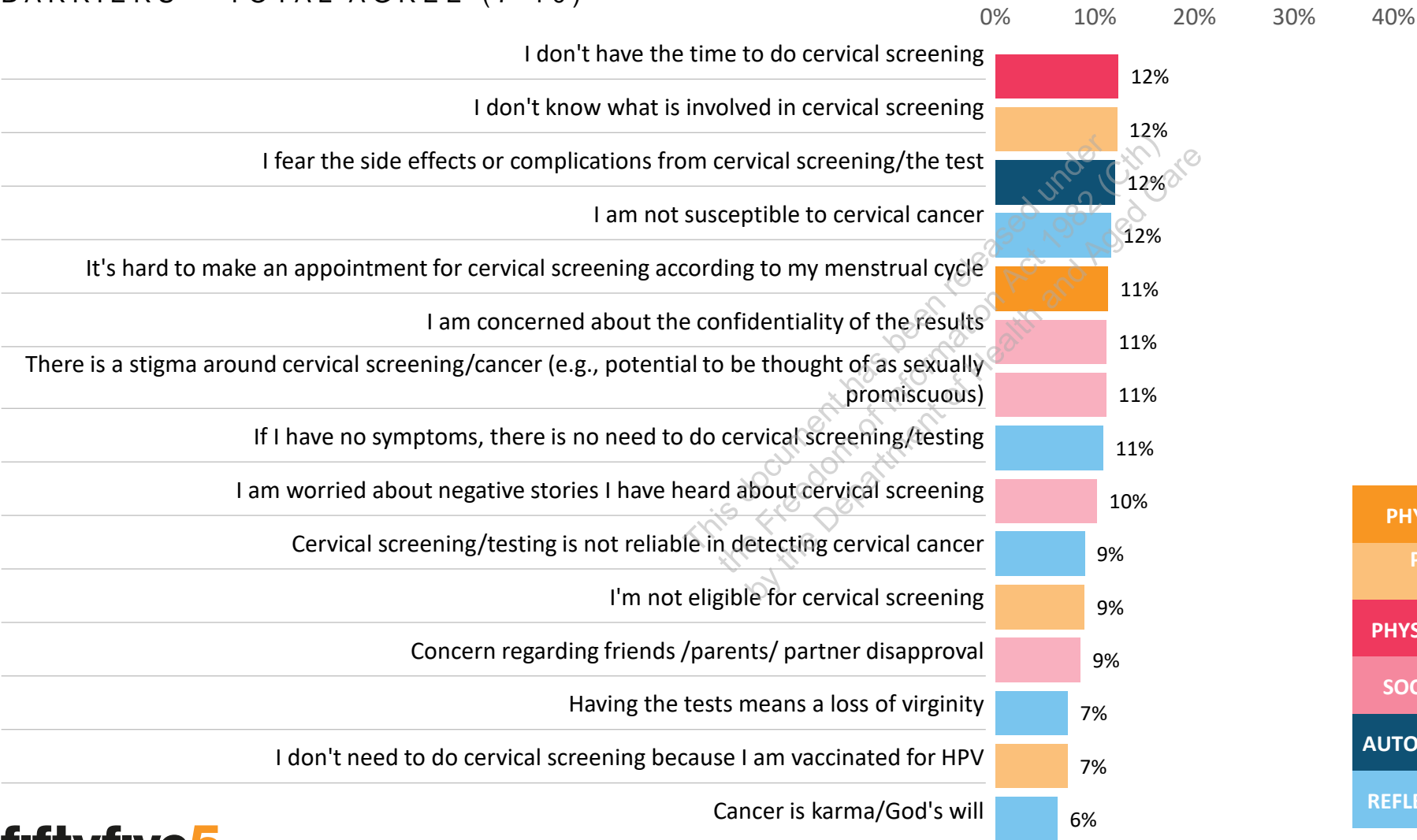
While these barrier percentages are lower percentage wise, we know from qualitative discussions that these are strong emotional issues for people thinking about or experiencing testing

PHYSICAL CAPABILITY	I don't know how to or can't physically do this behaviour
PSYCHOLOGICAL CAPABILITY	I don't have the knowledge or mental capacity to act
PHYSICAL OPPORTUNITY	The tools and resources I need to act are not available
SOCIAL OPPORTUNITY	There are social barriers that exist which prevent me from acting
AUTOMATIC MOTIVATION	My negative emotions towards the behaviour prevent me from acting
REFLECTIVE MOTIVATION	My considered beliefs about the behaviour prevent me from acting



LOWER TIER OF BARRIERS WERE AROUND LACK OF TIME AND LACK OF UNDERSTANDING ABOUT THE TEST

BARRIERS – TOTAL AGREE (7-10)

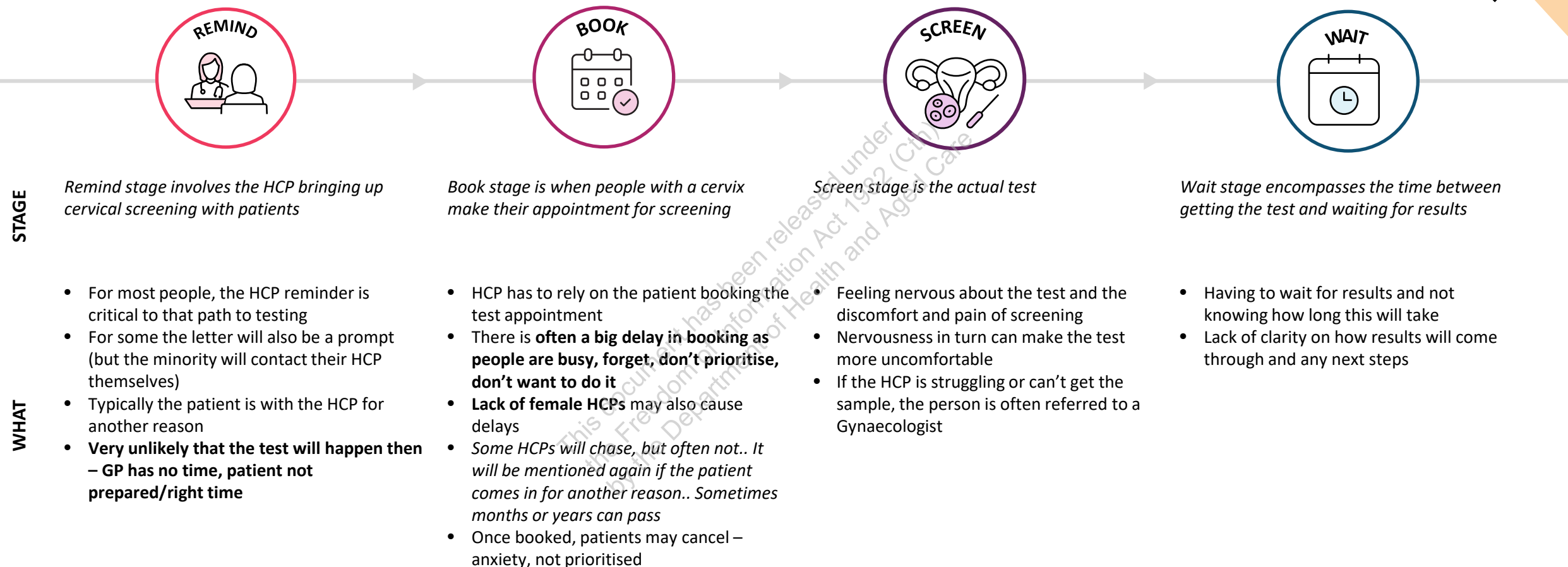
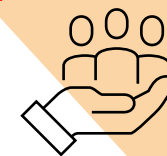


PHYSICAL CAPABILITY	I don't know how to or can't physically do this behaviour
PSYCHOLOGICAL CAPABILITY	I don't have the knowledge or mental capacity to act
PHYSICAL OPPORTUNITY	The tools and resources I need to act are not available
SOCIAL OPPORTUNITY	There are social barriers that exist which prevent me from acting
AUTOMATIC MOTIVATION	My negative emotions towards the behaviour prevent me from acting
REFLECTIVE MOTIVATION	My considered beliefs about the behaviour prevent me from acting

TESTING IS OFTEN DELAYED AS A NEW APPOINTMENT HAS TO BE MADE FOR THE ACTUAL TEST TO HAPPEN

Document 1.1

QUAL:
Gen Pop



SOLUTIONS THAT STOP DELAYS WILL BE LIKELY TO HELP TESTING RATES AS WELL AS TESTING ON TIME – CONSIDER THE ROLE OF SELF-TEST

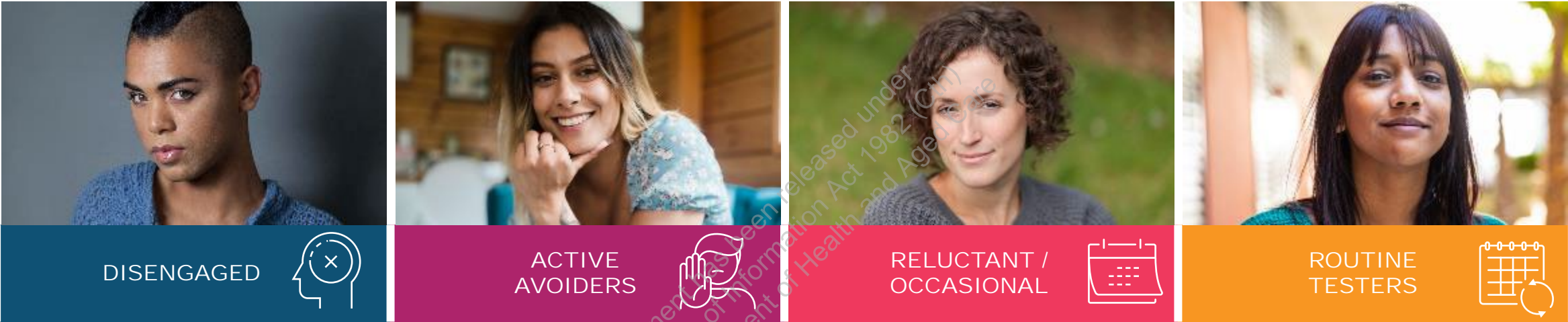
SECTION 4

TARGETING

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SEGMENT OVERVIEW

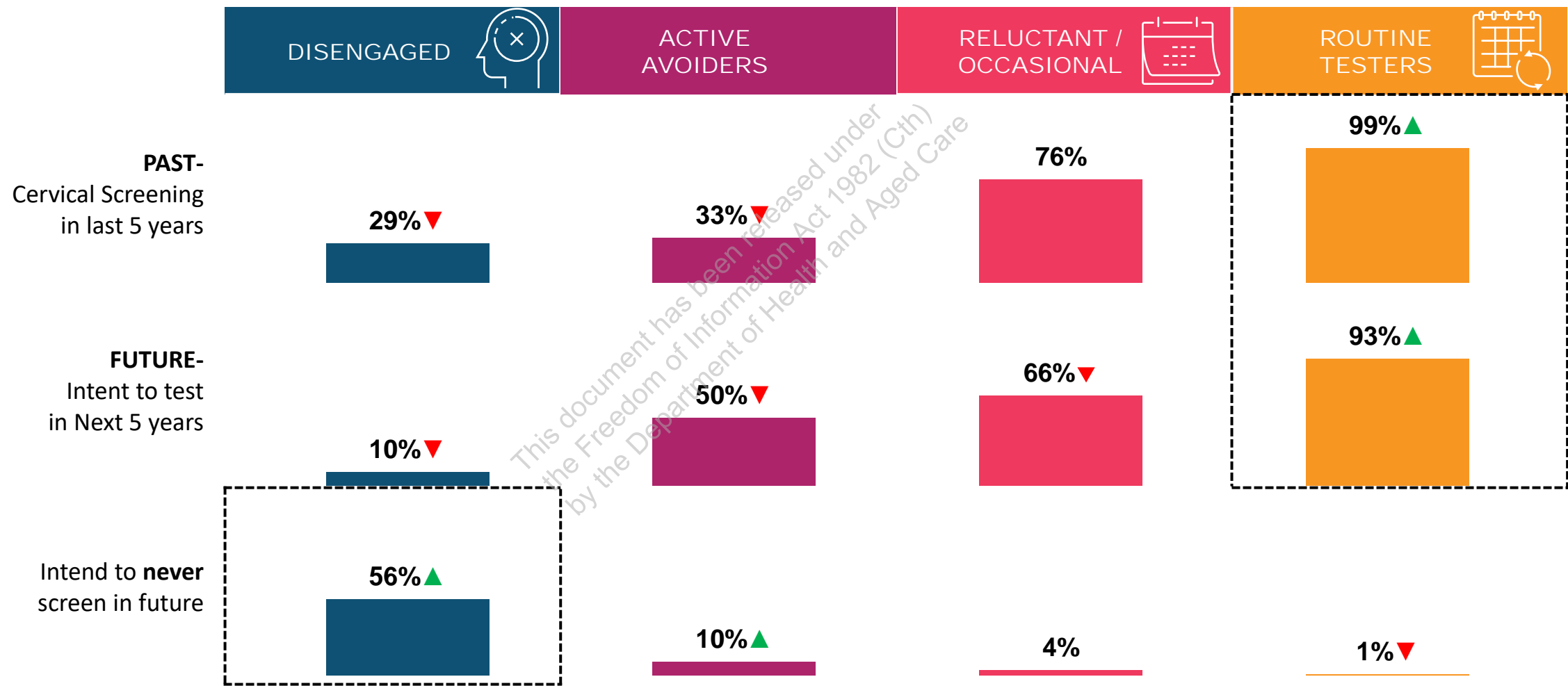
We segmented respondents along a continuum of how they felt about cervical screening.
Respondents had to choose one statement to describe how it best describes how they felt about cervical screening





DISENGAGED UNLIKELY TO HAVE A TEST IN THE FUTURE, WITH ACTIVE AVOIDERS HAVING A LOWER INTENT TO TEST IN FUTURE, BUT NOT OUTRIGHT REJECTION

CERVICAL SCREENING TEST BEHAVIOUR BY SEGMENT

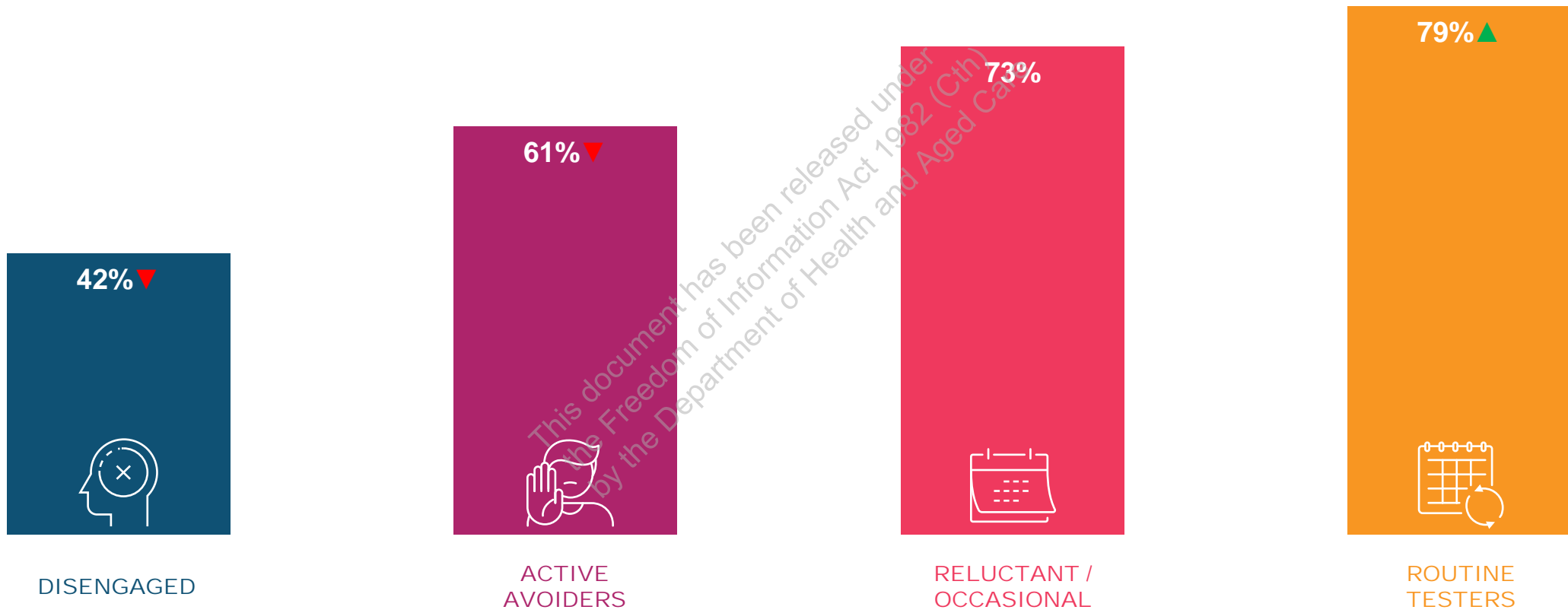


B1 - When was the last time you had a Cervical Screening Test (previously called a Pap Test/or pap smear)?
B2 - When do you intend to have your next Cervical Screening Test?
Base: Disengaged n=56, Active Avoider n=191, Reluctant Avoider n=270, Routine Tester n=528



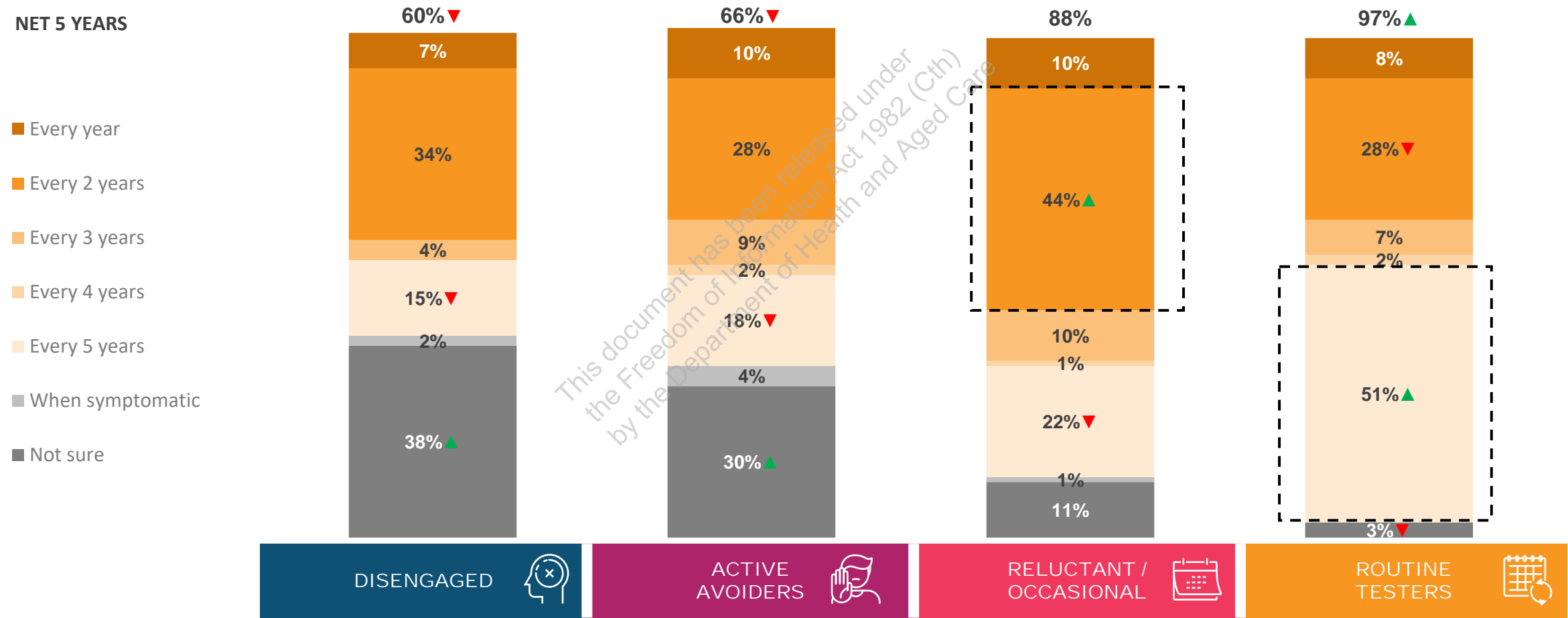
PERCEIVED EFFECTIVENESS OF THE CERVICAL SCREENING TEST INCREASES WITH REGULARITY OF TESTING

PERCEIVED EFFECTIVENESS OF CERVICAL SCREENING – NET VERY/EXTREMELY EFFECTIVE



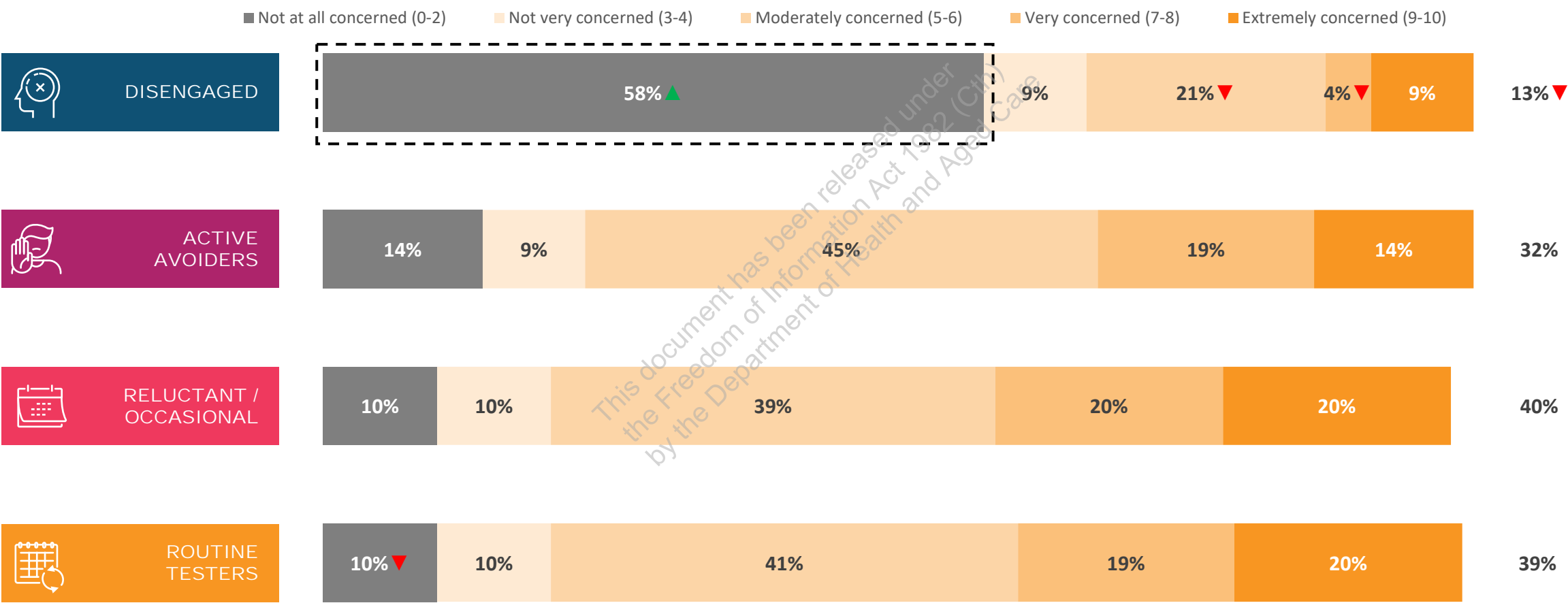
ROUTINE TESTERS, ARE MOST LIKELY TO BE AWARE OF 5 YEAR TIME PERIOD, IN CONTRAST TO OCCASIONALS WHO STILL THINK ITS BIENNIAL

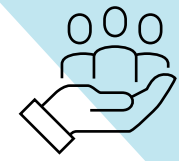
AWARENESS OF FREQUENCY OF CERVICAL SCREENING



THOSE WHO ARE DISENGAGED REPORT SIGNIFICANTLY LOWER LEVELS OF CONCERN ABOUT CERVICAL CANCER, COMPARED TO ALL OTHER SEGMENTS

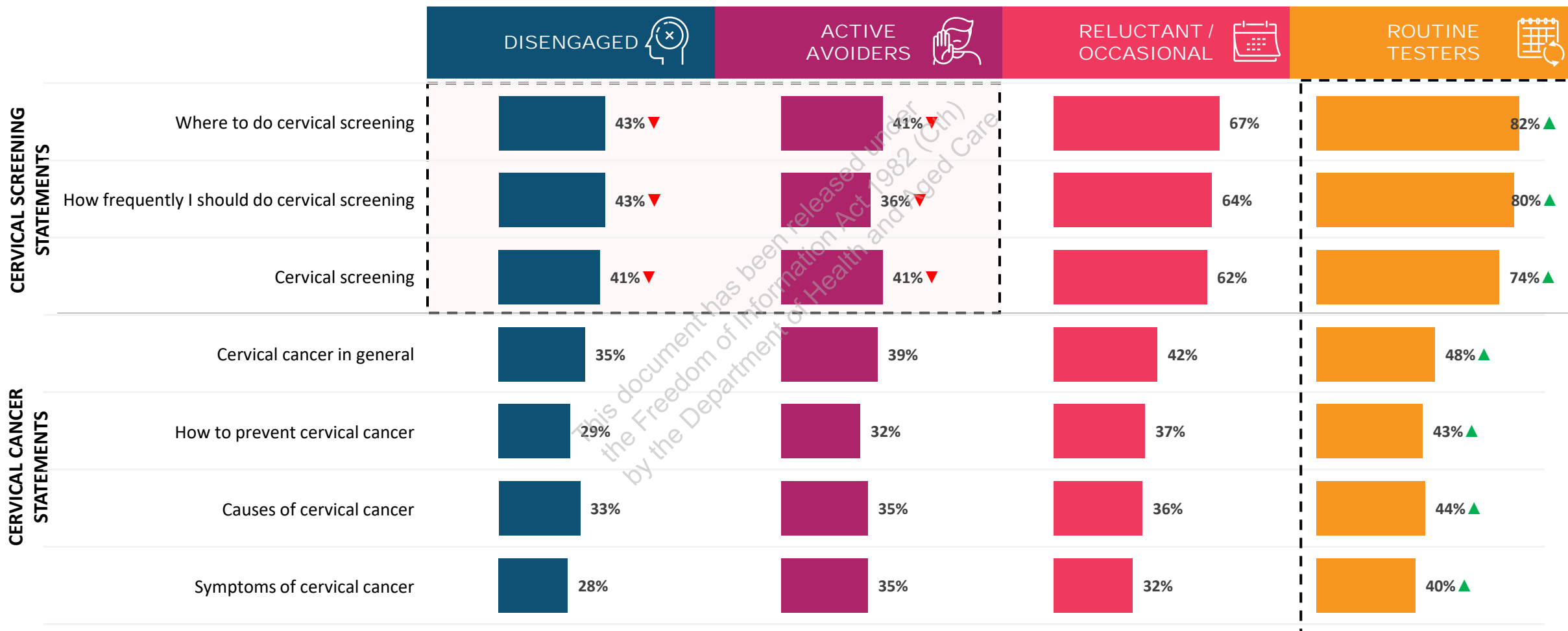
CONCERN ABOUT CERVICAL CANCER

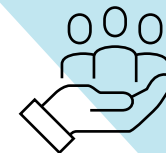




DISENGAGED & ACTIVE AVOIDER SEGMENTS REPORT LOW LEVELS OF KNOWLEDGE ABOUT CERVICAL SCREENING

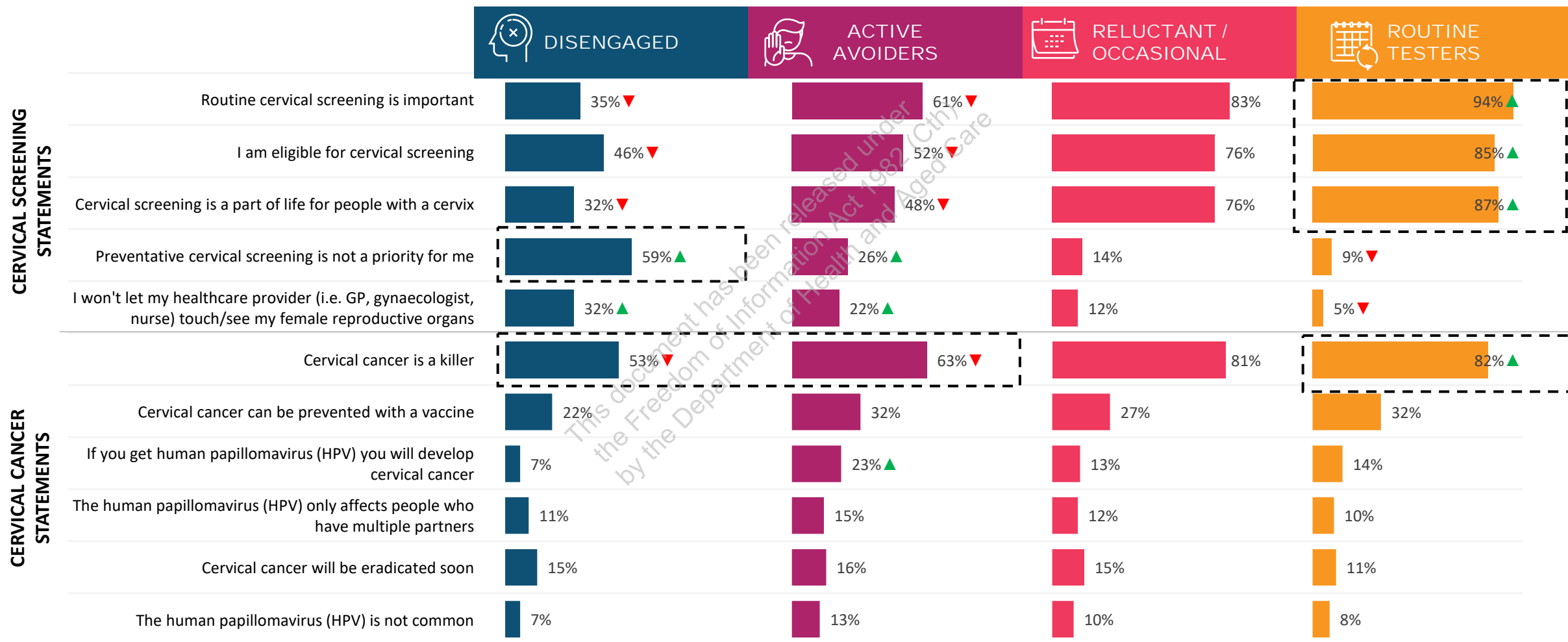
CLAIMED KNOWLEDGE ABOUT CERVICAL SCREENING AND CANCER – NET UNDERSTANDING (7-10)



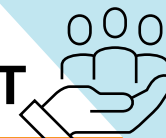


DISENGAGED MORE LIKELY TO AGREE THAT SCREENING IS NOT A PRIORITY, AND LESS LIKELY TO AGREE WITH THE SERIOUSNESS OF CERVICAL CANCER

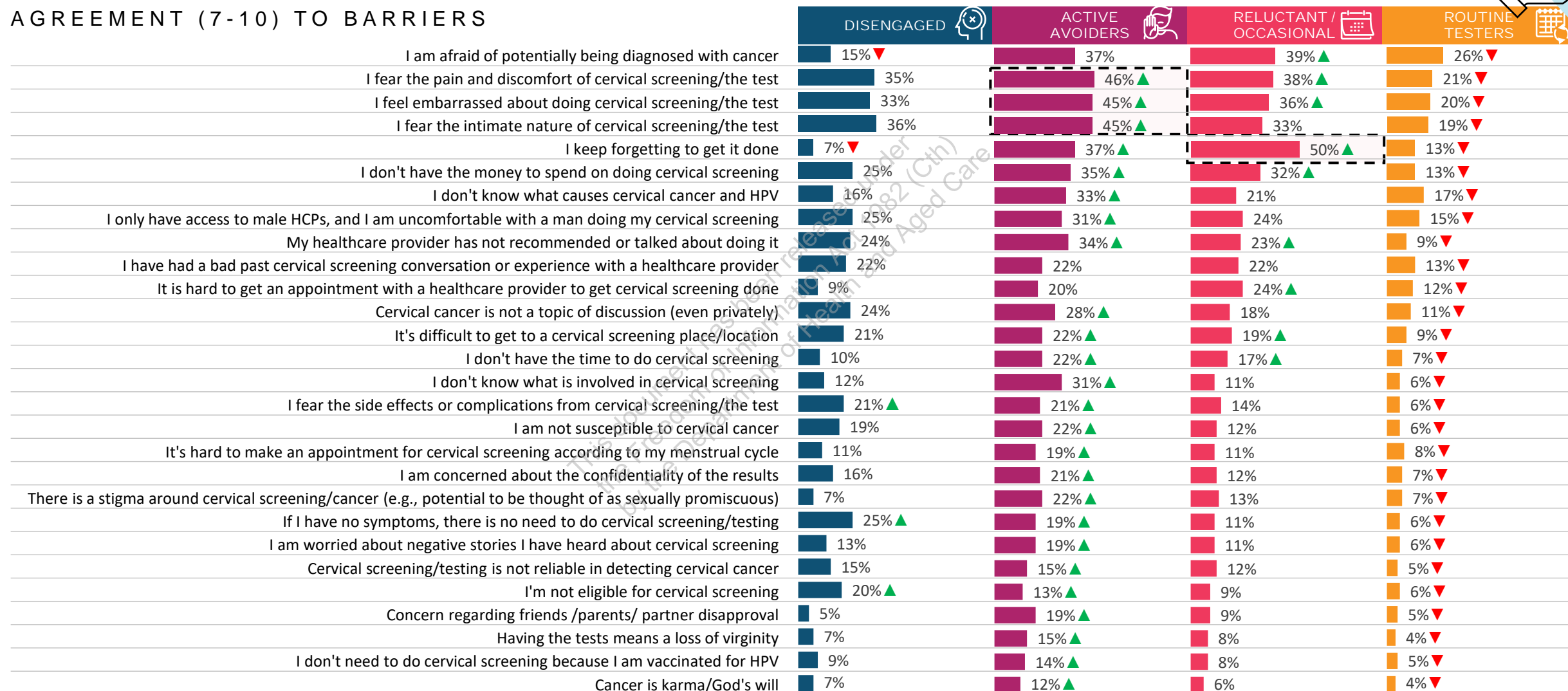
ATTITUDES TOWARD CERVICAL SCREENING AND CANCER – NET AGREE (7-10)



'FORGETTING' IS THE KEY BARRIER TO SCREENING AMONG OCCASIONALS; AVOIDERS ARE MORE LIKELY TO REPORT BARRIERS AROUND DISCOMFORT AND EMBARRASSMENT



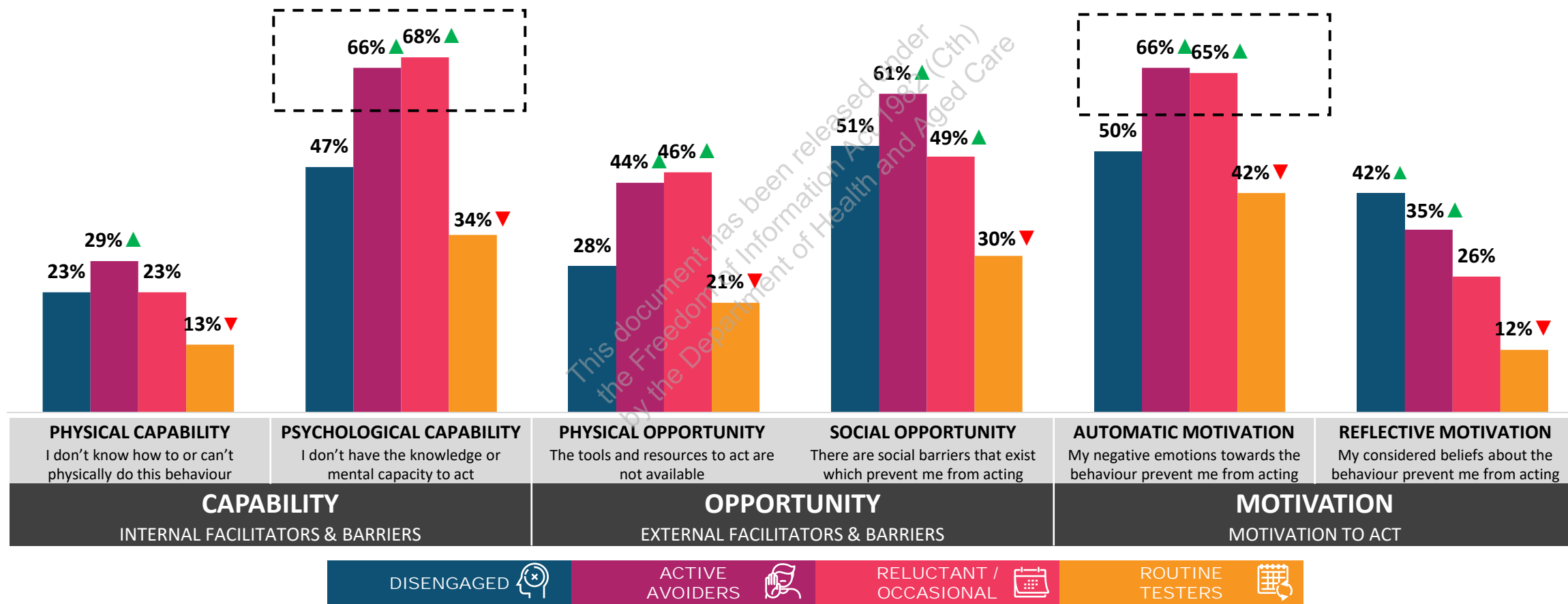
AGREEMENT (7-10) TO BARRIERS





OVERCOMING PSYCHOLOGICAL CAPABILITY BARRIERS & AUTOMATIC MOTIVATION BARRIERS WILL BE IMPORTANT FOR ACTIVE AVOIDERS & RELUCTANT OCCASIONALS

COM-B MODEL OF BARRIERS – NET AGREE (7-10)





MOTIVATORS AND BARRIERS TOWARDS SCREENING BY SEGMENT



DISENGAGED



Hanna doesn't think she needs to have a cervical screen because she's only had one sexual partner so doesn't think she'd be at risk of STIs. She's also heard different information about what age it's eligible for



ACTIVE AVOIDERS



Lynette has had a screen before and found it painful, embarrassing and felt exposed. The HCP didn't explain what was happening which completely put her off having another one.



RELUCTANT / OCCASIONAL



Analise know the risks of getting cervical cancer. She has heard stories from friends or read them online, because of this she believe testing is effective. But she is busy and testing is not her top priority so it gets forgotten.



ROUTINE TESTERS



Anna is highly motivated to test because she is well aware of the risks, she priorities her health. She still has gaps in her knowledge but doesn't let this get in the way of regular testing.



When women are supposed to start having the screens is confusing, different people say different things such as only when you've had sex or from 18 or 25 years if age regardless of if a woman has had sex, and this prevents people like me from having them.

35-54, heard but never screened

The whole procedure feels invasive and I've often felt judged/been judged by medical professionals. The procedure itself is very vulnerable and I've never found a Dr I feel safe enough with to do it.

25-34, screened but not in last 5 years

Unfortunately I'm too shy to be examined by a male doc. Currently looking for a female Dr nearby my home.

Not sure how to find a suitable bulk billing GP who is happy to deal with only paps smear for me where I can make an appointment, walk in and get the test done. Time is of essence as my children and mother need me.





65-74, screened but not in last 5 years

My experience with cervical screening highlighted the importance of early detection and regular check-ups. Through the support of skilled medical professionals like Dr. Stevens, my journey served as a reminder to women everywhere about the significance of taking charge of their health and not hesitating to seek necessary medical care.

25-34, screened in last 5 years

SUMMARY OF JOBS TO BE DONE – CERVICAL SCREENING GENERALLY

SEGMENTATION SUMMARY

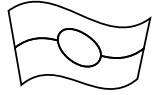
	DISENGAGED  5% <i>Not at all interested in cervical screening, unlikely to get tested in the future</i>	ACTIVE AVOIDERS  18% <i>Avoid thinking about cervical screening. If they are considering it, just not done anything about it</i>	RELUCTANT / OCCASIONAL  26% <i>Have had cervical screening tests, but just not consistently or not currently up to date</i>	ROUTINE TESTERS  51% <i>Regularly get cervical screening tests</i>
WHO ARE THEY	Regional, older, less likely to have seen a GP in the last year	Younger, CALD, less likely to have a regular GP or access to a female GP, lower health literacy	Slight skew to younger, lower income. Likely to have seen a GP in the last year	Higher income, seen a GP/gynecologist recently, have a regular GP, high health literacy. More likely to have had abnormal cells, know someone affected
KEY REASON FOR NOT TESTING MORE	Not concerned about Cervical cancer, least likely it as a killer, less likely to think they are eligible, low perceived efficacy of testing	Have strong barriers around discomfort, pain, embarrassment. Claim to know less about testing	While they know the risks, believe testing is effective, they keep forgetting. The logistical barriers give them excuses to put off an unpleasant task	They are strongly motivated to test due to known risks, but there are still gaps in their knowledge (only half aware that testing in now 5 yearly)
OPPORTUNITY FOR COMMS	Dial up the risk Cervical cancer poses for people like them and the important role that testing plays in saving lives	Communicate about the swab only option – less painful alternative. Bring cervical screening conversations into focus	Keep Cervical screening top of mind through comms. Talk about the 5 year frequency (not asking much of you) and help make it easier to remember when it is due	Communicate about the 5 year frequency in testing but reassure about this (they are used to testing more often)
OTHER OPPORTUNITIES		Help to overcome testing barriers – HCPs play a key role here, need to act with care and empathy before and during the test. Access to female GPs	Dial up reminders, break down the barriers along the journey e.g self-collection while at GP	Reminders will become more important as the testing gap widens

SECTION 5

AUDIENCES OF INTEREST / HCP'S

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care

FIRST NATIONS



*First nations people are **twice as likely to be diagnosed with cervical cancer** (Over 2014–2018, there were 161 First Nations women aged 25–74 diagnosed with cervical cancer, which is an annual incidence rate of 19 new cases per 100,000 Indigenous women in the population, two times the rate of non-Indigenous Australians)*

*The **mortality rate for First Nations people** is 7 deaths per 100,000 Indigenous women in the population. This is **3.8 times the rate of non-Indigenous Australians***



PERCEPTIONS

- Like other people, the first associations of Cervical screening are ones of **discomfort and embarrassment**
- More of an issue is the **private nature** of such a test – it is very private woman's business – can only be done by a female HCP
- There is also **shame and stigma** that would come if they got a positive result ie believe that others would think they have been 'acting up'
- Like other people, there can be **concern over waiting** for the result, possible cancer diagnosis – length of time waiting for results/how get results is key here

KNOWLEDGE



- Like others, there are **significant knowledge gaps** – the age you test, the frequency, what you are screening for, and eligibility
- Being told that this is now Cervical screening but then the test is just the same/as painful as pap smears – unclear what the change is. Common to use the term pap smears
- More First Nations young women have been vaccinated against HPV than the broader population. It was sold in hard, including telling girls that if they got this vaccine, they would not need to test. This is **driving confusion over eligibility and perceived need/priority**

"So you're telling us even if we got all the right vaccines we still have to go in and open up our legs so the doctor can shove it up there?"



FIRST NATIONS

issues



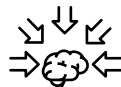
PERCEPTIONS

links to sexual activity, shame



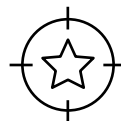
KNOWLEDGE

unclear what testing for, frequency, that it is needed if vaccinated



LACK OF STRONG MOTIVATION

no one is talking about this – people are dying but it is not being talked about in the community



EXPERIENTIAL

how the HCP is before during and after the test



LOGISTICAL

lack of reminders, cost of GP visit, access to female HCPs to do the test, after care ie results

how to address

Clarity on what testing for- make it more about women's health than link to STI/sexual behaviour

Talk about Cervical Cancer screening. Find a simple way to talk about the virus that causes this, and how the vaccine doesn't cover all of the viruses so still need to test. Ensure that comms about vaccination are not misleading

Drive word of mouth and more conversations about the reasons to test (less about the test itself)

"We have no trouble complaining about things like pap smears and people remember all the bad stuff. We women should be better at making this normal and easy."

Help overcome anxiety and shame felt in the lead up to and during/ post the test

Help women keep track of when it was last done ie see in MyGov. Use HCP to help remind as well as letters (keep contact details current)

Visit should be free as well as the test. Greater access to female HCPs critical. Clear communications on when you hear back, from whom (ideally it is via the HCP – at no extra cost)



EXPERIENTIAL
Document 1.1
how the HCP is before during and after the test



QUAL:
First nations

Good practice elements, including step by step explanations, were also regarded as being imperative to maintaining engagement and increasing return visits:

- Language about the process needs to be simple
- Steps before having test
- Knowing what's involved and what happens during test
- Knowing the wait time for results
- Knowing if test is free and where available

Privacy and modesty factors were also seen as being essential components:

- Care with privacy factor
- Covering for "private parts"
- Option for a person to come with you
- Allowing time to dress and freshen up after procedure.



*Social research has found overseas born women living in Australia were **more likely to have never-screened or be overdue for screening compared to Australian-born women**.*

Further research is required to ascertain the requirements of definitive CALD communities, however, where information about screening rates are limited due to a general lack of appropriate data.



SUMMING KEY INSIGHTS

- Like other people, the first associations of Cervical screening are ones of **discomfort and embarrassment**
- The data we have (of CALD audiences who also speak English well) shows that this cohort are **less likely to be testing** (never tested) and be **Active Avoiders** – which means they have stronger barriers around discomfort, pain, embarrassment
- Cervical screening is also **easy to forget about and put last**
“we put our homes, our children, and our parent’s wellbeing before our own, we do everything for everybody, until we fall ill and then it’s too late, somebody has to tell them, you have to look after yourself first so you can look after your husband and children, but we don’t do that, we want to be the martyr” Arabic woman
- Like others, there are **significant knowledge gaps** – the age you test, the frequency, what you are screening for, and eligibility

Overall more similarities with other audiences than differences

DIFFERENCES TO EXPLAIN LOWER TESTING RATES



- Like others the GP is a key drivers to remind, persuade. Some evidence that CALD audiences are less likely to have a regular GP, see one recently (skew young and healthy) – so maybe missing out on the key prompts to test
- Cost of the appointments and access is also challenging – finding a female, bulk billed GP
- **Arabic /Vietnamese** – some stronger associations that cancer is bad news so therefore they would rather not screen to cause anxiety to themselves and family
- **Mandarin /Vietnamese** – less likely to believe they need to screen because they are young and healthy – need to reinforce Cervical cancer can affect everyone, everyone needs testing
- Some logistical barriers for **Arabic** women who have to ask permission to test, from their husband or father. Also key to have a female GP
- For **Arabic** women, the association of testing and being sexually active or promiscuous is particularly challenging to overcome when speaking with family



THE BREADTH OF MISUNDERSTANDING AND CONFUSION AROUND CERVICAL SCREENING EXTENDS TO HCPS

PAP SMEAR VS SMEAR VS CST

- Similar to patients, HCPs are still using a lot of older language and terms interchangeably to describe cervical screening today. ‘Pap smear’ or ‘Smear’ is still used across HCP roles
- HCPs involved in training others were the most likely to refer to the individual process as ‘Cervical Screening’ or CST to refer to the new process to testing

CANCER VS HPV

- HCPs can get caught by HPV test and the older cancerous cell smears. Some see HPV tests as less accurate than the traditional pap smear tests, suggesting not all understand the difference in what is being screened and why it is effective

VACCINATION VS SCREENING

- Some Practice Nurses can incorrectly position receiving the vaccine means people no longer need regular screening. While GPs and gynaecologists were more likely to understand that regular screening is still required



“If I know that a patient has had the HPV vaccine then they can be pretty confident that they won’t get HPV. I always recommend the screening as a precaution but I know that some patients already feel they don’t need it.”
[Practice Nurse]

“We need to see the patient's cervix, which does involve inserting a speculum, to get a thorough and accurate sample of cells to carry out the test.”
[Practice Nurse]

HCPS ARE FUELLING THE MISINFORMATION AROUND CERVICAL SCREENING. EXTENDING EDUCATION BEYOND THOSE WHO CARRY OUR CSTS WILL ENSURE ALL HCPS ARE EQUIPPED WITH THE CORRECT KNOWLEDGE AND LANGUAGE WHEN PATIENT CONVERSATIONS ARISE



THERE'S A DISCONNECT BETWEEN HCPS PERSPECTIVE AND THE REALITY FOR PATIENTS

SYMPATHY & CARE BUT NOT EMPATHY

HCPs understand it's an invasive test, and that patients feel embarrassed and uncomfortable about the intimacy of the procedure. Yet the vulnerability and pain is downplayed by HCPs – it's seen as painless, something to 'get on with' which doesn't marry up with the vulnerability patients feel during the experience.

Female HCPs often disconnect their personal experience of CSTs with their professional manner which removes some of the needed empathy during the test.

INFLATED VIEW OF PARTICIPATION RATES

From our conversations with HCPs, there seems to be a positively skewed view of current screening participation rates, which reflects that HCPs are more likely to interact with patients that are part of the screening system already – not accounting for those that will not be registered for a GP or on the national screening register. Compared to other cancers, there's a perspective that cervical cancer rates are relatively low and therefore it's unconsciously fallen in priority for HCPs.

DOWNPLAY THE INCONVENIENCE

Most GPs feel that the main challenge is getting patients to the first appointment and remembering follow ups, often downplaying the impact of the appointment itself and possible trauma caused. In their eyes, it's over very quickly, painless and it's only every 5 years.

HCPs are not always thinking about before and after the test- the build up towards the appointment, convenience of attending, the appointment itself and awaiting results afterwards.



"Patients do find the procedure embarrassing, and we reassure them we're not there to judge and we're professional. As long as the doctor has the right technique it's painless."

"Most patients have heard about why cervical screening is important, whether that's from school or hearing stuff in the news. I would say it's around 90-95% participation rates now."

"It's discomfort for a short while but it's over in two minutes. The procedure might be uncomfortable, but it's better to be safe than sorry."

THOUGH HCPS TAKE CARE AND STEPS TO MAKE THE PATIENT COMFORTABLE – NOT ALL HCPS UNDERSTAND THE EXTENT OF THE CHALLENGE



ACROSS HCPS, THEY SEE THEIR ROLE AS EDUCATING PATIENTS ON ITS IMPORTANCE AND KEY PROMPTERS TO GETTING A TEST



EDUCATORS OF CERVICAL SCREENING:

They know the importance of their role in bringing up cervical screening to eligible patients and educating them the importance. In this conversation, HCPs:

- Prefer to share the facts of why it's important, and details on how the test is conducted
- Share information packs or leaflets for patients to digest in their own time
- Give time for the patients to ask questions



KEY PROMPTER IN BOOKING A TEST:

They have a responsibility to prompt eligible patients to book in their appointment. HCPs will actively check registers, notify patients and chase on follow ups



EMPOWER PATIENTS TO MAKE THE TEST RIGHT FOR THEM:

They want to make patients feel that the test can happen at a time / date that suits them. They have a say in how they would like the CST to be and will often alternatives i.e. choose your preferred GP, bring a chaperon



MAKE IT NORMAL AND PART OF A ROUTINE :

See their role as making CST as 'normal' as possible and put patients at ease to go for testing. Ideally would like patients to feel this is part of other regular health check, like going for the dentist. It's not something to fear and it's there to 'monitor' your HPV levels, and not a cancer test



There is an awkwardness about it amongst people, and less tendency to open up, and we've been taught professionally to try and encourage conversations, make it as normal as we can. And then the more we can do that hopefully, we'd encourage people... as professionals we don't make a big deal of it."

[Age care worker]

HCPs want to give patients the facts and information to educate patients on the importance of regular cervical screening. But ultimately, it's the patient's decision and their professional role is to arm them with the facts



HCPS SEE THE TEST ITSELF AS AN OPPORTUNITY FOR AN IMPORTANT GENERAL HEALTH CHECK BEYOND JUST HPV SCREENING

Beyond the screening itself, it's clear there is an additional agenda amongst HCPs:

- A dedicated, regular appointment slot which means they will engage with their female patients at least every 5 years. They can use the time for a general health check in for those that they wouldn't otherwise see
- The test itself means they can examine for any other gynaecological symptoms which might otherwise go unmissed – any issues on the cervix, STIs and abnormal discharge
- For vulnerable patients, with expected sexual trauma, it's also an opportunity to open the conversation about their current safety and wellbeing
- Often nurses, mentioned that the intimacy of their conversations with patients on this topic, can also lead on to discussions about other intimate health issues patient have (that patients were too embarrassed to bring in in isolation)



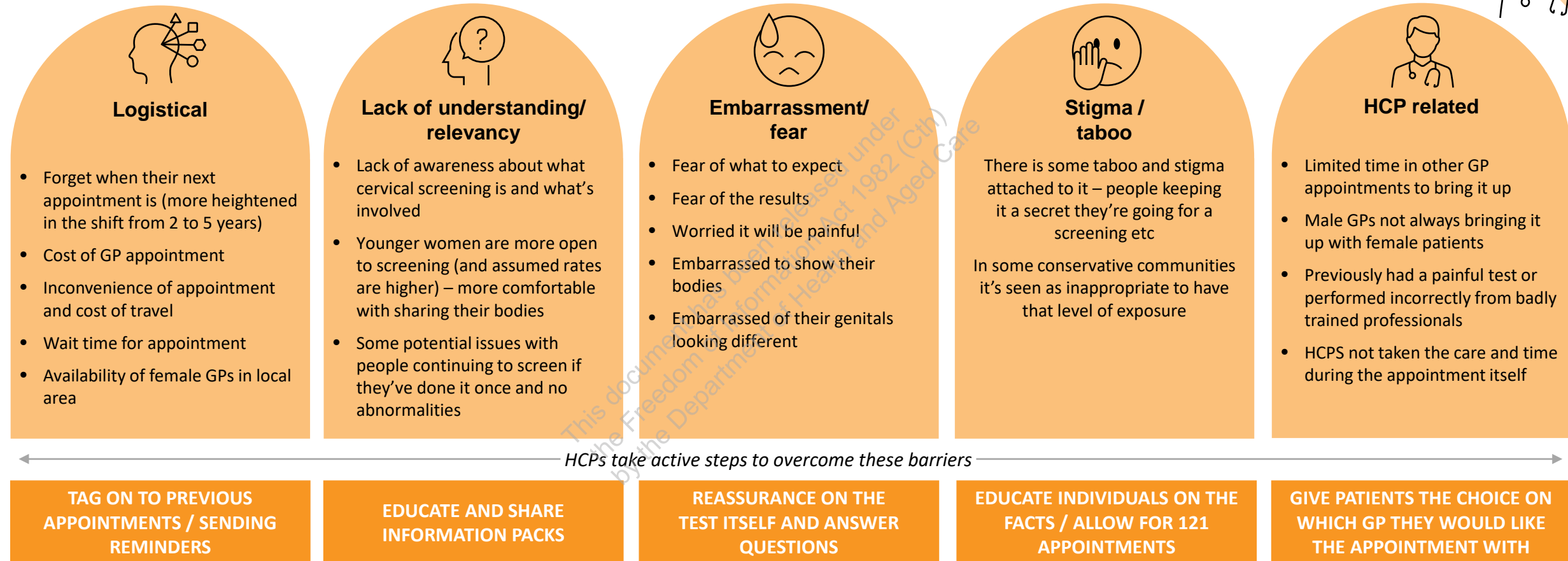
“It's important that we see some patients face to face on a regular basis, especially ones where we know there's a bit of a history. Cervical screening is an opportunity to check in with them when arranging the appointment, get them to commit to seeing us, and then we're able to generally check in on their health and wellbeing at the appointment itself.”
[Practice Nurse]

THIS CONTEXT INFLUENCES THEIR PERSPECTIVE ON SELF-COLLECTION WHERE IT REMOVES THEIR OPPORTUNITY FOR OTHER HEALTH CHECKS





HCPS VIEW OF PATIENT BARRIERS ARE CONSISTENT WITH PATIENTS THEMSELVES, THEY MAKE ACTIVE ATTEMPTS TO OVERCOME THEM



"I'll have woman turn up and be really embarrassed because they've not shaven their legs or wax and worry about 'looking normal'. I just try to reassure them none of that matters, and I'm not looking at that stuff, I just want to examine your cervix" [Practice Nurse]

"When I open a patients chart, I just like it to be up to date. It's more a tick box thing. we are also audited, so I like things to be done. but it's hard in General practice with time limit. Some people are just put off with dealing with anything below the belt." [GP]



IN HCPS VIEW, THERE NEEDS TO BE A CLEARER, WIDER REACHING COMMUNICATION TO PATIENTS TO EDUCATE ON THE LATEST SCREENING PROCESS AND RE-ENGAGE THOSE OVER-DUE

HCPS WELCOME MORE PATIENT FRIENDLY MATERIALS AND WIDER COMMS FROM THE DEPARTMENT OF HEALTH TO COMMUNICATE ABOUT THE CERVICAL SCREENING – THERE'S AN OPPORTUNITY TO RE-ENGAGE THE GENERAL PUBLIC IN A NEW CAMPAIGN



OPPORTUNITY TO BETTER COMMUNICATE THE LATEST SCREENING PROCESS



There hasn't been enough to explain the changes in testing

- From 2 years to 5 years
- A swab not a full smear or pap or needs a speculum (although lots of GPs still use one)

SHORT, ONE-PAGER INFORMATION SHEETS HAVE THE BEST REACH



Like bowel screening, there's opportunity to simplify the communication and why it's important.

They often find that pathology providers have the best sources of information around updates and patient friendly materials

NORMALISE THE TEST, MAKE IT ROUTINELY AND DIAL BACK SCARE MONGERING



There's issues with people remembering every 5 years (every 2 years was easier to remember)

Move into a regular 'monitor' check now that it's a test for HPV. There needs to a better balance of communicating its importance and managing the fear

SECTION 6

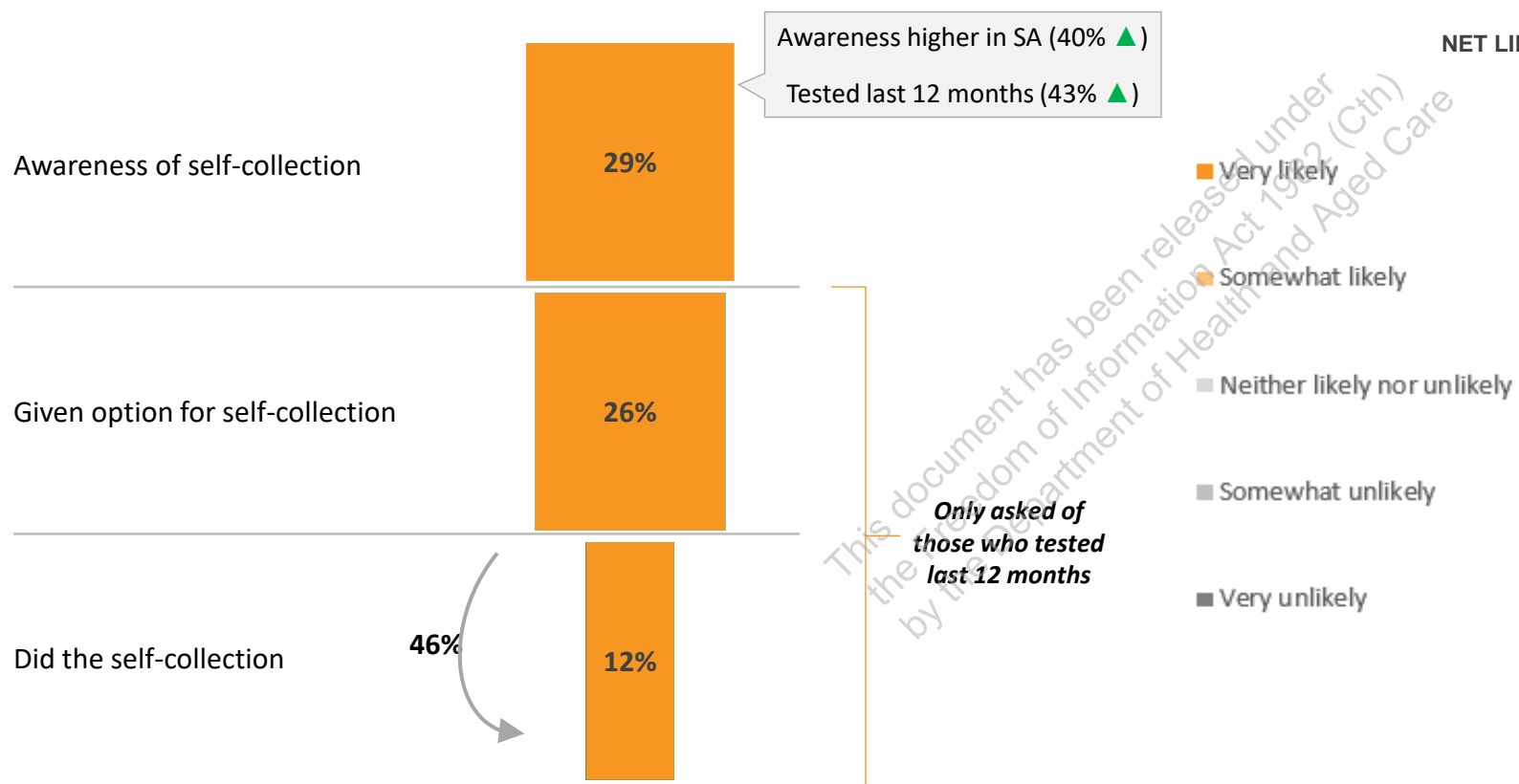
SELF-COLLECTION CERVICAL SCREENING

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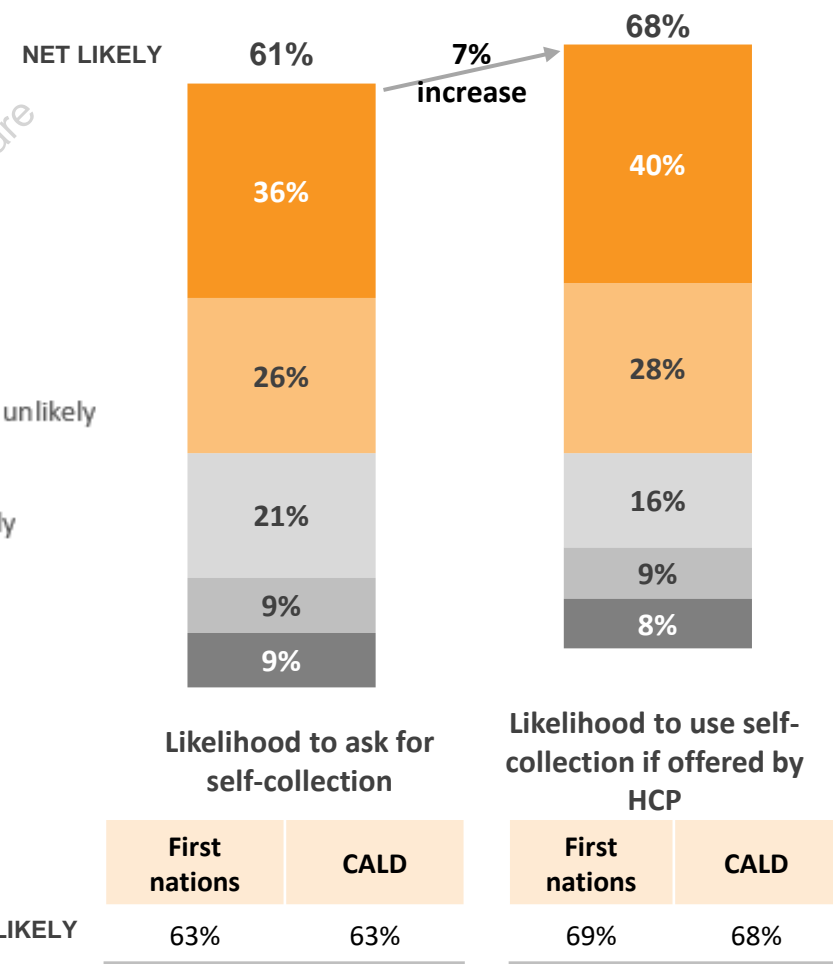


INCREASING AWARENESS OF SELF-COLLECTION AND HCP OFFERING IT COULD INCREASE THE LIKELIHOOD OF USING IT

CERVICAL SELF-COLLECTION SUMMARY



LIKELIHOOD TO SELF COLLECT

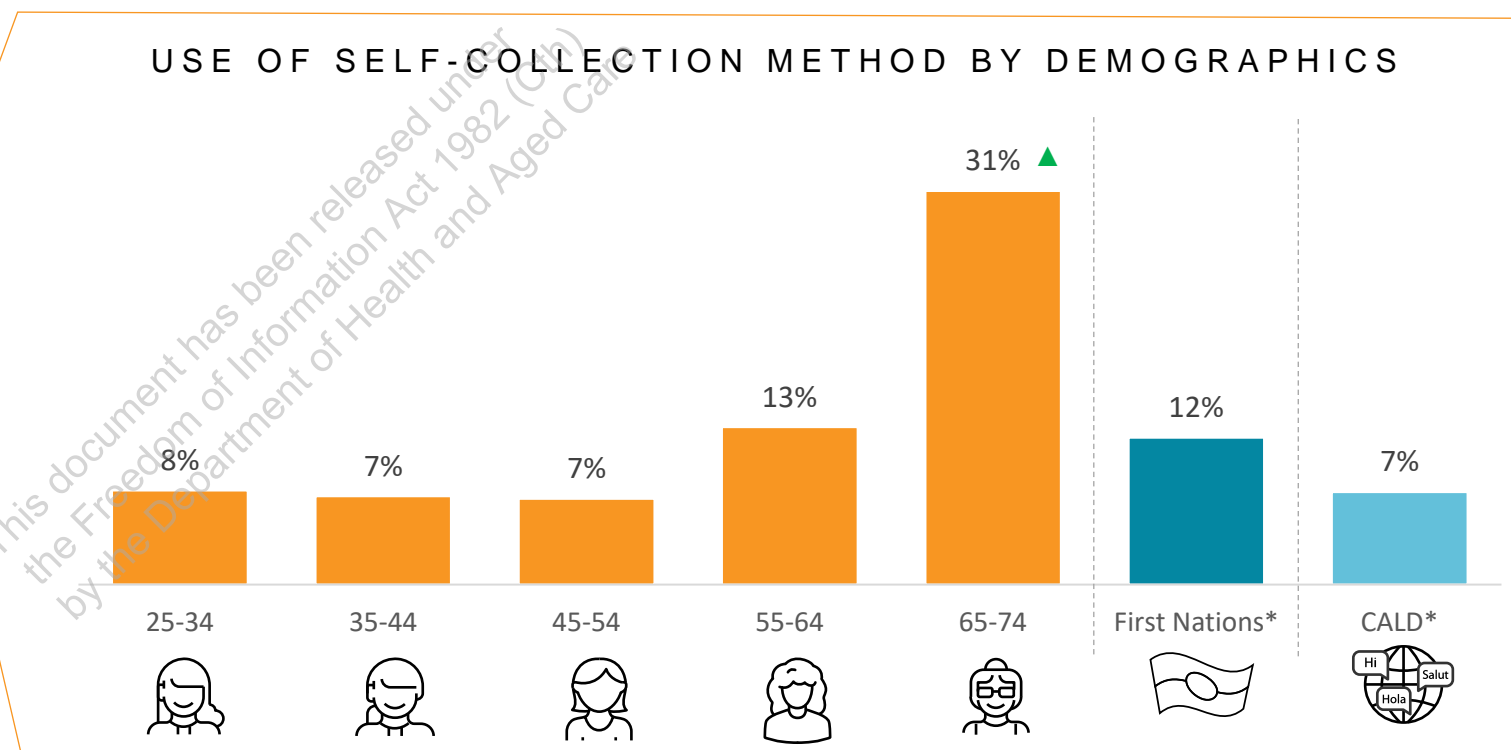
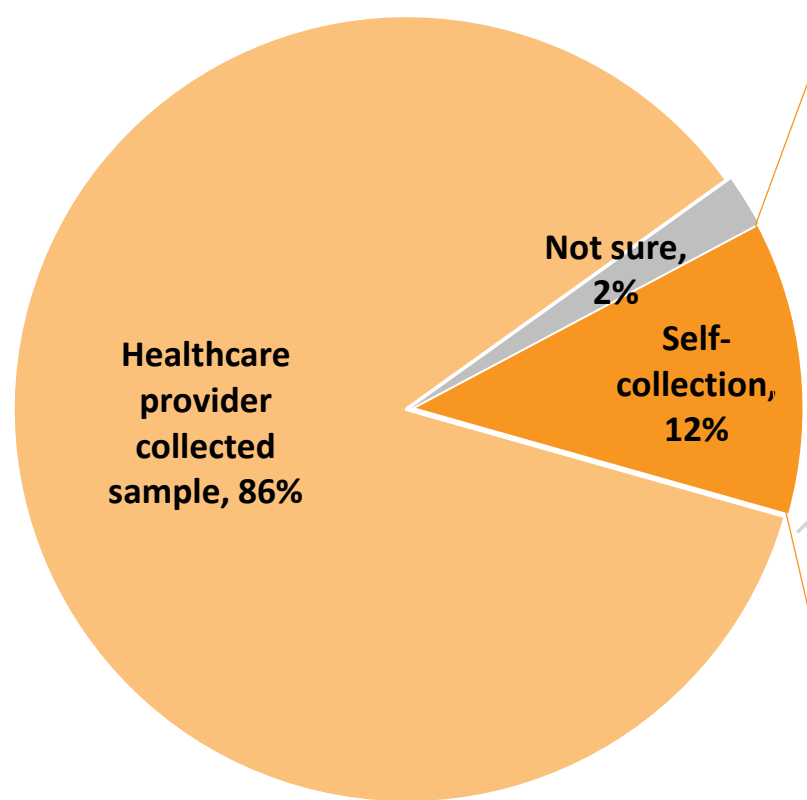


C3 - Have you heard of the self-collection option for cervical screening? Base Total n=1045
C4 - How was your last Cervical Screening Test done? Self-collection n=228+ C5 - Were you given the option for self-collection when you last did cervical screening? Yes n=32
C6 - How likely are you to ask to self-collect your Cervical Screening Test sample now you know about this? Base total n=1045, first nation n=51, CALD, n=133
C6b - How likely are you to use the self-collection option if your healthcare provider offers it to you? Base total n=1045, first nation n=51, CALD, n=133



USE OF THE SELF-COLLECTION METHOD INCREASES BY AGE, WITH 65 TO 74-YEAR-OLDS SIGNIFICANTLY HIGHER THAN OTHER AGE GROUPS

LAST TEST METHOD (FOR THOSE TESTED LAST 12 MONTHS)





SELF-SCREENING IS DESCRIBED AS A WELCOMED ADVANCEMENT, THOUGH THERE ARE SOME HESITATIONS AROUND THE ACCURACY OF SELF-SCREENING

POSITIVITY

Privacy of doing the test without HCP having to look or poke at private areas

It's definitely more appealing than having someone else do the collection! Someone else looking at and poking my delicate areas is half the reason I wouldn't want to do a screening
- 35-54, heard but never screened



Comfort of not having an invasive object inserted into vagina

Even though I am okay with the examination by a doctor this would be my preferred option because the other process is a bit uncomfortable. Doing it yourself just makes it feel easier.
- 35-54, screened not in last 5 years



AMBIVALENCE

Others are ambivalent toward self screening and just refused to have it all together or were used to seeing their trusted HCP and wanted to maintain this.

I can see the huge benefits but I just prefer to have my health practitioner do it because I am comfortable with her and I think it's easier for me.
- 25 to 34, screened not in last 5 years



HESITANCY

Hesitancy of being unsure if they will be able to swab correctly without a HCP doing the test for them. They then worry that the test result will not be accurate

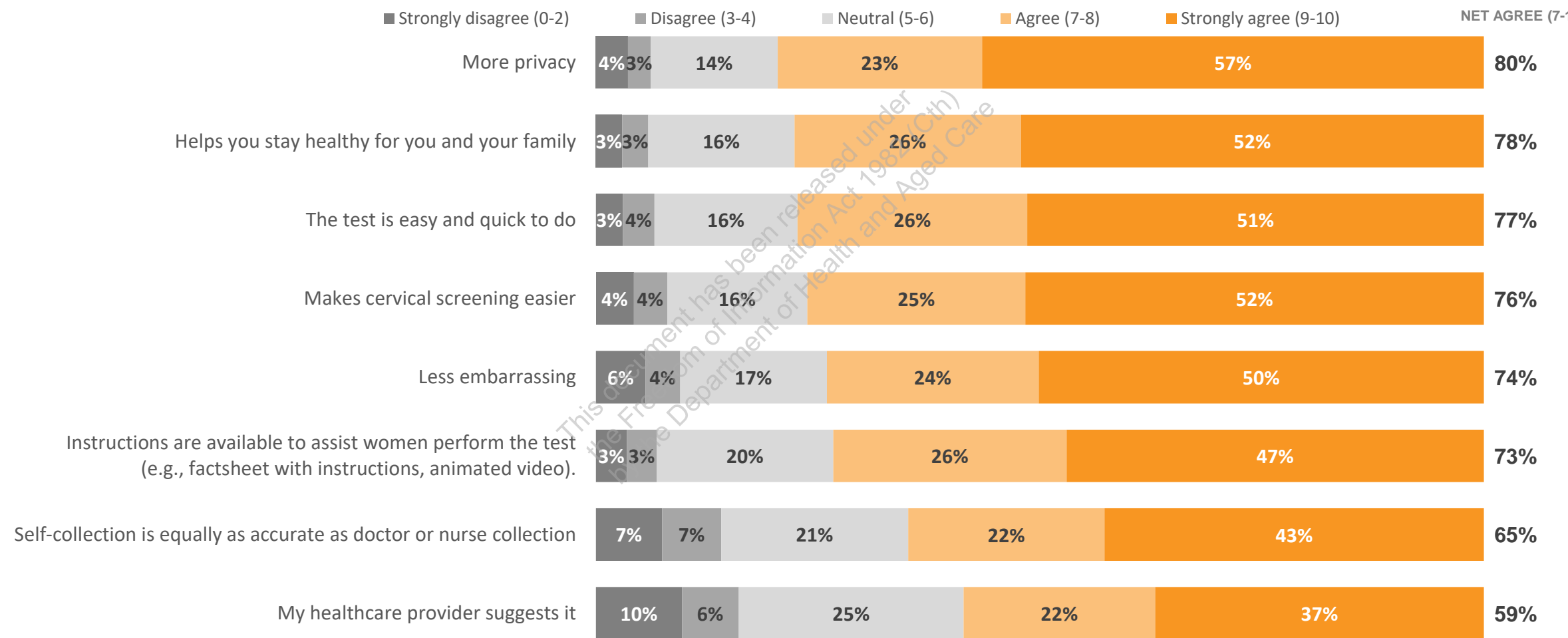
It is not appealing to me because I would not trust myself to do it properly.
- 35-54, heard but never screened

Whilst it appears very straightforward i think it would still be a little hesitant due to concerns of not swabbing correctly.
- 55-64, screened not in last 5 years

HESITANCY REGARDING THE ACCURACY OF TESTING CAN BE TARGETED WITH GREATER EDUCATION ON HOW THE SELF-SCREENING WORKS IN PRACTICE AND POSSIBLE OUTCOMES FROM THIS

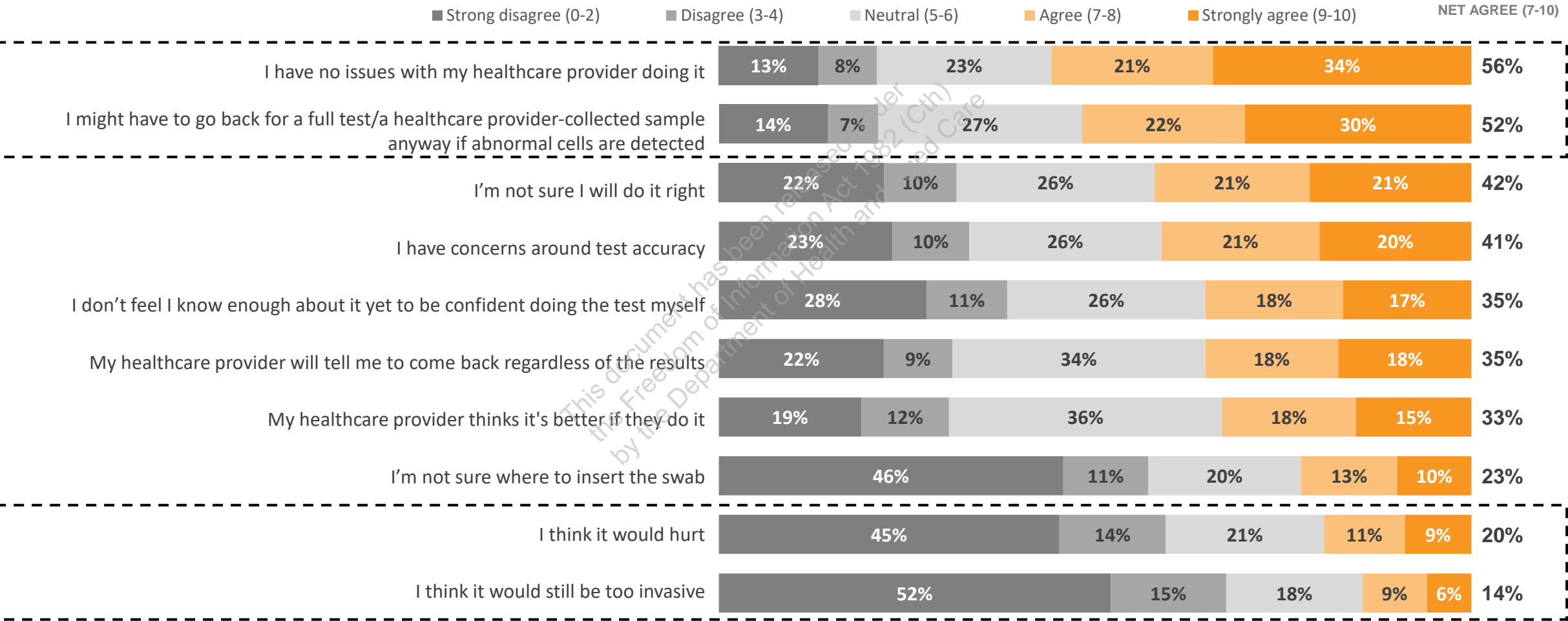
PRIVACY WAS THE MAIN MOTIVATOR TOWARDS THE SELF-COLLECTION METHOD, FOLLOWED BY KEEPING YOU HEALTHLY AND EASE OF USE

MOTIVATIONS TOWARDS SELF-COLLECTION CERVICAL SCREENING



OVER HALF HAVE NO ISSUE WITH THEIR HEALTHCARE PROVIDER CONDUCTING A CERVICAL SCREENING TEST AND ARE CONCERNED THEY MIGHT HAVE TO GO BACK FOR A FULL TEST ANYWAYS

BARRIERS TO CHOOSING SELF-COLLECTION TEST OVER TRADITIONAL METHOD



REMAINING QUESTIONS CENTRE AROUND THREE KEY THEMES; ACCURACY, PRACTICALITY AND LOGISTICS OF SELF COLLECT. ALL AREAS REQUIRE FURTHER EDUCATION

LOGISTICS

Questions remaining around logistics surround wanting to know if you still have to book an appointment to see a doctor to do self-collect, this then raises a concern around costs of appointments. Other questions are around knowing what to do with the swab and who to take it to or where to put it. Clear education on these points will ease questions and confusion.

“Having to pay for the test.. even if medicare give you a rebate.. you still need to fork out the money initially.

- 35-54, not tested in last 5 years

ACCURACY

While the idea behind self-collection is appealing, questions around if self-collection is accurate are common. Not only are people with a cervix asking how to ensure they do the test correctly, they also want to know if the self-collection method is as accurate as having cells scraped from the vagina by a HCP. These questions demonstrate confusion about what the self-collection is testing for and if this is different from what the HCP tests for in the typical cervical screen.

“Only that I may do it wrong or somehow contaminate the sample myself.

- 55-64, not tested in last 5 years

PRACTICALITY

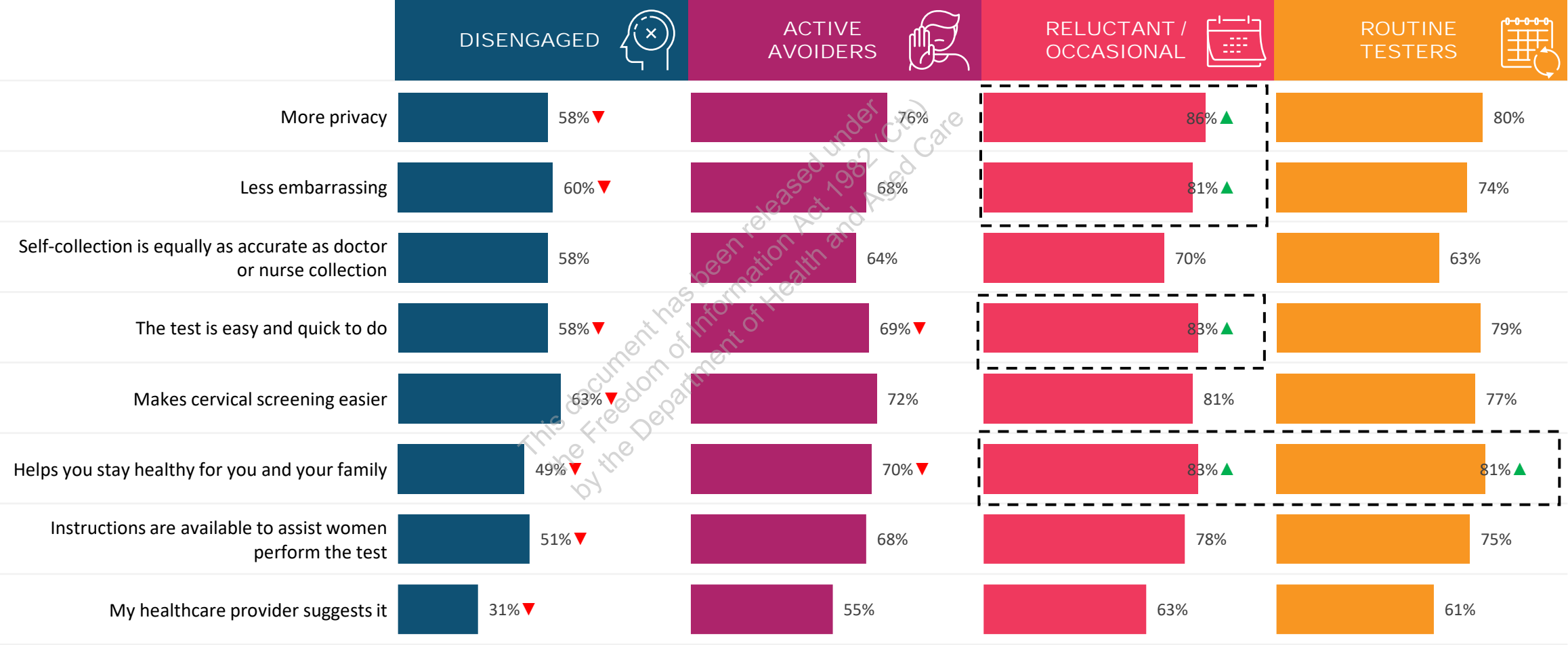
Lack of understanding around practicality comes from not knowing if there are limitations around when the test can be done. People with a cervix want to know if the testing area needs to be lubricated, how long to swab for and if you can swab at any time or if it needs to be done at particular times in the cycle.

“If you break the swab inside your vagina and what if need help.

- 25-34, not tested in last 5 years

THE RELUCTANT/OCCASIONAL SEGMENT ARE MORE LIKELY TO IDENTIFY SEVERAL BENEFITS OF SELF-COLLECTION THAT MOTIVATE THEM TO DO CERVICAL SCREENING

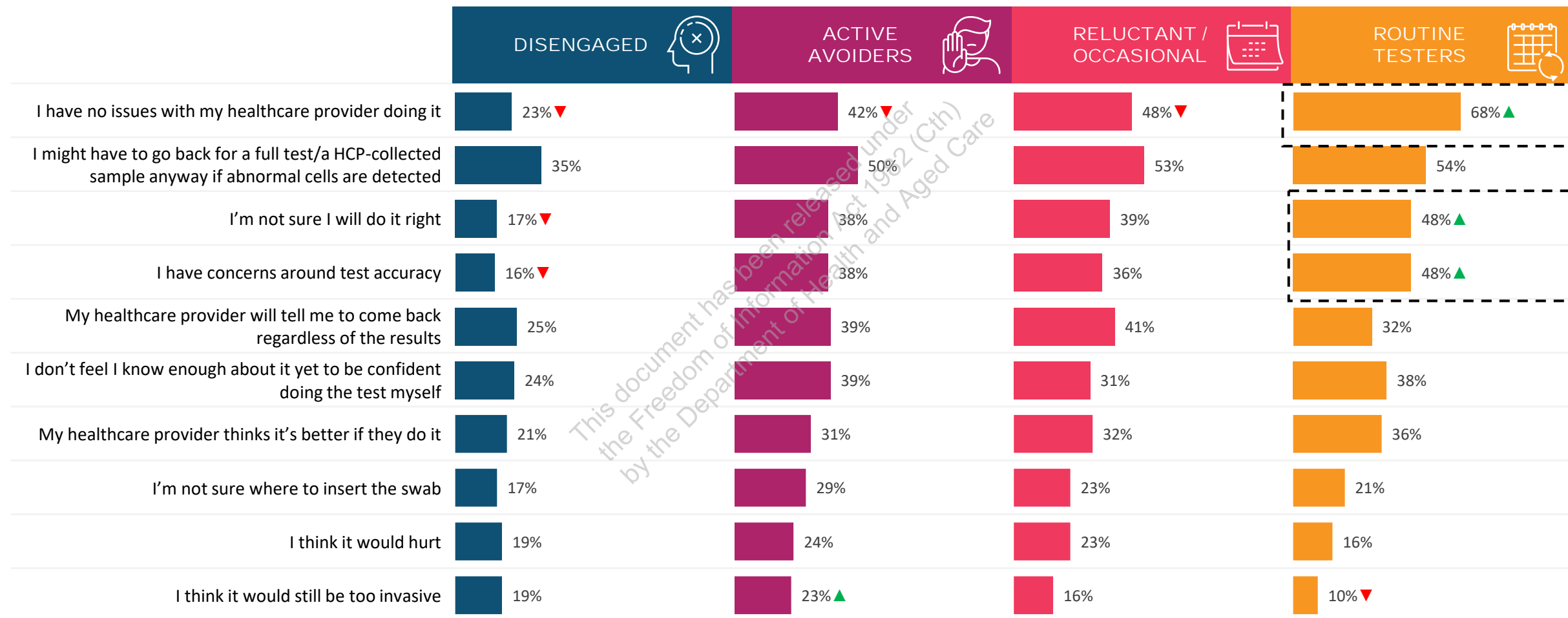
SELF-COLLECTION MOTIVATORS – NET AGREE (7-10)









ROUTINE TESTERS ARE MORE LIKELY TO IDENTIFY BARRIERS TO SELF-COLLECTION OVER TRADITIONAL TESTING; INCLUDING PERSONAL CAPABILITY AND ACCURACY OF TEST

BARRIERS TO CHOOSING SELF-COLLECTION TEST OVER TRADITIONAL METHOD – NET AGREE (7-10)



SUMMARY OF JOBS TO BE DONE – SELF-COLLECTION

SEGMENTATION SUMMARY

	 DISENGAGED	 ACTIVE AVOIDERS	 RELUCTANT / OCCASIONAL	 ROUTINE TESTERS
	5%	18%	26%	51%
	<i>Not at all interested in cervical screening, unlikely to get tested in the future</i>	<i>Avoid thinking about cervical screening. If they are considering it, just not done anything about it</i>	<i>Have had cervical screening tests, but just not consistently or not currently up to date</i>	<i>Regularly get cervical screening tests</i>
VIEWS ON SELF-COLLECTION	NOT a target for either traditional screening or self-collection Showing no interest in cervical screening in general and self-collection is not considered as a solution	SECONDARY TARGET for self-collection Low awareness with self-collection Perceive self-collection more privacy and easier for cervical screening, however, more likely think the self-collection is still too invasive	PRIMARY TARGET for self-collection More likely to ask for a self-collection and use it if offered by HCP than other groups.	NOT a target for self-collection Though showing high awareness of self-collection, this group has no problem with the traditional screening method
OPPORTUNITY FOR COMMS	Awareness about self-collection can be increased through HCPs where is also a channel to communicate with other segments.	Raising awareness of self-collection may increase likelihood to ask for the self-test and likelihood to use it if offered by HCP. Sharing experience of other self-test users can provide confidence to try the test. Talking about it being a painless and less embarrassing option	Communicating about the benefits of the self-collection such as quick and easy cervical screening, solving privacy issue and keeping them and their family stay healthy	Communicating self-collection as a second option for screening with benefits such as more privacy, quick and easy to do, and keeping them stay healthy
OTHER OPPORTUNITIES		Educating about self-testing procedure, its accuracy as well as “next-step” with the results	Though self-testing is considered as a solution, one of the main barriers of choosing self-collection is they need to do the full test anyways . It’s suggested to provide clear information what people should do to overcome this barrier.	This group has no issue with the current cervical screening, however it’s important to drive awareness so that they can choose self-collection when lacking access to traditional method.

SELF-COLLECTION IS AN INTERESTING OPTION TO FIRST NATIONS, MANDARIN AND VIETNAMESE



FIRST NATIONS

- Little awareness of self collection
- Interest in having the self-collection as an option, supported by HCPs too
- Strong appeal for overcoming time, stigma and shame barriers
- Also if it meant there was no cost in the consult
- Confusion over swab vs needing to do it the other way anyway
- Concern over doing the test correctly – need to reassure that it is accurate and easy to do
- Need for clear instructions to support the use

“Most messages are relevant information but changes may be needed for some groups of Aboriginal women such as pictures with text for instruction to use the test such as “insert. Plain and simple language, clear and easy to understand instructions, and instructions for before, during and after test”



MANDARIN

- Little awareness of self-collection but strong and positive response
- Overcomes the key barriers – pain, anxiety, access to female GP – less forgetting and putting off
- Strong views about ideally doing it at home, no cost at GP
- They talk about it being a game changer
- Again need clear information on how to do it and the process of getting the test and collection of the swab

“It’s a big relief to know that cervical screening can be done via self-collection now, so I don’t have to put up with the unpleasant process anymore’ (younger woman)”



VIETNAMESE

- Never heard of it... but quite interested
- Seen as affordable, easy, time saving and private
- Concerns about accuracy and user error – need to education and support

“Maybe if they had more information about the self-collection, I would have more trust in it..”



ARABIC

- Low knowledge
 - Low interest – prefer to get the GP to do it because they trust the expert to perform the test correctly – but this is assuming the test is as intense as the speculum version
- “When you do it on yourself, it’s harder to push it (swab) where it should be” and “you want to push in the right spot because you don’t want to hurt yourself”*
- younger women**
- Because of the often closer relationship with a GP, they also question missing out on other exams

“Am I missing out on my internal examination from my doctor? Having it with a medical professional is having more than just a swab done” older woman





HCP'S PERSPECTIVE OF SELF-COLLECTION

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by the Department of Health and Aged Care



HCPS' KNOWLEDGE OF SELF-COLLECTION IS VARIED, AND THERE'S A LACK OF CONSISTENCY IN HOW ITS CURRENTLY BEING APPROACHED

GPs are aware of self-collection and confident in articulating how it works but it's not always something they're actively discussing with patients. Some nurses and health workers are less familiar with self-collection, and knowledge of specifics varied, and often refer patients to GPs for clarification



Though some HCPs are actively offering both a CST and a self-collection to all patients and let them decide their preference, others prefer not to offer it to all patients.

Some HCPs prefer to be asked about self-collection from patients first, and don't proactively bring it up as an option, especially if the patient is comfortable doing a traditional screening. Instead, some HCPs see it as a counterresponse if a particular patient is reluctant to have a full screening or a suspect there will be an issue i.e. cancelled appointments in the past, previous sexual trauma, or have stressed concerns about the intimacy of the procedure.

There is some confusion over how best to conduct self-collection and what the test involves

- Amongst practice nurses, there was assumption that it was a swab to smear for cancerous cells that had would be still present in the vagina, and not a HPV test
- Though all advise the self-collect should be conducted in the practice, there are some who had sent patients home with it if they rejected doing it
- There are some stories from colleagues where HCPs had watched patients take the vagina swab and not given them privacy

THERE'S A RISK WITH SOME GPS BEING SELECTIVE ON WHO THEY RECOMMEND SELF-COLLECTION TO, AND OTHER PRACTITIONERS LESS CONFIDENT ON THE FACTS, THAT WE MISS VULNERABLE GROUPS WHO AREN'T AWARE OF THEIR OPTIONS



HCPS ACKNOWLEDGE THE BENEFITS FOR SELF-COLLECTION AND WELCOME THE ALTERNATIVE SCREENING OPTION



SELF-COLLECTION OFFERS CLEAR BENEFITS TO PATIENTS:

- It gives the choice and control to the patient in how they would like the test to be carried out
- Overcomes the fear and embarrassment of the intimacy of the clinician-test
- It's a solution to offer patients who have had previous issues or are reluctant for the clinician-test
- The swab sample should be a lot more comfortable for the patient that inserting a speculum
- More convenient for the patient as greater flexibility over when it can be done (don't need to wait for a particular appointment time)

Within their profession, there's also some practical benefits

- Frees up GP appointments
- Solution for practices / clinics where there are low clinician cervical screening training rates
- It means screenings can access more remote regions or where there's limited female, trained GPs



"I'm very positive towards self-collection. I feel it should be the woman's choice and I'm happy with what they prefer. [GP]"

"It's an icebreaker when it comes to encouraging people to get involved. If someone can go through the process and collect it appropriately and the samples can be adequate enough to be processed then it should be fine. I think it's a welcome development. [GP]"

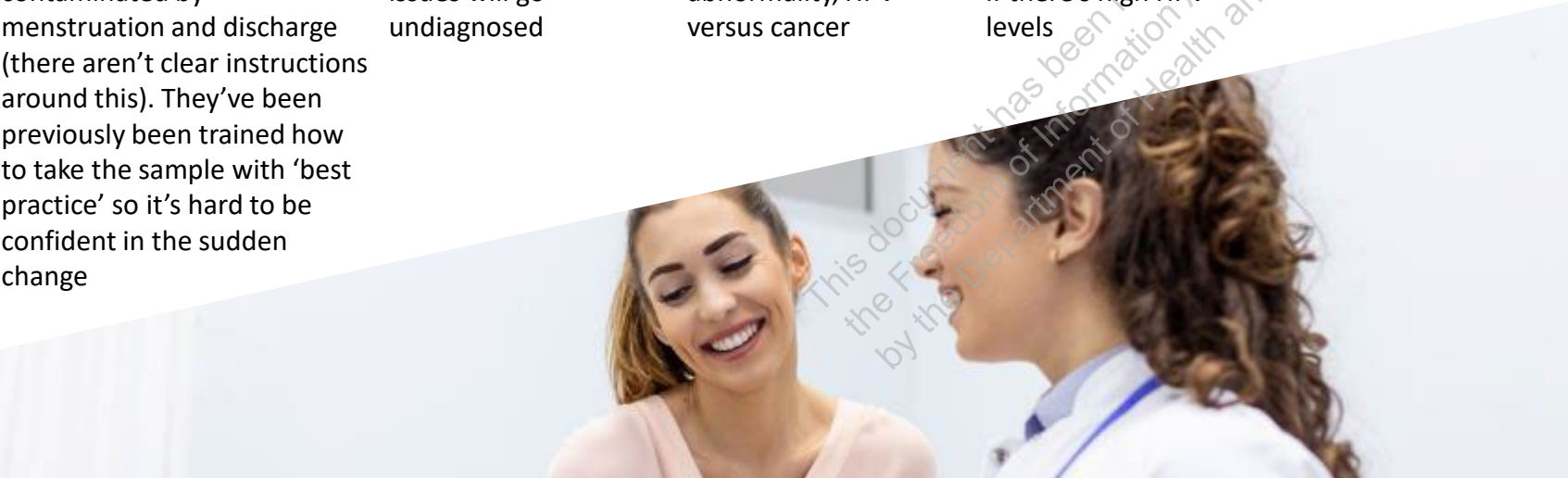
"Well, the message is getting across, that anyone can do it, it's easy, and you've just got to ask your GP for it. It's coming as a good news story, results are quick, it's pain free, it comes with instructions, you can just pop your leg up and it's done." [Practice Nurse]"



HOWEVER, THEY ARE TORN BETWEEN THE PRIVACY BENEFITS OF SELF-COLLECT AND CONCERNS OVER THEIR REDUCED INVOLVEMENT IN THE PROCESS

THERE IS A TRADE OFF TO HCPS BEING LESS INVOLVED IN THE PROCESS

- Risk of poor accuracy of the swab samples** – whether patients health literacy and knowledge of anatomy is there to know how to take the sample, whether it will get contaminated by menstruation and discharge (there aren't clear instructions around this). They've been previously been trained how to take the sample with 'best practice' so it's hard to be confident in the sudden change
- It's a missed opportunity for other health checks and have an 'eye' on the cervix**– risk more STI and gynaecological issues will go undiagnosed
- Requires more education of patients** to understand what the HPV test is and what happens if there's an abnormality, HPV versus cancer
- Risk that patients will ignore any follow ups**, and doesn't overcome the challenge of further clinician-tests if there's high HPV levels
- Worried that with the HCP removed, and comms focus on how 'easy it is' will **dial down its seriousness**



"I'm a big believer in getting people to the clinic. It's an appointment for them to talk about their health and wellbeing as well as doing the test itself. So would only offer it to someone who wouldn't turn up otherwise."
[Practice Nurse]

"I feel that it's important for them to do a 1-2-1 for general women's health and opportunity to check on the patient's wellbeing... I think most woman would want to be examined properly. Some wouldn't know how to self-swab..."
[Practice Nurse]

"It was all so particular in the past. And now it's like, oh, yeah, just like put a swab in, break it off and off you go" [Practice Nurse]

UNDERNEATH THE SURFACE, THERE MAY ALSO BE A POWER AND CONSERVATIVE DYNAMIC AT PLAY HERE FROM HCPS WHO STILL WANT TO FOLLOW BEST-PRACTICE PROFESSIONAL TRAINING AND CONTROL OVER THE ACCURACY OF RESULTS



YET A PRACTICE NURSE PERFECTLY ARTICULATES THAT HCPS NEED TO ACKNOWLEDGE SELF-COLLECTS PRIMARY ROLE TO INCREASE SCREENING RATES



It's a reminder that this is a screening programme, not a sexual health programme. It's the same as when you get the kind of the stool sample in the mail, when you're over a particular age and need to send it in, you're not getting a full colonoscopy done. It's just a test. And if you have symptoms, and you need a checkup, and if you need a sexual health examination, that's a whole different thing.
[cervical screening trainer]



THERE'S GREATER ACCEPTANCE TOWARDS SELF-COLLECTION BEING OFFERED TO PATIENTS WITH THE GREATER BARRIERS, RATHER THAN POSITIONED TO EVERYONE

HCPs argue it's more appropriate to offer to vulnerable groups who otherwise wouldn't screen. There are patients' cohorts with the greater need for self-collection:

- Patients with lots of anxiety towards clinician-tests
- Those with previous sexual trauma
- Those who find previous cervix screening painful or have vaginismus
- Older population (typically 60+) who are body conscious
- CALD and First Nations communities where there is more stigma toward health professions
- People who live remotely and/or where there isn't a female trained GP

There are needs to be some consideration on the patient's ability to conduct the self-collection based on their health literacy and whether they have good enough sexual education to take a swab from the vagina. Specifically, CALD communities and older generations were cited as potential concerns here.



"It's best for women who are self aware and comfortable with their vulvas. have had women say they don't need one because they had a hysterectomy but they don't know if their cervix was removed or not... even one patient who thought she'd had a hysterectomy but in fact still had everything." **[Practice Nurse]**

"I think it is good for the subset of patients who might have some kind of medical reason as to why they find it difficult to see their doctor or group of people who live out rural practice" **[GP]**

I think there's so much misconception around accuracy for clinicians and like making sure that you're getting exactly the right spot. But it's a big change in the type of test it is... the need for that accuracy changes a lot **[cervical screening trainer]**

IN THE NEAR FUTURE, HCPS FEEL MORE COMFORTABLE WITH HAVING CONTROL ON WHO SELF-COLLECTION IS FOR. THEY NEED MORE CERTAINTY IN THE ACCURACY OF SAMPLES COLLECTED TO SUPPORT WIDELY OFFERING IT TO PATIENTS



HCPS FEEL THERE NEEDS TO BE GREATER EDUCATION IN WHAT THE SELF-COLLECT TEST IS, HOW TO TAKE IT AND WHAT TO DO IF THERE'S AN ABNORMALITY

In future self-collection comms, HCPs would like to see the following addressed to patients:

INFORM PATIENTS ON WHAT THE HPV TEST IS AND HOW ITS DIFFERENT TO A CERVICAL CANCER SMEAR



- What it's for
- What HPV is
- What happens if there's abnormalities
- Accuracy of test and how it's as effective as a clinician test (for both patient and HCP comms)

CLEAR INSTRUCTIONS FOR USE, AND SIMPLIFIED VISUALS



The current sample collection instructions are clearly written, but there is an opportunity for a supporting video and to educate where the sample should be taken from. We also need to consider supporting visuals for those where English isn't their first language.

CONSISTENT INSTRUCTIONS FOR INTERACTIONS WITH HCPS



Clearer guidance on whether an appointment is necessary, how patients can access self-collection kits and where the test should be taken (clarified for both patients and HCPs)

OPPORTUNITY TO COMMUNICATE A WIDER NUMBER OF MOTIVATORS TO OVERCOME MORE BARRIERS



- Less invasive, painless (those with anxiety)
- Self-collected, private and no need to be exposed to anyone (those who have HCP concerns)
- Easy and convenience (time poor patients)
- Relevancy for all (those not sexually active who don't see HPV as an issue for them)

IN TERMS OF COMMUNICATING WITH HCPS ON SELF-COLLECTION – THEY WOULD LIKE TO FEEL PART OF THE COMMS JOURNEY WITH PATIENTS, AND DON'T FEEL THEY'VE BEEN KEPT UP TO DATE OR BEEN GIVEN ENOUGH 'BEST PRACTICE' GUIDANCE

SECTION 7

MOVING TOWARDS A COMMUNICATION STRATEGY

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care

SUMMARISING THE STORY AND HOW THIS TRANSLATES INTO THE COMMUNICATION NEED



There are significant knowledge gaps that need to be addressed so people are testing on time and reassured about the screening approach

- From eligibility to frequency, to what has changed in testing that means we test less now



In order to prioritise testing and overcome emotional and experiential barriers (with current testing) there needs to be communication and conversations about the how Cervical cancer screening saves lives

- Positive stories, honesty, normalising talking about this topic is key



To drive screening rates higher the self-test has a key role to play as for certain cohorts it overcomes the key barriers of discomfort, embarrassment and forgetting/putting off

- Our key target audiences of First Nations, CALD, as well as Active Avoiders and Reluctant Occasionals will screen more if self-test is offered to them



But in order for self-collection to be trusted and used, a clear story about screening needs to be communicated

- Why a swab is now ok, what we are testing for, the accuracy



HCPs are critical in reminding, educating and persuading people to get tested. They too have significant knowledge gaps that need to be addressed

- We need a clear, consistent story that comes through all comms and conversations



HCPs also need to be onboard with what the role of self-testing is – if it is just about pre-cancerous screening, then they need to be open to promoting this, even if this means their women's health check does not happen at this time

THE CORE COMMUNICATION MESSAGES – NEED TO SIMPLIFY THE STORY

MESSAGES FROM THE BRIEF

Cervical cancer is one of the most preventable cancers.

Having regular five-year interval Cervical Screening Tests is the best way to protect yourself from cervical cancer.

More than 70% of Australians diagnosed with cervical cancer are under-screened or have never screened.

The Cervical Screening Test can detect human papillomavirus (HPV), a common virus that causes most cervical cell changes and almost all cervical cancers before any abnormalities develop.

There are 2 options for having a Cervical Screening Test. One option is to have a healthcare provider collect your sample. The other option is to collect your own sample.

Self-collection is a simple process. It involves inserting a swab a few centimetres into your vagina and rotating it for 20-30 seconds to collect a sample.

A Cervical Screening Test using a self-collected sample from your vagina is just as safe and as accurate at detecting HPV as a healthcare provider-collected sample taken from the cervix during a speculum examination.

If you're a woman or person with a cervix, aged 25-74, and have ever had sexual contact, you should do your cervical screening every 5 years.

To check if you're due or overdue for a Cervical Screening Test, contact your healthcare provider. If you're due, book your test today.

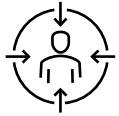
Australia is on track to be the first country in the world to eliminate cervical cancer by 2035, but only if we keep up with our HPV vaccinations and cervical screening.

Response to these messages was not overly positive

Feel like they are missing some key elements, but also going into too much detail and confusing people

HPV for example is something that is confusing and can distract people from focussing on protecting against Cervical cancer

A NARRATIVE THAT ADDRESSES THE KEY KNOWLEDGE GAPS AND TALKS TO WHY



WHO

Everyone with a cervix 25-75 needs to be tested



WHY

Through testing lives are saved – Cervical Cancer is one of the only ones that can be detected early and therefore we can prevent it



WHEN

Testing is now 5 yearly
The test is focused on the virus that causes Cervical Cancer which can be identified early – so no need for testing more frequently



HOW

The cancer causing virus can be found by a simple swab test (rather than scraping the cells)
Your HCP may choose to also collect cells from the cervix in case the virus is detected and those cells need to be analysed
You can also do a supervised self-collection for the virus
The test is easy to do and accurate

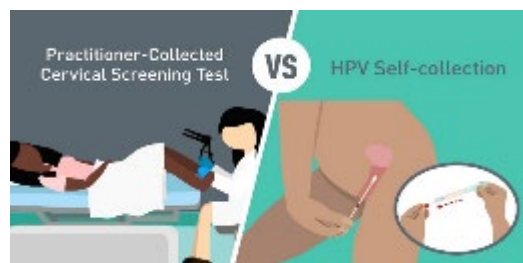
FOR THE KEY TARGET AUDIENCES – SELF-COLLECTION MESSAGING CAN ADDRESS SPECIFIC BARRIERS

FIRST NATIONS, CALD, ACTIVE AVOIDERS

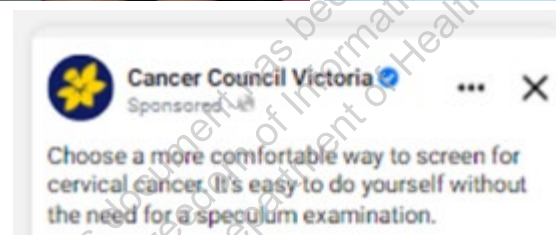
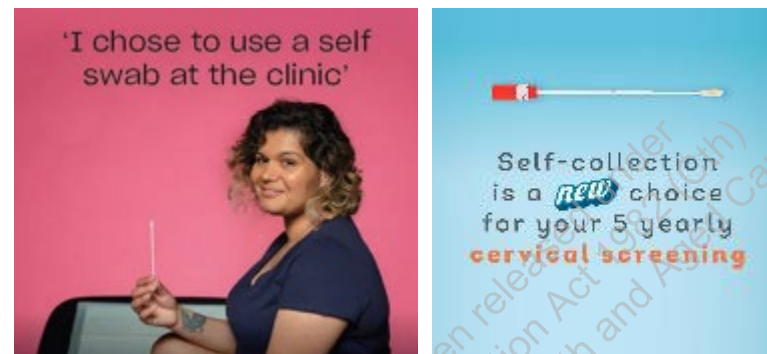
The self-collection can be done in private – no longer do you have to worry about the invasive test
The swap is not at all uncomfortable or painful

PEOPLE ENGAGE WITH COMMS CENTRED AROUND PRO-CHOICE, EASE, PAINLESS AND GIVING INDIVIDUALS THE CONTROL, POSITIVE TONE, EMPOWERING

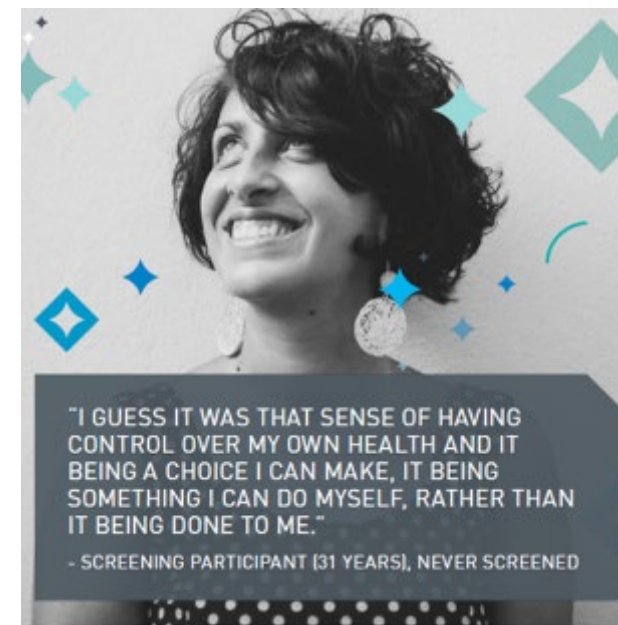
We shared a variety of past cervical screening campaigns on the community, and asked people to pull together collages of the most engaging messages....



Myth busters, and clarity on the facts around self-collection. Visualising the key differences between the options



Focusing on the choice of the individual in how they would like the test to happen: your test, your way.



Positivity in the messaging and creating empowerment - something that you choose to do and it's not done for them

“ I really like the images representing empowerment, and the happy ones – they make me want to do it more than the darker threatening ones.

COMMUNICATING WITH FIRST NATIONS PEOPLE – GUIDELINES



Document 1-1

Women and HCPs alike suggested a suite of approaches that would be most likely to encourage screening including:

- Shorter and simpler messaging
- Specific messaging for specific groups of women (e.g. younger, literacy, geography)
- Clear and simple language
- Avoidance of medical or body terminology, including over-emphasis on 'cervix' as many people may not know this word or use it in their vocabulary

Imagery and diagrams must be clear and simple:

- Not too graphic imagery (i.e. not realistic photos as this would be a turn off for many)
- Stylised graphics similar to that used by HCPs in models or explanations
- Larger arrows and indicators
- Inclusion of darker skin tones in fact sheets and images
- Diversity in talent choice and depiction - Inclusionary images must be clearly connected with the core messaging with interpretation being simple within the broader framing or layout.



HOW TO REACH THE FIRST NATIONS AUDIENCE – COMMUNICATIONS CHANNELS AND INFLUENCES



SOURCES OF INFORMATION

There was a high degree of consistency across groups and HCPs regarding preferred and effective information sources, with most indicating ACCHOs, Hospitals and clinics. For some Facebook and other social media as well as TV advertising would be appropriate (as long as positive and respectful). Artwork, design competitions and QR codes for further information were also noted.

Key mechanisms included:

- Posters in toilets e.g. in shopping centres.
- Cards with scan code to get information about screening.
- Short videos for women only.
- Pamphlets with images of Aboriginal women and Health Professionals and Practitioners.



SPOKESPERSONS

Spokespersons were similarly consistent with female Aboriginal HCPs of all types being recommended. This was clearly regarded as 'Women's Business' and this must be reflected in design and talent choices.

The only deviation from this was the younger group of women in Perth who specifically nominated "trusted male GPs" who could be used as a spokesperson for promoting cervical screening because they were known, trusted and established. However, the overwhelming preference was for female GPs to be the lead spokespeople in any campaign.

Aboriginal nurses [and] midwives, Aboriginal Health Professionals, Aboriginal women as screening is women's business.

HOW TO REACH THE ARABIC AUDIENCE – COMMUNICATIONS CHANNELS AND INFLUENCES

PREFERENCES TO TRUSTED INFORMATION SOURCES

- Trust information from **government authorities**
- **Health care professionals/GPs and nurses**
- **Government body- Dept. Health**
- **Hospitals**
- **Cancer Councils**
- **Social media influencers** as a reminder only or to present a medical professional to talk a few minutes but not as a source of information *"I find it annoying when influencers talk about health, if I listen to an influencer talking about this I think what they talk about is not serious"* younger woman
- Government information displayed at back of female toilet doors in public locations such as shopping centres *"you just look and you go yeah I need it to get it done"* younger woman
- **Government Ads** on Instagram or government information through Ads posted with YouTube videos.
- **Reminder letter** from the Dept. Health similar to breast screen and bowel screen letters.
- **TV Ads** that are targeted to mainstream public, so that male partners will acquire knowledge and then play a role in reminding their female partners *"husbands can talk to their wives and remind them"* younger woman
- **TV ads** targeted to older women *"I don't watch much TV but I know that a lot of older ladies do, they watch the news or whatever".* Younger woman
- **Community centres** to present talks by bi-lingual female GP's or female nurses *"I think you need to have a female, if you bring a male GP or male nurse, women will not be comfortable"* older woman
- **Own cultural groups** managed by community leaders and religious leaders *"you have to reach out to them, they're powerful people"* older woman
- **Radio**

Different types of information targeted to various age groups *"Facebook, Instagram for the younger ones who are always online and TV and newspapers for elderlies"*.



HOW TO REACH THE MANDARIN SPEAKING AUDIENCE – COMMUNICATIONS CHANNELS AND INFLUENCES

- Mandarin women indicated that whether to have or who is the spokesperson does not make much difference to their attitudes or motivations towards CS, as far as the message conveyed is clear.
- Communication from the Australian Department of Health or any government organisations are believed to be trustworthy.
- The younger participants indicated that they prefer communication online or via social media, ie government websites, Medicare App, Facebook page, WeChat (the most popular social media in China). The older participants prefer communication on TV, radio, or poster placed in public spaces.
- It is recommended to have pictures of 3-4 women, instead of cartoon characters, from different age and ethnic group on the poster to cover a wider audience and make women from different background all feel connected. Picture of the self-collection kit should be included so people can see what it looks like directly.
- The tone should be inclusive and scientific with supporting stats/data in the message to make it more convincing.
- The font and colour should be professional rather than ‘fun’ or ‘light-hearted’.
- Campaign materials are recommended to be placed in public areas, such as train/bus stations, health clinics, and female bathroom.
- Some prefer notification or reminder of CS to be sent via SMS as it feels more personally, and others prefer email or letter due to too many junk SMS received.

“

It doesn't matter who the spokesperson is, as far as the message they deliver is clear' (older woman)

Our generation don't watch TV anymore, everything is online' (younger female)

I think posters are good. It'll be too embarrassing to see a cervical screening ad suddenly appears when watching TV with my grandson' (older woman)

When I wait for the bus to come, I get bored so I read all the info on the posters at the bus stop' (younger female)

If they can put information, reminders and test results in the Medicare App, then people can get it directly and quickly'(younger female)



HOW TO REACH THE VIETNAMESE SPEAKING AUDIENCE – COMMUNICATIONS CHANNELS AND INFLUENCES

- Most participants suggested that advertisements about CS could be emotional and informative. Most participants shared that emotion messages about cervical cancer and CS would be more impactful to their demographic and motivate them to get tested. However, they still agreed that it was important that women are informed about cervical cancer and CS but sometimes it may not appeal to them.
- Both younger and older participants shared that they have trust in the information that the Government provides.
- Governments and doctors – Older participants would like to receive CS advertisements from them because they believe that they would provide them with accurate and correct information.
- All participants shared that they would like to hear stories from cervical cancer survivors because they feel like it would be more impactful.
- All participants requested for more information about cervical screening self-collection and suggest that it should be advertised to the public.
- Media and advertisements should have Vietnamese translations so older Vietnamese women could understand.

“

I think maybe social media or YouTube ads would be good to inform us. G1

I feel like the emotion aspect of the message can be powerful in advertisements and I feel like it has more of an impact and facts you can learn about it later. I mean that facts are still important too. G1

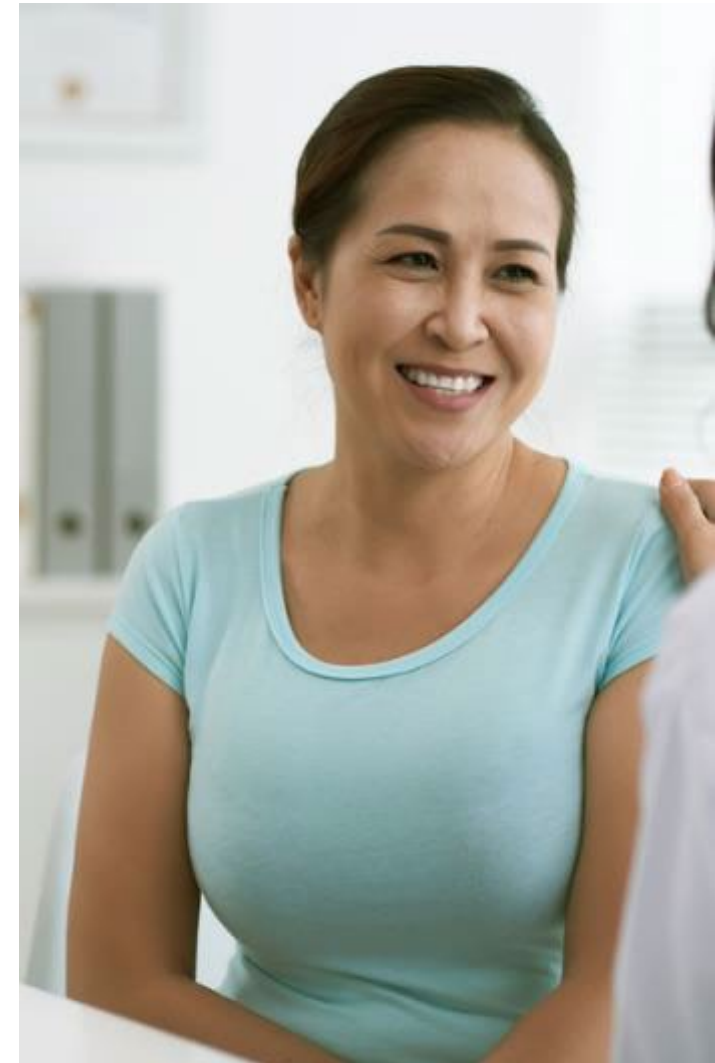
I think it would be helpful to see advertisements about this translated in Vietnamese as well. G2

I believe in the government and doctors because they are professionals and know information about it. G2

I expect the government to give us the right information. G1

I want to live long and spend time with our families so that's why we should get tested to prevent early. G2

Maybe they can hold information sessions at community centres. They should also provide information about this in schools for younger people. G1





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From: s22
To: s47F @acon.org.au
Cc: s22; s47F; s47E(d); s47F @acon.org.au; s47F
Subject: FW: ACON proposal for a National LGBTQ Cervical Screening Campaign [SEC=OFFICIAL]
Date: Monday, 14 August 2023 4:01:57 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image007.jpg](#)
[image009.jpg](#)
[image010.jpg](#)
[image011.png](#)

Hi s47F

Thank for you sending through ACON's OWN It Campaign and proposal for extending it nationally.

I'm managing the Government's cervical cancer awareness campaign so would really like to set up a time to meet to discuss options if you have time? Perhaps late this week or early next week?

I look forward to hearing from you,

s22

Assistant Director

Communication and Partnerships

Cancer Screening Programs Branch

Australian Government Department of Health and Aged Care

☎ 02 6289 s22 | 🏢 Sirius Building Level 9

📬 GPO Box 9848, Canberra ACT 2601



The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

From: s47F @acon.org.au>

Sent: Wednesday, 2 August 2023 10:42 AM

To: s22 @health.gov.au>; s22 @health.gov.au>

Cc: s47F @acon.org.au>; s47F @acon.org.au>; s47F @acon.org.au>; s22 @Health.gov.au>

Subject: ACON proposal for a National LGBTQ Cervical Screening Campaign

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22,

s22, it was nice to see you yesterday at the Screening Symposium. It was a great discussion about current and future screening options.

As I mentioned we have prepared a proposal for a National LGBTQ Cervical Screening

Campaign which is attached. Please accept my apologies as I did try to send this yesterday, but the file size was too large. I have now separated the proposal which is attached. The [proposal with supplemental materials](#) (creative materials, focus testing report and draft evaluation report) is linked for download via We Transfer <https://we.tl/t-yG5ciH3oCp>.

The proposal provides you with some brief background about the campaign development as well as how we propose to implement a national LGBTQ cervical screening communication campaign including a national reach of the *Own It* campaign and ongoing digital communications with the LGBTQ community between October 2023 - June 2025. The supplemental materials provide the additional information you requested, particularly focus testing and evaluation results. We are sharing the focus testing results and draft evaluation results with you in confidence to assist in your decision making. Please do not share these reports other than for consideration of our proposal.

Please let me know if you have any troubles accessing either the attached or linked files. Also happy to catch-up virtually if you have any questions or would like to discuss our proposal in more detail.

Kind regards,

s47F

s47F | **Manager, Cancer Programs**

Direct: s47F | **Switch:** 02 9206 2000 | **Mobile:** s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F [@acon.org.au](mailto:s47F@acon.org.au) | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

ACON acknowledges and pays respects to the Traditional Owners and Custodians of all the lands on which we work.



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31 July 2023

s22

Cancer Screening Programs Branch
Australian Government Department of Health and Aged Care
Sirius Level 9
Canberra ACT 2601

Sent by email: s22 @health.gov.au and s22 @health.gov.au

Dear s22 ,

Re: Proposal for National LGBTQ Cervical Screening Campaign

Thank you for the opportunity to share ACON's work in cancer prevention and screening. We are Australia's largest health organisation specialising in community health, inclusion and responses for people of diverse sexualities and genders. We have a track record of delivering impactful health promotion campaigns, peer-led sexual health services, and LGBTQ inclusion and diversity training for health professionals.

The expected release of the National Strategy for the Elimination of Cervical Cancer in Australia is an opportunity address the current inequities in cervical cancer in this country. The Elimination Strategy highlights the importance of community-led approaches to achieve equitable elimination of cervical cancer.

Our most recent cervical screening campaign, *Own It*, is an inclusive campaign targeting young women and people with a cervix aged 25-35 years regardless of gender, sexuality, or cultural background. An independent evaluation found the campaign had strong cut-through with the target audience with 56 percent of respondents aged 25-35 recalling the campaign.

The *Own It* campaign also demonstrates strong potential for behaviour change with 43 percent of respondents reporting taking some action after seeing the advertisements and 83 percent of respondents aged 25-35 reporting being motivated to have a Cervical Screening Test when next due after seeing the campaign. The campaign has been successful with a broad audience, particularly young LGBTQ people.

In addition to our work in cancer prevention and screening, ACON also has experience in delivering a national sexual health promotion for gay and bisexual men called Emen8. After four years of continuous operation, Emen8 has had 1,000,000 pageviews and on average 1,000 people access Emen8 content every month. Through Emen8 we also have experience monitoring and targeting digital communications to reach a national audience of gay and bisexual men in proportion to estimated population distribution.

Please find attached more detail about the *Own It* campaign including evaluation results and a proposal for ACON to deliver the campaign and additional targeted cervical screening health promotion communications nationally to LGBTQ communities over the next two years for \$533,600 (ex GST).

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ABN 38 136 883 915
Authority to Fundraise
CFN/21473

Thank you in advance for considering our proposal. We hope to hear back from you as early as practical. In the meantime, if you have any questions or concerns, please contact ^{s47F} [REDACTED], Cancer Programs Manager on ^{s47F} [REDACTED] or at ^{s47F} [REDACTED]@acon.org.au.

Kind regards

^{s47F} [REDACTED]

Deputy CEO

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care



Proposal

National LGBTQ+ Cervical Screening Campaign

Contact: s47F – Manager, Cancer Program, s47F @acon.org.au or s47F

Date: 03 August 2023

BACKGROUND

In Australia 68 percent of the eligible population participate in the National Cervical Screening Program.¹ People who are overdue for screening and who have never screened are most at risk of cervical cancer.² According to the 2020 SWASH survey of LGBTQ women in NSW, the longest running regular survey of LBQ women's health in the world, 37 percent of participants were overdue for cervical screening. There were higher rates of never screened among respondents who report they had never had sex with a man (either cisgender or transgender man) (34 percent) compared to those who had reported sex with a man (19 percent).³

LGBTQ+ people can face additional unique barriers such as fear and experience of discrimination, fear of penetration, heterosexist assumptions, misinformation that screening is not required if you have never had sex with a man, and feelings of gender dysphoria. Insights from ACON's community consultations, campaigns, services, and evaluations between 2017-2019 have confirmed these findings.

The National Strategy for the Elimination of Cervical Cancer in Australia charts a pathway to achieve an equitable elimination of cervical cancer by 2035. The strategy's vision is that diverse communities have equitable access to information and to culturally safe and inclusive services. The intent to achieve this is through a strengths-based, community-led approach through partnerships. The Elimination Strategy identifies LGBTQ communities as a priority population due to the barriers and lower screening rates.

We see the recent introduction of self-collection available to all screening participants as a significant opportunity to increase screening participation among young people, and LGBTQ people who have delayed testing because of fear or anxiety around the screening process. Our formative research found awareness of self-collection is very limited and there is strong interest in knowing more, particularly information about how self-collection is done. In response, ACON in partnership with Cancer Institute

¹ Australian Institute of Health and Welfare 2023. Cancer screening programs: quarterly data. Web report: 28 April 2023. Canberra: AIHW. Retrieved 05 July 2023, from <https://www.aihw.gov.au/getmedia/bbbd0aa3-c747-4246-b552-92654d5161bc/Cancer-screening-programs-quarterly-data.pdf.aspx?inline=true>.

² Commonwealth of Australia Department of Health 2017. Toolkit for engaging under-screened and never-screened women in the National Cervical Screening Program. Canberra: Commonwealth of Australia Department of Health. Retrieved 04 July 2023, from <https://www.health.gov.au/our-work/NCSP-healthcare-provider-toolkit>.

³ Mooney-Somers, J., Deacon, R., Anderst, A., Rybak, L., Akbany, A., & Philios, L. et al. (2020). Women in contact with the Sydney LGBTIQ communities: Report of the SWASH Lesbian, Bisexual and Queer Women's Health Survey 2016, 2018, 2020. Sydney: Sydney Health Ethics, University of Sydney. Retrieved from https://www.acon.org.au/wp-content/uploads/2020/10/SWASH-Report-2020_Final.pdf.

NSW developed the *Own It* cervical screening campaign in 2022 to contribute to an increase in cervical screening participation among young women and people with a cervix.

The *Own It* campaign sits under the Can We brand, run by ACON which invites a conversation between ACON and the LGBTQ+ communities about cancer screening and prevention. Three principles underpin the Can We brand – that our communication is Engaging, Empathetic, and Encouraging.

The *Own It* creative aims to empower and normalise cervical screening. *Own It* shines a light on the options and choices people with a cervix have including self-collection. It is told through the stories of six people. They talk openly and honestly about cervical screening, acknowledging concerns and the options they took to overcome these obstacles, in a setting as if they were having the test.

To ensure that the campaign featured authentic voices and stories of diverse community members and delivered agreed key messages, community talent were recruited prior to focus testing with the target audience. The script was developed from the real-life stories shared by potential talent. The campaign was shot in a recreated clinical setting that could be anywhere geographically. The use of colourful backgrounds is a standard feature of Can We campaigns.

Based on comments and feedback ACON has received from people online via social media, there is a strong appetite for this campaign to be released nationally and ran in all state and territories. The campaign evaluation also demonstrated knowledge about self-collection is increasing but there is still With a modest investment from the Commonwealth, we could have a clear and consistent message about the importance of cervical screening, for all young women and people with a cervix and provide education on the recent introduction of self-collection.

GOALS AND OBJECTIVES

Goal: To contribute to an increase in Cervical Screening Test participation among young women and people with a cervix in Australia.

Objectives:

- Increase prompted recall and recognition of the campaign amongst young people who are eligible for cervical screening.
- Encourage young people to book a cervical screening test if they are overdue or have never had a test.
- Educate people about the availability of the self-collection option and what that means for them when they make their next appointment.

TARGET AUDIENCE

- Young women and people with a cervix, particularly LGBTQ+ communities, aged 25-35 years across Australia.

CREATIVE CONCEPT TESTING

The *Own It* concept was focused tested with the target audience (2 X general population, cis-gendered heterosexual women; 2 X LGBTQ+ people with a cervix; 2 X Aboriginal people with a cervix) in September 2022. Focus testing participants included a mix of 'never screened', 'overdue', and 'screened within the last 5 years' from metro and regional NSW.

Stimulus materials included an animatic video using stock images, three posters using stock images, and

a series of key messages to help prioritise “choices” which most resonated and encouraged the target audience to screen.

Focus test participants found the *Own It* concept to be positive. It addressed vulnerability and instilled a sense of control of the Cervical Screening Test experience. *Own It* was highly engaging as it presented relevant and compelling narratives and was empowering.

The self-collection message had extremely high cut-through and potential to prompt action across target audience segments. The testing did highlight the importance of preparing for the general availability and willingness of health care professionals to provide the self-collection option as denial of this option may negatively impact the screening experience and propensity to re-test regularly. Final creative executions are included in Attachment A and focus testing results in Attachment B.

EVALUATION

An online survey was implemented to evaluate the NSW implementation of the *Own It* campaign. The survey had 380 respondents. Of these, 41 percent were aged 25-35, the primary campaign target audience. The survey findings indicate that the campaign, including advertisements and videos, resonated with survey respondents.

Key survey findings include:

- 56 percent campaign recall among respondents aged 25-35, 44 percent among all respondents
- 83 percent of respondents (among those who had seen the advertisements before the survey) recall seeing them on a social media channel and 34 percent the out-of-home advertisements.
- 43 percent of respondents took some action after seeing the advertisements.
- 60 percent said the advertisements communicated extremely or very effectively. In total, 92 percent said they communicated effectively.
- 91 percent said the advertisements were engaging, with 51 percent of LGBTQ+ respondents saying they were extremely or very engaging.
- 21 percent recalled the campaign video, with 79 percent of respondents saying it communicated its message extremely or very effectively.
- 83 percent of respondents aged 25-35 said that after seeing the campaign, they were extremely, very or moderately motivated to have a Cervical Screening Test when next due.

Further details about the campaign evaluation are included in Attachment C.

PROPOSAL

NATIONAL LGBTQ+ CERVICAL SCREENING CAMPAIGN

Based on the success of the *Own It* cervical screening campaign in NSW and the reach and positive engagement of LGBTQ+ cancer prevention and screening content on the Can We website and social media channels, ACON proposes to implement the *Own It* campaign and regular communication targeting LGBTQ+ people with a cervix nationally.

We propose to launch the national *Own* Campaign in late October, to coincide with National Cervical Cancer Awareness Week which is usually the second week of November. Our proposal also includes ongoing communications with the LGBTQ communities about cervical screening through blogs and social media posts. The proposal also includes mini digital campaigns geographically targeting attendees at pride festivals across the country.

Deliverables

The proposed digital campaign would be agile with the ability to shift timings and geographic focus in response to policy announcements, events, screening participation rates, and based on monitoring of campaign performance. Noting the flexibility of implementation, the proposal is based on:

- National implementation of the *Own It* campaign (6 weeks of digital advertising with proportional advertising spend aligned with estimated LGBTQ+ population in each state/territory) – late October – early December 2023
- Regular digital communications via blogs and social media posts (about 50 posts averaging 2-3 posts per month for 18 months) – Dec 2023 – June 2025
- Digital pride festival activations including location/event based geotargeting of at least 4 digital activations at pride events in 2024 such as
 - Sydney Gay and Lesbian Mardi Gras (February-March)
 - Midsumma in Melbourne (January-February)
 - Brisbane Pride Festival (September)
 - Gold Coast Pride Festival (March)
 - Perth PrideFest (November)
 - Pride Adelaide (October)
 - TasPride Festival (February)
 - Darwin Pride (June)
 - SpringOUT in Canberra (November)
- Evaluation report including online survey results for *Own It* campaign, with state and territory breakdowns of key metrics and digital analysis for digital communications activities.

EVALUATION FRAMEWORK

The campaign evaluation is aligned with the ACON Cancer Screening and Prevention Program Evaluation Framework.

Objectives

The primary aim of the evaluation research will be to understand whether the campaign materials were effective in achieving the campaign objectives:

- Increase prompted recall of the campaign amongst young women and people with a cervix aged 25-35 years.
- Encourage young people to book a cervical screening test if they are overdue or have never had a test.

Methodology

Process evaluation – to determine if the campaign has been implemented as intended including timeframes, stakeholder and community engagement, and use of evidence-based approaches.

Outcome evaluation - Quantitative and qualitative data regarding the campaign will be recorded through:

- An online survey will be implemented to evaluate the *Own It* campaign.
- Survey questions will consist of predominantly multiple-choice questions.

- Recruitment via Facebook advertisements targeting young women and people with a cervix aged 25-35 years.

Note: The usual approach to evaluation recruitment is to open it to a broad population with a focus on reaching an adequate sample size of the target audience. The rationale is a broad approach helps us recruit participants across the LGBTQ community since we cannot target ads directly to LGBTQ people. As well, the cost for recruitment is based on clicks on Facebook ads, so screening participants and excluding those outside the target audience does not reduce costs.

- Timing of the survey will be conducted within 2-4 weeks of the primary advertising burst (or until an adequate sample size is achieved) following conclusion of most of the media activity.
- The survey will seek to answer the following evaluation questions:
 - Did the campaign reach the target audience?
 - Which media was most effective at reaching and engaging the audience?
 - Did the campaign communicate its message effectively?
 - How did the audience respond and engage with the campaign?
 - What impact did the advertisements have on the audience?
- Evaluation of digital results including website, social media and video will include:
 - Continuous monitoring of the traffic to the Can We website, available through Google Analytics.
 - Continuous monitoring of the social media activities in particular via Facebook analytics.

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Budget

Description	Oct 2023 to June 2024 (9 months)	July 2024 to June 2025 (12 months)	Total	In-kind
Salaries Project Officer – 0.5 FTE	\$70,000	\$94,000	\$164,000	\$24,500 (Digital Engagement and Campaign Producer – 0.10 FTE Program Manager – 0.025 FTE)
Creative materials	\$3,000	\$1,000	\$4,000	\$60,000 (Existing campaign creative in lieu of licensing fee)
National <i>Own It</i> campaign advertising	\$200,000		\$200,000	
Regular digital communications (blogs and social media)	\$14,000	\$22,000	\$36,000	
Digital pride festival activations	\$20,000	\$20,000	\$40,000	
Evaluation (Independent Evaluation Consultant)	\$10,000	\$10,000	\$20,000	
Subtotal	\$317,000	\$147,000	\$464,000	
Administration (15%)	\$47,550	\$22,050	\$69,600	
Total	\$364,550 (ex GST)	\$169,050 (ex GST)	\$533,600 (ex GST)	\$84,500

Attachment A – Creative

Videos



Hero 60 second - <https://youtu.be/BCyYfPgURs>




15 second Cutdown - https://youtu.be/xAmF09_aAWI

Static creative

Portraits (Posters)

'I chose to use a self swab at the clinic'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL
CERVICAL SCREENING
PROGRAM

CANWE

acon

'I chose to bring a friend for support'



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'I chose to find a doctor I could trust'



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'I chose to insert the speculum myself'



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CANWE

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'I chose to educate myself about the test'



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NATIONAL
CERVICAL SCREENING
PROGRAM

CANWE

acon

'I chose to talk to my mob about the Cervical Screening Test'



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Landscapes (Billboards)

'I chose to bring a friend for support'



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NATIONAL CERVICAL SCREENING PROGRAM
Aust Health | Aust Govt | Aust Health | Aust Health

CAN WE acon

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NATIONAL CERVICAL SCREENING PROGRAM
Aust Health | Aust Govt | Aust Health | Aust Health

CAN WE acon

'I chose to use a self swab at the clinic'




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NATIONAL CERVICAL SCREENING PROGRAM
Aust Health | Aust Govt | Aust Health | Aust Health

CAN WE acon

'I chose to insert the speculum myself'



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NATIONAL CERVICAL SCREENING PROGRAM
Aust Health | Aust Govt | Aust Health | Aust Health

CAN WE acon

'I chose to educate myself about the test'




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NATIONAL CERVICAL SCREENING PROGRAM
Aust Health | Aust Govt | Aust Health | Aust Health

CAN WE acon

'I chose to talk to my mob about the Cervical Screening Test'



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NATIONAL CERVICAL SCREENING PROGRAM
Aust Health | Aust Govt | Aust Health | Aust Health

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Square (Instagram posts)

'I chose to bring a friend for support'




It's your Cervical Screening Test. Own it.

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'I chose to find a doctor I could trust'



It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

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'I chose to use a self swab at the clinic'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE

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'I chose to insert the speculum myself'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to educate myself about the test'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to talk to my mob about the Cervical Screening Test'



It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE

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Digital (Banners and medium recs)




'I chose to find
a doctor I could trust'

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Attachment B – Focus Testing Report

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'I chose to
bring a friend
for support'



It's your Cervical
Screening Test.
Own it.

You have lots of choices when it comes
to your cervical screening. All people
with a cervix aged 25-74 should have
one every five years. **Book yours now.**
Visit canwe.org.au to find out more.

**CAN
WE**

NATIONAL
CERVICAL SCREENING
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Public Health Research and Clinical Governance Program

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Cervical Screening Test

Creative Idea evaluation

September 2022

Contents

- Approach and audience spoken to
- Key headlines
- Overall themes seen in response to the creative idea
- Response to the creative idea elements
- Conclusions and recommendations

Approach and audience spoken to

We used a qualitative research approach to explore the new work

We spoke to a range of audiences to ensure as broad as possible feedback, this included:

- 4 online session with 37 people in total across NSW
- We spoke to both LGBTQI and Non-LGBTQI audiences
 - We ensured a wide representation of our target audience, including:
 - A good mix of demographics, in terms of age and gender, cultural background
 - Mix of 'never screened', 'overdue for screen' and 'screened within last 5yrs'
 - Metro and Regional NSW
- The session ran on the following dates and times:
 - Thursday 15th September from 6pm – 9pm (Non-LGBTQI)
 - Monday 19th September from 6pm – 9pm (LGBTQI)
 - Wednesday 21st September from 6pm – 9pm (Non-LGBTQI)
 - Thursday 22nd September from 6pm – 9pm (LGBTQI)

NOTE:

- Where we saw notable difference by audience type these are called out, otherwise findings reported here are representative of overall audience
- Verbatim comments in **orange** are from the **heterosexual CIS** gender respondents and those in **purple** are from the **LGBTQI** respondents

ACON and project partners were responsible for managing and recruiting respondents to the study in consultation with Colin MacArthur

Key Headlines

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On the whole, reaction was positive and anchored in the genesis of the creative territory about addressing vulnerability and instilling a sense of control in the individual and their Cervical Screening Test experiences

In addition, the creative idea was seen as highly engaging as it presented relevant and compelling narratives that instilled a sense of empowerment in relation to their Cervical Screening Test

Furthermore, the message around the importance of getting tested was seen as **encouraging and persuasive** to both lapsed and non-testers and reinforced current testers of the importance to continue testing regularly

*Overall themes seen in
response to the creative idea*

“I said out loud "damn, I like that". The end part making it clear that it's "my" cervical test gave me goosebumps. It's so rare in the healthcare setting that we are given options. I like that it talks about all the different ways we can do the test. Helps put me at ease as I don't know much about it, but making it clear that it can prevent death is making me think about booking it in”

Positive themes seen from the overall creative idea were anchored in the genesis of the creative territory about addressing vulnerability and instilling a sense of control

Empowerment

- This was a clear theme seen in response across the creative idea elements
- The creative was seen to speak to some overcoming previous 'vulnerability' they may have experienced in relation to CST
- The "stories" featured clearly spoke to the empowerment of the individual
- The empowerment take out ladders to a stronger emotional connection to the creative, which drives stronger message take out

It does make me feel more empowered about screening, less alone, unsecure or scared to get screened

Choice and Options

- Having a 'choice' around what to do or what option to take helped to reinforce both the 'empowerment' take out but signposted the importance of testing
- Across the narratives and copy there was an element of choice, or an option, that the vast majority could connect with and this in turn helped to drive relevancy of the creative and messaging

Having options and getting to make the decision makes me feel empowered

Control

- Being able to choose which option was best for you and feeling 'empowered' ladders to a having greater level of control in relation to CST
- This is a 'tangible' outcome that respondents found emotive, as they have often experience a feeling of 'lack of control' in their experiences around CST

It makes me feel I have control over my own body and my own health

Call to action

- Among those who regularly test, the creative had a strong reinforcement message as to the importance of regular testing and affirmed their actions / behaviour
- Both lapsed screeners and non-screeners were positively encouraged to either consider getting a test or actually getting one booked in
- The self-collection message prompted a desire to 'find out more' across the different audiences

Prompts me to get a test as I have been putting it off. It makes me more confident to make decisions

Overall the self-collection option was the most salient message to cut through and was new news to the vast majority of those we spoke to

Drives saliency of the creative idea and engagement

- This narrative / message has very high cut-through and was one of the most salient messages taken out by respondents
- The strength of this message take out is evidence that, in turn this will have the potential to aide with the saliency of the campaign itself
- We saw a clear sign of higher engagement with the creative as a result of this messaging

Strongly ladders to and supports the empowerment message

- This was seen as such a new and unique option or part of the process for CST that is given to the individual which overwhelmingly laddered to the empowerment take out
- This option was not seen as relevant or appealing to all, however even among those that did not want this option we still saw this aspect deliver an 'empowerment' take out

Is a strong call to action across audience type

- This aspect was one of the main contributors to potential action
- Current regular testers were interested to know more and were encouraged to seek out more information
- Lapsed and non-testers said it had the potential to address key barriers in overcoming their reluctance to test

Although there are some key questions or concerns that will need to be addressed
(covered in more detail on page 32 and in conclusions)

The main **watchouts** are more executional and should be easily addressable in the final edit, with the final 'tone' of the creative being the most pressing

Tone is potentially too sombre

- The overall tone of the creative idea can err towards a more serious or sombre tone for some
- This is driven mostly by the video and is in part by the 'experiences' being shared and the delivery of the voice over
- For most there is a 'reassuring' or 'positive' outcome or end point, but not for all. Therefore, getting this balance right will be important to driving a more positive emotional connection to both the creative and the messaging

Feels slightly foreboding, vocalisation seem a bit down cast/negative

Potentially triggering

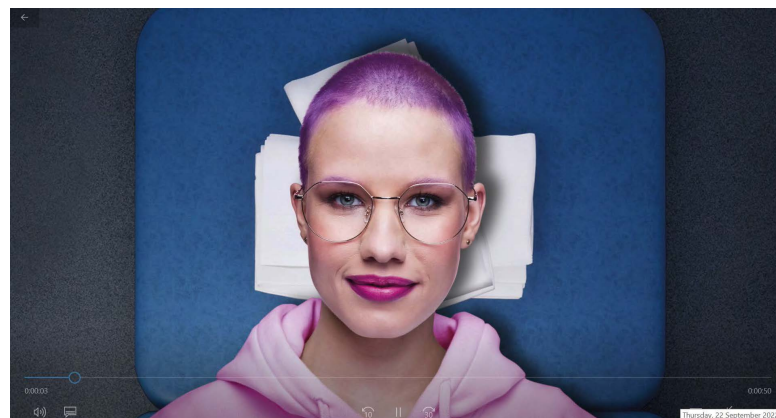
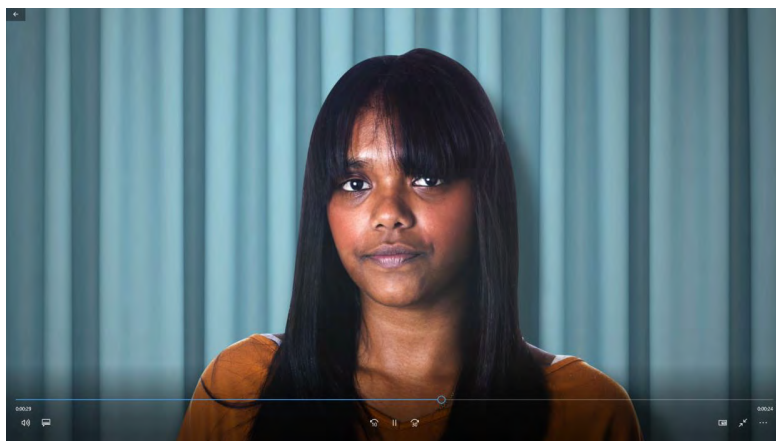
- A small number of respondents identified with the sexual trauma narrative, which reminded them of why this was a barrier to them testing
- In addition, plenty recalled that they too had had negative SCT experiences, which again were cited as barriers to testing
- Overall, the positive empowerment tone and message alleviated any concerns in relation to this, but again this signposts the importance of getting the balance of this tone right

It makes me feel a bit anxious hearing about all the negative experiences like nervousness, doctors lacking sensitivity, because I've definitely had painful pap smears before. But I do feel a bit more positive and empowered towards the end of the video hearing about having control over the experience

Confusing Terms / language

- There are some terms or language that cause some confusion or are misinterpreted that will need to be addressed
 - Gender Specialist – little or no knowledge as to what this is, even among some trans that we spoke to
 - Lots of confusion about just how, or where, to self-collect or what is involved
 - "I've been told I don't need a test because I only have sex with women"
 - Misinterpreted by a minority

The creative tool of seeing people in a position of having a CST was seen as new and unique which drives engagement, however this and the different options was not always picked up, something what should become much clearer in final edit



I just realised the final character in the series is standing that's helpful, it's somewhat more relaxing to

Sitting up would help me feel safer.

Yes because the background being not a bed in a doctors surgery and because standing up demonstrates clearly and visually there is a different way to get your CST done

I think I'd prefer them to be sitting or standing. Having thought more on it, I think the "vulnerable" position is what makes me a bit uncomfortable. The messaging is one of choices and empowerment, but the physical positioning makes me feel vulnerable, which undermines the messaging.

I'd prefer them to be sitting or standing. Having thought more on it, I think the "vulnerable" position is what makes me a bit uncomfortable. The messaging is one of choices and empowerment, but the physical positioning makes me feel vulnerable, which undermines the messaging.

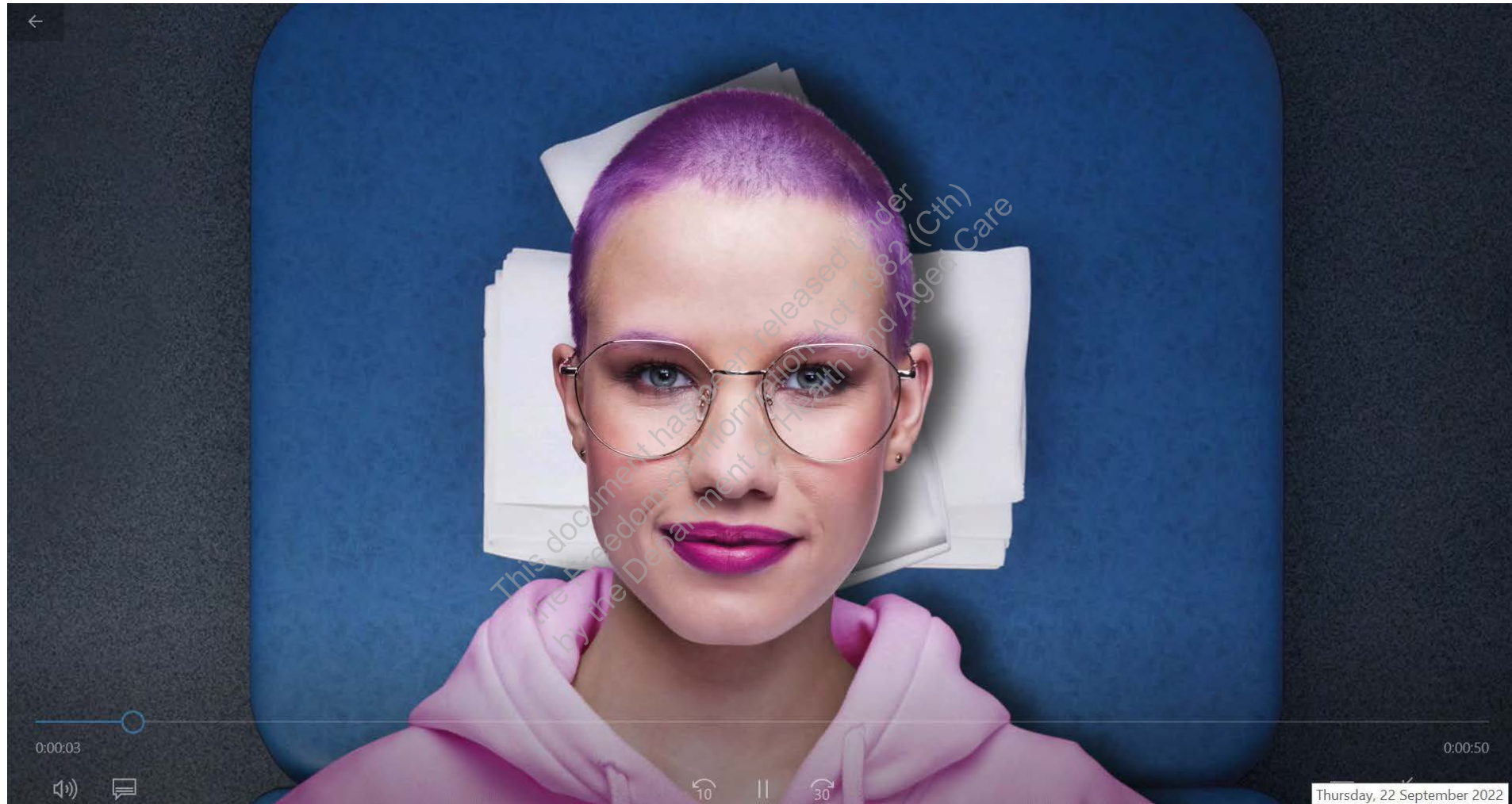
they let you know of the options such as sitting up or a smaller speculum and I think that's really interesting

A speculum exam would be more difficult sitting up, the cervix would be a different angle. Fine for self collect but not speculum exam.

Response to the creative idea elements

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All respondents first viewed the video...



Initial responses to the video spoke to a take out of diversity of people and experiences and options available, with clear engagement seen from first initial exposure to the creative

*I like the concept, I wasn't aware self testing was a thing these days, I felt like it was **relatable***

*I felt the message was in general **reassuring and empowering**, and it gave voice to **a lot of options** people may not have been aware of*

***I felt engaged** by the powerful single images of the women with their voice overs*

*It seems pretty informative about available **options** and what can **make the experience more comfortable***

***empowering**, that you can get a test in a way that's right for you*

*There's plenty of **diversity**, different groups of people, and acknowledgement of the LGBTQ+*

***very relatable** and love seeing diverse people and experiences depicted*

*Good **diversity** in gender, sexuality and backgrounds.*

*I like the **variety of people and experiences** of support ways to get a test*

*It's **diverse** across **cultures and experiences***

*There are **a lot of different options** to do the cervical screening test.*

*I think its **relatable**, I like that it's real people talking about their concerns and experiences*

Informative and liked the key message but had a slightly negative tone and did make it seem like a bit of a scary thing that you have to take steps to protect yourself for.

The main message take out is on brief and clearly ladders to empowerment aspects

that it is a personal experience and one that is individual.
but also an experience that is one that we can **be in charge of**

That we have more **options and control** over the cervical screenings than previously suggested or assumed.

You need to find your way in order to **feel confident** for the test

If you have a cervix, you need to be screened!

there is **more than one way** to access a cervical screening

it's **important to get a cervical screening** and there are ways to do it which make you feel safe

That **we can control the specifics** of how our screening happens and that **we have choices**

It's **important** to get cervical screening tests

That there are **multiple options** for the cervical test and that **everyone no matter what can find a safe experience** to do it and that it is important to do so as it can save your life.

That there are a number of barriers people experience to cervical screening however, there are **options available** that can **make the experience more manageable and comfortable**.

There are ways to find more about the test, no matter the barrier to getting the test **there is a solution**

there are a **lot of different options** to do the cervical screening test. I can do it myself or go to the clinic to do the test with a health professional. Doing a cervical screening test can be important.

I should probably care about this and go to the website to see what the **next steps/options** would be

The video prompts strong emotions in the majority of viewers which helps to drive both engagement in the creative and persuasiveness of the intended message take out

Sad or angry

- A sadness or anger to hear of other peoples experiences
- A sadness or anger at being reminded of their own previous experiences
- The experiences shared remind some of their own vulnerability they had felt in similar situations
- As mentioned these feelings are placated when the positive empowerment aspects is seen as the end point

A bit sad and angry that there's so many reasons people avoid the test

In control or confidence

- On the whole the feeling of sad or angry as a consequence of hearing some of the narratives is resolved by the positive solution offered or landed on in the narrative
- This being one of 'taking' or 'being' in control of the CST experience
- Furthermore this gives the viewer more 'confidence' about having a more positive experience

It makes me feel a bit more confident because it sounds flexible

Empowered

- A feeling of 'owning' the experience comes through strongly for many
 - Although this exact language is not played back by the majority
- We see this relayed most explicitly in the language of 'empowerment' which is driven by the idea of options and choices that they can personally make

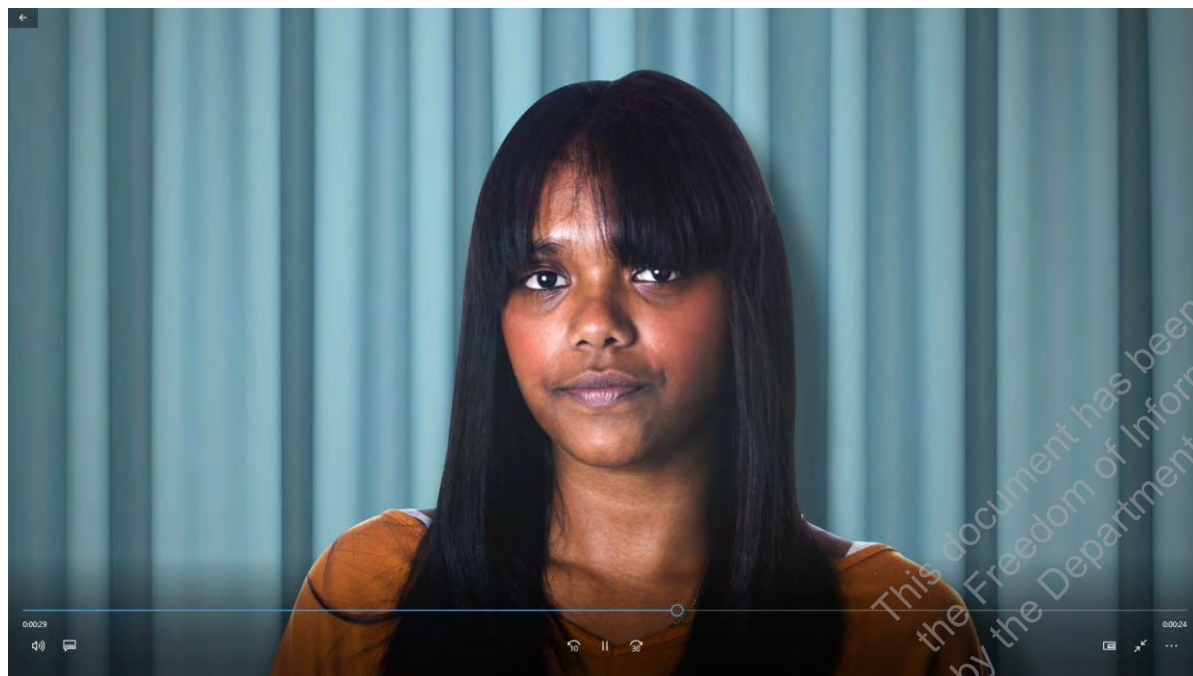
I like the idea of "own it" and "your" because I like the sense of being able to be in control of my own body and my own health care

Reassurance

- This aspect is often prompted by the idea of having someone present to 'support' them
- However, this also comes through strongly via the choices or options available to them and the empowerment they feel
- Which gives them some 'comfort' in knowing the experience can be better or less awkward or uncomfortable than they have experienced or assume it will be

Reassures me that I should get a cervical screening test, that I shouldn't be scared of or try to avoid it for whatever reason

NOTE 1: The line “I've been told I didn't need a test because I only have sex with women” has the potential to be misinterpreted and should be changed



It kind of makes me feel like only bisexual people need to take the test... Because one of the people in the video said that she had been told that she doesn't need to take the test because she only had sex with women

I was unclear of the message about only having sex with women, I think this needs to be clarified as "I was incorrectly told I don't need a test as I only have sex with women".

The tone was generally seen to start off as serious and informative but with a reassuring and hopeful ending or outcome for most

Serious and informative

- Starts of with a serious tone
- Has an informative and factual manner
- Can feel a little like a government health warning ad
- A little too sombre for some
- Reminds some of previous negative experiences, which prompts sadness or anger

A little negative and foreboding

Serious. It is supposed to evoke memories of your own experiences

Reassuring and hopeful

- Gives people a sense of confidence
- The idea of having different solutions or options gives people hope of a 'better experience'
- The narratives featured end on a positive
- The idea of 'empowerment' helps to deliver to this more reassuring and hopeful outcome

sombre and turning to hopeful and solutions base

The tone is educational yet personal, it speaks of personal experiences and urges participants to educate and empower themselves about this test as everyone with a cervix needs to have it checked.

Getting this balance correct will be key to engagement in the creative

Main message take outs from the video ladder to both the empowerment of the individual, to take control of the experience and the importance of screening

Options and choices

- The variety of narratives talk to the broader idea of the individual having different options or choices
- This is further supported by the different 'solutions' or choices made by the individuals
- In addition the repetition of the 'I chose' / 'my choice' copy compounds this message take out

Some people face barriers to accessing cervical screening but there are things you can do to make the process easier

You can take control of the experience

- The narratives shared showed individuals that were 'in control' or 'took control' of their experiences
- This ladder to a take out that 'by taking control' of their own experiences through choices they too will have better experiences
- The sense of 'owning' the experience, although not overly explicitly mentioned, is being relayed in responses to the creative

That we can control the specifics of how our screening happens and that we have choices

Anyone with a cervix needs to test

- This was well received with no negative reaction or pushback to this phrase
- It enabled non-binary or trans respondent's to better relate to the creative and engage in the messaging
- It worked to further highlight the diversity of the narratives and experiences show
- Furthermore it helped to dial up the 'importance' of testing message take out

That cervical screening is important for all people with a cervix regardless of gender or sexual identity

The importance of screening

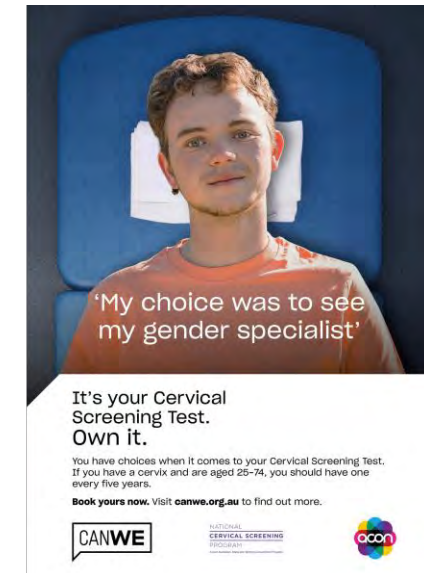
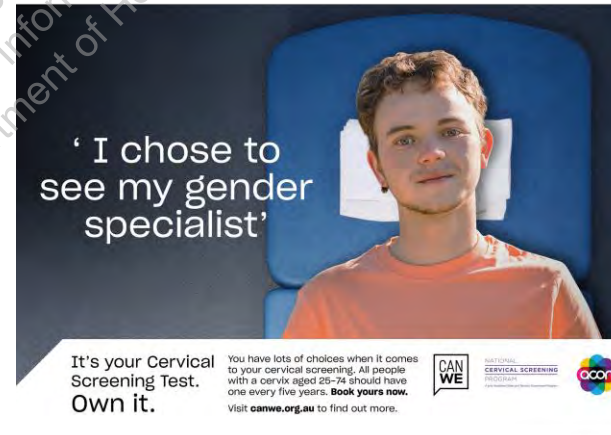
- It reaffirmed the importance of regular testing to those who already do so (especially for those who have experienced discomfort or negative experiences)
- It reminded lapsed testers of the importance to re-test
- The importance of testing prompted non-testers to consider doing so

it's important to get a cervical screening and I am no longer going to put it off

Respondents all saw both versions of each of these posters



NOTE 2: The talent used across the creative idea was seen by some to be from a very similar age range, this would need to be addressed in final talent selection to ensure greater relevancy



Generally the posters were seen to be a seamless extension of the campaign, there to reinforce the message take out from the video, rather than to do or say anything new or different

Fit with video

- There was a clear fit with the video in terms of style and message take out
- Seen as a 'cohesive' campaign where the posters worked well to reinforce the creative idea of empowerment and the intended message take outs
- Consistent use of copy (I chose / my choice), settings and talent across the two different mediums helped to deliver a strong campaign effect

It fits with the video because the image is the same and the caption

Reinforcing message take out and providing some additional information

- On the whole the posters were seen to be reinforcing the overall message take outs delivered in the video
- However, each poster dialled up specific message takes out too
 - Support is available; importance of everyone with a cervix testing and ability to self-collect
- Several picked up on the additional information in terms of age, regular testing and to book in provided in the copy

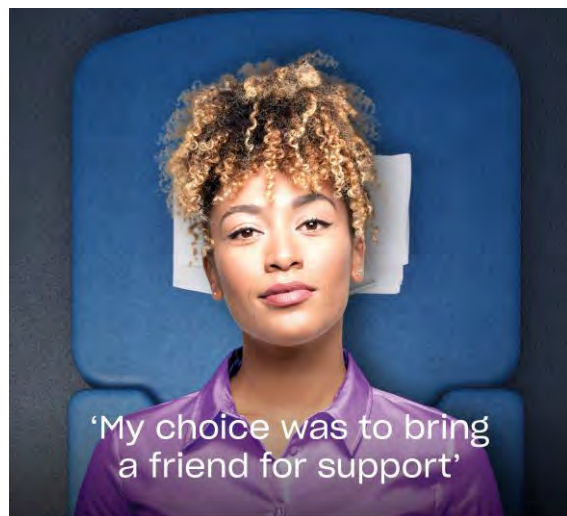
it shows the same woman and helps drive the point across that you don't have to do this alone.

More likely to notice or engage with websites or Logos

- The posters were far more likely to prompt comment or observation of the websites or logos featured in the campaign
- Among those already aware of ACON we saw a positive payback for the brand
 - Seen as more modern, progressive and 'leading the way' and driving people to test
- The logos acted to provide reassurance that further advice or information is available to them in relation to CST and the options or choice's featured

That ACON is supportive, empathetic and diverse, and understands women/people with cervixes

This poster reinforced the idea that people could be empowered to have a better experience by taking support to the CST



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.

Book yours now. Visit canwe.org.au to find out more.



A cervical screening does not need to be scary and you have options on how to access it

Positives...

- Good fit with the video driven by use of same talent and imagery
- Reinforces the message or take out that you can have support with you if you want it
- Strengthens the 'reassurance' message take out
- Prompts consideration of testing with support
- Especially among lapsed testers who have had negative experiences and non-testers
- Consistency of language (copy) reinforces the creative idea centered on 'choice'

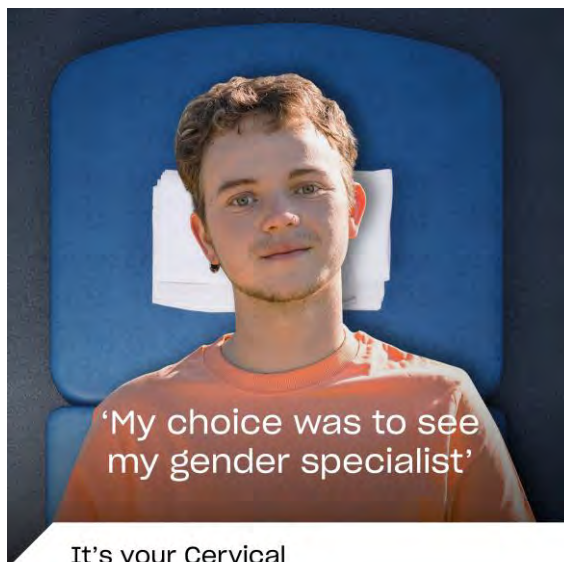
Helping people understand that the screening is not as scary

Negatives...

- Each of these negatives were relatively minor or mentioned by only a minority of respondents
- Not seen to be doing or saying anything new or different for some
- For the minority that find the 'laying down' on the bed confronting or triggering this aspect is disliked here
- For some it is not immediately obvious that the person is on an examination table

the person used appeals to me because they look similar to me.. however the examining table in this context may not be super obvious on first glance

This poster helped to drive not only the inclusive nature of the campaign but also the importance of all those with a cervix needing to test



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Whilst I am a cis woman, it is wonderful to see gender and sexual health discussions advertised plain and clear. It will no doubt encourage people of all genders to come forward to testing knowing they have options.

Positives...

- Supercharges the 'diversity' aspect of the campaign
- Seeing a non-binary / trans person in the campaign was a welcome addition and inclusion for the majority of those we spoke to
- Talks to importance of a Cervical Screening Test for all those with a cervix
- Does this much stronger than the video
- ACON was seen to be progressive and "leading the way" in LGBTQI health

I love this! Seeing a more masculine presenting person on a poster is an excellent way to really break down the preconceived notions of this test only being for cis women, and provides options for those who are queer or gender diverse but uncomfortable seeing a regular GP for these things

Negatives...

- The term gender specialist was confusing for many
- Seen for both audiences but skewed more to heterosexual / cisgender
- Several were indifferent to (but not negative towards) the poster as did not identify as non-binary so found it less relevant to them

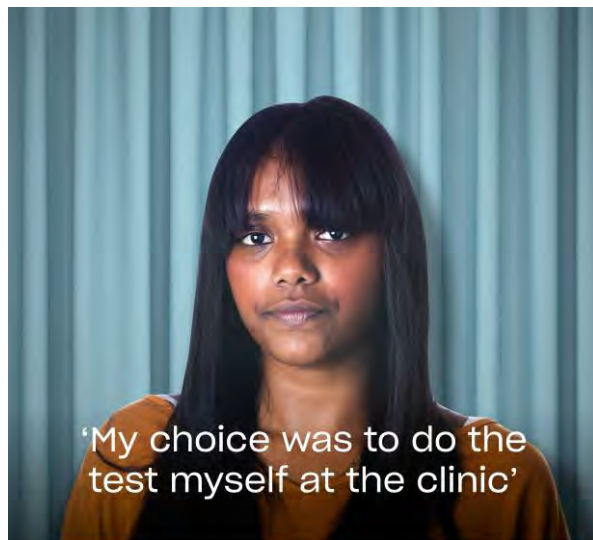
I'm trans and I don't understand who you mean by gender specialist

I don't know what a gender specialist is

What is a gender specialist ?

The "see my gender specialist" part could also be misleading since I thought it could be about HIV or STDs

This poster was seen to double down on the new message around self testing but leaves some confused as to where or how to do this



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Book yours now. Visit canwe.org.au to find out more.



this is the first time I have heard of a self screening and this would be a great option for me

Positives...

- Strongly reinforces the self-collection / test message take out
- The 'options' message take our further enhanced (especially if talent standing is picked up)
- Ladders well to the idea of empowerment which comes through strongly with this poster
- Drives a call to action, either around consideration of testing or talking to a health care professional about this option

I'm personally planning to ask my doctor about this option when I next get a chance

it empowers people to take control of their test

Negatives...

- Only a small minority picked up on the fact the talent was standing – so this option was not so clear to the majority
- For some the reference to 'clinic' reinforces the 'serious' tone and talks to more serious or invasive procedure
- There is some confusion as to how or where to 'do the test' themselves

I'm a little confused about how you would test yourself, but assume she went to the clinic and got tested

It's pretty serious at first glance with the text about tests and clinics

The most preferred messaging was overwhelmingly to do the test themselves and finding a trusted doctor

FOI 5204 - document 2.1

Most preferred

I chose to get a Cervical Screening Test while I was pregnant

the only one with information that I didn't already have

I chose to bring a friend for support

because it is someone close to me that I know and trust, so I don't have to feel alone before, during or afterwards.

I chose to ask for a smaller speculum

because I feel like most people wouldn't know that's an option.

I chose to educate myself about the test

for me personally it is the most relevant - I need to seek more information about the test, the process

I feel this gives power to me and I have the right to find out what is best for my body and how I want to get the test done

because honestly I only get anywhere with medical stuff when I educate myself. If I rely on doctors it usually goes nowhere or leads to trauma

I chose to insert the speculum myself

This is such a personal and invasive experience. cervix owners the world over know the dreaded feeling of having that device placed inside of them, and seeing an advertisement with those words printed out as an option is the world I want to live, the future I want the LGBTQIA+ youth to experience and flourish in

Everyone with a cervix knows and cringes at that word- "speculum". It's such an empowering statement that most women probably don't know is an option for them. Certainly makes the process a more controlled experience.

I chose to find a doctor I could trust

But I would suggest rephrasing it to "I chose a doctor I feel comfortable with" I think it would get the message across more effectively

because to me that's the action that would make me the most comfortable to get a test

trusting & feeling comfortable with your doctor is the single biggest barrier to regular cervical tests

I chose to do the test myself at the clinic

I have never heard of being able to do it for yourself, that would push me to do it myself if it wasn't a doctor having to put something up there

The idea of having the privacy to complete the procedure myself is appealing

this is new information for me, and i was thrilled to find out it is possible to do the test myself

Being able to insert the speculum themselves feels less invasive and the smaller option feels more reassuring

I chose to insert the speculum myself

I chose to ask for a smaller speculum

I like them. I like the fact they use the word speculum rather than dancing around the issue and they let you know of the options

It would be helpful to know 'how' to ask for a smaller speculum and to have reassurance that all GPs would provide this option and not be judgemental

Positives...

- Having the choice to have a smaller speculum was often new news and a welcomed option
- Both options in relation to speculum usage were welcomed by trans and non-binary respondents in particular
- The use of a 'smaller speculum' delivered a sense of 'reassurance' to some
- As it would make for a less uncomfortable experience

I didn't know I had a choice and because I might actually ask for a smaller one if went.

I feel super reassured that I can ask for a smaller speculum! This would make a difference for me.

Negatives...

- Any mention of 'speculum' for some left them feeling uncomfortable
- Some professed to be 'okay' with the use of the word, but worried "*others might be put off*" of the advertising by using this word
- The use of the word also triggered or reminded some of the uncomfortable experiences they have previously had
 - Which are a barrier to more regular testing
- Sounds too medical which is also off putting for some

They make me feel uncomfortable because the mention of speculums and speculum sizes makes me think of the many horror stories of the pain of pap smears

NOTE: There was an overall slight skew toward the LGBTQI+ audience to be more likely to comment on the use of speculum

When presented with alternative options in relation to self collection the self swab kit was by far the most appealing, driven by a sense of being more directive and clear as to what was involved



I chose to use the self swab kit at the clinic

I prefer "I chose to use the self swab kit at the clinic " because it's a bit more specific about what doing the test entails

I chose to do the test myself at the clinic

I chose to collect the sample myself at the clinic

Positives...

- New news to almost all of those we spoke to, which as mentioned helped to drive both saliency and engagement with the creative
- Strongly ladder to the sense of 'empowerment' takeout from the campaign
- Instilled a desire to know more or seek out additional information, which again supports the theory that this is driving both engagement in and persuasiveness of the messaging

No way, I always thought someone had to do it for me and I hate losing that power... Incredible, I feel better about getting this test done

Negatives...

- Although all welcomed this option, a fair proportion of those we spoke to would still prefer a healthcare professional to do the procedure
- Just their stated preference, concerned about how to do it, worried about accuracy
- Many are 'concerned' about their own ability to correctly carry out the procedure
- Some have concerns about the accuracy of self testing and want more evidence in relation to this
- Some worried about the impact of being 'refused' this option on future confidence to test

I wonder if seeing a poster like this and then being turned away from self testing may deter people even more if they were already hesitant or avoidant

Although the self-collection message was incredibly salient, as expected it does leave many with unanswered questions that would need to be supported or addressed

More information is required

- People want to know more in general about this option
 - What does it entail; how is it done, how accurate is it compared to those done by healthcare professionals; is everyone eligible for this option; how do they know if they have done it correctly; how to prepare for the test etc etc
 - NOTE: what is a gender specialist came up here as well indicating some felt they needed to see one in order to self test collect
- Most importantly people want to know where they can go to take up this option

Different formats are expected

- People want to see more information provided in a myriad of different channels or formats
- Videos, poster, pamphlets and links to websites were all references
 - How to pamphlets of videos
 - Information or data that tells them how accurate it is

I'd like to know how it would work, what I would need to do during the test to complete it, how long it would take, what happens if I can't do it myself for some reason, where I could go to do it, would I need to go to specific clinics and how to find them

Where they would go

- Their GP - For those with a good relationship
 - Or a local Women's Health Clinic
- Our LGBTQI+ audience were far more likely to want to seek this information out from ACON
- A few mention the Can We site having seen it on these ads
- Department of Health sites
- Minority mention searching 'google'

ACON It's the organisation I know and trust

‘I chose’ was preferred by two thirds of those we spoke to, which felt more aligned to the empowering sense of the creative

Most preferred

My choice

- Felt more present to some – like a choice is still to be made
- Felt more personable to some
- Felt open and welcoming
- Felt less ‘strong’ or ‘harsh’ than I Chose

I like ‘my choice was’ as the past tense feels like these people have actually had the test done and this is what they did to help them have a positive experience rather than speaking in hypotheticals

I Chose

- Had more connotation or connection to ‘empowering’ and ‘owning it’ tagline
- Felt more personable to some – driven by “I”
- Feels like or talks to a more ‘active voice’ or delivers a sense of action having been taken
- More commentary around a sense of ‘strength’ associated with this phrase
- Has a more directive tone, feels more ‘persuasive’ to do something

It feels more empowering, personal and I feel like I have more ownership when saying I chose

The majority of LGBTQI respondents were familiar with and very warm towards ACON and saw them working in 'partnership' with government on CST education and initiatives



The most well know and trusted brand that has good standing in the LGBTQI community and is seen to be a leader in LGBTQI health

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Tells them the campaign and CST initiatives are supported by the government at a national level, which brings more credibility



Although less familiar, it talks to a **'collective' effort and that they are** not alone in their Cervical Screening Testing

Conclusions and recommendations

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by the Department of Health and Aged Care

In Conclusion: (1)

- A reminder of our key headlines:
 - On the whole, reaction was positive and anchored in the genesis of the creative territory about addressing vulnerability and instilling a sense of control in the individual and their Cervical Screening Test experiences
 - In addition, the creative idea was seen as highly engaging as it presented relevant and compelling narratives that instilled a sense of empowerment in relation to their Cervical Screening Test
 - Furthermore, the message around the importance of getting tested was seen as encouraging and persuasive to both lapsed and non-testers and reinforced current testers of the importance to continue testing regularly

In Conclusion: (2) The creative idea is performing well in key aspects that drive successful communications, with just minor tweaks required to optimise further

Saliency

- For some it lacked visual saliency, but this was put down mostly to the current stock images and testing format
- The repetition of talent, messaging and key phrases (I Chose) help to drive saliency
- The strong emotive narratives are also a key element to driving saliency and landing these well early on will be key in the final edit
- As seen the unique message around self-collection helps to drive salience too

Engagement

- The creative tool of seeing people in a position of having a Cervical Screening Test was seen as new and unique which drives engagement
- Visualising the different options clearly will help drive this further
- In addition, hearing different people telling their stories which are often 'taboo' or 'unspoken' further strengthens levels of engagement
- Ensuring these narratives deliver a reassuring and positive end note will be important to strengthen engagement

Relevancy

- Most could identify with different individuals featured in the idea - Although some felt more representation would better enable them to identify with the creative
- In addition there was limited range in perceived age of talent
- The experiences spoken to were familiar and reflected either their own lived experiences or those of friends or family
- The importance that all those with a cervix should test helps to drive relevancy across the board

Persuasiveness

- There is strong evidence it encourages non-testers and lapsed testers to either consider testing OR actually taking steps to get a test
- Driven by the options available and the sense of control and empowerment that may have over the experience
- In addition, it works well to reinforce regular testers current behaviours and the importance of regular testing
- Many stated they would already seek out information about self-testing

In Conclusion: (3)

- The empowerment aspect comes through in the narratives, as well as the key 'tag lines' and options presented to the viewer
 - The narratives play an important part in this take out, therefore final 'talent' stories need to be carefully chosen to ensure the empowerment aspect is maintained and optimised in final edits
- The test material covered a wide variety of choices and options available to people in relation to Cervical Screening Test's
 - This mix of choices and options needs to be reflected in the final collateral and distribution of the campaign to optimise relevancy and persuasiveness of the creative
- The self-collection message has extremely high cut-through and potential to prompt action across the audiences we spoke to
 - However, there is more to be done to educate audience as to the process in relation to this
 - In addition, some important consideration needs to be given as to the general availability and or willingness for health care professionals to enable this option
 - ***What would be the impact on the individual's experience and propensity to re-test regularly should this option be requested but denied?***

In Conclusion: (4)

- The tone of an exaction is an important element in the delivery of the creative idea, and in this instance on the whole the tone works well
 - However, a notable minority found this to be somewhat too sombre or serious and they failed to either recognise or engage in the reassuringly positive outcome
 - We need to ensure that the final tempo of the video execution gets the balance of tone and the 'pivot' point in the delivery of the positive message is right to ensure this is optimised
- In addition the narratives have the potential to trigger the viewers own negative experiences and or feelings
 - However, for most this is mitigated by the positive and empowering resolution, which support the importance of getting this balance right in the tone and message delivery, as mentioned above
- On the whole comprehension and engagement with the copy and or messaging is very well understood, however there is room to improvise in order to optimise this further
 - The term Gender Specialist is not well understood and causes some confusion and disconnect with the creative – recommend removing this or rephrase into more easily understood language
 - The phrase “I’ve been told I don’t need a test because I only have sex with women” there is a potential for this to be misinterpreted as to not needing to test – recommend rewording to “I was incorrectly told I don’t need a test because I only have sex with women”

In Conclusion: (5)

- Recommendation is to go with I Chose copy over My Choice
 - Ladders to a stronger empowerment message take out which is more on brief for the creative
- If prioritising messages from those tested the recommendation is to do the following
 - Primary messaging options:
 - I chose to use the self swab kit at the clinic – provided we are confident that this can universally be accessed
 - I chose to find a doctor I could trust – talks to a key barrier to testing - we should also consider changing this to or complimenting with an alternative copy saying 'healthcare professional' instead of doctor
 - Secondary messaging options:
 - I chose to insert the speculum myself – talks to having more control and is new news so can prompt consideration and or action
 - I chose to educate myself about the test – talks to an existing need
 - I chose to bring a friend for support – talks to a sense of reassurance and control

Thank You

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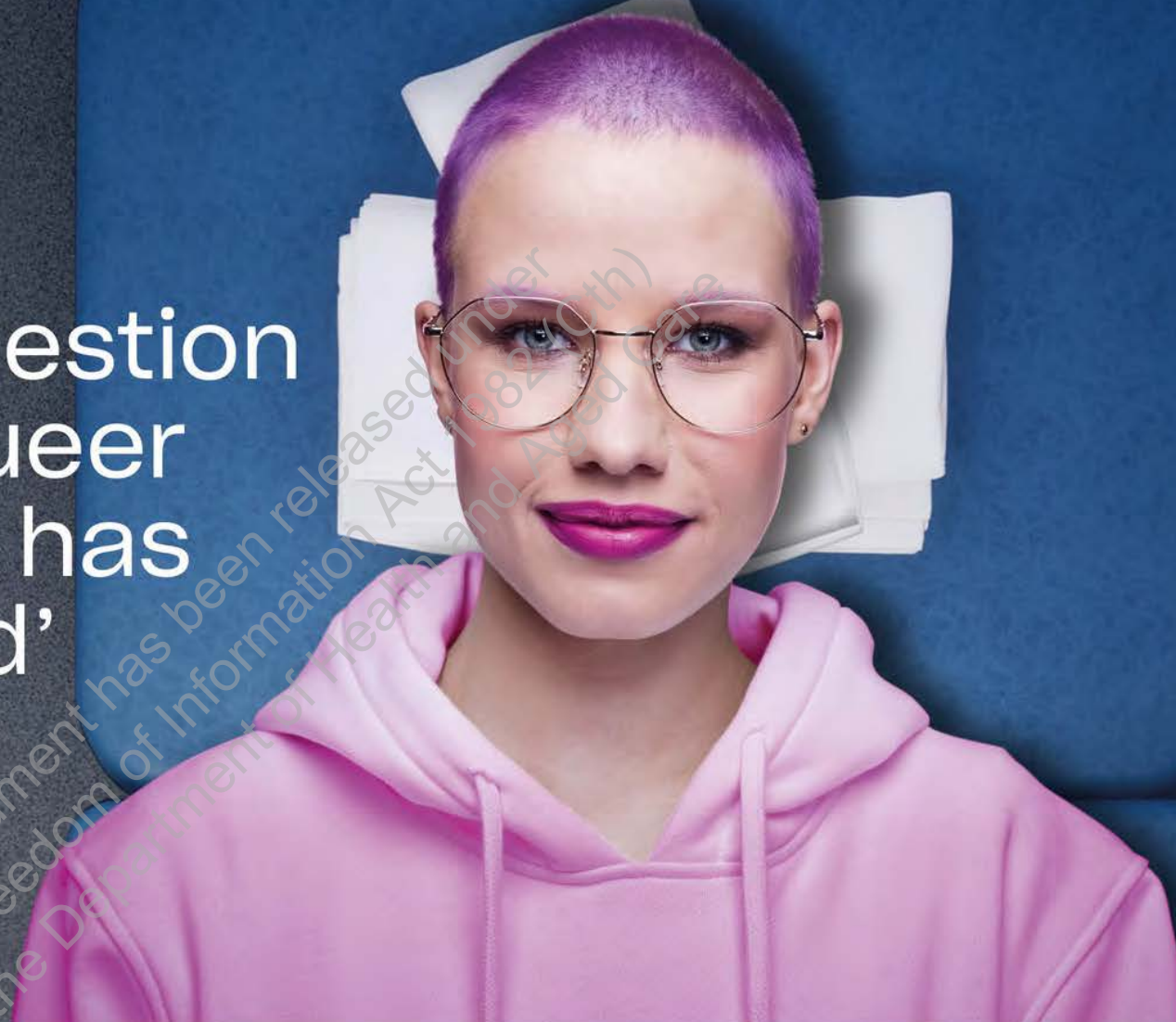
Cervical Screening

Aboriginal Community Focus Groups September 2022

s47F



‘I chose to question
what the queer
community has
been told’



It's your Cervical
Screening Test.
Own it.

You have lots of choices when it comes
to your cervical screening. All people
with a cervix aged 25-74 should have
one every five years. **Book yours now.**
Visit canwe.org.au to find out more.



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Overview

Two Aboriginal targeted focus groups were delivered , one focussing on Aboriginal LGBTQ+ community members and the second group was open to all Aboriginal people with a cervix. The group mix was:

- 1 Aboriginal person who identified within the LGBTQ+ community
- 2 Aboriginal people

Key themes from both sessions

options

support

choices

relatable

I'm in control

empowered

strong

loud

direct

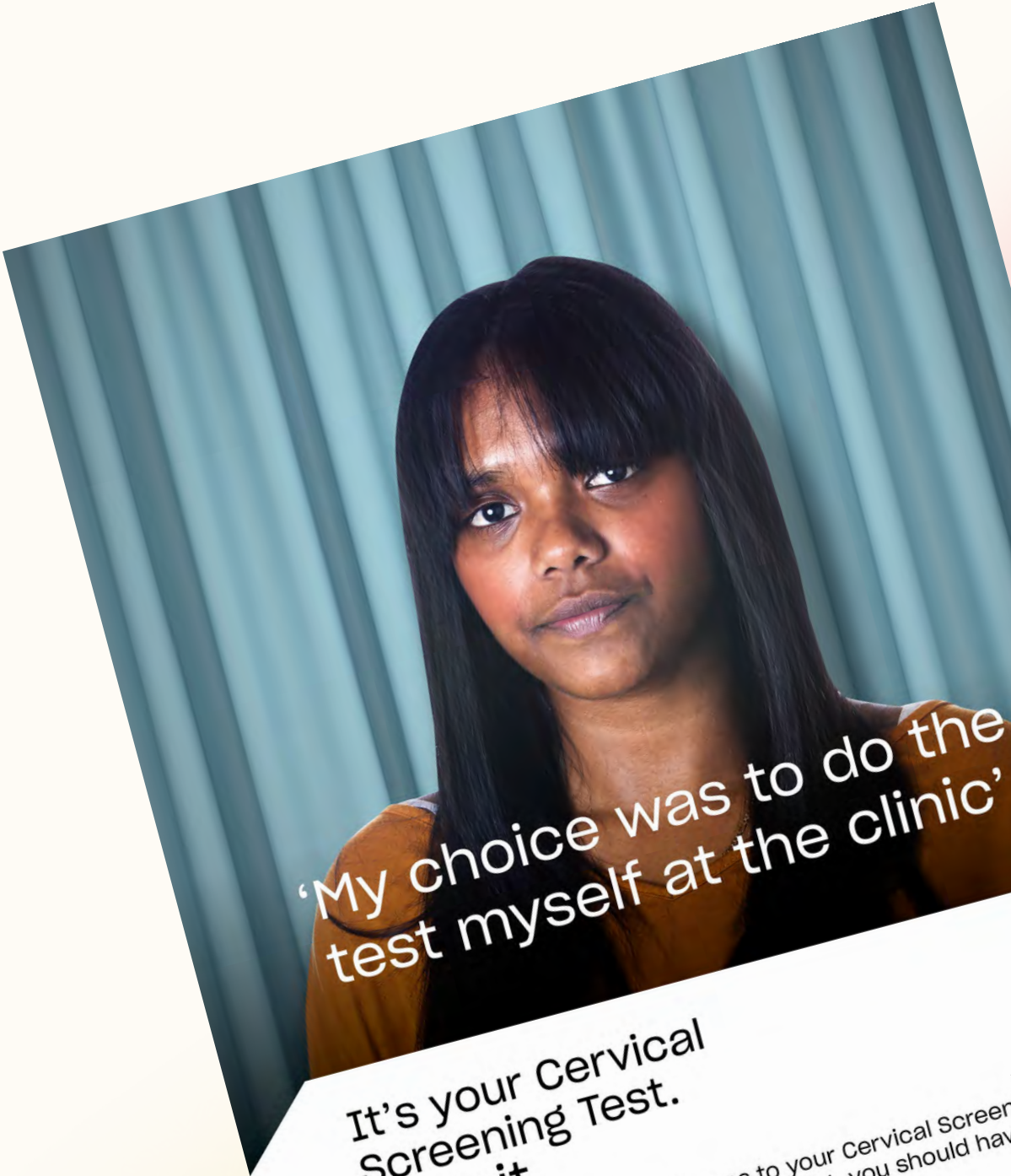
LGBTQ+ Session

Feedback from video

- "getting tested is accessible"
- "I can relate to being nervous about testing"
- "sharing their experiences is important"

Key themes from video

- the tone was serious, "makes you sit up and pay attention"
- The message is clear
- I can see myself in this video



‘My choice was to do the test myself at the clinic’

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‘My choice was to see my gender specialist’

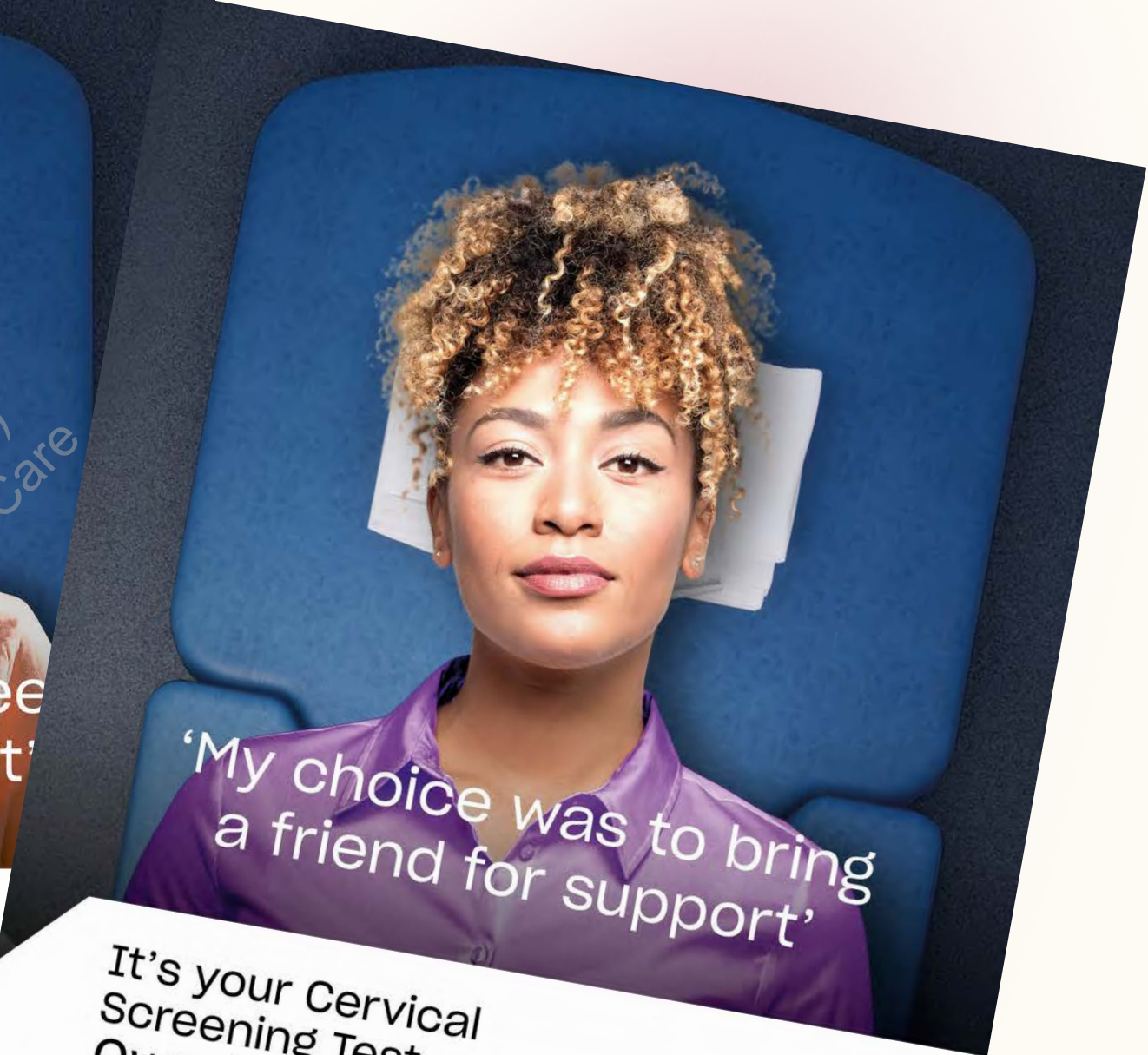
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‘My choice was to bring a friend for support’

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LGBTQ+ Session Posters

Accessibility

Throughout the posters the light coloured text over mixed coloured and textured backgrounds was difficult to read and may not be accessible for all members of the community

Trans and Gender Diverse

Important to show trans and gender diverse experiences as often people within this community do not know they need to test

Self test

Representation of the options to self test was received well

LGBTQ+ Alternative headlines

- 'Finding a Doctor you can trust' is so important because of the many experiences people have had testing that are not positive. Finding a **'health care professional'** you can trust is more empowering than limiting it to a Doctor.
- There is misinformation about if people need testing because they're not sexually active
- 'Inserting speculum myself' is very empowering and important to share that is an option. It shows the other ways the test is customisable; it shows all the way you can make it work for me.

I chose / My choice

The Aboriginal LGBTQ participant preferred:
I chose to do XX and then at the end “it’s my
choice” as a powerful way to end.

Open Aboriginal Community Session

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Open Aboriginal Community Session

Initial feedback from video

- There are many different experiences with testing
- There are different options available
- Different sexualities and genders are represented

Key themes from video

- "If you have a cervix you need to get tested"
- "You can get it done in a way that is comfortable to you"
- Its eye catching and grabs my attention

Open Session Posters

"I'm in control, not the provider"

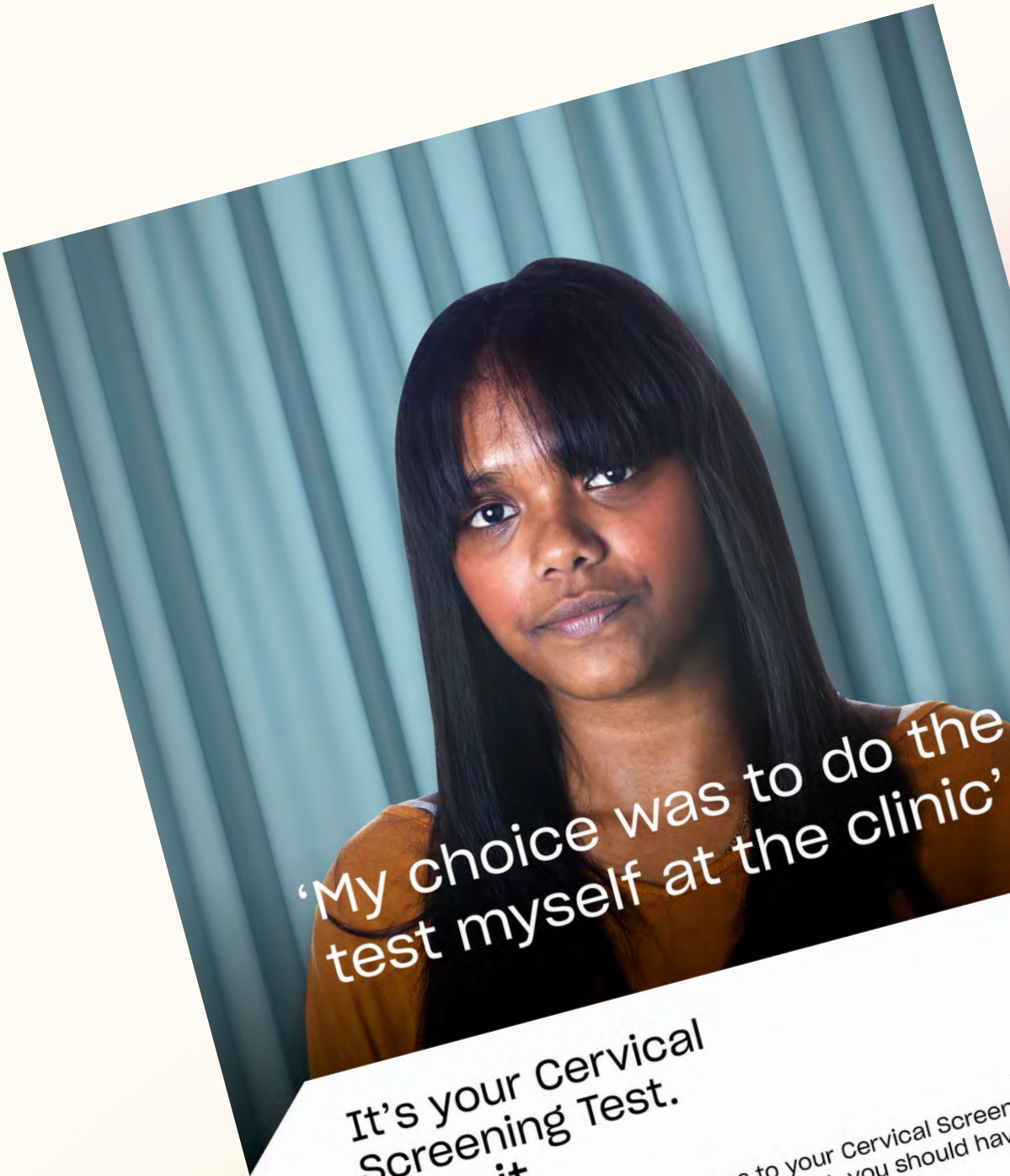
There are options
available for me to
choose from

"Makes me anxious"

It makes me think about
when was my last test
and do I need another
one

Similar insecurities

The insecurities I felt
about testing others have
had the same



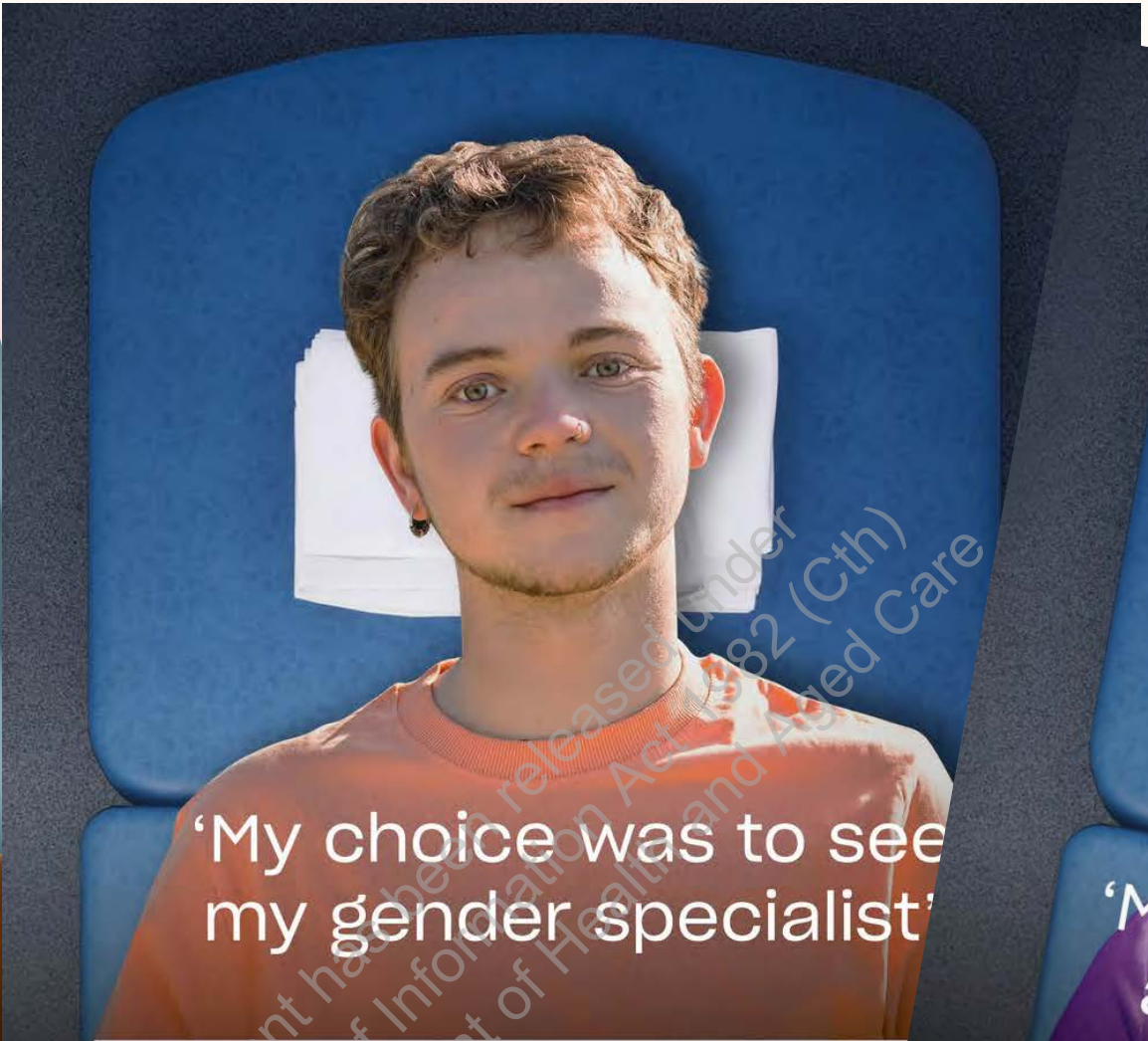
It's your Cervical Screening Test.
Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.

Book yours now. Visit canwe.org.au to find out more.



NATIONAL
CERVICAL SCREENING
PROGRAM
A joint Australian, State and Territory Government Program



'My choice was to see
my gender specialist'

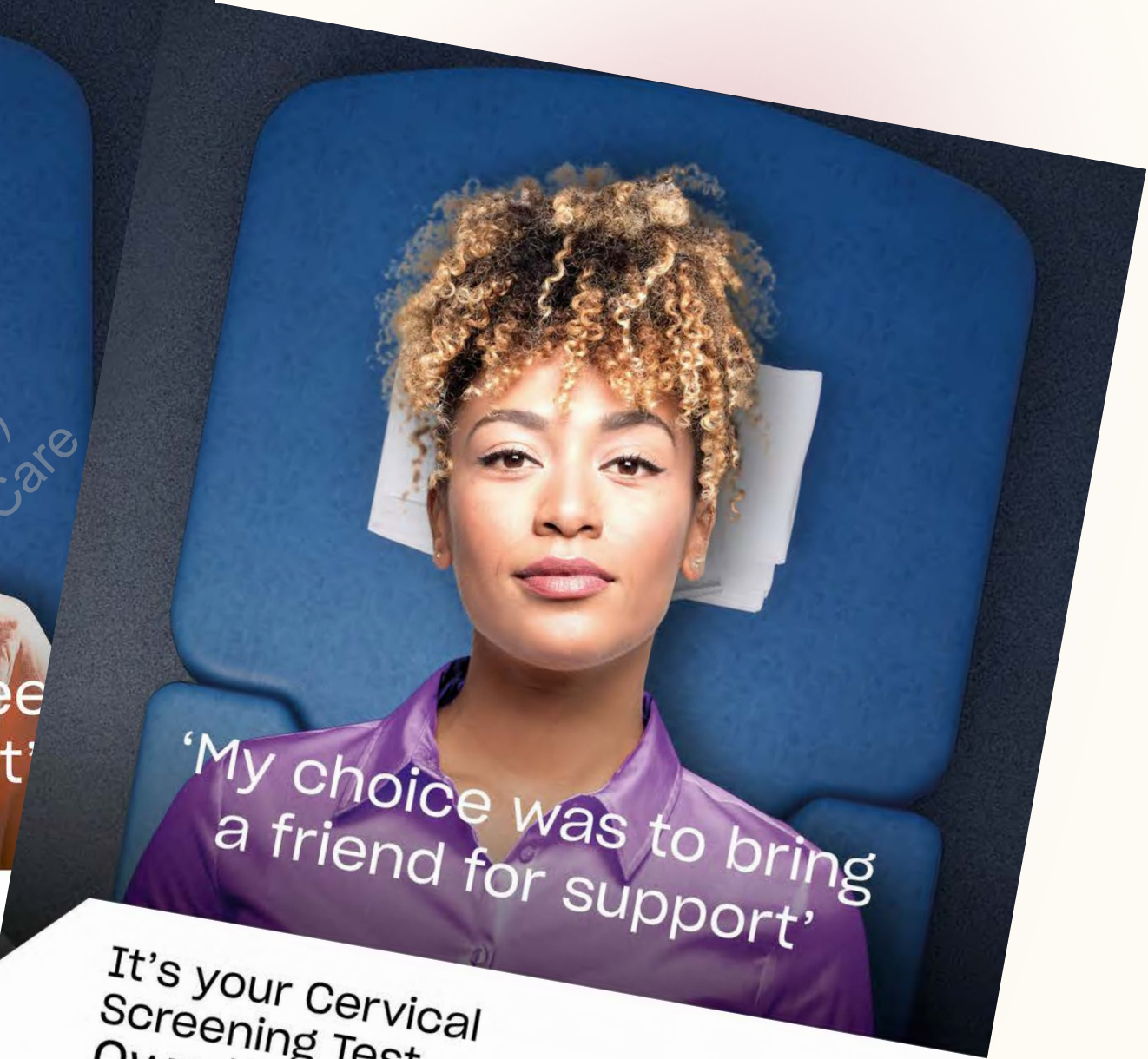
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'My choice was to bring
a friend for support'

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CERVICAL SCREENING
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Open Alternative headlines

The two strongest statements from all the headlines provided were:

- finding a doctor I can trust
- I choose to test myself

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I chose / My choice

Feedback on the my choice / I chose was:

- my choice, it makes it more personal & makes more impact
- My choice seems louder

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the Freedom of Information Act 1992 (Cth)
by the Department of Health and Aged Care

Credibility of logos

- Both groups felt the National Cervical Screening logo adding credibility to the campaign
- The LGBTQ participant was familiar with all three logos and believed they made the campaign credible
- The open community members were not familiar with CANWE but felt the ACON logo added the element that all people with a cervix need to be included, in a way that the National Cervical Screening logo doesn't

Combined Additional Comments

- Participants would like to see the inclusion of older people with a cervix
- Participants would also like to see it be made clear if self testing is available at all clinics, as some people may get their hopes up about self testing and it could deter them if its not available at their clinic
- "I didn't know I had so many choices available"

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Thank you

Attachment C – Evaluation Results

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Own It

Cervical Screening Test Campaign

Evaluation Report



s47F

Evaluation Consultant

s47F

June 2023

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1. Introduction

1.1. A brief overview of the Own It campaign

In Australia, young people participate in the National Cervical Screening Program at a lower rate than other age groups. In 2018-2020, 54.5 per cent of people with a cervix aged 25-29 years and 54.2 per cent aged 30-34 years had a Cervical Screening Test.¹ This is lower participation than all other groups. People overdue for screening and never screened are most at risk of cervical cancer.²

Some sub-population groups in Australia are less likely to engage in cervical screening. These include but are not limited to people with a cervix who are lesbian, gay, bisexual, trans, queer (LGBTQ+), Aboriginal and Torres Strait Islander, culturally and linguistically diverse, have one or more disabilities, experience socio-economic disadvantage, and have experienced sexual assault.³

The Own It campaign launched on 13 January 2023 and was promoted intensively over six weeks until 20 February 2023. The campaign's goal is to contribute to an increase in Cervical Screening Test participation among young women and people with a cervix in Australia. The campaign is part of a multi-year funding agreement with the Cancer Institute NSW.

The campaign's target audience is young women and people with a cervix between the ages of 25-35 years, including:

- LGBTQ+ communities
- trans and gender-diverse people
- Aboriginal and Torres Strait Islander
- people from culturally and linguistically diverse backgrounds
- people with migrant and/or refugee experience
- people with disabilities.

The overarching campaign approach is to empower people with a cervix that they have options to make the Cervical Screening Test work for them. The campaign showcases several contributors sharing honest stories about overcoming barriers to having the test and to de-mystify the experience.

¹ Australian Institute of Health and Welfare 2021. National Cervical Screening Program monitoring report 2021. Cancer series 134. Cat. No. CAN 141. Canberra: AIHW. Retrieved 17 January 2022, from <https://www.aihw.gov.au/getmedia/2a26ae22-2f84-4d75-a656-23c329e476bb/aihw-can-141.pdf.aspx?inline=true>.

² Commonwealth of Australia Department of Health. (2017). Toolkit for engaging under-screened and never-screened women in the National Cervical Screening Program. Canberra: Commonwealth of Australia Department of Health. Retrieved 04 July 2023, from <https://www.health.gov.au/our-work/NCSP-healthcare-provider-toolkit>.

³ Commonwealth of Australia Department of Health (2017).

The messaging has been developed in response to formative research with the LGBTQ+ and general community, published evidence, and consultation with the Cancer Institute's cervical screening and social marketing team members.

The campaign is part of the 'Can We' brand that incorporates past and future LGBTQ+ cancer screening and prevention campaigns developed by ACON in partnership with the Cancer Institute NSW. The Can We brand is informed by three communication principles: engaging, empathetic, and encouraging.

There were six advertisements, each showcasing a different community member and message. The main aim was to promote the importance of taking ownership of the choices available for the Cervical Screening Test (See Appendix A for the advertisements).

Headline	Campaign tagline	Body text
'I chose to educate myself about the test'	It's your Cervical Screening Test. Own it.	<p>You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.</p> <p>Book yours now. Visit canwe.org.au to find out more.</p>
"I chose to find a doctor I could trust'		
'I chose to talk to my mob about the Cervical Screening Test'		
'I chose to insert the speculum myself'		
"I chose to use a self swab at the clinic'		
'I chose to bring a friend for support'		

The Own It campaign comprised six posters (as described above), a 60-second campaign video, a 15-second video, 30-second audio, and social media tiles.

An advertising strategy was implemented that included a variety of media channels:

- social media, including Facebook, Instagram, Tik Tok, Snapchat YouTube
- public transport on the back of buses
- out-of-home (OOH) advertisements including panels and street posters
- LGBTQ+ media, specifically Archer Magazine
- search engines, including Google Display Ads and Google AdWords
- audio advertisements on Power FM 94.49 Nowra, Power FM 98.1 Muswellbrook, and New FM 105.3 Newcastle and Spotify
- promotion at LGBTQ+ venues and Mardi Gras Fair Day.

Social media and online users were encouraged to watch the campaign videos, visit the Can We website, and engage with social media posts. OOH advertisements 'call-to-action' was to visit the Can We website for further information on the Cervical Screening Test.

1.2. Evaluation method

This evaluation is aligned with the ACON Cancer Screening and Prevention Program Evaluation Framework. The primary aim of this evaluation is to understand whether the campaign material effectively achieved the campaign objectives.

- a. An **online recall survey** was conducted to assess the effectiveness of the campaign. Of the 380 respondents, 156 (41 per cent) were aged between 25-35. All respondents, regardless of age, were included in the analysis as the message was relevant to 95 per cent of them. Any differences between the target age group and other respondents have been noted in the report. The analysis was also filtered by comparing LGBTQ+ to heterosexual respondents. The survey consisted of 29 mostly multiple-choice questions. Survey recruitment ran for approximately four weeks from mid-March. ACON managed survey recruitment via Facebook and Tik Tok advertisements (93 per cent were recruited via Facebook). The advertisements invited the audience to provide ACON with feedback on their latest advertisements but did not specify or show campaign images. No participation incentives were offered. The survey had an 18 per cent non-completion rate that matches the average for the five past Can We campaigns.
- b. Changes in **community knowledge and beliefs were monitored**. In three prior surveys, respondents rated the extent to which they agreed or disagreed with four statements related to cervical screening. Only LGBTQ+ respondents have been included in this analysis to enable comparisons to prior surveys.
- c. Results are compared to the **average survey results for past Can We campaigns** using the same questions. This includes The Inner Circle cervical screening campaigns (2018 and 2019), Our United Front breast screening campaign (2019), Get Your Kit Together bowel cancer screening (2021) and This Could Be the One smoking cessation campaign (2022).
- d. ACON analysed **digital results for social media advertising and website analytics**, using data collected by social media platforms and Google Analytics for the Can We website. The analysis includes data collected from January 13 to March 31, 2023, with the extended date considering some advertisements that remained active after the campaign ended.

1.3. Third-party activism impact on survey recruitment and results

During survey recruitment, ACON became aware of a third party who tweeted to their followers on 16 March the survey link to encourage them to complete the survey to register their disagreement with the lack of reference to women and the terminology used in the campaign ('people with a cervix'). The impact of the survey was monitored throughout the recruitment period.

Unfortunately, the only way to 'lock down' a survey link is to add a password, but this is not a feasible option for a community survey. One measure the survey had in place to protect data quality is that it prevents respondents from completing the survey more than once on the same device. This prevents spamming by third parties trying to influence the results.

It is estimated that approximately 20-25 respondents responded due to this third-party tweet. They were identified as they completed the survey primarily within 48 hours following the tweet and commented on the terminology used in the campaign. The report identifies where they had a noticeable impact on the results. The overall effect on the survey was minimal, so the analysis included their responses.

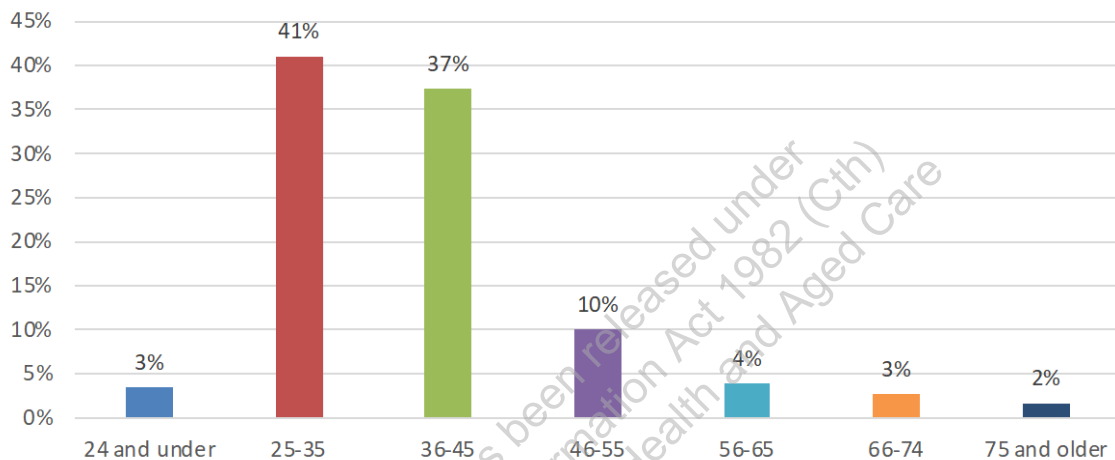
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2. Survey findings

2.1. Survey respondents

Of the 380 survey respondents, 41 per cent were aged 25-35 (n=156). Respondents aged 25-35 were the primary target audience, so the survey advertisements specifically targeted them. Respondents aged 36-45 accounted for 37 per cent of respondents. In total, 95 per cent of respondents were within the age range (25-74) for participation in the National Cervical Screening Program.

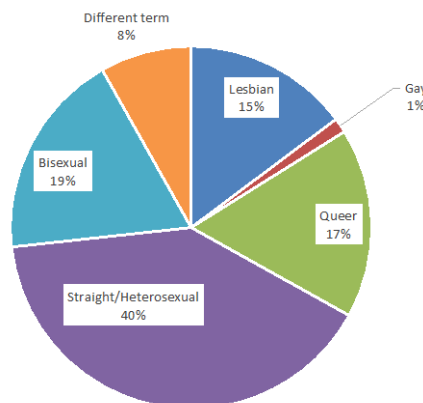
Figure 1: How old are you? n=380



LGBTQ+ respondents were 60 per cent of respondents and 40 per cent were heterosexual. Of the LGBTQ+ respondents, 19 per cent had a bisexual identity, 17 per cent had a queer identity and 15 per cent had a lesbian identity. Eight per cent of respondents said they used a different term, including pansexual and asexual.

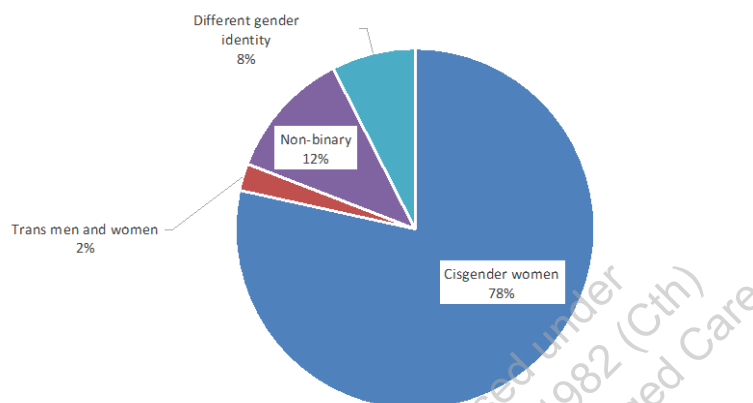
Respondents aged 25-35 were more likely to identify as bisexual or queer (49 per cent versus 26 per cent among other ages) and less likely to identify as heterosexual (30 per cent versus 48 per cent among other ages).

Figure 2: How do you describe your sexual orientation? n=378



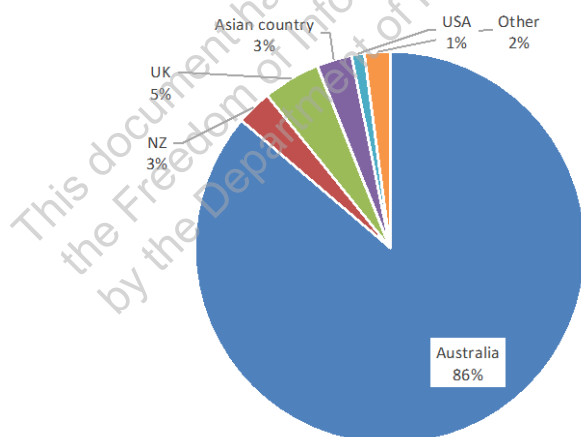
Respondents described their gender identity and sex recorded at birth. For analysis, respondents were categorised into five categories in Figure 3.⁴ Seventy-eight per cent of respondents were cisgender women. Twelve per cent of respondents had a non-binary identity and eight per cent a different gender identity. Two per cent of respondents were trans (seven trans men and two trans women). Among the eight per cent who had a different gender identity, approximately half questioned the concept of gender (these respondents were most likely participating in the survey due to the third-party activism).

Figure 3: Gender profile of respondents n=371



Eighty-six per cent of respondents were Australian-born. This is a higher proportion than the 65 per cent of Australian-born NSW residents.⁵

Figure 4: Where were you born? n=378

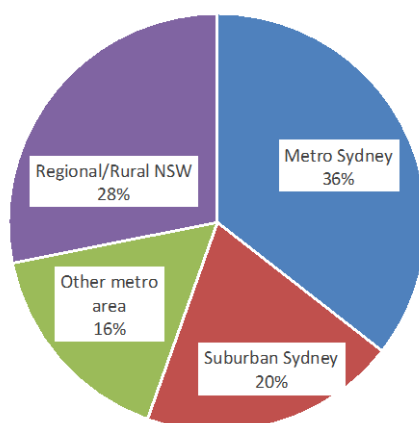


Fifty-six per cent of respondents lived in Sydney, with the majority residing in metropolitan Sydney. Twenty-eight per cent lived in a regional/rural area of NSW. Sixteen per cent lived in a metropolitan area outside of Sydney. Respondents aged 25-35 were more likely to live in metro Sydney (45 per cent versus 29 per cent among other ages) and less likely to live in rural or regional NSW (19 per cent versus 35 per cent among other ages).

⁴ Excluding respondents who selected 'I prefer not to answer'.

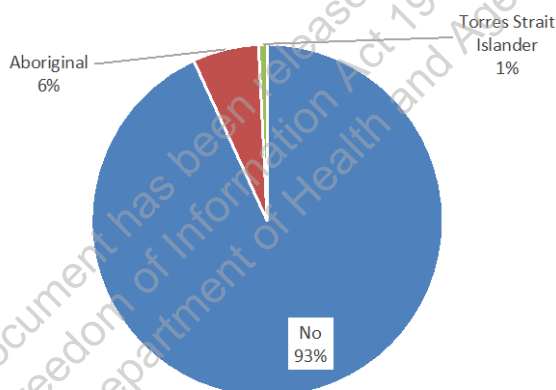
⁵ Australian Bureau of Statistics, viewed 27 September 2022, <https://www.abs.gov.au/census/find-census-data/quickstats/2021/1>

Figure 5: Where in NSW do you live? n=377



Seven per cent of respondents were of Aboriginal and/or Torres Strait Islander origin. This is twice the proportion of the NSW population of Aboriginal and/or Torres Strait Islander origin (3.4 per cent).⁶

Figure 6: Are you of Aboriginal and/or Torres Strait Islander origin? n=377



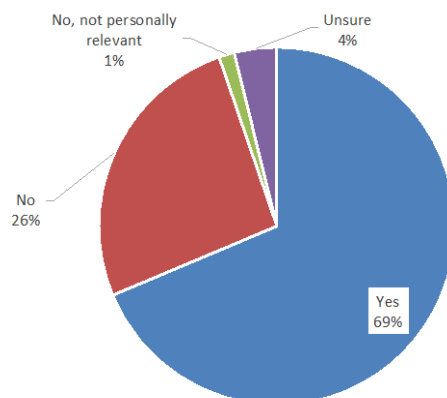
2.2. Cervical Screening Test

All respondents with a cervix⁷ were asked if they had a Cervical Screening Test in the past five years. Sixty-nine per cent had done so. Twenty-six per cent had not and four per cent were unsure. One per cent said it was not personally relevant with nearly all these respondents aged 25-35 and with a cervix.

⁶ Australian Bureau of Statistics, viewed 27 September 2022, <https://www.abs.gov.au/census/find-census-data/quickstats/2021/1>

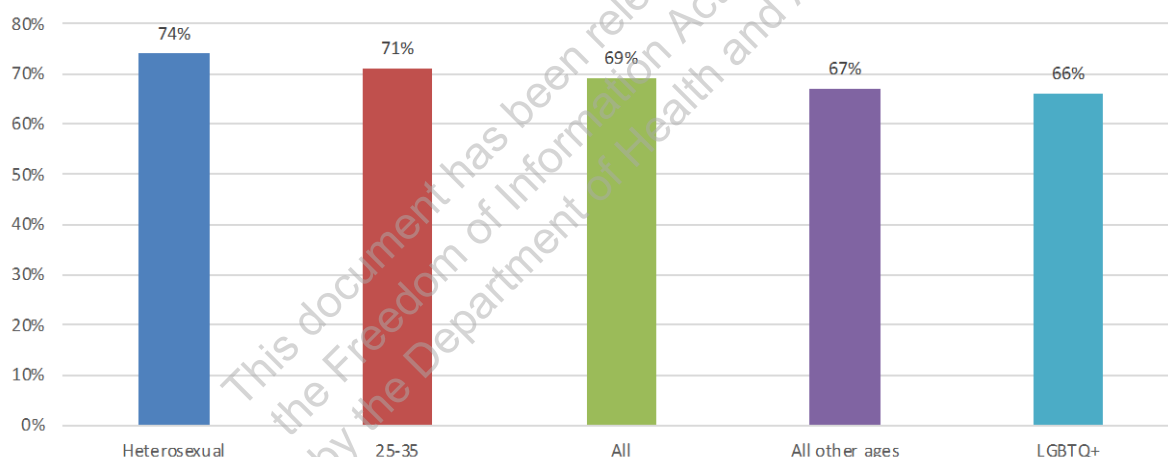
⁷ 96 per cent of respondents.

Figure 7: In the past 5 years, have you had a Cervical Screening Test? n=361



Among respondents aged 25-35, 71 per cent had a test in the past five years compared with 67 per cent for other ages. There was a difference between LGBTQ+ and heterosexual respondents, with 66 per cent having had a test in the past five years compared to 74 per cent, respectively. There were no other significant demographic differences between respondents who had a test in the past five years and those who had not.

Figure 8: In the past 5 years, have you had a Cervical Screening Test? Yes - by age and sexuality.

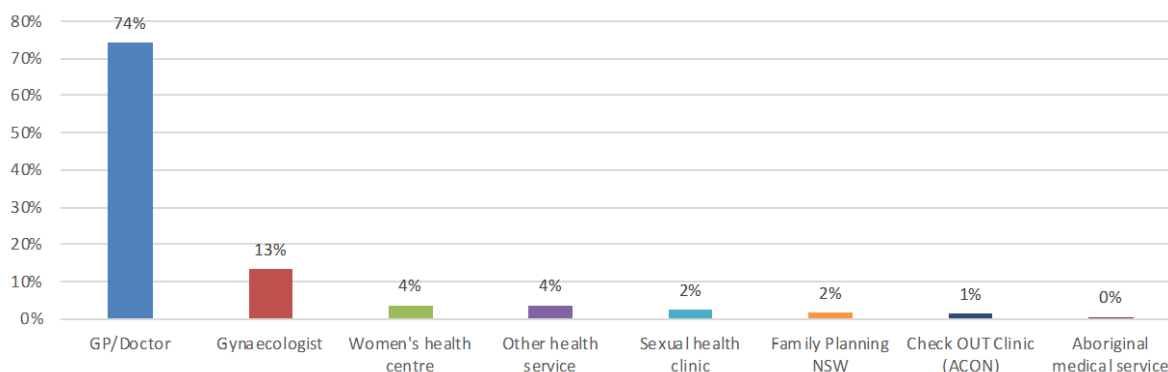


Respondents who had not tested in the past five years' responses to the subsequent questions about the advertisements and videos are similar to those who have had a test, so results are not reported. The one difference, perhaps unsurprisingly, was the campaign's impact on their motivation to test (see Figure 28).

Respondents who have had a test in the past five years were asked where they had been tested. Seventy-four per cent had a test at their GP. A further 13 per cent had it at their gynaecologist. The remaining respondents had the test at various health services, including women's health centres, sexual health clinics, Family Planning NSW and other health services.

Respondents aged 25-35 were more likely to have had their last Cervical Cancer Screening Test at their GP (82 per cent versus 68 per cent among other ages). Among other ages, they used various other health services, particularly gynaecologists.

Figure 9: Where did you have your last Cervical Screening Test? n=255



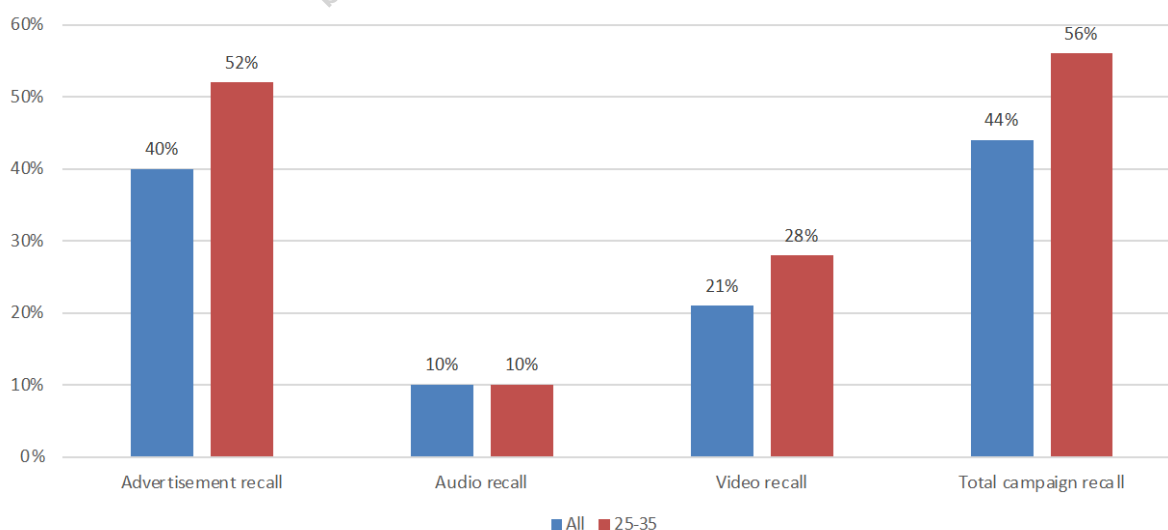
2.3. Campaign recall

Survey respondents were asked if they had seen the campaign advertisements before the survey, heard the audio advertisement or watched the video. Six advertisements were shown before the recall question. The radio advertisement and 60-second video advertisement were embedded in the survey, enabling respondents to listen to the audio advertisement or watch the campaign video.

Total campaign recall was calculated by adding the number of respondents who saw, heard or watched any of the campaign assets.

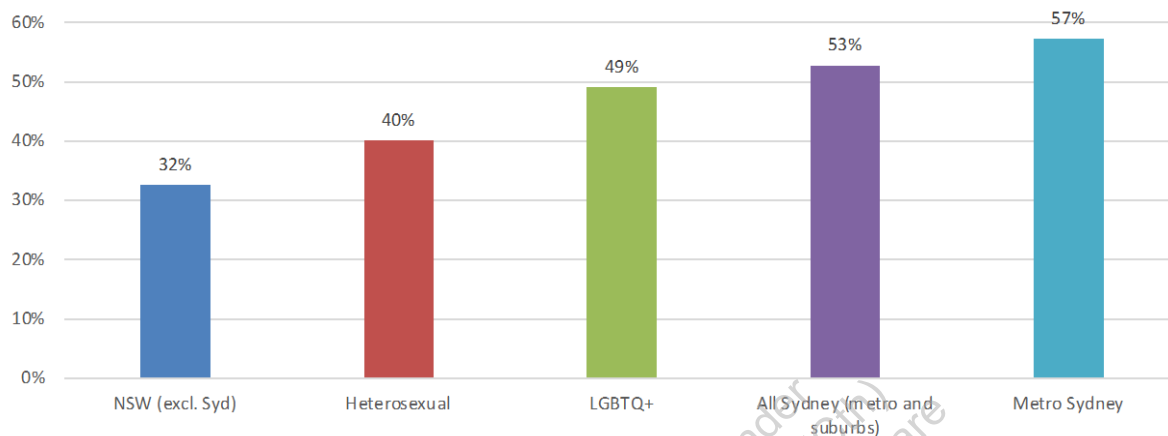
In total, 44 per cent of respondents recalled the campaign. Among respondents aged 25-35, the campaign achieved 56 per cent recall. The advertisements were the most frequently recalled campaign asset, with 52 per cent of respondents aged 25-35 recalling them, followed by video recall at 28 per cent among the same age group. The audio recall of 10 per cent (achieved for both age categories) is among those who had listened to one of the three radio stations or Spotify (see Table 1) during January or February.

Figure 10: Campaign recall by age



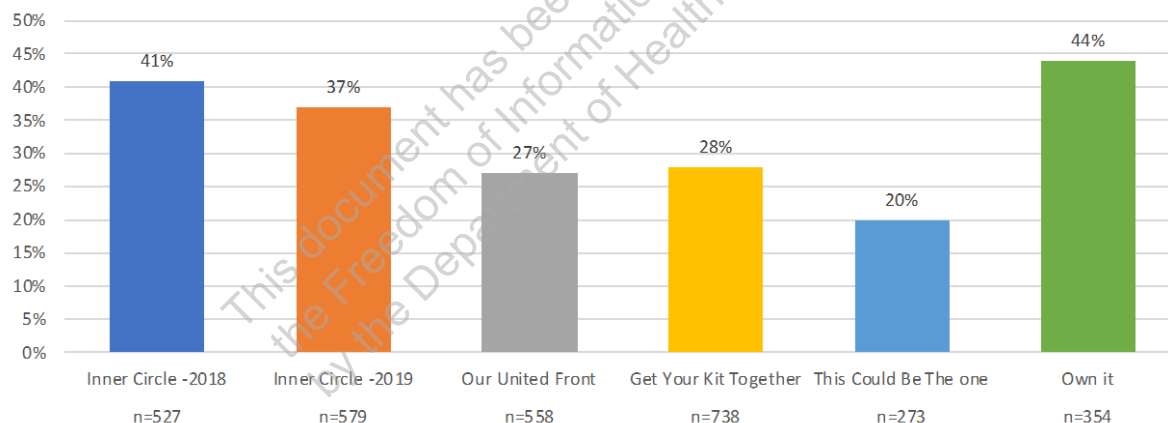
A further breakdown of campaign recall by sexual identity and geographic location highlights higher recall among LGBTQ+ respondents (49 per cent) than heterosexual respondents (40 per cent) and higher recall among Sydney metropolitan respondents (57 per cent) compared to respondents not living in Sydney but elsewhere in NSW (32 per cent).

Figure 11: Campaign recall by key demographics



The Own It campaign has achieved the highest recall of any of ACON's previous Can We campaigns. The average recall for the five past campaigns is 31 per cent.

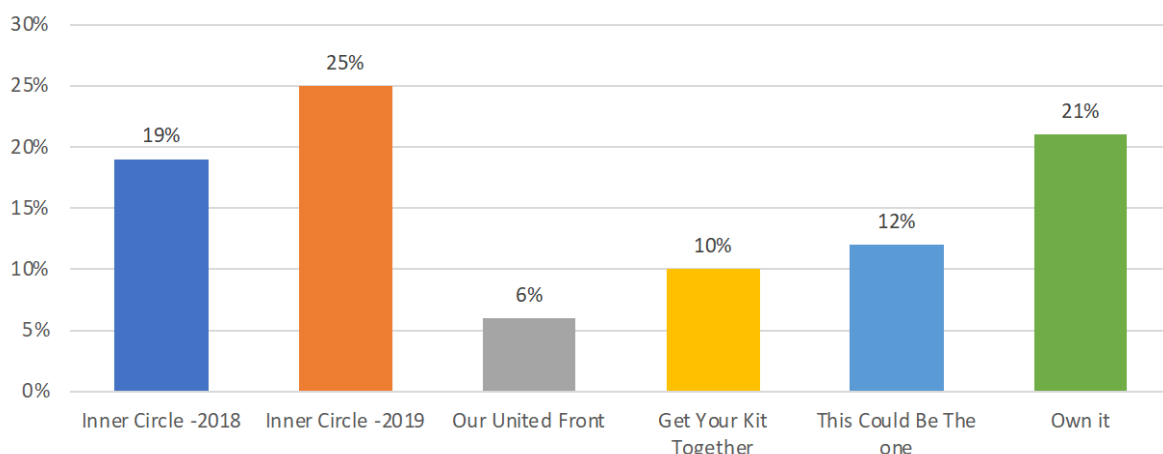
Figure 12: ACON Can We campaign recall⁸



Own It video recall was higher than for the three previous campaigns. It achieved the second-highest video recall. The average video recall for the five previous campaigns is 14 per cent.

⁸ This graph shows recall for all survey respondents. Several campaigns, including Our United Front, Get Your Kit Together and Own It, were targeted at specific age groups.

Figure 13: ACON Can We campaign video recall



2.4. Media channels recalled by respondents

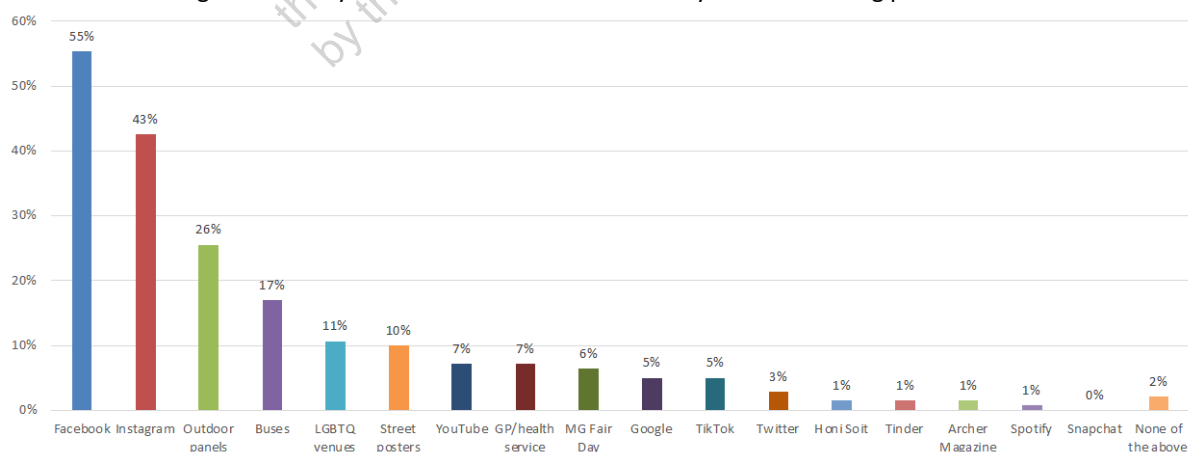
Most respondents who had seen the advertisements before the survey recalled seeing them on Facebook (55 per cent). This was followed by Instagram (43 per cent), outdoor panels (26 per cent) and buses (17 per cent).

When grouped by media channel, 83 per cent recalled seeing the advertisements on social media⁹ and 34 per cent recalled an OOH advertisement.¹⁰

Two significant variations among respondents aged 25-35:

- 54 per cent had seen the advertisements on Instagram versus 29 per cent for other ages
- 32 per cent had seen the outdoor panels versus 18 per cent for other ages.

Figure 14: Did you see the advertisements in any of the following places? n=141



⁹ Facebook, Instagram, TikTok, Snapchat, YouTube, Twitter.

¹⁰ Outdoor panels, street posters, buses.

Respondents were surveyed regarding their listening habits in January or February, specifically whether they had listened to Spotify or one of three radio stations. The results revealed that 55 per cent had listened to Spotify, while five per cent had tuned in to one of the radio stations. Among these respondents, 10 percent (n=18) reported having heard audio advertisements. Notably, the majority of these respondents had encountered the advertisements on Spotify.

Table 1: Percentage and number of radio and Spotify listeners and recall of audio advertisements

	Yes - Listened to the following radio stations or Spotify in January or February?		No. recalled audio advert	% of listeners who recalled the audio advert
	%	No:	N=18	%
Power FM 94.9 Nowra	2%	5	2	40%
Power FM 98.1 Muswellbrook	0%	0		
New FM 105.3 Newcastle	3%	11	5	45%
Spotify	55%	175	15	9%
None of the above	41%	131	n/a	n/a

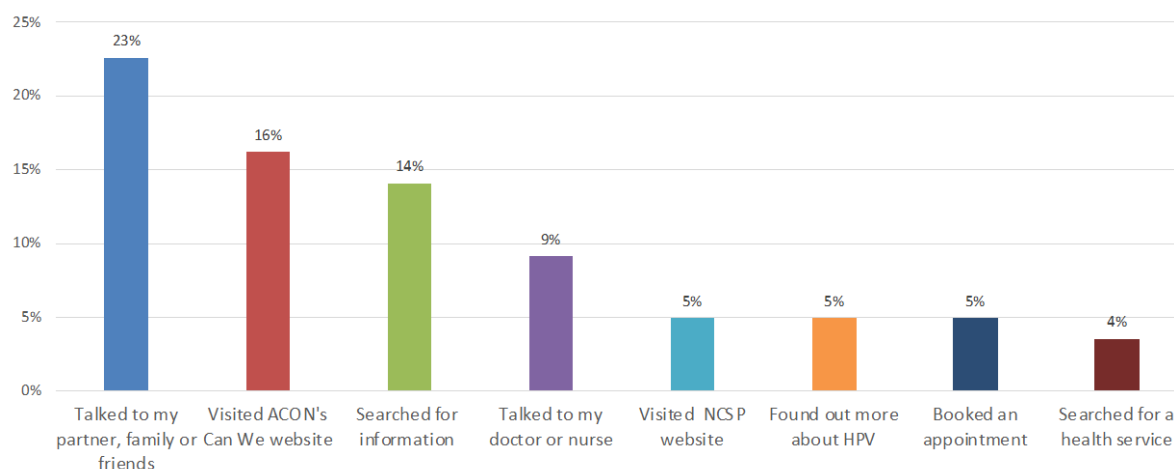
Note: Only Spotify free subscribers will hear audio advertisements.

2.5. Immediate impact on health-seeking behaviours

Forty-three per cent of respondents who had seen the advertisements took some action. The top four actions included:

- 23 per cent talked to their partner, family or friends about cervical screening
- 16 per cent visited ACON's Can We website
- 14 per cent searched for information on the Cervical Screening Test
- 9 per cent talked to their doctor or nurse.

Figure 15: After seeing the advertisements, did you take any of the following actions? n=142¹¹

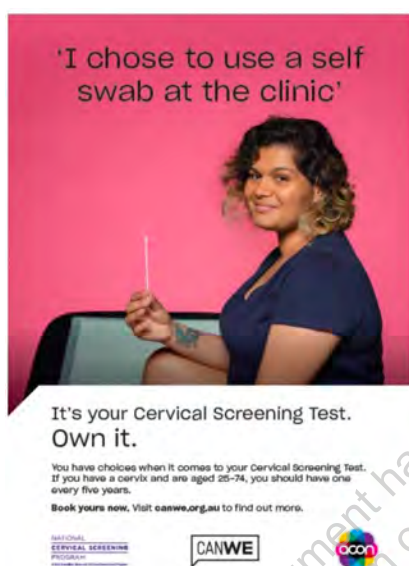


¹¹ The graph excludes visual representation of respondents who took no action.

Among respondents aged 25-35 who had seen the advertisements before the survey, they had a more significant impact, with 53 per cent taking some action after seeing the advertisement compared to 32 per cent among all other ages. The four common actions respondents aged 25-35 took were the same as reported above.

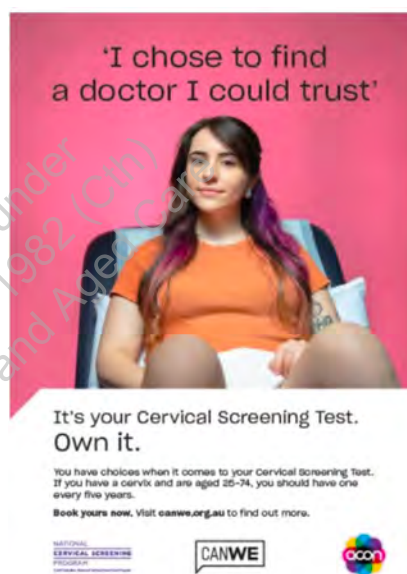
2.6. Message effectiveness

Using the Image A/B Test, respondents were randomly shown either the *I choose to use a self swab at the clinic* or *I choose to find a doctor I could trust* advertisement.



Advertisement A

Viewed n=165, Answered n=147



Advertisement B

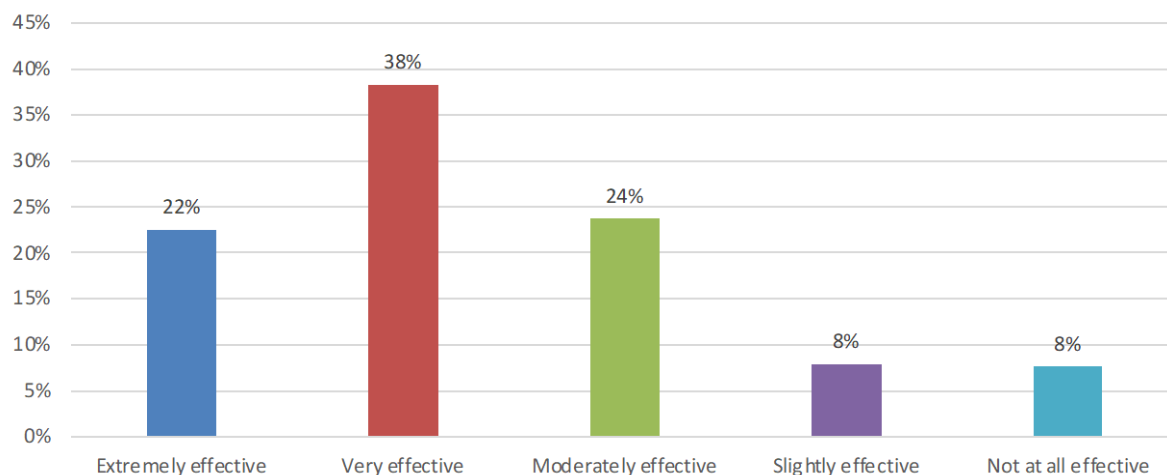
Viewed, n=154, Answered n=138

Survey respondents rated how effective the advertisements communicated the main message on a five-point rating scale ranging from 'extremely effective' to 'not at all effective'.

In total, 92 per cent said the advertisements were effective and eight per cent said they were not at all effective. Sixty per cent said they were extremely or very effective. This is a very favourable result compared to the prior This Could Be The One campaign which had 23 per cent of respondents saying it was extremely or very effective.

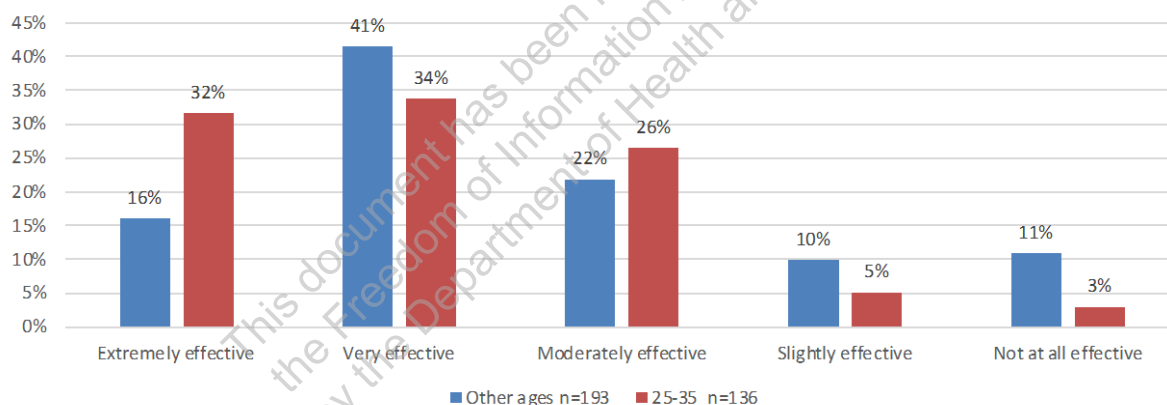
Interestingly, 71 per cent of respondents who were shown Advertisement A (self-swab) said it was extremely or very effective at communicating its message compared to 50 per cent of respondents who saw Advertisement B (doctor).

Figure 16: How effective are the advertisements at communicating their main message? n=329



Among respondents aged 25-35, they were more receptive with 32 per cent saying it communicated extremely effectively compared with 16 per cent among other ages. Also, LGBTQ+ respondents had a more favourable response, with 65 per cent rating them extremely or very effective compared with 55 per cent among heterosexual respondents.

Figure 17: How effective are the advertisements at communicating their main message? Comparison by the age of respondents



Again using the A/B Image Test, respondents were randomly shown either the *I choose to use a self swab at the clinic* or *I choose to find a doctor I could trust* advertisement. Respondents were then asked to describe the main message of the advertisement they were shown in their own words. Their responses were categorised once only by their central theme.

Advertisement A - I choose to use a self swab at the clinic

Ninety per cent of respondents correctly identified that you have the choice to self-swab when having your Cervical Screening Test.

"You can do your own swab when you get a cervical screening test."

"Cervical screening tests can be self administered"

A small proportion (three per cent) correctly commented that it promoted the Cervical Screening Test.

"Gentle reminder to go get a cervical screening test"

"Get a cervical screening"

No one was unsure of the message. Of the remaining respondents (seven per cent), they commented on the advertisements rather than answering the question. Comments on the design are analysed in the next section.

Advertisement B - I choose to find a doctor I could trust

Eighty-four per cent of respondents correctly understood the message was promoting choice, particularly regarding choosing your health service providers. Respondents commented more generally on their options when having a Cervical Screening Test.

"Feeling comfortable with your health practitioner is important"

"It's important to find a dr you trust when it comes to getting tested for something awkward Like Cervical screening"

"You have a choice in how you get tested"

Six per cent of respondents correctly commented that it promoted the Cervical Screening Test.

"have a test every five years"

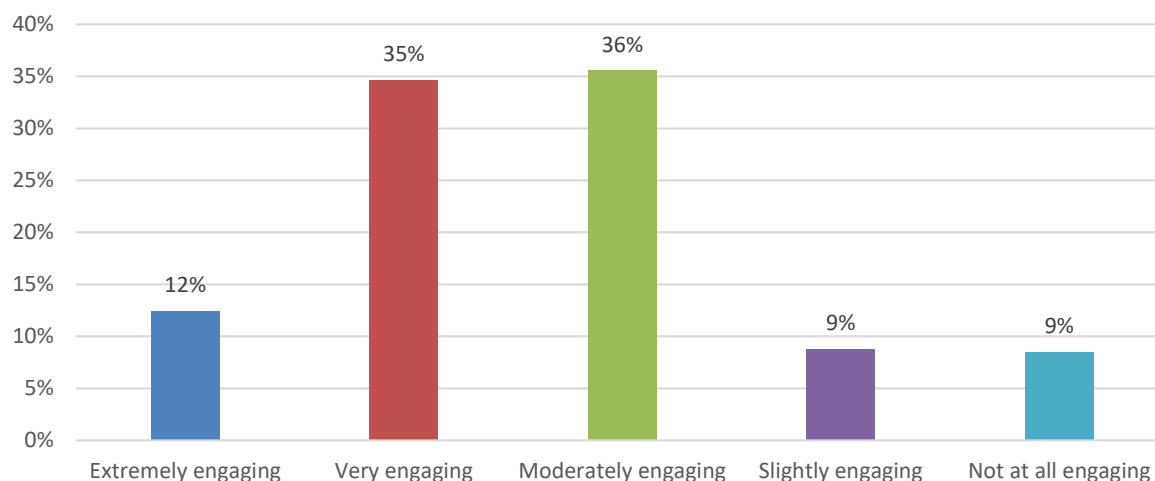
"Have your cervix screened every 5 years"

The remaining respondents commented on the advertisements themselves rather than answering the question. One respondent said they were "not sure" of the main message. This respondent had earlier posted a comment critical of the campaign: "people from migrant communities won't know what a cervix is".

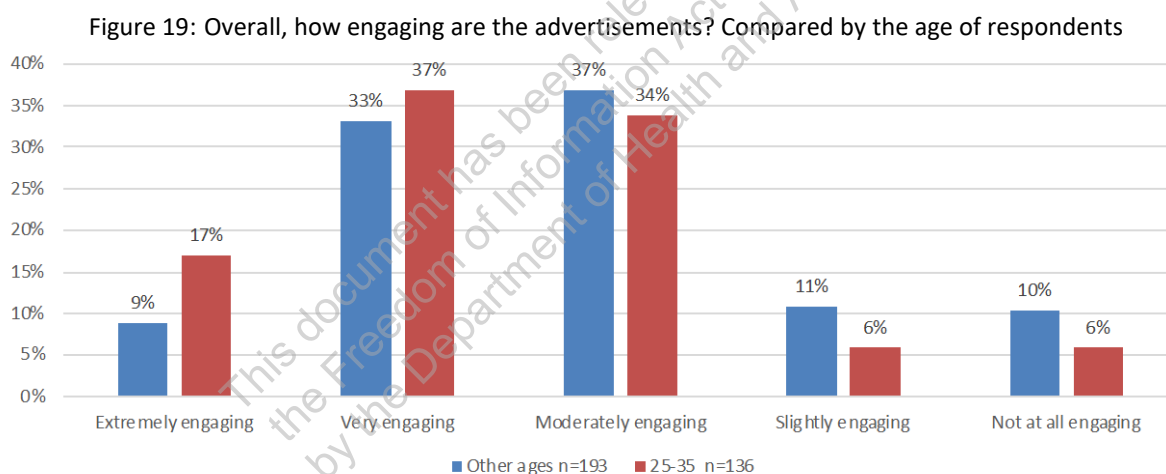
2.7. Advertisement engagement and design

Respondents rated the advertisements' engagement on a five-point scale ranging from 'extremely engaging' to 'not at all engaging'. In total, 91 per cent said they were engaging and nine per cent said they were not at all engaging. LGBTQ+ respondents had a more favourable response, as 51 per cent rated them extremely or very engaging compared with 42 per cent among heterosexual respondents.

Figure 18: Overall, how engaging are the advertisements? n=329



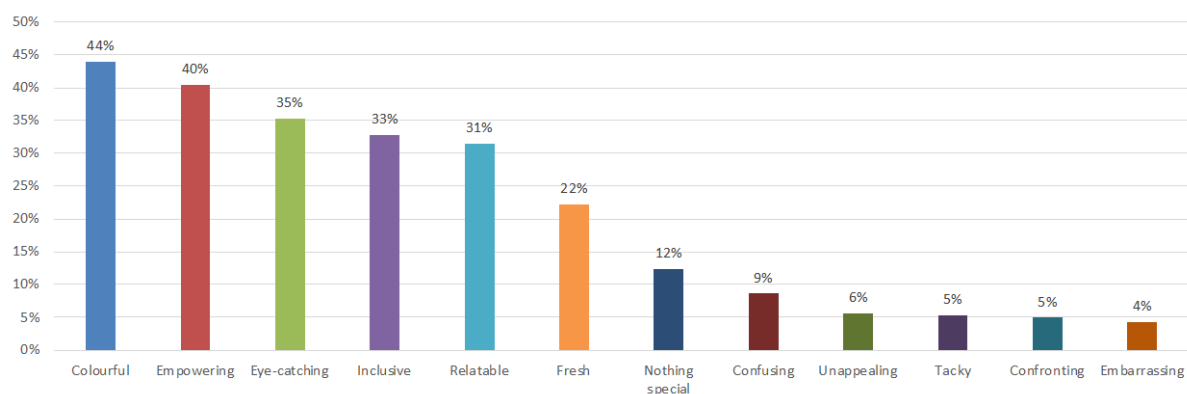
Forty-seven per cent of all respondents said the advertisements were extremely or very engaging, but there was a more favourable response among individuals aged 25-35, with 54 per cent rating them extremely or very engaging, compared to 42 per cent for other age groups. Again, the result is very favourable compared to the prior This Could Be the One campaign with 25 per cent saying it was extremely or very engaging.



Respondents chose from 12 words that best described their response to the advertisements. The list had an equal number of words with positive and negative connotations and was randomised for each respondent.

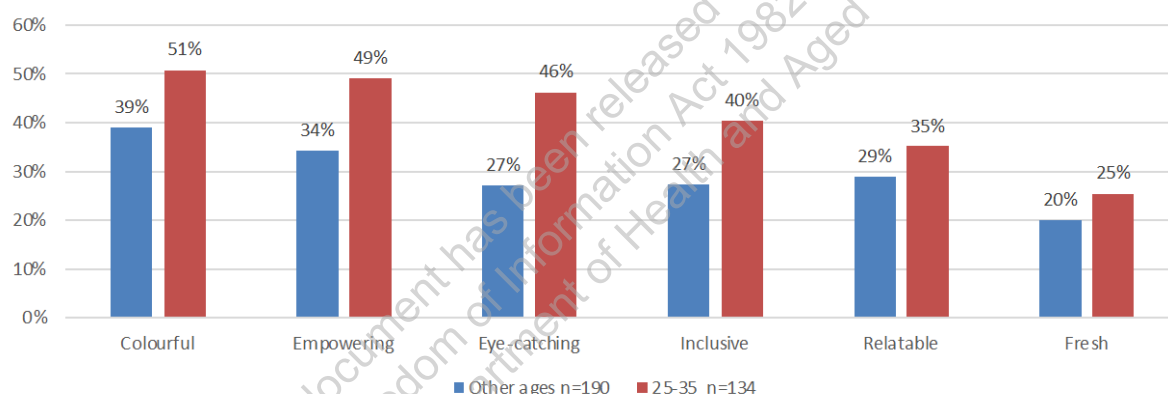
'Colourful', 'empowering', and 'eye-catching' were the three most frequently chosen words. In fact, the six most commonly chosen words were all positive. 'Nothing special' was selected by 12 per cent of respondents and was the most frequently chosen negative word.

Figure 20: Which words best describe your response to these advertisements? n=324



Among respondents aged 25-35, the top four words chosen were the same, but they received higher levels of support. For example, 51 chose colourful compared to 39 per cent for other ages, 49 per cent chose 'empowering' compared to 35 per cent among other ages, and 46 per cent chose 'eye-catching' compared to 27 per cent for other ages.

Figure 21: Which words best describe your response to these advertisements? Top 6 words compared by the age of respondents



2.8. Comments on the advertisement design and messages

Twenty-eight percent (n=105) of the respondents participated by posting comments on the advertisements.

Among this group, approximately a quarter of the respondents expressed solely positive comments about the advertisements, appreciating aspects such as the design and the message conveyed.

"I found the adverts informative- I hadn't know you could have that much agency during a medical test."

"I'd also describe it as simple, clear, and helpful info!"

In addition, another quarter of the respondents provided critical feedback regarding the terminology used in the advertisements, specifically the phrase 'if you have a cervix' instead of using the term 'women', with some noting that not everyone is familiar with human biology terminology. It is worth noting that these respondents were likely motivated to participate in the survey due to third-party activism or external influences.

"Many women do not know what a cervix is. They are excluded from know this vital health information"

"Only women and girls have a cervix. Please do not suggest otherwise!"

The remaining respondents had a mixture of comments, suggestions and criticisms. There were criticisms of the visual.

"I think the choice of image is odd; I know it's about cervical screening but it puts me off"

"I'd prefer not to see her knees, a reminder of the test itself, which is very intimate. There's a bit of an ick factor seeing it publicly like that."

Respondents highlight a key campaign message about the challenge of finding a doctor you can trust, expressing that it can be difficult even to find a doctor, let alone one you can trust

"People can't even get an appointment with a GP in my town; so finding a doctor at all is hard, let alone one you can trust, sadly. The ad is good though! :)"

"Finding doctors who are taking on new patients is extremely hard these days, so the message is unrealistic."

There is no easy response to these comments. They highlight that while the message may be empowering, it is unrealistic for many given that general practice has been described as in a "truly parlous state" by the Minister for Health.¹²

Respondents asked for an explanation of the difference between a Cervical Screening Test and a Pap test. Interestingly, both respondents quote below reported having had a Cervical Screening Test.

"I didn't realise that there is a difference between cervical screening and a Pap smear"

"Is a cervical screening test different to a Pap smear?! If so this is news to me and maybe could be worth including"

¹² Accessed, 21 April 2023. <https://www.abc.net.au/news/2023-02-02/fixing-medicare-a-tricky-challenge-for-government/101918718>

This shift from the Pap test was the key message in the Inner Circle 2018 and 2019. These campaigns occurred shortly after the change had occurred. More detailed information on the difference between Cervical Screening Test and the Pap test is available on the Can We website.

Commentary included a range of responses regarding the option to self-swab, with a mixture of positive feedback, critical remarks, and requests for additional information.

"None address the real issue for many people: it's all good to have a self collection but you still need to go to a drs surgery to access it. Let people self collect at home!"

"What is a self swab? What is the context?"

"I am a medical professional and had not seen this ad. I did not know I could collect my own sample. This is great to know. Especially for ppl who have experienced sexual trauma."

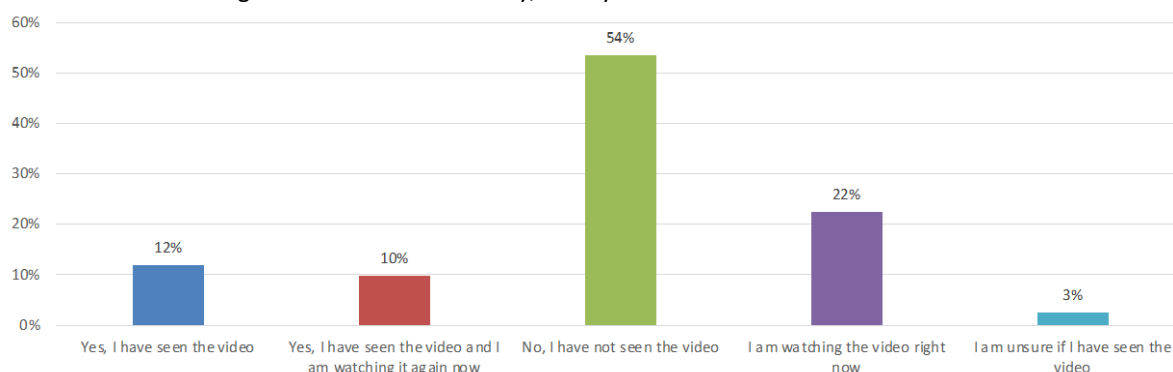
The last quote above from a medical professional suggests that choosing a self-swab may be challenging if medical professionals are unaware (though this comment may not indicate knowledge among medical professionals).

2.9. Responses and comments on the Own It video

Respondents who had watched the video (before or during the survey) rated its communication effectiveness, audience engagement and production quality on a five-point scale. Since the results were consistent across participants of all ages, including LGBTQ+ and heterosexual respondents, they will not be reported separately in this section.

In total, 44 per cent of respondents have provided feedback on the Own It video. This includes 22 per cent of respondents watching the video for the first time in the survey itself, 10 per cent of respondents who had seen the video before the survey but chose to watch it again and 12 per cent of respondents who had seen the video before the survey.

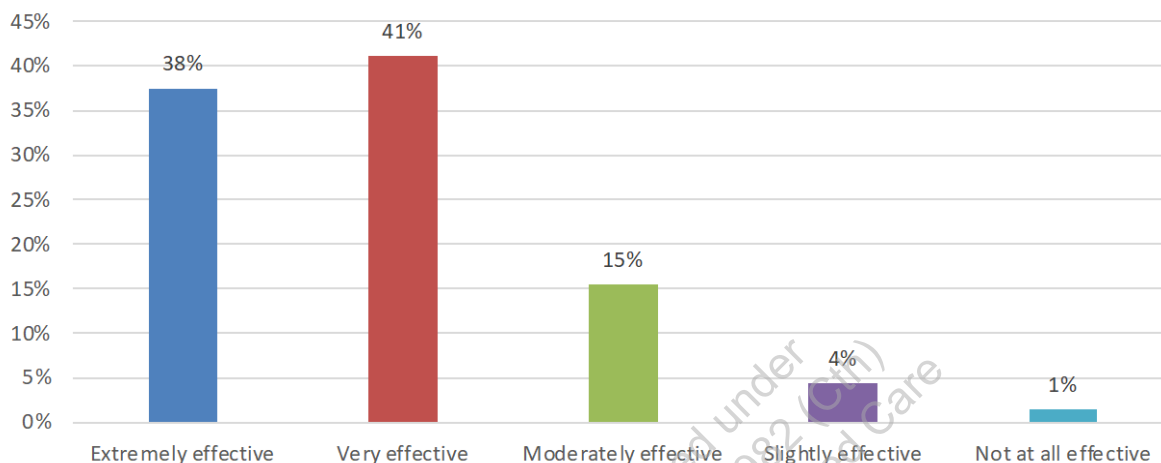
Figure 22: Before this survey, have you seen the video above? n=312



Survey respondents rated how effective the advertisements communicated the main message on a five-point rating scale ranging from 'extremely effective' to 'not at all effective'.

Nearly all respondents (99 per cent) said it was effective. Of these respondents, 38 per cent said the video was extremely effective and 41 per cent very effective. By comparison, the average for the This Could Be the One and Get Your Kit Together was 31 per cent said they were extremely or very effective compared with 79 per cent for this video.

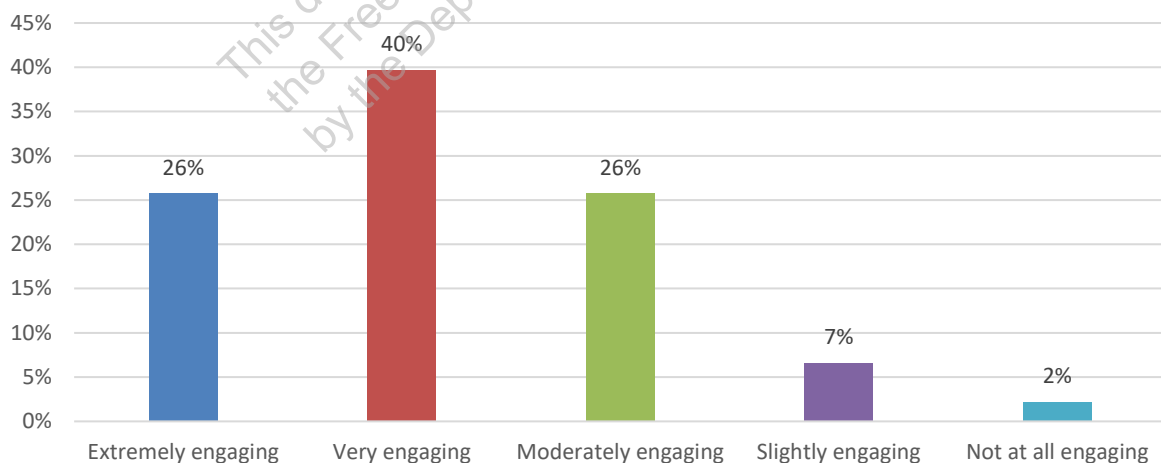
Figure 23: How effective is the video at communicating its main message? n=136



Respondents rated the advertisements' engagement on a five-point scale ranging from 'extremely engaging' to 'not at all engaging'.

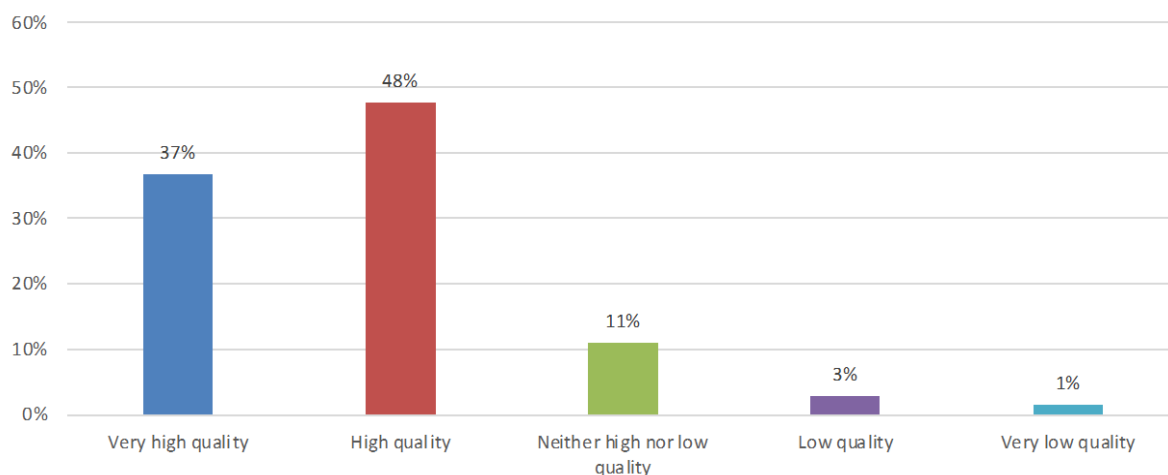
Sixty-six per cent of respondents said the video was extremely or very engaging. This is slightly higher than the 60 per cent survey average for four past campaign videos. In total, 98 per cent of respondents indicated it was engaging and two per cent said it was not at all engaging.

Figure 24: How engaging is the video? n=136



Respondents rated the quality of the video on a five-point scale ranging from 'very high quality' to 'very low quality'. Eighty-five per cent of respondents rated the video very high or high quality. Only four per cent of respondents said it was low quality or very low quality. The remaining 11 per cent of respondents were more neutral in their responses.

Figure 25: How would you rate the quality of the video? n=136



Twenty-eight per cent (n=38) of respondents who had seen the video posted a comment.

Two-thirds of comments praised the video mainly for being “inclusive” but also for being “direct” and “informative”.

“Love its inclusive messaging!!”

“Great information in this video - very real and honest, and visually engaging. Refreshing to see a video that deals with a sensitive issue in a straightforward way.”

“Great diversity, and covers a broad range of issues.”

A quarter of the comments were suggestions; some wanted more information, while others had specific production suggestions.

“Doesn’t tell me if I can do at home, do I have to go to a GP etc (though note I didn’t watch video to the end, but maybe that in itself tells you something?).”

“I think it would have been more engaging if actors voiced the narration in real time as opposed to a voiceover”

“I would rather hear the stories 1-3 rather at a time rather than all at once so i could connect with the characters (and identify with them) - it was a bit to choppy to do that”

Among the remaining comments, criticisms were directed towards the videos, specifically regarding the terminology used. Similar to other comments of this nature, these respondents were likely influenced by third-party activism.

“I think ‘if you have a cervix’ may confuse ESL women or women who don’t have detailed anatomical knowledge, which is quite common given the focus on male anatomy in schools. It would have been more effective and less

dehumanising to refer to female people or women, or even 'women and trans men'."

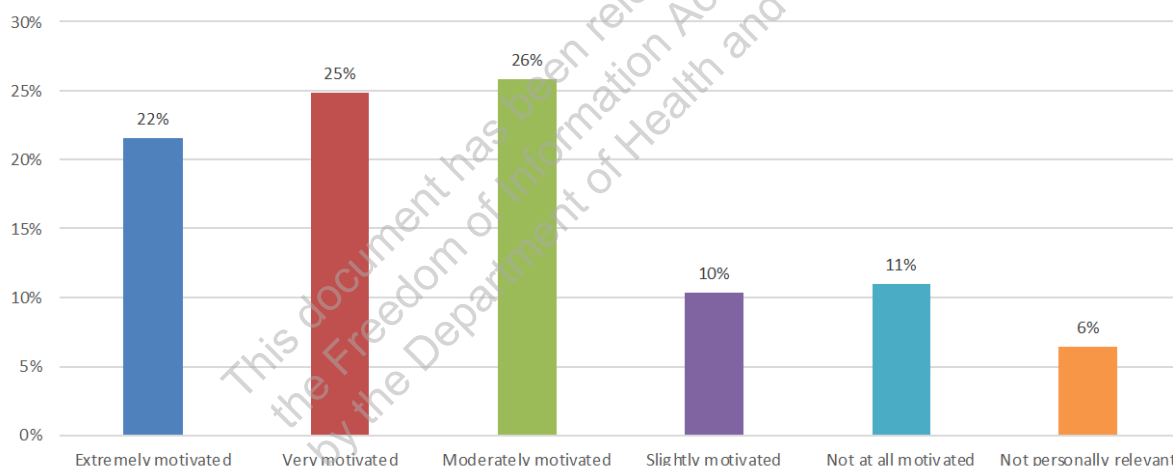
"You forgot the word 'woman' yet again!"

"There's a political agenda in the way of a health message. That's irresponsible. Stop it."

2.10. Impact on health screening intentions

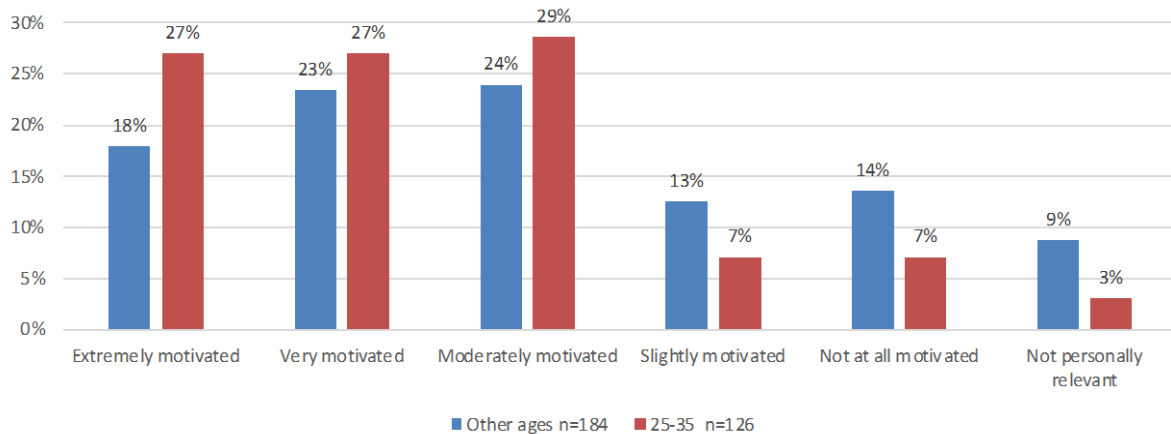
After viewing the campaign, survey respondents were asked about their motivation to undergo their next Cervical Screening Test when it is due. Forty-seven per cent said they were extremely or very motivated. Twenty-six per cent indicated that they were moderately motivated. Ten per cent said they were slightly motivated and eleven per cent said they were not at all motivated. Among those who were not at all motivated, approximately one-third were likely individuals who responded to third-party activism. Six per cent (n=20) of respondents indicated that it was not personally relevant (the number of respondents was too small to identify demographic differences).

Figure 26: After seeing these adverts and videos, how motivated are you to have your Cervical Screening Test when next due? n=310



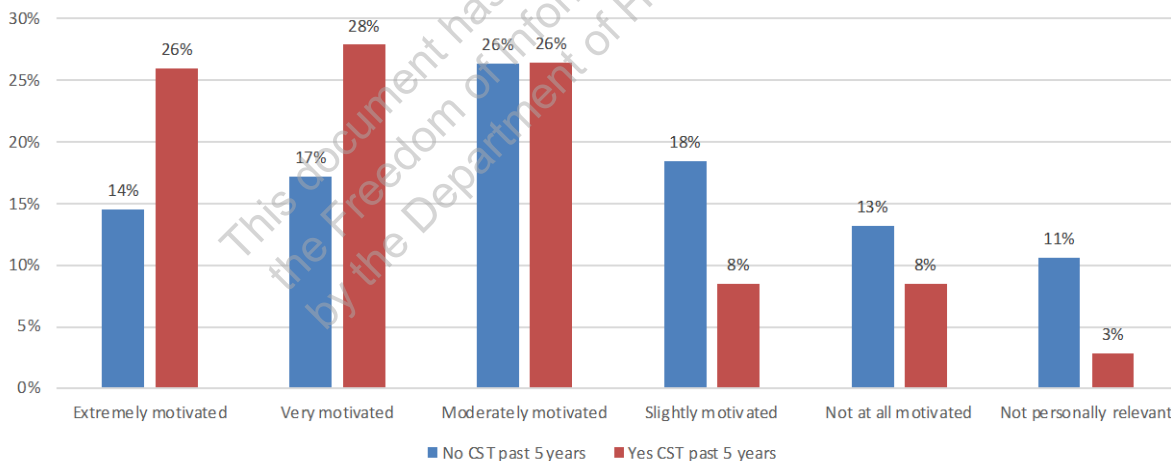
The campaign had a more positive impact on the motivation of respondents aged 25-35 than other ages. Eighty-three per cent of respondents aged 25-35 said they were extremely, very or moderately motivated to have a Cervical Screening Test compared with 65 per cent among all other respondents.

Figure 27: After seeing these adverts and videos, how motivated are you to have your Cervical Screening Test when next due? Compared by the age of respondents



Among respondents who had not undergone a Cervical Screening Test in the past five years, their motivation to get tested was lower compared to those who had taken the test during that period. Specifically, 31 per cent of the former group expressed being extremely or very motivated, whereas the latter group accounted for 54 per cent. However, it is worth noting that overall, 75 per cent of individuals who hadn't been tested in the past five years indicated some motivation to get tested when it is next due.

Figure 28: After seeing these adverts and videos, how motivated are you to have your Cervical Screening Test when next due? Compared to having had a Cervical Screening Test in the past five years



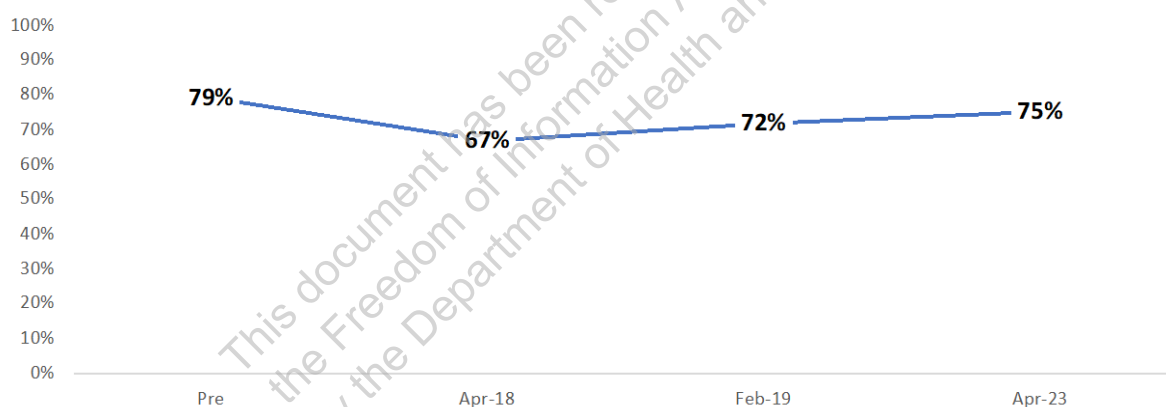
3. Knowledge and belief statements

Across four surveys, respondents rated on a five-point scale the extent to which they agreed or disagreed with four statements about cervical screening. The statements aim to monitor changes in community knowledge. * The first survey was implemented before the launch of the first campaign in early 2017. The April 2018 survey occurred after Inner Circle Phase One and the February 2019 survey after Inner Circle Phase Two. In this survey, an additional question has been added. To enable a more balanced comparison to the three prior surveys, respondents who identify as heterosexuals on this survey have been excluded from the analysis.

3.1. Changes over time across four surveys

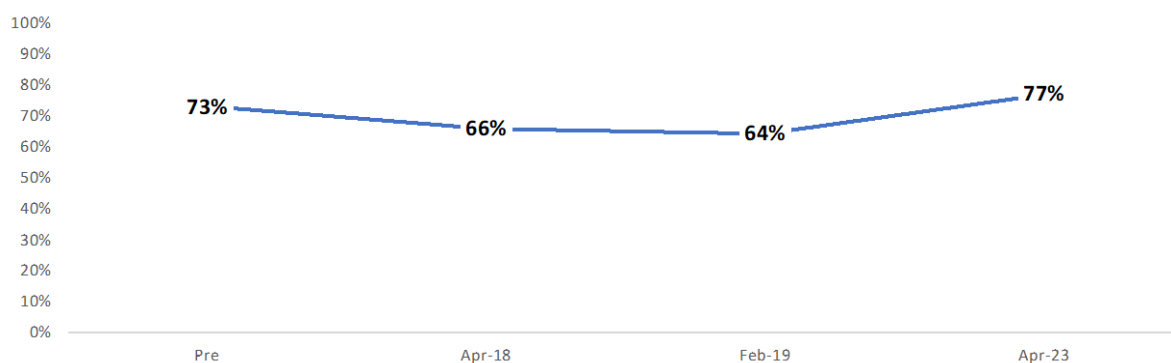
In the pre-campaign survey, 79 per cent of respondents strongly agreed or agreed that 'I understand the link between HPV and cervical cancer'. In this survey, 75 per cent strongly agreed or agreed. This is an increase compared to the two most recent surveys.

Figure 29: I understand the link between HPV and cervical cancer - % of respondents who strongly agreed or agreed with this statement



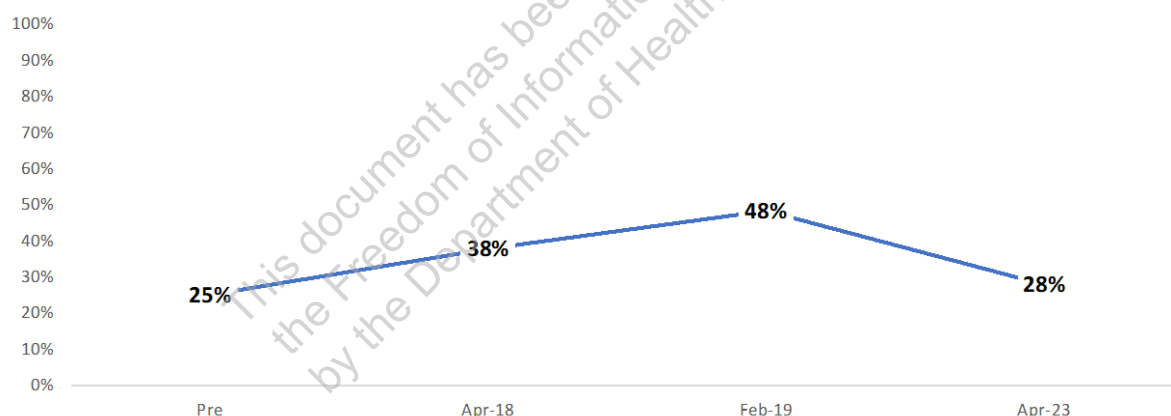
Seventy-seven per cent of respondents strongly agreed or agreed that 'even if I've had the Gardasil vaccine, it's still important to get tested for HPV every five years'. This is the highest result achieved on any of the surveys.

Figure 30: Even if I've had the Gardasil vaccine, it's still important to get tested for HPV every 5 years - % of respondents who strongly agreed or agreed with this statement



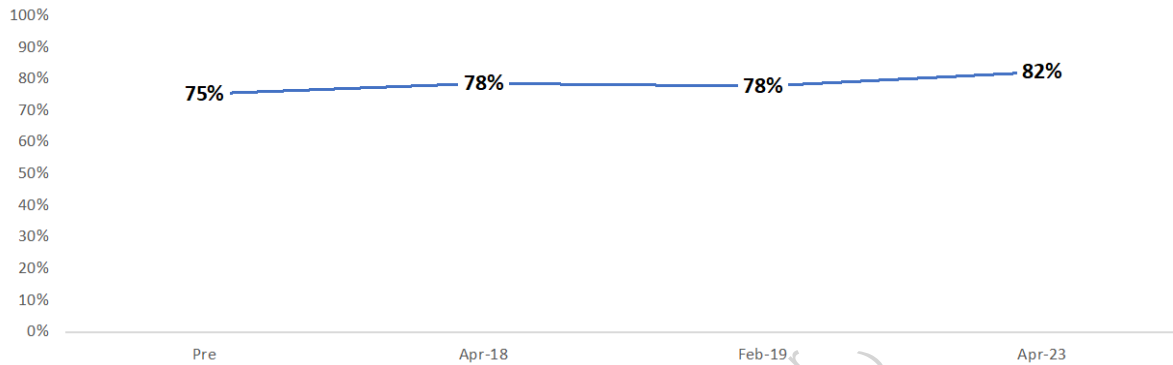
In the pre-campaign survey, 25 per cent of respondents strongly agreed or agreed that 'a Cervical Screening Test is now more effective at preventing cervical cancer than a Pap test'. In the April 2018 survey, this increased to 38 per cent of respondents and further to 48 per cent of respondents in the February 2019 survey. In this survey, 28 per cent strongly agreed or agreed with the statement. This result is driven by respondents saying they neither agreed nor disagreed or did not know (70 per cent). This large proportion who do not know may reflect that the Cervical Screening Test replaced the Pap test in Australia six years ago in 2017, so respondents may not be familiar with the Pap test (44 per cent of respondents are aged 35 and under) or not recall the reasons for the change in tests.

Figure 31: A Cervical Screening Test is now more effective at preventing cervical cancer than a Pap test - % of respondents who strongly agreed or agreed with this statement



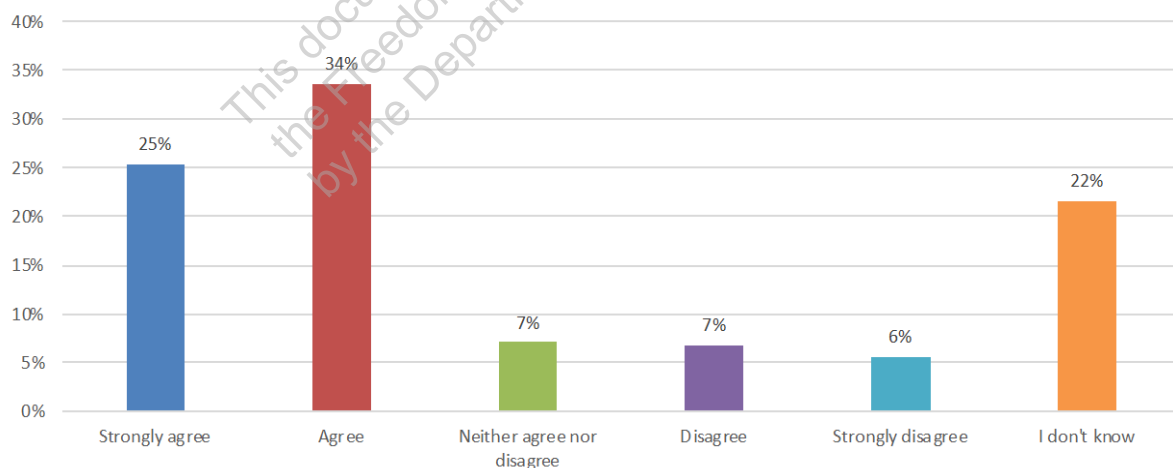
Eighty-two per cent of respondents on this survey strongly agreed or agreed that 'no matter who I have sex with, or how I have sex, it's important for me to get a Cervical Screening Test every 5 years'. This is the best result achieved. On the three prior surveys, 75-78 per cent strongly agreed or agreed with the statement.

Figure 32: No matter who I have sex with, or how I have sex, it's important for me to get a Cervical Screening Test every 5 years - % of respondents who strongly agreed or agreed with this statement



In this survey, respondents were asked whether they agreed or disagreed with the statement 'I know that for my Cervical Screening Test, I can choose to collect my own sample.' The results represent all respondents, revealing that 59 per cent strongly agreed or agreed, while 13 per cent disagreed or strongly disagreed with the statement. However, 29 per cent neither agreed nor disagreed or did not know. Notably, a significant difference emerged among these respondents: only 26 per cent reported seeing the advertisements before the survey, compared to 40 per cent among all respondents.

Figure 33: Please indicate whether you agree or disagree with the following statements: I know that for my Cervical Screening Test, I can choose to collect my own sample n=339



3.2. Comparing responses filtered by testing in the past five years

Respondents who have not had a Cervical Screening Test in the past five years were much less likely to agree with the five statements than those who had tested in the past five years. The respondents who were not in agreement with the statement for the most part, neither agreed nor disagreed or did not know.

Table 2: Percentage of respondents who strongly agreed or agreed with five statements by screening in the past five years.

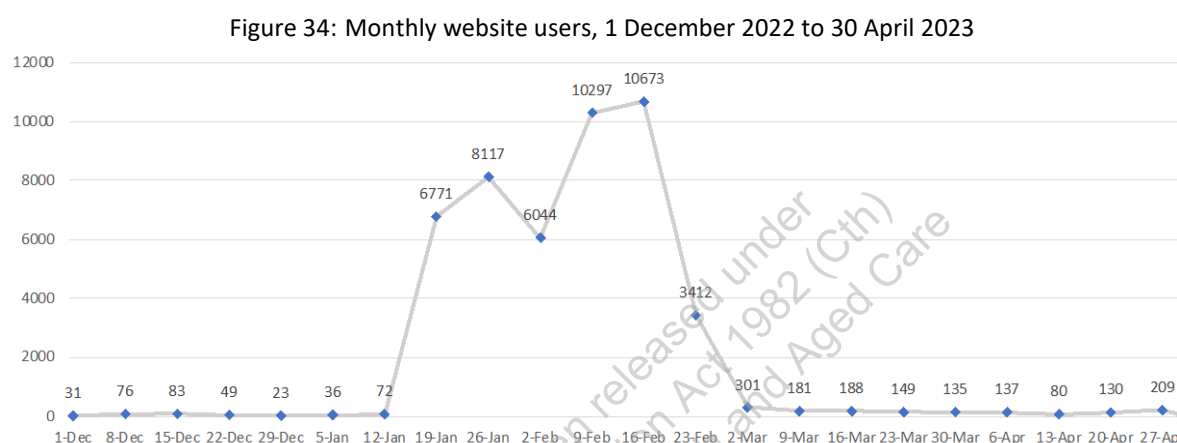
Statements	Strongly agreed or agreed with the statement	
	No CST past 5 years	Yes CST past 5 years
I understand the link between HPV (human papillomavirus) and cervical cancer	63%	85%
Even if I've had the Gardasil vaccine, it's still important to get tested for HPV (human papillomavirus) every 5 years	65%	85%
A Cervical Screening Test is more effective at preventing cervical cancer than a Pap Test	24%	34%
No matter who I have sex with, or how I have sex, it's important for me to get a Cervical Screening Test every 5 years	68%	92%
I know that for my Cervical Screening Test, I can choose to collect my own sample	49%	64%

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care

4. Advertising and digital results

4.1. User engagement with the Can We website

Between 13 January and 31 March 2023, the Can We website received 44,422 users and 143,162 pageviews. Figure 34 visually demonstrates the campaign's impact by including data from December 2022 and April 2023, highlighting the digital advertisement's influence from mid-January to late February.



Own It was the best-performing Can We campaign (see Table 3). While factors such as the campaign's duration and advertising expenditure will have impacted the results, the success has been attributed to the advertisements featuring real-life experiences, a simple call-to-action and the time spent to ensure effective audience segmentation on social media.

Table 3: Number of website users for Can We campaigns

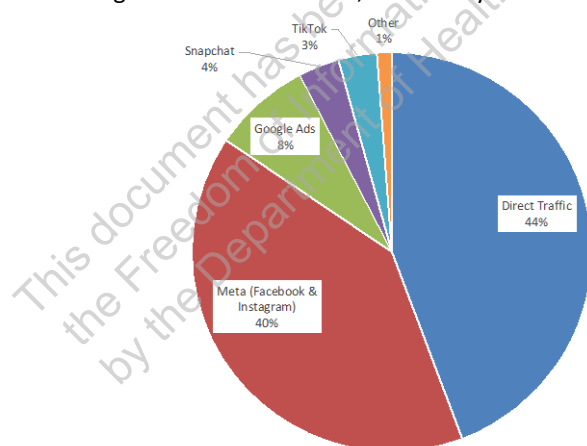
Campaign	Users
Inner Circle (15 May – 3 July 2018)	7,612
Our United Front (26 Feb – 27 April 2019)	1,804
Get Your Kit Together (1 June – 1 August 2021)	8,200
This Could Be the One (7 June – 7 August 2022)	35,084
Own It (13 January – 31 March 2023)	44,422

The Home page received 90 per cent of all pageviews. This was followed by the Cervical Screening page with five per cent of all pageviews. All other pages each had less than one per cent of total pageviews. All OOH advertisements and most digital advertisements directed users to the Home page using the canwe.org.au URL in the call to action. Digital ads that did not display a URL in the call to action were linked directly to the cervical screening page.

Table 4: Website Top 5 Pageviews, 13 January to March 31 2023

Page Title	Pageviews
Can We (homepage)	131,061
Cervical Screening	8,356
In the Know	800
Referral Options	559
Bowel Screening	370

Among the incoming traffic, 44 per cent is from direct traffic. Direct traffic is often the result of offline advertising but can also include any traffic that cannot be tracked correctly. Meta (which includes Facebook and Instagram) accounted for 40 per cent of traffic. Of the remaining traffic, Google Ads accounted for eight per cent, Snapchat was four per cent and TikTok was three per cent. The 'other' category is referrals from the linktr.ee (a service to provide all your links to social media in one simple link) on the Can We Instagram page.

Figure 35: Traffic source, 13 January to March 31 2023

On average, users visited 2.6 pages per session and stayed for 1min18secs. Direct traffic accounted for the highest number of users and showed the highest engagement levels based on both indicators of engagement, namely pages visited per session and time spent on site (refer to Table 5 for additional details). Google Ads and TikTok also exhibited considerable user engagement. However, Snapchat users demonstrated the lowest engagement levels, which can be attributed to the use of broad audience segmentation in the advertising strategy.

Table 5: Traffic acquisition and engagement by source, 13 January to March 31 2023

Source	Users	Pages/Session	Avg. Session Duration
Direct Traffic	19,265	2.9	0:02:17
Meta (Facebook, Instagram)	17,483	2.5	0:00:28
Google Ads	3,445	2.9	0:01:04
Snapchat	1,442	2.1	0:00:07
TikTok	1,357	2.5	0:01:16
linktr.ee	523	2.5	0:00:25
Total	44,422	2.6	0:01:18

4.2. Digital advertisement results

TikTok produced the highest number of impressions and had a high click-through rate (CTR) with a low cost-per-click (CPC). Meta produced the second-highest impressions and had the highest CTR and a low CPC. YouTube had one of the lower CTR and as a result, one of the higher CPC. Spotify had the lowest CTR, but generally, the platform is not designed for advertisement clicks.

Table 6: Effectiveness of advertising on social media platforms

	Impressions	No. of clicks	CTR	CPC
TikTok	579,556	36,779	6.4%	\$0.04
Meta	371,273	23,557	14.4%	\$0.16
Snapchat	129,318	2,705	2.1%	\$0.63
Spotify	174,344	228	0.1%	\$0.01
Google Search	20,353	1,625	7.9%	\$1.41
Google Display	288,070	1,423	0.5%	\$0.54
YouTube	96,314	416	0.4%	\$2.40

4.3. Video views and duration

A total of 289,985 video plays were recorded across all channels, with 76 per cent of the plays attributed to the 15-second campaign video. The 15-second video received broader advertising coverage than the 60-second video, as it was determined that TikTok, due to its fast content consumption, was unsuitable for the longer format. Two advertisements were deployed on TikTok, targeting women aged 25-35 for one and a trans and gender-diverse audience aged 25-35 for the other. Both advertisements performed well, driving high-quality traffic to the website (refer to Table 7 for details).

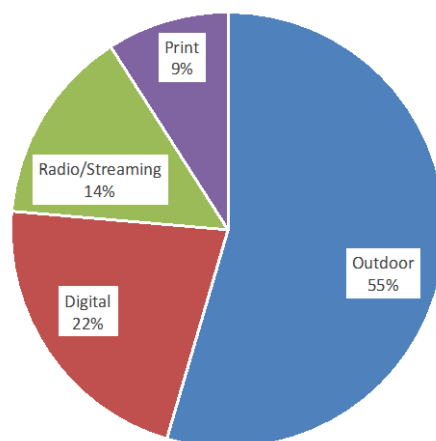
Table 7: Video view duration across social media platforms

Platform	Video plays	2 or 3 seconds	15 Second Video Views	Plays at 25%	Plays at 50%	Plays at 75%	Complete	Average play time (seconds)
60 second video								
Snapchat	6,704	6,704	1,863	1,377	870	632	398	0.03
Meta	1,328	659	268	269	115	103	29	0.09
15 second video								
Snapchat	21,598	21,598	6,973	5,500	3,529	2,601	1,634	0.04
Meta	29,212	16,110	4,363	14,032	9,996	7,754	4,297	0.07
TikTok	165,571	78,772	66,011	77,824	72,191	69,416	66,011	0.07
YouTube	6,588	-	-	5,204	2,371	1,581	988	-
Spotify	53,762	-	-	-	-	-	53,762	-

4.4. Expenditure on production and media channels

Out-of-home advertisements (street posters and outdoor panels) consumed over half (55 per cent) of the advertising budget. Digital advertisements accounted for the next largest proportion at 22 per cent. This included advertising on Facebook, Instagram, Google Ads and, for the first time for a Can We campaign on Tik Tok and Snapchat. Advertising on radio and Spotify was 14 per cent of the budget. Print advertisements accounted for nine per cent.

Figure 36: Percentage breakdown of media expenditure



4.5. Discussion of advertising and digital results

In assessing the reach and cost-effectiveness of the various media channels, it is important to take into account multiple factors: impact on advertising recall, impact on driving website traffic, quality of users directed to the website, options to segment the audience to ensure reach among different demographics, advertising costs and cost-effectiveness regarding website traffic.

- Digital advertisements, including social media, are 22 per cent of the media expenditure budget but drive the majority of campaign recall (83 per cent recalled seeing the advertisements on social media). They drive the second largest proportion of website traffic.
- OOH advertisements account for the most significant proportion of media expenditure, representing 55 per cent. They contribute significantly to campaign recall, with 34 per cent of respondents recalling the OOH advertisements. Furthermore, direct traffic constitutes 44 per cent of website traffic, suggesting that offline advertising has likely played a crucial role in driving visitors to the website.
- Radio and Spotify advertisements account for 14 percent of the total media expenditure. In terms of overall campaign recall, they have a relatively lesser impact compared to OOH or digital advertisements. However, it is important to highlight that among listeners of the radio stations, the recall of these advertisements was notably higher. This suggests that radio and Spotify ads may hold value in reaching specific audience segments, particularly considering that the radio advertisements were specifically targeted towards rural and regional areas in NSW. Unfortunately, the survey cannot provide more detailed information on the demographic profile of the respondents, as the number of listeners who recalled the advertisements is insufficient for deeper analysis.
- Facebook and Instagram were the top two media sites where Own It advertisements were seen. They drove the second-highest amount of website traffic after direct traffic. As ACON has been using Meta advertising for so long, highly refined existing audience segmentations are available for campaign use that enable effective targeting and save staff planning time.

- TikTok generated the highest video views and was valuable for reaching segments of the audience, particularly younger trans and gender-diverse audiences. It drove engaged users to the website, though they were a small proportion of total traffic.
- Snapchat generated a relatively small portion of website traffic, and the users from this platform exhibited low levels of engagement. To determine the true value of Snapchat as a platform for future campaigns, additional experimentation is necessary, particularly in terms of audience segmentation.
- Spotify advertisements achieved an exceptionally high completion rate due to their non-skippable nature. However, despite this high completion rate, the campaign received a low CTR. The limited availability of user viewing behaviour analytics and the underwhelming CTR raise concerns about the viability of pursuing this platform in future campaigns. Nevertheless, it is worth noting that the survey reported a significant number of Spotify listeners. With a deeper understanding of Spotify's targeting options and the listeners' subscription status, there is potential to achieve improved results and outcomes in future campaigns. The next approach could be to trial advertising on podcasts rather than on the ad-version of Spotify. This approach has been used with success for Ending HIV. Keeping this in mind and creating audio content during campaign development would be useful for this platform.
- Google AdWords makes a limited contribution to campaign recall. However, they contribute the third highest traffic volume to the website and engaged users. This platform shows an enormous amount of promise and is a great way to capture a large audience volume outside of social media platforms. The more this platform is used the more data we have to help inform and refine audience targeting which will drive traffic volume upwards.

5. Conclusion

An online survey was implemented to evaluate the Own It campaign. The survey had 380 respondents. Of these, 41 per cent were aged 25-35, the primary campaign target audience. The survey findings indicate that the campaign, including advertisements and videos, resonated with survey respondents.

Key survey findings include:

- 56 per cent campaign recall among respondents aged 25-35 and 44 per cent among all respondents
- 83 per cent of respondents (among those who had seen the advertisements before the survey) recall seeing them on a social media channel and 34 per cent the OOH advertisements.
- 43 per cent of respondents took some action after seeing the advertisements.
- 60 per cent said the advertisements communicated extremely or very effectively. In total, 92 per cent said they communicated effectively.
- 91 per cent said the advertisements were engaging, with 51 per cent of LGBTQ+ respondents saying they were extremely or very engaging.
- Colourful, empowering, eye-catching, and inclusive were the most frequent words to describe the advertisements.
- 21 per cent recalled the campaign video, with 79 per cent of respondents saying it communicated its message extremely or very effectively.
- 83 per cent of respondents aged 25-35 said that after seeing the campaign, they were extremely, very or moderately motivated to have a Cervical Screening Test when next due.

Own It had the best campaign recall for an ACON Can we campaign, with a very favourable reaction to the advertisements and video.

Own It has achieved the best campaign recall result compared to past Can We campaigns. Given that the campaign audience and survey included heterosexuals, this is even more impressive. If we only include LGBTQ+ respondents (to enable a fairer comparison to prior Can We campaigns), it achieved 49 per cent recall, higher than the previous best result of 41 per cent for the Inner Circle 2018.

One factor that likely influenced this recall result is the strong impact of the advertisements. Survey respondents responded positively to the design of the advertisements, using a range of positive words to describe them and rating them favourably in terms of engagement. Respondents who expressed positive feedback about the campaign described it as informative, direct, and straightforward. Similarly, the video received favourable ratings from survey participants who viewed it before or during the survey, with 79 per cent saying it communicated extremely or very effectively. The video garnered 289,985 video plays across various social media channels.

The campaign prompted immediate action and positively impacted future screening intentions.

As the survey occurs shortly after advertisements cease, it aims to measure immediate action resulting from the advertisements and impacts on health screening intentions rather than any long-term behaviour change. As reported, 43 per cent took some action after having seen the advertisements. By way of comparison, 23 per cent of respondents who saw This Could Be the One campaign took some action. Among respondents aged 25-35, 53 per cent took some action compared to 32 per cent among other ages.

The campaign has successfully motivated survey respondents, particularly those aged 25-35, to prioritise their Cervical Screening Test when it is next due. A significant 83 per cent of respondents in the 25-35 age group expressed high levels of motivation, being extremely, very, or moderately motivated to undergo the test, compared to 65 per cent among other age groups.

The campaign effectively communicated its messages and respondents particularly rated the self-swab advertisement favourably.

Participants rated the advertisements favourably regarding their ability to communicate their message and demonstrated this when they were asked to describe the main message in their own words. While both advertisements shown to respondents rated well, it was interesting that the self-swab advertisement rated even better, with 71 per cent saying it was extremely or very effective at communicating its message compared with 50 per cent for the doctor advertisement. The survey does not indicate the reasons why this may be the case. One hypothesis is that the advertisement is communicating new information that is personally relevant, so they are responding favourably (several respondents commented on the value of the information).

A good mix of media channels was used to help achieve the recall results, drive traffic to the website and promote video views.

The evaluation findings emphasise the importance of using diverse media channels, as they contribute to the campaign in distinct ways. OOH and digital advertisements are critical in achieving strong campaign recall. While digital advertisements accounted for 22 per cent of the advertising budget, they were particularly effective in generating video views and driving website traffic. Audio advertisements, although making a minor contribution to recall, also require a smaller proportion of the advertising budget. Using various social media platforms yielded varying results, with Meta proving particularly effective. However, it is worthwhile to continue experimenting with platforms as they offer opportunities to reach different audience segments. It is important to note that the

evaluation does not draw definitive conclusions about the value of individual media channels for future campaigns, as this will depend on factors such as the target audience, advertising budget, and available campaign planning resources, particularly when targeting advertisements on less frequently used social media platforms.

Protecting survey integrity from third-party activism is essential, however, limited options are available.

The available options to safeguard survey integrity from third-party activists are limited. Maintaining restrictions that allow only one response per device will continue to be valuable in preventing spamming and maintaining the survey's integrity. While adding password protection is an option, it would pose a significant barrier to community participation in the survey. Another option is to cease recruitment with the existing survey link when third parties attempt to influence the results and instead use a new survey collector link. Although this was considered in this case, it was deemed risky, as there is a chance that third parties may discover the new link and promote it to take the survey a second time.

The most viable option is monitoring the impact of third-party activist promotion on survey participation. Often, such responses can be identified through similar issues or terminology being used. In this case, the surveys were included in the analysis as the number of respondents did not overwhelm the survey recruitment strategies, the respondents were members of the target audience, and their responses were not abusive. Their perspectives have been reported within this evaluation report (refer to sections 2.8 and 2.9).

This campaign showcases successful general audience targeting and LGBTQ+ inclusivity in cancer screening and prevention campaigns, highlighting the strength of community-led LGBTQ+ health organisations in understanding their communities and developing resonant advertisements and messages.

This campaign successfully targeted a diverse audience, ensuring inclusivity for LGBTQ+ communities within cervical screening and prevention campaigns. It engaged both LGBTQ+ and heterosexual audiences, with a distinct preference observed among LGBTQ+ survey respondents. This achievement serves as an important reminder to mainstream service providers that LGBTQ+ inclusivity can be effectively incorporated into general audience campaigns by carefully considering the best approach and fostering partnerships with LGBTQ+ community-led organisations.

While the audience generally responded well, LGBTQ+ respondents displayed a more favourable response to the campaign, with 65 percent rating its communication effectiveness as extremely or very effective, compared to 55 percent among heterosexual respondents. Moreover, LGBTQ+ individuals found the advertisements to be more engaging, with 51 percent rating them as extremely or very engaging, in contrast to 42 percent among heterosexual respondents. Among respondents who had not undergone testing in the past five years, LGBTQ+ participants exhibited higher motivation, with 64 percent expressing extreme, very, or moderate motivation to undergo testing when next due, as opposed to 46 percent among heterosexual respondents.


The survey findings emphasise the importance of these campaigns, as they revealed that LGBTQ+ respondents were significantly less likely to have undergone testing in the past five years compared to their heterosexual counterparts (66 percent versus 74 percent, respectively). Furthermore, among respondents who had not been tested in the past five years, there was a notable difference in agreement with the five knowledge and belief statements between this group and those who had been tested. This evidence highlights the urgent need for targeted campaigns to address knowledge gaps and encourage regular testing among LGBTQ+ individuals.

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care

Appendix

Appendix A: Six campaign advertisements

'I chose to educate myself about the test'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.

Book yours now. Visit canwe.org.au to find out more.

NATIONAL
CERVICAL SCREENING
PROGRAM
A joint initiative of Health and Medical Research

CANWE

acon

'I chose to find a doctor I could trust'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL
CERVICAL SCREENING
PROGRAM
A joint initiative of Health and Medical Research

CANWE

acon

'I chose to bring a friend for support'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL
CERVICAL SCREENING
PROGRAM
A joint initiative of Health and Medical Research

CANWE

acon

'I chose to talk to my mob about the Cervical Screening Test'



It's your Cervical Screening Test. Own it.

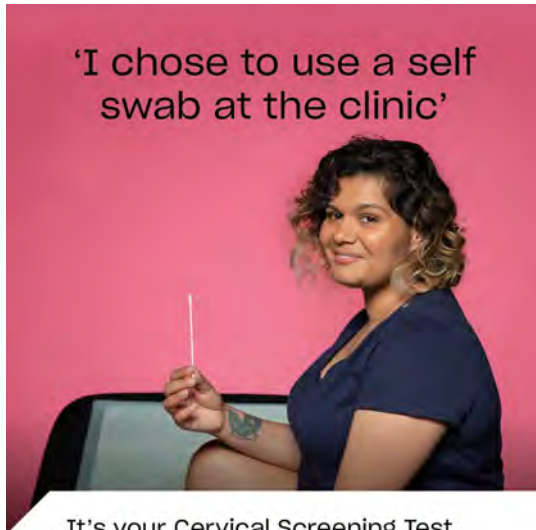
You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.

Book yours now. Visit canwe.org.au to find out more.

NATIONAL
CERVICAL SCREENING
PROGRAM
A joint initiative of Health and Medical Research

CANWE

acon

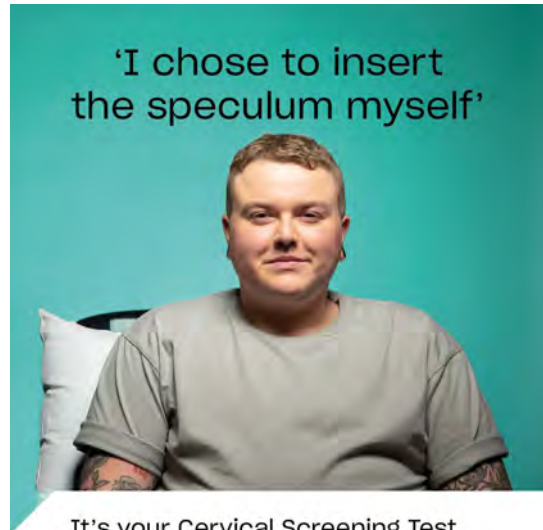
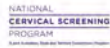


'I chose to use a self
swab at the clinic'

It's your Cervical Screening Test.
Own it.

You have choices when it comes to your Cervical Screening Test.
If you have a cervix and are aged 25-74, you should have one
every five years.

Book yours now. Visit canwe.org.au to find out more.



'I chose to insert
the speculum myself'

It's your Cervical Screening Test.
Own it.

You have choices when it comes to your Cervical Screening Test.
If you have a cervix and are aged 25-74, you should have one
every five years.

Book yours now. Visit canwe.org.au to find out more.



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by the Department of Health and Aged Care

Appendix B: Campaign advertising locations

oOH! Media Placements	Mr Glasses Media Placements	JCDcaux Bus Portrait backs	Honi Soit Magazine	Archer Magazine	ARN – Radio Stations
Ashfield Inner West	Alexandria	Sydney Metro-wide	Sydney University Students	Australia wide	New FM Newcastle
Avalon Beach Nth Shore	Bondi Junction				PowerFM Muswellbrook
Bankstown Sth West	Camperdown				PowerFM Nowra
Bexley Syd South	Chatswood				
Brookvale Nth Shore	Darlinghurst				
Camperdown Inner West	Dulwich Hill				
Canturbury Syd South	Manly				
Dee Why Nth Shore	Marrickville				
Dulwich Hill Inner West	Mosman				
Lakemba Syd South	Newtown				
Marrickville Inner West	Nth Sydney				
Parramatta Syd West	Parramatta				
Punchbowl Syd South	Rozelle				
Tempe Inner West	St Peters				
	Surry Hills				
	Wolli Creek				

Campaign Brief – ACON

Cervical Campaign Strategic Approach

The cervical screening (self-collect) awareness campaign will be delivered in partnership with cancer control organisations and peak clinical bodies.

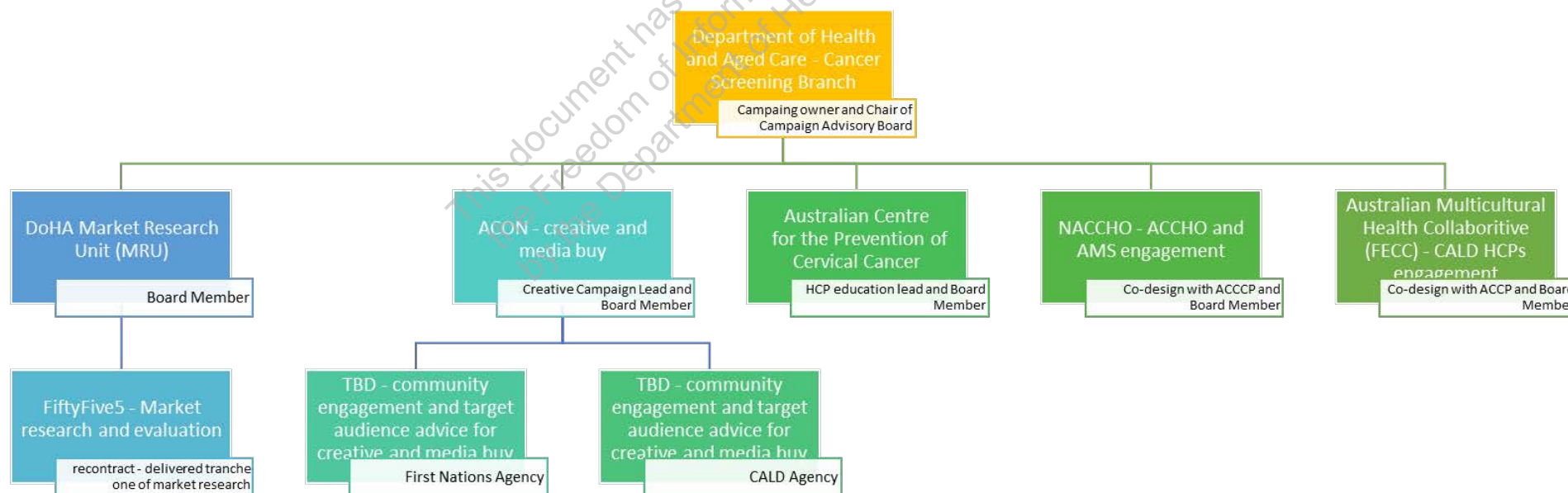
These proposed partners are ACON, NACCHO, The Australian Multicultural Health Collaborative managed within FECCA, and the Australian Centre for the Prevention of Cervical Cancer (ACPCC).

The Department will establish and Chair an Advisory Board to ensure the campaign is collaborative. The Board will oversee campaign delivery to manage the roles, responsibilities and outputs from each partner.

It is proposed ACON will deliver the creative elements and media buy by expanding your existing OWN It cervical self-collect campaign. This creative tested very well with campaign target audiences. It is proposed ACON will subcontract two specialist agencies for First Nations and CALD audiences, to co-design creative assets and advise on media placements. NACCHO and FECCA will act as advisors to this work.

It is proposed ACPCC will deliver the healthcare/GP education element of the campaign and will work with NACCHO and FECCA to co-design resources for First Nations and CALD healthcare providers and centres.

FiftyFive5 will continue as the market research agency, in collaboration with a research agency specialising in First Nations and CALD audiences.



ACON's Role

ACON would be engaged to partner with the Department of Health and Aged Care to plan and deliver a national cervical screening awareness communications advertising campaign in 2024 (Phase One). This will include paid media, owned media, public relations activities and community engagement, supported by the advice of specialist sub-contractors.

The campaign will be designed and implemented to increase intention to screen and awareness of the self-collect option as part of the National Cervical Screening Program (NCSP).

2023-24

Expand ACON's OWN It Campaign nationally with a focus on First Nations and Culturally and Linguistically Diverse women and people with a cervix aged 25 – 74. This will be subject to the overarching campaign strategy and will require ACON to:

- Deliver a detailed Project Plan
- Refine concepts for target audiences and prepare materials for concept testing
- Subcontract a First Nations and CALD specialist creative agencies
- Deliver and implement a media plan in consultation with the specialist agencies
- Deliver and implement a PR/Community engagement plan in consultation with the specialist agencies.

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care

Draft Timeline

Action Item	Timing
Contract ACON	September 2023
Support ACON to subcontract specialist agencies (community engagement, public relations, advice on creative and media buy for ACON)	September/October 2023
FiftyFive5 and campaign partners to discuss research findings and overall campaign goals/objectives/strategy - Advisory Board Meeting 1	September 2023
ACON (with 33 Creative and Cultural Perspectives) to update and expand creative concept elements	September – November 2024
ACON to present updated creative including new primary audience materials to the Advisory Board - Board meeting 2	November 2023
Updated creative assets into concept testing (round one)	Late November 2023
FiftyFive5 present findings of concept testing & ACON in partnership with 33 Creative and Cultural Perspectives present the PR/community engagement plan - Advisory Board meeting 3	December 2023
creative concepts refined and then developed	January – February 2024
Healthcare Provider/GP education plan presentation (ACPCC, NACCHO, FECCA)/ACON present PR Plan - Advisory Board meeting 4	February 2024
Final creative assets into concept testing (round 2)	February 2024
Campaign concept testing findings and approval & update on HCP education and community engagement plans - Advisory Board meeting 5	Late February 2024
Final concept refinements if required based on concept testing	Late February 2024
Update the exec and MO on the campaign assets and launch	Late February 2024
Campaign assets distributed to media buy outlets	March 2024
Advertising Campaign LIVE	March 2024
Community Engagement/PR begins	March 2024
Healthcare Provider/GP/ACCHOs/AMS/CALD HCP begins	March 2024

From: s22
To: s47E(d)
Cc: s22
Subject: Update on cervical self-collection campaign [SEC=OFFICIAL]
Date: Monday, 7 August 2023 12:26:55 PM
Attachments: [image001.jpg](#)
[image002.png](#)
[image003.png](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.png](#)

Dear DLO's

I hope you are all well.

We wish to advise Minister Butler's office the cervical screening awareness (self-collect) campaign will now be delivered in a partnership model with cancer control organisations and peak clinical bodies. This approach follows a review of the original Budget documentation and subsequent policy authority which require the campaign to be delivered through a partnership approach. The Campaign Manager will inform the Communication Advice Branch within the Department of Finance that we will no longer be requiring the Health and Wellbeing Village.

We will continue to update the Minister and his office on the campaign as it progresses.

If you could please pass my message to s47F and any other relevant advisers I would be grateful.

Please don't hesitate to contact me if you or anyone else in the MO need any further information.

Many thanks

s22

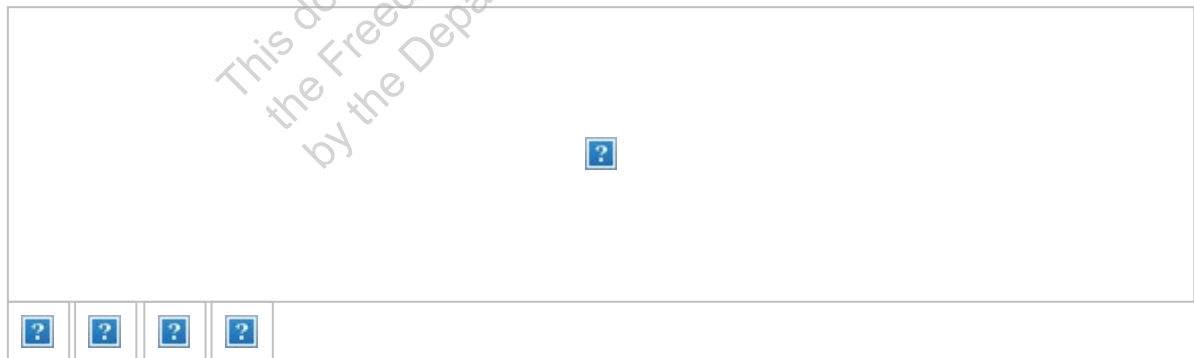
Acting Assistant Secretary

National Cancer Screening Programs | Cancer, Hearing and Chronic Conditions

Australian Government, Department of Health and Aged Care

02 6289 s22 | Sirius Building 7.5.154

GPO Box 9848, Canberra ACT 2601



The Department of Health and Aged Care acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community.

We pay our respects to them and their cultures, and to Elders past and present.

ACON – TPs

We really liked the OWN It Campaign and your proposal to take it nationally. Thank you. These proposals are significant work, and we respect and appreciate the effort you put in to the document.

In what I think is good news, our campaign delivery model has changed since we last spoke. We are now looking for partners to deliver the campaign, stakeholders that are aligned with the work and its audiences. This means we aren't looking to develop an independent campaign from scratch, but rather adopt and adapt one.

Considering the excellent and well tested OWN It campaign, we feel it's well positioned to not only expand nationally, as proposed for the LGBTQIA+ audience, but also for our primary target audiences of First Nations and CALD women and people with a cervix.

Of course, we recognise the materials will need some refinement and further testing, but in further good news, proposed partners NACCHO saw your presentation at the recent cancer symposium and loved it. They felt it was a great campaign for First Nations audiences and were impressed by your presentation.

Noting from their proposal:

"An independent evaluation found the campaign had strong cut-through with the target audience with 56 percent of respondents aged 25-35 recalling the campaign. The Own It campaign also demonstrates strong potential for behaviour change with 43 percent of respondents reporting taking some action after seeing the advertisements and 83 percent of respondents aged 25-35 reporting being motivated to have a Cervical Screening Test when next due after seeing the campaign."

ACON proposed:

GOALS AND OBJECTIVES

Goal:

To contribute to an increase in Cervical Screening Test participation among young women and people with a cervix in Australia.

Objectives:

- Increase prompted recall and recognition of the campaign amongst young people who are eligible for cervical screening.
- Encourage young people to book a cervical screening test if they are overdue or have never had a test.
- Educate people about the availability of the self-collection option and what that means for them when they make their next appointment.

Their creative concept testing:

ACON CREATIVE CONCEPT TESTING

The Own It concept was focused tested with the target audience (2 X (8-12 people per group) general population, cis-gendered heterosexual women; 2 X LGBTQ+ people with a cervix; 1 X Aboriginal people with a cervix) in September 2022. 6 Groups of each Can we

clarify this was 6 people in total? Discuss this further. First nations engaged project manager. FOI 5204 - document 6

We will need to do further testing and refinement.

Focus testing participants included a mix of 'never screened', 'overdue', and 'screened within the last 5 years' from metro and regional NSW.

key messages to help prioritise "choices" which most resonated and encouraged the target audience to screen. **Focus test participants found the Own It concept to be positive. It addressed vulnerability and instilled a sense of control of the Cervical Screening Test experience. Own It was highly engaging as it presented relevant and compelling narratives and was empowering."**

Department's Market Research

FiftyFive5's market research also found the target audiences gravitated to positive messages of having control and feeling empowered by this.

PEOPLE ENGAGE WITH COMMS CENTRED AROUND PRO-CHOICE, EASE, PAINLESS AND GIVING INDIVIDUALS THE CONTROL, POSITIVE TONE, EMPOWERING

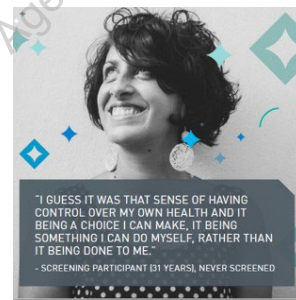
We shared a variety of past cervical screening campaigns on the community, and asked people to pull together collages of the most engaging messages....



Myth busters, and clarity on the facts around self-collection. Visualising the key differences between the options



Focusing on the choice of the individual in how they would like the test to happen: your test, your way.



Positivity in the messaging and creating empowerment - something that you choose to do and it's not done for them

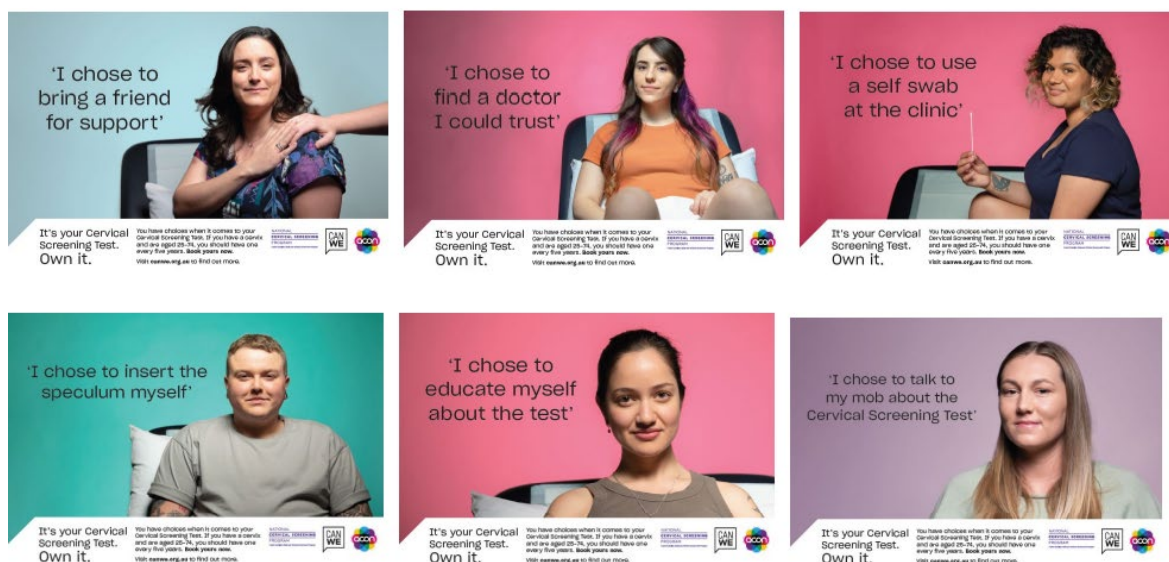
“I really like the images representing empowerment, and the happy ones – they make me want to do it more than the darker threatening ones.”

fiftyfive5
Part of Accenture Song

0119

Examples of ACON existing creative:

Landscapes (Billboards)



They are asking for \$533,600 (ext GST) over two years. We have approximately \$5m in the first year, inclusive of a range of activities (creative, channel plan, below the line, specialist agency engagement).

We would be responsible for overarching strategy, concept testing and evaluation.

I would like to take you through our proposal as to how we work collaboratively with yourselves and other partners to deliver the national campaign.

YOU ARE DOING SO WELL!!!!

Meeting notes from meeting with Cancer Institute NSW and ACON – taken from Communication and Partnerships Team OneNote

ACON - Update on their OwnIt CI NSW campaign

Monday, 19 June 2023 1:15 PM

The campaign materials enable people to connect

They believe the campaign could be localised, e.g how to have a conversation with your GP.

While the videos are trying to reach a broad target audience they're also trying for Women's health services, ACCHOs etc,

Can discuss how to personalise it in particular states and territories

If we want to do something for regional areas, we could do the issues based approach.

Campaign was for all people with a cervix, within those ages. VERY IMPORTANT POINT, I want to see how it works for niche audiences. Casting was extremely diverse. Messages are empowering, acknowledge the sensitive or uncomfortable nature of the process, but also let people know how the self-collection process works.

They tested, then did recruitment, then interviewed their talent so they were authentic.

Could possibly look at the research so it was grouped by sexuality, or age.

Focus groups - 6 groups, 2 straight women, 2 were LGBTQ, 2 groups First Nations (latter done by FN woman).

Research showed people felt they didn't have control or choices. Campaign was designed around showing people they had choice.

Had data that showed they reached a broad range of people outside of

Do they have any research they can share with us? THEY ARE GOING TO SHARE

Starting the conversation with GPs about how to talk about screening with their patients?

Evaluation shows campaign performed well across the broad

Socials and radio got message out to more regional areas - good supplement, good reach

Evaluation - recruit broadly via meta/FB/Insta then drill down in data if needed

Campaign did well in general but exceptionally in the LGBTI space

From: s22
To: s22
Subject: FW: ACON young women and people with a cervix cervical screening (Own It) campaign [SEC=OFFICIAL]
Date: Monday, 5 December 2022 9:55:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[ACON Approval Brief - Own It - 25112022 \(003\).pdf](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)
[image011.png](#)
[image012.png](#)
[image013.png](#)

If anyone is interested, Cancer Institute NSW are doing a campaign on self-collect/cervical screening with ACON. The campaign brief is attached and you can see some of the assets etc. Originally it was intended to be a LGBTQI+ campaign but has ended up being a campaign aimed at young people (25-34).

s22

Communications and Engagement Officer (Cervical Screening)

Communication and Partnerships Section
 Cancer Screening Programs Branch
 Cancer, Hearing and Chronic Conditions Division
 Australian Government Department of Health and Aged Care

☎ (02) 6289 s22

🏢 Sirius Building Level 9, 23 Furzer St, Phillip, ACT, 2606

📬 GPO Box 9848, Canberra ACT 2601



The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community.

We pay our respects to all Elders past and present.



From: s47F Cancer Institute NSW) s47F @health.nsw.gov.au>

Sent: Friday, 2 December 2022 4:11 PM

To: s22 @health.gov.au>; s22 @Health.gov.au>; s22 @Health.gov.au>

Cc: s47F (Cancer Institute NSW) s47F @health.nsw.gov.au>

Subject: ACON young women and people with a cervix cervical screening (Own It) campaign

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22

We are pleased to share with you in confidence, the final brief from ACON for the young women

and people with a cervix cervical screening (Own It) campaign.

The attached document covers the background for the campaign and development process, as well as the creative, talent, media plan and evaluation framework. Included are private YouTube links for the videos to make them easier to view, but please note these will not go public on YouTube until the campaign launches on 16 January.

Thanks to s22 for working with s47F at ACON re use of the NCSP logo.

Have good weekends all, s47F

s47F

Relationships Manager, Cervical Screening Program

Cancer Screening and Prevention

cancer.nsw.gov.au

T s47F E s47F @health.nsw.gov.au

Level 4, 1 Reserve Road, St Leonards NSW 2065

PO Box 41, Alexandria NSW 1435



cancer.nsw.gov.au

We acknowledge the traditional custodians of the lands on which we work and live, and pay our respect to Elders past, present and future.

Please consider the environment before printing this email.

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.



25 November 2022

s47F

NSW Cervical Screening Program Manager
Cancer Institute NSW
Level 4/1 Reserve Road
St Leonards, New South Wales 2065

Sent by email: s47F@health.nsw.gov.au

Dear s47F

Re: Campaign Approval Brief, Can We – Own It

Please find attached a brief through which ACON seeks the Cancer Institute NSW's approval for our new Can We cervical screening campaign – *Own It*. The campaign aims to contribute to increasing cervical screening participation rates among young people with a cervix aged 25-35 years in NSW including sexuality and gender diverse people.

The overarching campaign approach is to empower people with a cervix that they have options to make the Cervical Screening Test work for them. The campaign showcases several contributors sharing honest stories about overcoming barriers to having the test and to de-mystify the experience. The messaging has been developed in response to formative research with the LGBTQ and general community members, published evidence, and consultation with the Cancer Institute's Cervical Screening Program and Social Marketing team members.

The campaign is set to launch in mid January 2023. We have developed a range of campaign assets for digital, print, radio and out-of-home media (outdoor). Pending Cancer Institute approval, we plan to launch the campaign on 16 January 2023.

Thank you in advance for considering the brief. We hope to hear back from you as early as practical. In the meantime, if you have any questions or concerns, please contact me on s47F

Kind regards

s47F

Cancer Program Manager

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414 Elizabeth Street,
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SOUTHERN & FAR WEST**

+61 2 9206 2114
regionaloutreach@acon.org.au

ACON.ORG.AU

ABN 38 136 883 915
Authority to Fundraise
CFN/21473



Campaign Approval Brief

Can We Cervical Screening Campaign 'OWN IT'

Goal: To contribute to an increase in Cervical Screening Test participation among young women and people with a cervix in Australia.

Contact: s47F – Manager, Cancer Program, s47F [@acon.org.au](mailto:s47F@acon.org.au) or s47F

Date: 25 November 2022

1. BACKGROUND

In Australia, young people participate in the National Cervical Screening at a lower rate than other age groups. In 2018-2020, 54.5 percent of people with a cervix aged 25-29 years and 54.2 percent aged 30-34 years had a Cervical Screening Test. This is lower participation than all other age groups. People who are overdue for screening and who have never screened are most at risk of cervical cancer.

There are specific sub-population groups in Australia who are less likely to engage in cervical screening. These include but are not limited to people with a cervix who are LGBTIQ+, Aboriginal and Torres Strait Islander, culturally and linguistically diverse, have one or more disabilities, experience socio-economic disadvantage, and have experienced sexual assault.

According to the 2020 SWASH survey of LGBTQ women in NSW, 37 percent of participants were overdue for cervical screening. There were higher rates of never screened among respondents who report they had never had sex with a cisgender or transgender man (34 percent) compared to those who had reported sex with a man (19 percent).

There are several barriers for patients when undergoing cervical screening. Among the community generally these barriers may include negative past experience such as pain or discomfort, history of sexual violence, cultural issues, lack of knowledge about cervical cancer and cervical screening, obesity, disability, costs, transport, language barriers, and choice of providers.

LGBTQ+ people can face additional unique barriers such as fear and experience of discrimination, fear of penetration, heterosexist assumptions, misinformation that screening is not required if you have never had sex with a man, and feelings of gender dysphoria. Insights from ACON's community consultations, campaigns, services, and evaluations between 2017-2019 have confirmed these findings.

For young people in particular, the largest barriers for cervical screening are lack of knowledge and awareness, negative perceptions of the test and systemic barriers to testing. Facilitators include strong relationships with healthcare providers, social norms, support from family and self-efficacy. The renewed National Cervical Screening Program with a reduced screening frequency of every five years and

the recent introduction of self-collection available to all screening participants are opportunities to increase screening participation among young people.

2. GOALS AND OBJECTIVES

2.1 Goal

- To contribute to an increase in Cervical Screening Test participation among young women and people with a cervix in Australia.

2.2 Objectives

- Increase prompted recognition of the campaign amongst young people who are eligible for cervical screening
- Increase prompted recall of the campaign amongst young people who are eligible for cervical screening
- Encourage young people to book a cervical screening test if they are overdue or have never had a test

3. TARGET AUDIENCE

- Young women and people with a cervix, including those from LGBTQ+ communities, trans and gender diverse people, Aboriginal and Torres Strait Islander, people from culturally and linguistically diverse backgrounds, people with migrant and/or refugee experience, and people with disabilities
- Age group: 25-35 years
- NSW focused with consideration for potential national licensing.

4. CREATIVE CONCEPT

This campaign sits under the Can We umbrella brand, inviting a conversation between ACON and the community about cancer screening and prevention. Three principles underpin the Can We brand – that our communication is Engaging, Empathetic, and Encouraging.

In response to the campaign brief, our creative agency Untold Fable presented five concepts across two territories – Normalisation and Empowerment.

Normalisation:

- *Screening, head on* would talk openly and honestly about cervical screening, acknowledging concerns and how individuals overcame them, all while having the test.
- *Imagine that* would use animation to depict five people's fears about cervical screening. Animation would go from bold images to subdued colours and movement, demonstrating reality is not as scary as our imagination builds it up to be.
- *Good times* would centre around the question of "what take 15 minutes and makes you feel good?" This concept focuses on cervical screening is only 15 minutes every five years and is an act of self-love, providing 2.6 million minutes of reassurance.

Empowerment:

- *Own It* would shine a light on the options and choices people with cervixes have, making their cervical screening more comfortable. This would be told through the stories of five people.
- *At your cervix* would ask some of Australia's funniest social influencers to compose a special song or poem all about the wonder of being able to use a swab for self-collection.

ACON, in consultation with Cancer Institute NSW and Untold Fable, preferred the Empowerment territory and the *Own It* concept with some elements of the *Screening, head on* concept. To ensure that the campaign featured authentic voices and stories of diverse community members and delivered agreed key messages, community talent were recruited prior to focus testing with the target audience. The script was developed from the stories shared by potential talent. It was also decided to film the campaign in a clinical set but not to film while talent were actually having a Cervical Screening Test as proposed in the initial *Screening, head on* concept.

The *Own It* concept was focused tested with the target audience (2 X general population, cis-gendered heterosexual women; 2 X LGBTQ+ people with a cervix; 2 X Aboriginal people with a cervix) in September. Focus testing participants included a mix of 'never screened', 'overdue', and 'screened within the last 5 years' from metro and regional NSW. Stimulus materials included an animatic video using stock images, three posters using stock images, and a series of key messages to help prioritise "choices" which most resonated and encouraged the target audience to screen.

Focus test participants found the *Own It* concept to be positive. It addressed vulnerability and instilled a sense of control of the Cervical Screening Test experience. *Own It* was highly engaging as it presented relevant and compelling narratives and was empowering. The self-collection message had extremely high cut-through and potential to prompt action across target audience segments. The testing did highlight the importance of preparing for the general availability and willingness of health care professionals to provide the self-collection option as denial of this option may negatively impact the screening experience and propensity to re-test regularly. Final creative executions and talent are included in Attachment A.

5. MEDIA AND IMPLEMENTATION PLAN

Based on the success of previous *Can We Get Your Kit Together* bowel cancer screening and *This Could Be the One* smoking cessation campaigns, a similar approach will be implemented which incorporates a mix of out-of-home (outdoor), online, social media, radio, and print media.

The key promotional period for the campaign will be from 16th January 2023 to 28th February 2023 (6 weeks). Media plan is included in Attachment B.

5.1 Out-of-home (outdoor)

Outdoor media is key to generating high recall. The outdoor mediums include:

- Bus back portraits (JCDecaux network) – portraits on the backs of buses that circulate Sydney metro and greater Sydney roads and provide eye-level exposure to pedestrians and motorists.
- Static street furniture (oOH! media) – across metro Sydney including the North Shore and Northern Beaches which are not usually targeted in ACON campaigns.
- Street posters (Mr Glasses networks) – successfully used in other ACON, extending campaign reach in LGBTQ+ neighbourhoods in Sydney metro and Western Sydney, as well as reaching

other parts of metro Sydney not usually targeted in ACON campaigns.

5.2 Digital (social media and search engines)

- Social media – as with previous campaigns, social media will be a key channel in campaign delivery for the video and posts across Facebook, Instagram, YouTube and Twitter, allowing for maximum visibility, impact and repetition. Snapchat, TikTok and Spotify will also be used for the first time to reach the younger target audience for the campaign.
- Search engines – Google AdWords and search engine marketing (SEM) can be a significant source of traffic to the Can We website and will be utilised for this campaign. To complement this approach website content has also reviewed for search engine optimization (SEO).

5.3 FM Radio

Radio advertising will be utilised to reach and engage audiences. Advertising will comprise of 30-second audio ads and be broadcasted on a range of Sydney metro, suburban and regional networks such as KIIS, CADA, WaveFM, and Hit. This is particularly aimed to increase reach in regional areas.

5.4 Print Resources

Press ads - advertising in LGBTQ community media will include:

- 1 x full-page ad in Archer Magazine, plus additional website and e-news digital ads
- 1 x full page ad in Honi Soit (University of Sydney's student magazine)

Posters and postcards

The campaign will follow a very broad distribution strategy to community venues, community organisations, regional networks including: licensed LGBTQ venues, ACON branches, ACON peer education workshops, LGBTQ events, LGBTQ community social groups.

6 EVALUATION FRAMEWORK

The campaign evaluation is aligned with the ACON Cancer Screening and Prevention Program Evaluation Framework. It will include a similar approach and methodologies to the *Get Your Kit Together* bowel cancer screening and *This Could Be the One* smoking cessation campaign evaluations.

6.1 Objectives

The primary aim of the evaluation research will be to understand whether the campaign materials were effective in achieving the campaign objectives:

- Increase prompted recall of the campaign amongst young women and people with a cervix aged 25-35 years.
- Encourage young people to book a cervical screening test if they are overdue or have never had a test.

6.2 Methodology

Process evaluation – to determine if the campaign has been implemented as intended including timeframes, stakeholder and community engagement, and use of evidence-based approaches.

Outcome evaluation - Quantitative and qualitative data regarding the campaign will be recorded through:

- An online survey will be implemented to evaluate the *Own It* campaign.
 - Survey questions will consist of predominantly multiple-choice questions.
 - Recruitment via Facebook advertisements targeting young women and people with a cervix aged 25-35 years.

Note: The usual approach to evaluation recruitment is to open it to a broad population with a focus on reaching an adequate sample size of the target audience. The rationale is a broad approach helps us recruit participants across the LGBTQ community since we cannot target ads directly to LGBTQ people. As well, the cost for recruitment is based on clicks on Facebook ads, so screening participants and excluding those outside the target audience does not reduce costs.

- Timing of the survey will be around mid-March for 2-4 weeks (or until an adequate sample size is achieved) following conclusion of most of the media activity.
- The survey will seek to answer the following evaluation questions:
 - Did the campaign reach the target audience?
 - Which media was most effective at reaching and engaging the audience?
 - Did the campaign communicate its message effectively?
 - How did the audience respond and engage with the campaign?
 - What impact did the advertisements have on the audience?
- Evaluation of digital results including website, social media and video will include:
 - Continuous monitoring of the traffic to the Can We website, available through Google Analytics.
 - Continuous monitoring of the social media activities in particular via Facebook analytics.

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Attachment A – Creative

Videos



Hero 60 second - <https://youtu.be/BCyYfPgURs>




15 second Cutdown - https://youtu.be/xAmF09_aAWI

Static creative

Portraits (Bus backs and posters)

'I chose to use a self swab at the clinic'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to bring a friend for support'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to find a doctor I could trust'



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You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to insert the speculum myself'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to educate myself about the test'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.


Book yours now. Visit canwe.org.au to find out more.

NATIONAL CERVICAL SCREENING PROGRAM

CANWE

acon

'I chose to talk to my mob about the Cervical Screening Test'



It's your Cervical Screening Test. Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years.

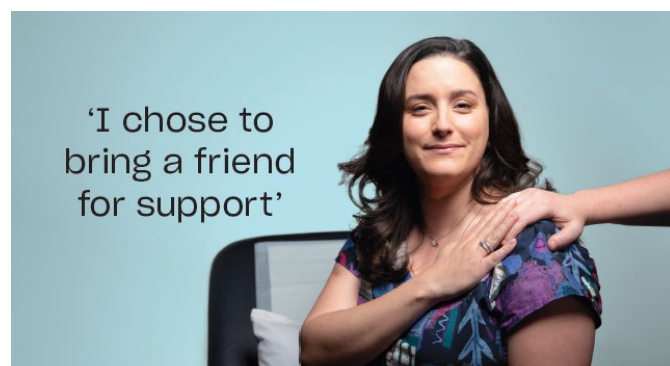
Book yours now. Visit canwe.org.au to find out more.

NATIONAL CERVICAL SCREENING PROGRAM

CANWE

acon

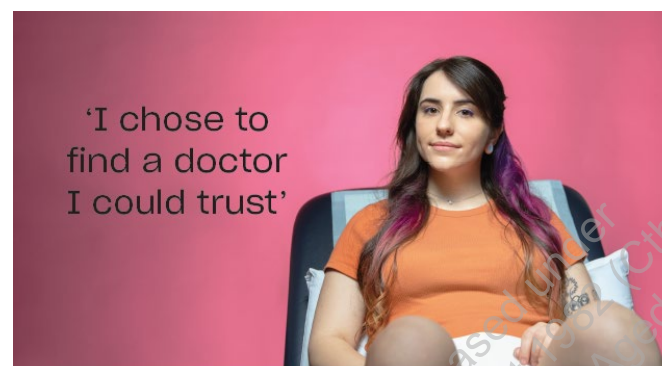
Landscapes (Billboards)



'I chose to
bring a friend
for support'

It's your Cervical
Screening Test.
Own it.

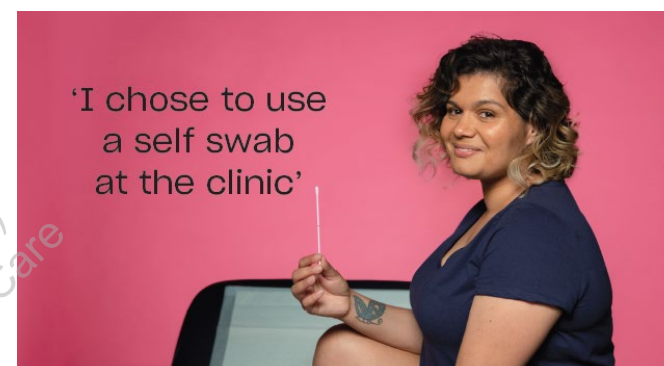
You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years. **Book yours now.** Visit canwe.org.au to find out more.



'I chose to
find a doctor
I could trust'

It's your Cervical
Screening Test.
Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years. **Book yours now.** Visit canwe.org.au to find out more.



'I chose to use
a self swab
at the clinic'

It's your Cervical
Screening Test.
Own it.

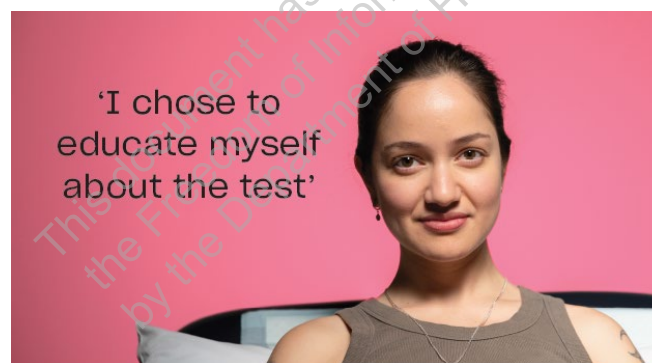
You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years. **Book yours now.** Visit canwe.org.au to find out more.



'I chose to insert the
speculum myself'

It's your Cervical
Screening Test.
Own it.

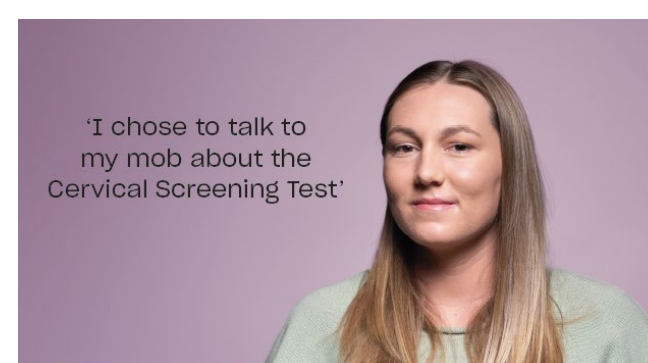
You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years. **Book yours now.** Visit canwe.org.au to find out more.



'I chose to
educate myself
about the test'

It's your Cervical
Screening Test.
Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years. **Book yours now.** Visit canwe.org.au to find out more.



'I chose to talk to
my mob about the
Cervical Screening Test'


It's your Cervical
Screening Test.
Own it.

You have choices when it comes to your Cervical Screening Test. If you have a cervix and are aged 25-74, you should have one every five years. **Book yours now.** Visit canwe.org.au to find out more.



Square (Instagram posts)


'I chose to bring a friend for support'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE




'I chose to find a doctor I could trust'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE




'I chose to use a self swab at the clinic'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE




'I chose to insert the speculum myself'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE




'I chose to educate myself about the test'




It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE




'I chose to talk to my mob about the Cervical Screening Test'



It's your Cervical Screening Test. Own it.

CERVICAL SCREENING PROGRAM

CANWE



Digital (Banners and medium recs)



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by the Department of Health and Aged Care

s47F









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Attachment B – Media Plan

Media	Locations	January				February		
		16	23	30	06	13	20	27
Bus backs	Sydney metro							
Street furniture	Syd West & Nth Shore i.e Marrickville, Bexley, Bankstown, Avalon Beach, Parramatta, Tempe							
Street posters – specific dates TBC	Sydney metro, Syd West & Nth Shore i.e. Surry Hills, Darlinghurst, Newtown, Marrickville, Parramatta, Chatswood, Manly, North Sydney							
Archer Magazine	January/Summer issue and website							
Honi Soit (University of Sydney magazine) Semester start	February issue							
Social – Facebook	Videos, Stories, Reels, In-feed posts							
Social – Instagram	Videos, Stories, Reels, Carousel							
YouTube	Videos							
TikTok	Videos							
Snapchat	Videos							
Spotify	Audio							
Google	SEM, AdWords							
Radio – networks and dates TBC	NSW inc regional							
Posters								

From: s22
To: s22
Cc: s22
Subject: RE: Commonwealth contact for the National Cervical Screening Program [SEC=OFFICIAL]
Date: Monday, 17 April 2023 1:37:00 PM
Attachments: [image001.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)

This is ACON's campaign with NSW Health:

https://www.aconhealth.org.au/acon_s_own_it_campaign_new_cervical_screening_options_a_game_changer

<https://canwe.org.au/staying-healthy/cervical-screening/>

s22

Communications and Engagement Officer (Cervical Screening)

Communication and Partnerships Section

Cancer Screening Programs Branch

Cancer, Hearing and Chronic Conditions Division

Australian Government Department of Health and Aged Care

☎ (02) 6289 s22

🏢 Sirius Building Level 9, 23 Furzer St, Phillip, ACT, 2606

📬 GPO Box 9848, Canberra ACT 2601



The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community.

We pay our respects to all Elders past and present.



From: s22 @Health.gov.au>

Sent: Monday, 17 April 2023 1:10 PM

To: s22 @health.gov.au>; s22 @Health.gov.au>

Subject: RE: Commonwealth contact for the National Cervical Screening Program [SEC=OFFICIAL]
OK interesting.... let's discuss

From: s22 @health.gov.au>

Sent: Monday, 17 April 2023 1:04 PM

To: s22 @Health.gov.au>; s22

@Health.gov.au>

Subject: FW: Commonwealth contact for the National Cervical Screening Program [SEC=OFFICIAL]
Let's discuss

I think this is possibly also s47C

From: s22 @health.gov.au>

Sent: Monday, 17 April 2023 1:01 PM

To: §22 @health.gov.au>

Subject: FW: Commonwealth contact for the National Cervical Screening Program [SEC=OFFICIAL]

Hi §22

Please see the below request for meeting with you. It came from my meeting with NSW last week. I told them that you are leading on the national campaign. ACON Deputy CEO §47F with you and learn more about any future opportunities for LGBTQ populations. How's your availability next week? Any preferred date and time?

Thanks

§22

From: §22 (Cancer Institute NSW) §22 @health.nsw.gov.au>

Sent: Friday, 14 April 2023 5:29 PM

To: §22 @health.gov.au>

Subject: FW: Commonwealth contact for the National Cervical Screening Program

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi §22

Great to see you today.

Please find the email request below from §47F at ACON who would be pleased if we could arrange that meeting with §22, yourself and us in the program to discuss.

Have a great weekend

regards

§47F

Cervical Screening Program Manager

Cancer.nsw.gov.au

T §47F **E** §47F @health.nsw.gov.au

Level 4, 1 Reserve Road, St Leonards NSW 2065

Locked Bag 2030, St Leonards NSW 1590



I acknowledge the traditional custodians of the land and pay respects to Elders past and present. I also acknowledge all the Aboriginal and Torres Strait Islander staff working with NSW Government at this time. Please consider the environment before printing this email.

From: §47F @acon.org.au>

Sent: Thursday, 13 April 2023 2:02 PM

To: §47F (Cancer Institute NSW) §47F @health.nsw.gov.au>

Cc: §47F Cancer Institute NSW) §47F @health.nsw.gov.au>

Subject: Commonwealth contact for the National Cervical Screening Program

Hi §47F,

I hope that you are well.

KP would like to request a meeting with the Commonwealth regarding cancer screening, particularly the *Own It* campaign, the new National Elimination Strategy and future opportunities for LGBTQ populations.

Are you able to share contact details for the Director of the Cervical Screening Section at DoH or whoever you would suggest is best placed to facilitate a meeting with the Assistant Secretary? Is this still §22 as Acting Director? And is Perdi Mitchell the Assistant Secretary for Cancer Screening Programs?

Any insights about priorities or opportunities you can share would also be appreciated.

Cheers,

§47F

§47F | **Manager, Cancer Programs**

Direct: §47F | **Switch:** 02 9206 2000 | **Mobile:** §47F

7
F



Address: 414 Elizabeth St Surry Hills NSW 2010

Email: ^{s47F} s47F@acon.org.au | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

ACON acknowledges and pays respects to the Traditional Owners and Custodians of all the lands on which we work.

Text   Description automatically generated



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by the Department of Health and Ageing

From: s22
To: s22
Cc: s22
Subject: FW: ACON's Own It Campaign - slides and follow up [SEC=OFFICIAL]
Date: Tuesday, 6 June 2023 9:41:18 AM
Attachments: [image001.jpg](#)
[ACON Own It Cervical Campaign presentation with appendix for PMC- 26052023.pdf](#)

Hi all

See the email below.

Grateful for discussion at our catch up today.

s22

From: s47F @acon.org.au>
Sent: Wednesday, 31 May 2023 4:31 PM
To: s22 @health.gov.au>; s22 @Health.gov.au>
Cc: s47F @acon.org.au>; s47F @acon.org.au>; s47F @acon.org.au>
 s47F @acon.org.au>

Subject: Fw: ACON's Own It Campaign - slides and follow up

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22,

I hope you're both doing well.

Thanks once again for the opportunity to present to the PMC last week. We felt the campaign and results were well received by PMC last week. We're keen to organise a follow-up chat with you to get your thoughts on how to progress.

Kind regards,

s47F

s47F | **Manager, Cancer Programs**

Direct: s47F | **Switch:** 02 9206 2000 | **Mobile:** s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F @acon.org.au | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

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From: s47F @acon.org.au>
Sent: Tuesday, May 30, 2023 09:30
To: s47E(d) @health.qld.gov.au>; s47F @ths.tas.gov.au>; s47F @ths.tas.gov.au>; s47F @nt.gov.au>; s47F @health.vic.gov.au>; s47F @health.vic.gov.au>; s47F @sa.gov.au>; s47F @sa.gov.au>; s47F @health.qld.gov.au>; s47F @health.nsw.gov.au>; s47F (Cancer Institute NSW)

s47F @health.nsw.gov.au>; s47F @act.gov.au>; s47F
 @health.wa.gov.au>; s47F @health.qld.gov.au>; s22
 @health.gov.au>; s47F @health.telstra.com>;
 s47F @health.vic.gov.au s47F @health.vic.gov.au>; MITCHELL, Perdi
 s22 @Health.gov.au>
Cc: s47F @acon.org.au>; s47F @acon.org.au>;
 s47F @acon.org.au>

Subject: ACON's Own It Campaign - slides and follow up

Hello to you all

I trust this finds you well.

On behalf of my colleagues (cc'd) and I, I wanted to sincerely thank you all for your time on Friday at the NCSP PMC meeting and allowing us the opportunity to present to you the *Own It* campaign and evaluation results. As promised, please find attached the presentation slide deck, and some of the more detailed evaluation results in an appendix at the end of the presentation slide deck.

We will follow up initially with Commonwealth colleagues, however we would also welcome any direct conversations with jurisdictions. In the lead up to the release of the National Strategy, I think it is good timing for us to further consider how best to utilise this opportunity.

Once again, thanks to CINSW for their leadership and support of this work, thanks to the Commonwealth team for the invitation and thank you all for your warm reception and attention to the item. It was a pleasure (once I worked out the audio!) to speak with you all.

Thanks again and have a good week.

s47F

Deputy CEO (*She/Her*)

Direct: s47F | **Switch:** 02 9206 2000 | **Mobile:** s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F @acon.org.au | **Website:** acon.org.au | **Twitter:** twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

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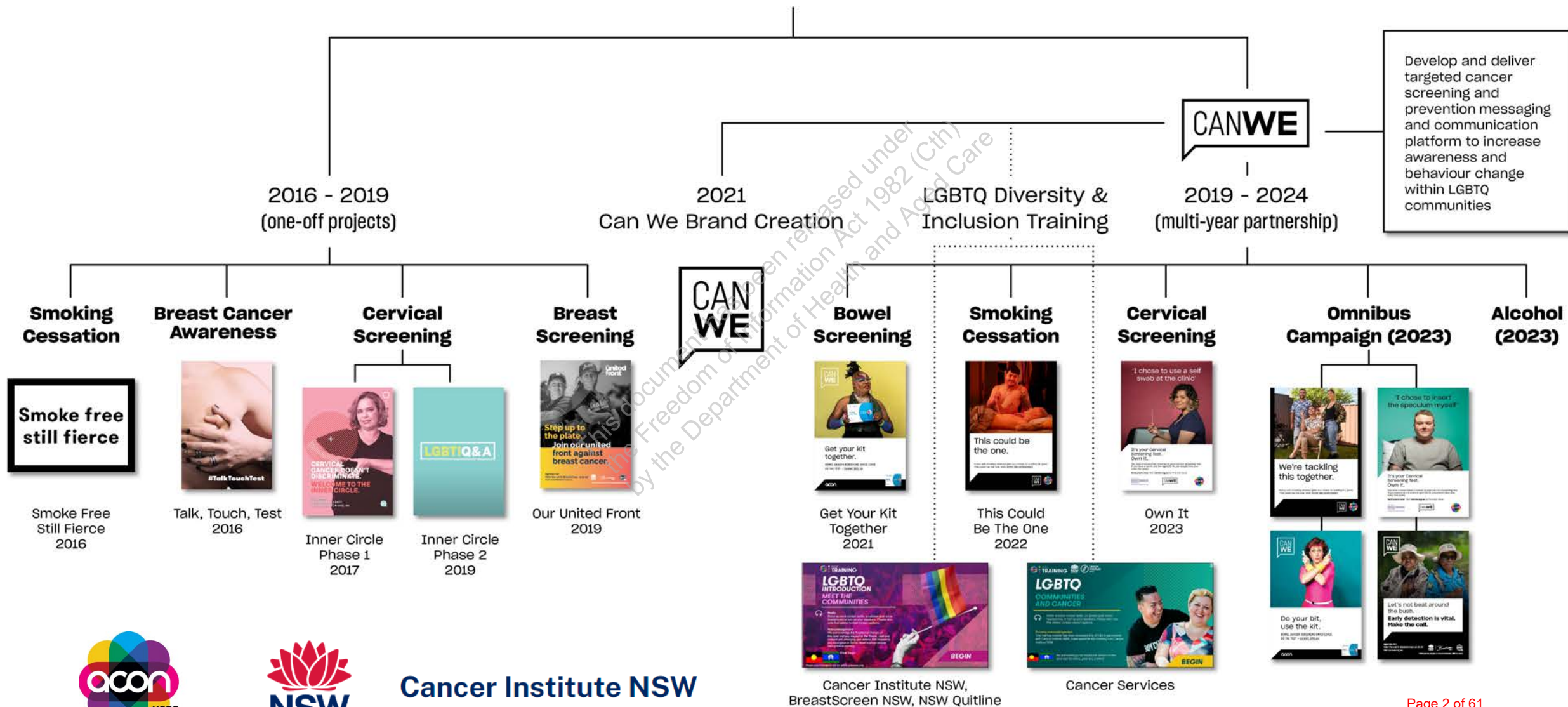
Own It Campaign

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by the Department of Health and Aged Care



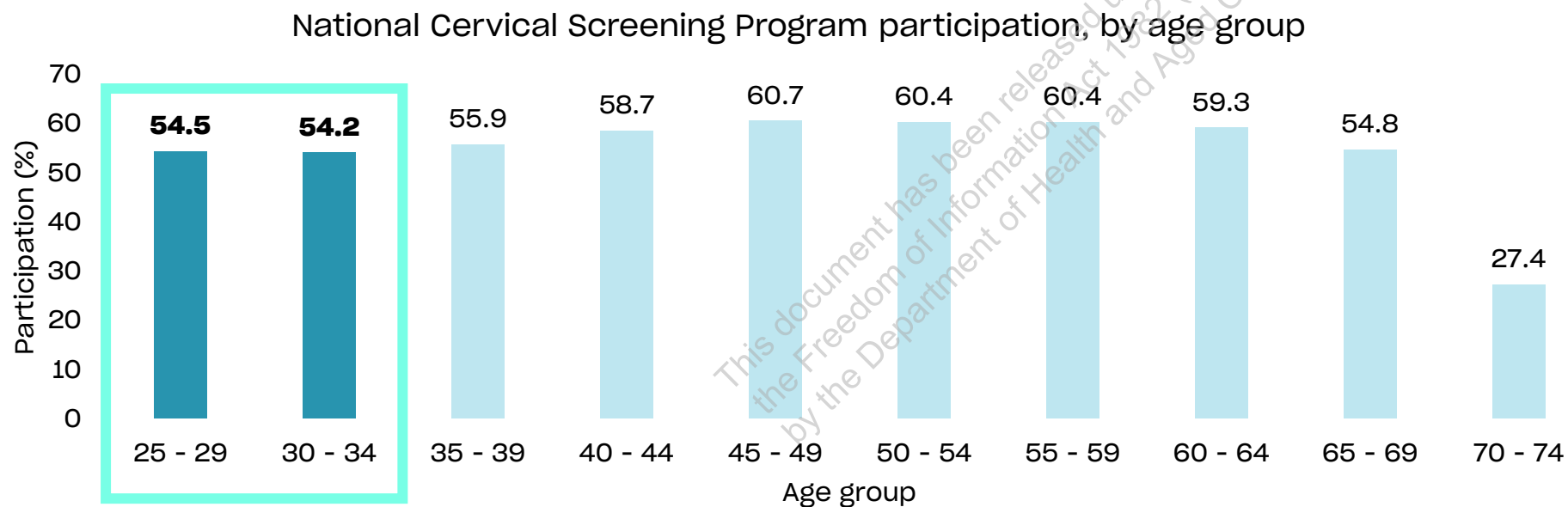
ACON's Cancer Brand

Cancer Screening & Prevention Interventions Campaigns

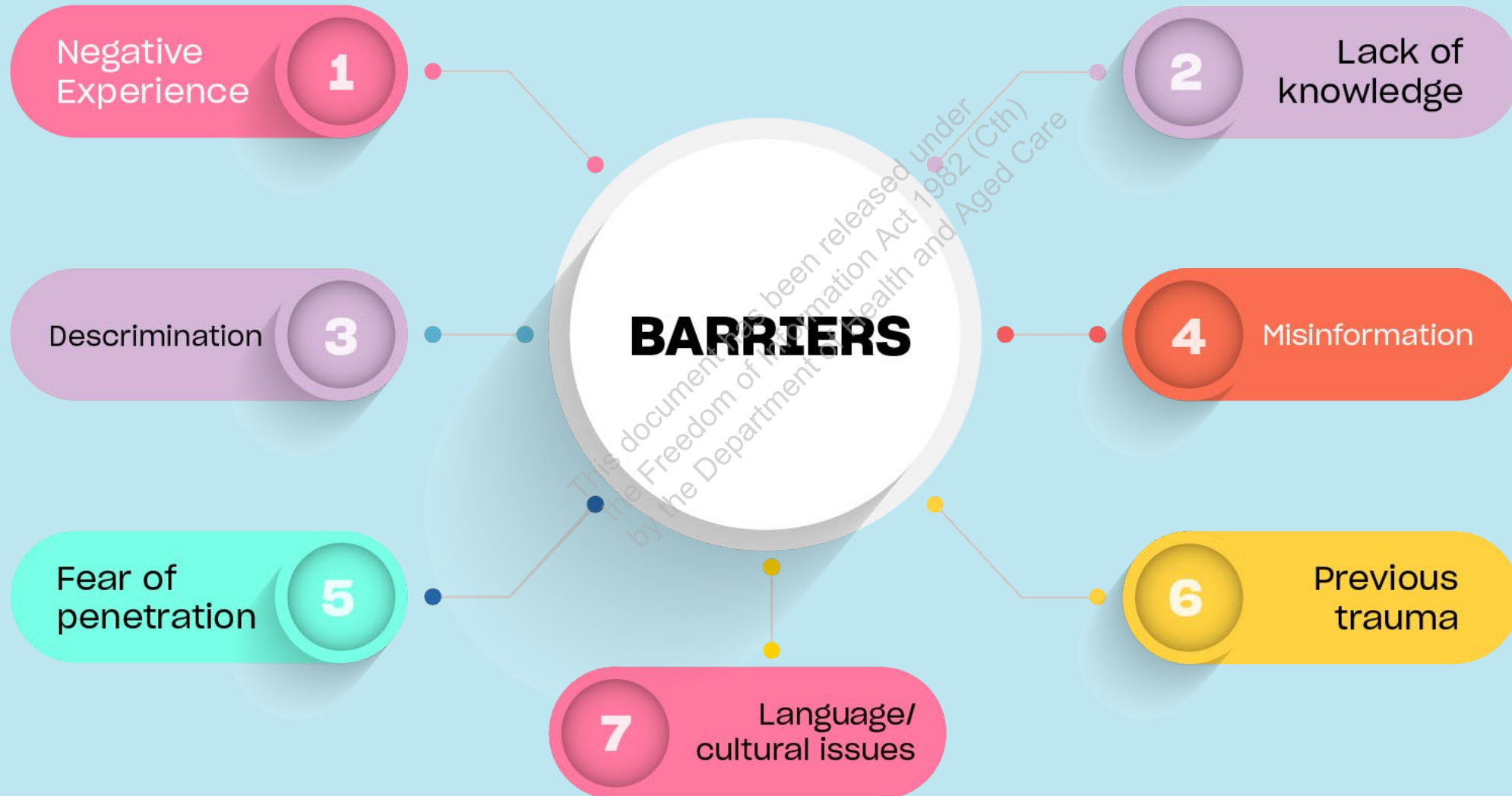


Cervical Screening in young people

Young people with a cervix in Australia participate in the National Cervical Screening Program at a lower rate than other age groups.



Barriers to Cervical Screening



Campaign Overview

Cancer Institute NSW commissioned ACON to develop a gender and sexuality inclusive cervical screening campaign for young people with a cervix.

- **Goal:** To contribute to an increase in cervical screening test participation among young women and people with a cervix in Australia
- **Target audience:** all young people with a cervix aged 25-35 years, inclusive of all genders and sexualities
- **Objectives:**
 - Increase prompted recognition and recall of the campaign amongst young people who are eligible for cervical screening
 - Encourage young people to book a cervical screening test if they are overdue or have never had a test
- **Campaign timing:** 16 January – 20 February 2023



Proudly supported by
Cancer Institute NSW



How we developed this campaign



Creative agency developed concepts based on insights and evidence.

Recruited community talent to share experiences of cervical screening*

Creative agency developed script based on talent's experiences and required key messages*

Conducted 6 focus testing with target audience segmented by sexuality/gender, screening recency and Aboriginality.

Filmed and edited campaign.

**Prioritising authentic, personal experience*



Focus testing



Having options and getting to make the decision makes me feel empowered.

It makes me feel I have control over my own body and my own health.

It makes me more confident to make decisions.

The end part making it clear that it's "my" cervical test gave me goosebumps. It's so rare in the healthcare setting that we are given options.

It does make me feel more empowered about screening, less alone, unsecure or scared to get screened.

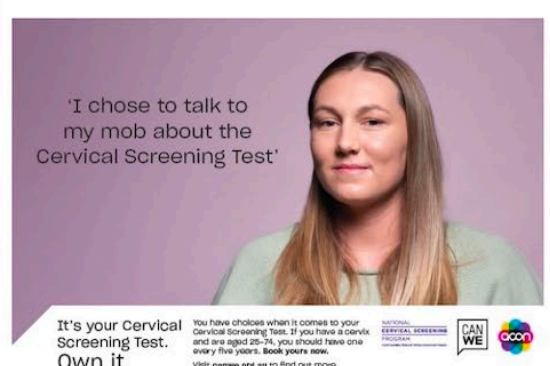
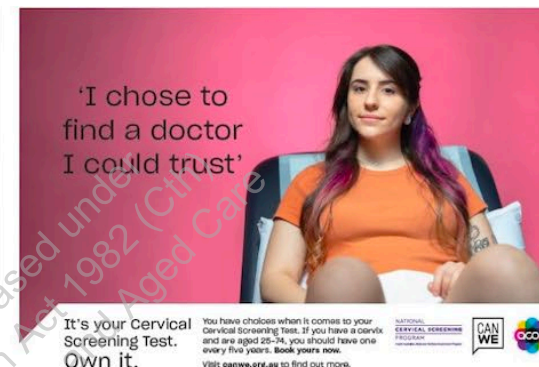
Self-collection:

- New news, low awareness
- Most salient message
- Ladders/supports empowerment message
- Strong CTA across audience types



Own It campaign creative

- 1 X 60 sec hero video
- 1 X 15 sec cut-down
- 6 X static ads resized for posters, out-of-home, print and social media
- 1 X 30 sec audio ad
- 6 X Behind the Scenes videos for social media



<https://youtu.be/2eColYlfi-8>



[Home](#) / [Staying Healthy](#) / Cervical Screening

About cervical cancer and screening



Who needs to screen?



FAQ



Self-collection



I'm trans, do I need to screen?



Changes to cervical screening



Helping you through the test



BOOK A SCREEN →

It's your Cervical Screening
Test - OWN IT



SELF COLLECTION

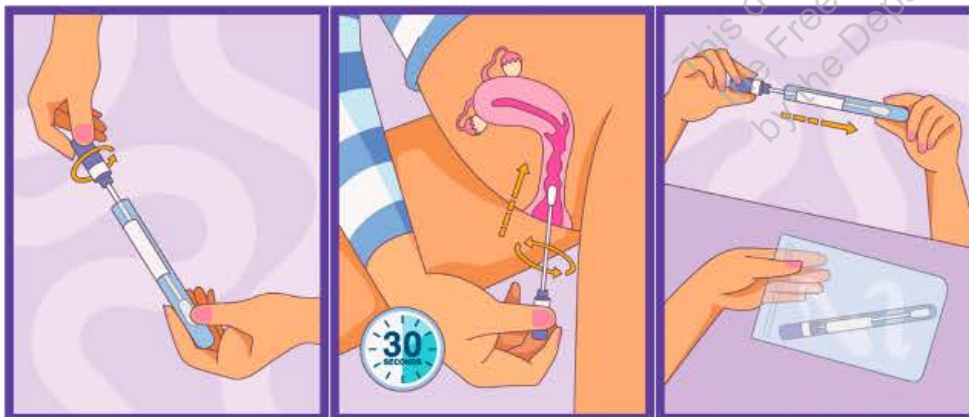
Everybody attending for a Cervical Screening Test can choose to have their clinician collect their sample or if they prefer, they can collect their own sample. This is called self-collection. Self-collection involves using a front hole swab. The collection device looks like a lollipop.

The clinician collected and self-collection samples are both tested for picking up the presence of HPV variants that cause cervical cancer.

If your test comes back positive for HPV, you'll be referred for further testing to look to see if there are any changes in the cells of your cervix, which may need monitoring or treatment to prevent cervical cancer from developing.

To find out when you're next due for a Cervical Screening Test, call the National Cancer Screening Register on 1800 627 701.

Self-collected Cervical Screening Test:



(credit: www.health.gov.au/initiatives-and-programs/national-cervical-screening-program)

BOWEL
SCREENING

BREAST
SCREENING

CERVICAL
SCREENING

QUITTING
SMOKING

IN THE KNOW -
QUIZ



[GO TO TOP](#) ↑



I'm trans, do I need to screen?

DO TRANS MEN AND TRANS MASC FOLK WITH A CERVIX NEED CERVICAL SCREENING?

Yes. Trans men who have a cervix and are 25 years of age or older are at risk of cervical cancer and need regular cervical screening.

WHAT IF I'M ON TESTOSTERONE?

Being on testosterone doesn't reduce your risk of developing cervical cancer. For some people on testosterone (and some post-menopausal people), hormonal changes to the front hole/vagina can make getting a good sample from the cervix difficult and uncomfortable. A prescription from your GP for topical oestrogen before your test can help make it more comfortable – it's only temporary and rarely has side effects. Alternatively, you can opt to self-collect your sample if you prefer.

I'VE HAD A HYSTERECTOMY. DO I STILL NEED CERVICAL SCREENING?

If you've had a partial hysterectomy, which preserves the cervix, you need to continue cervical screening. If you've had a full hysterectomy (where your uterus was entirely removed including the cervix), you don't require cervical screening. To be certain talk to your doctor to check if you need to continue cervical screening or not.

People who don't have a cervix are still able to get a test that is similar to the Cervical Screening Test (in that it can test for the presence of HPV and look for any changes to the cells of the vagina/front hole). Talk to your doctor about



[GO TO TOP](#) ↑

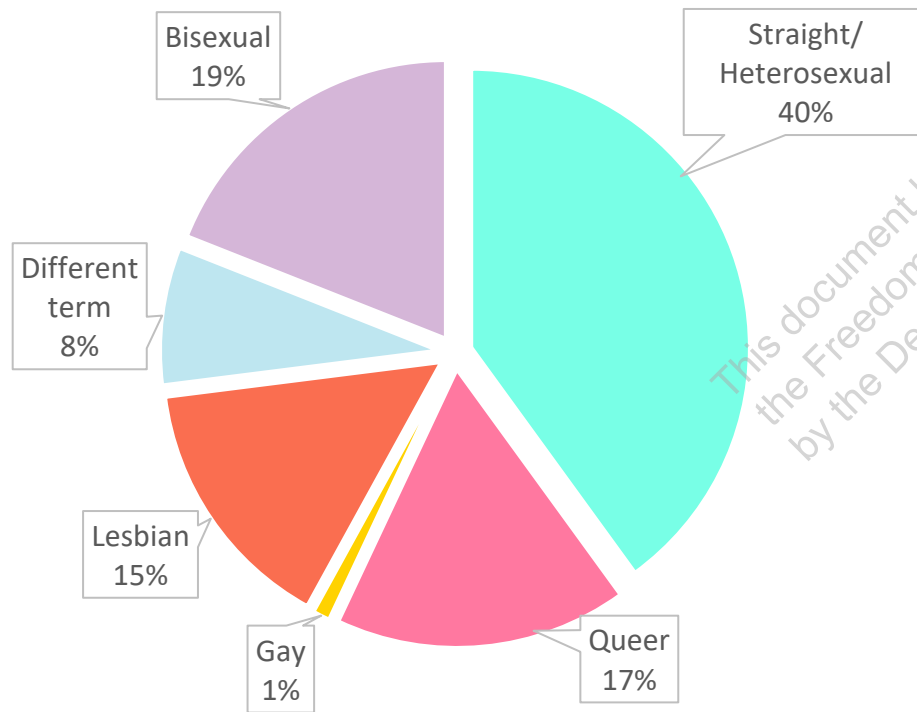
Independent Evaluation: methodology

- **Online quantitative survey (27 Q, mostly multiple choice)**
 - **384 survey** completions
 - Survey open from 13 March – 11 April 2023 (4 weeks)
 - Recruitment via targeted Meta ads (Facebook and Instagram)
 - Trialled TikTok recruitment ads but discontinued because low conversion to survey completions.
- **Digital analysis**
 - Own It was in market from 16 Jan – 20 Feb
 - Digital marketing included Meta, TikTok, SnapChat, Spotify, Search Engine, Display & YouTube Google Ads
 - **289,985** video views were recorded across these channels & **44,422** users visited the Can We website (6 week campaign period)
 - TikTok in particular produced high quality traffic to the website with TikTok users spending an average of 01:16 on the site
(Note: TikTok wasn't a great channel for Evaluation)

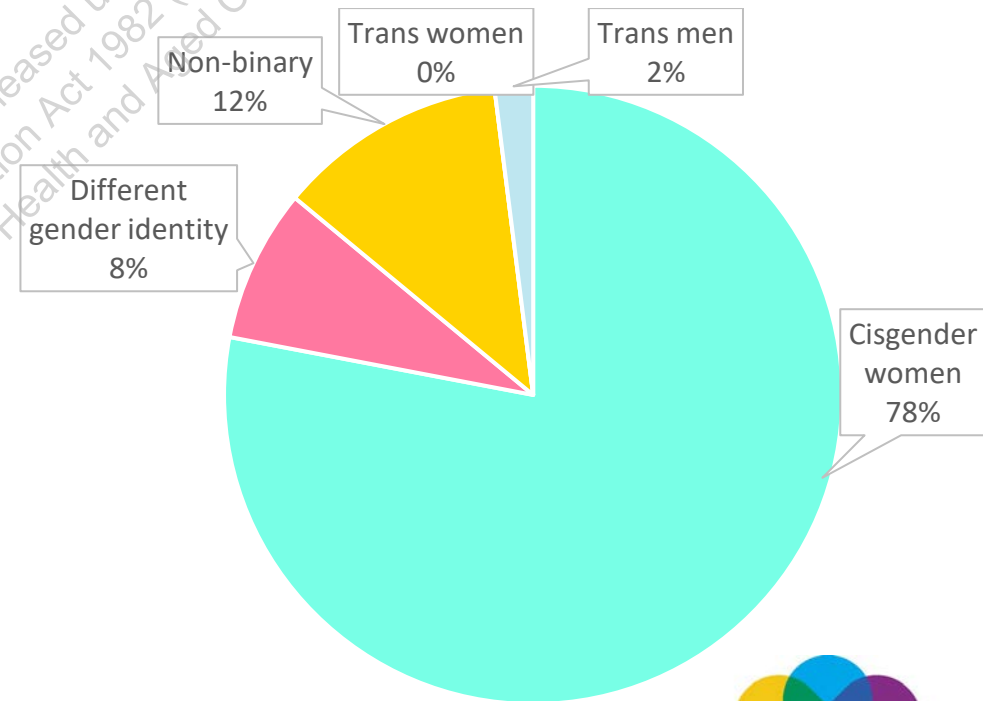


Demographics

SEXUALITY

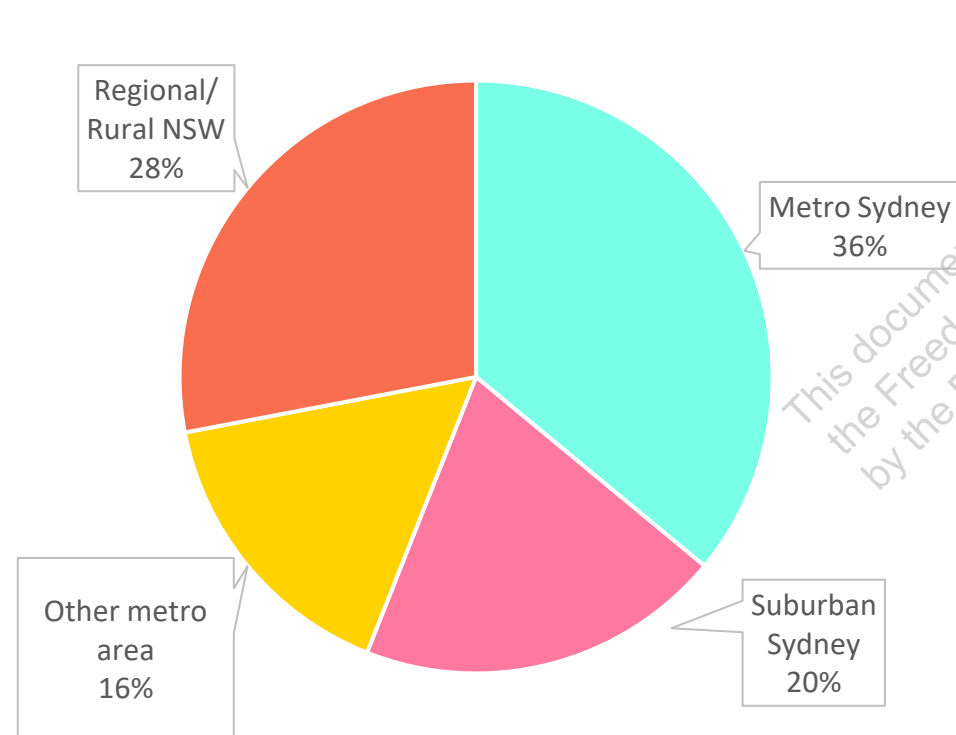


GENDER

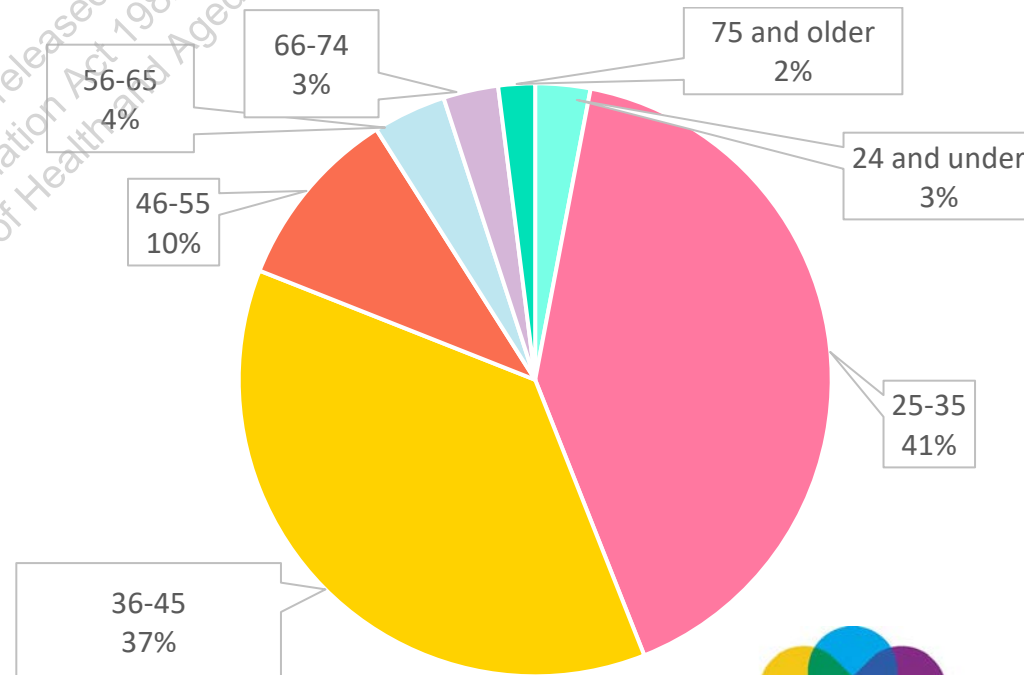


Demographics, cont.

LOCATION

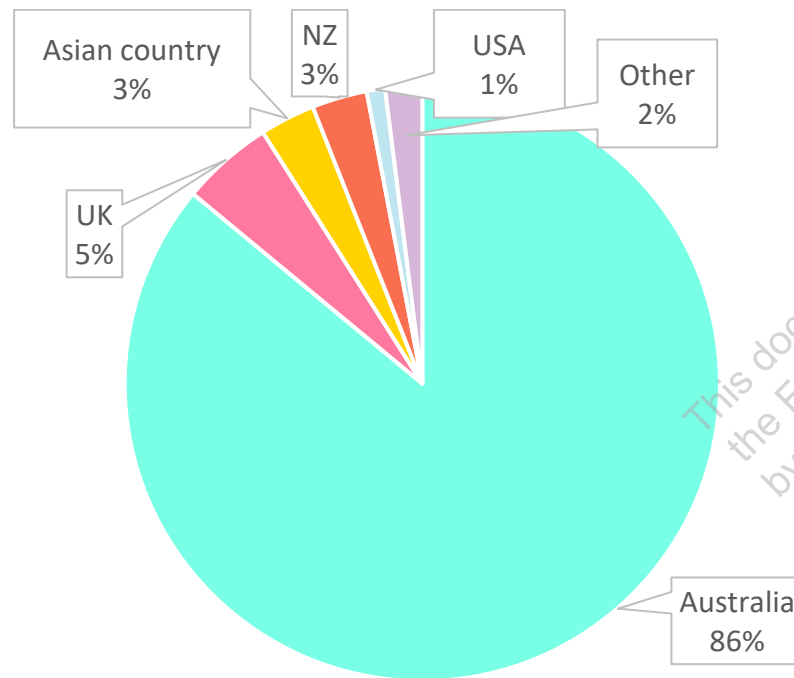


AGE

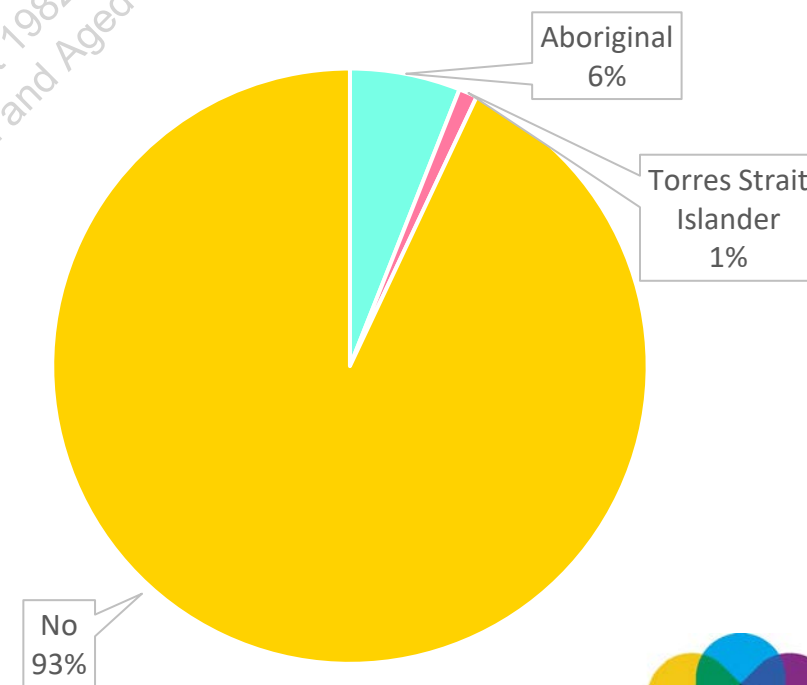


Demographics, cont.

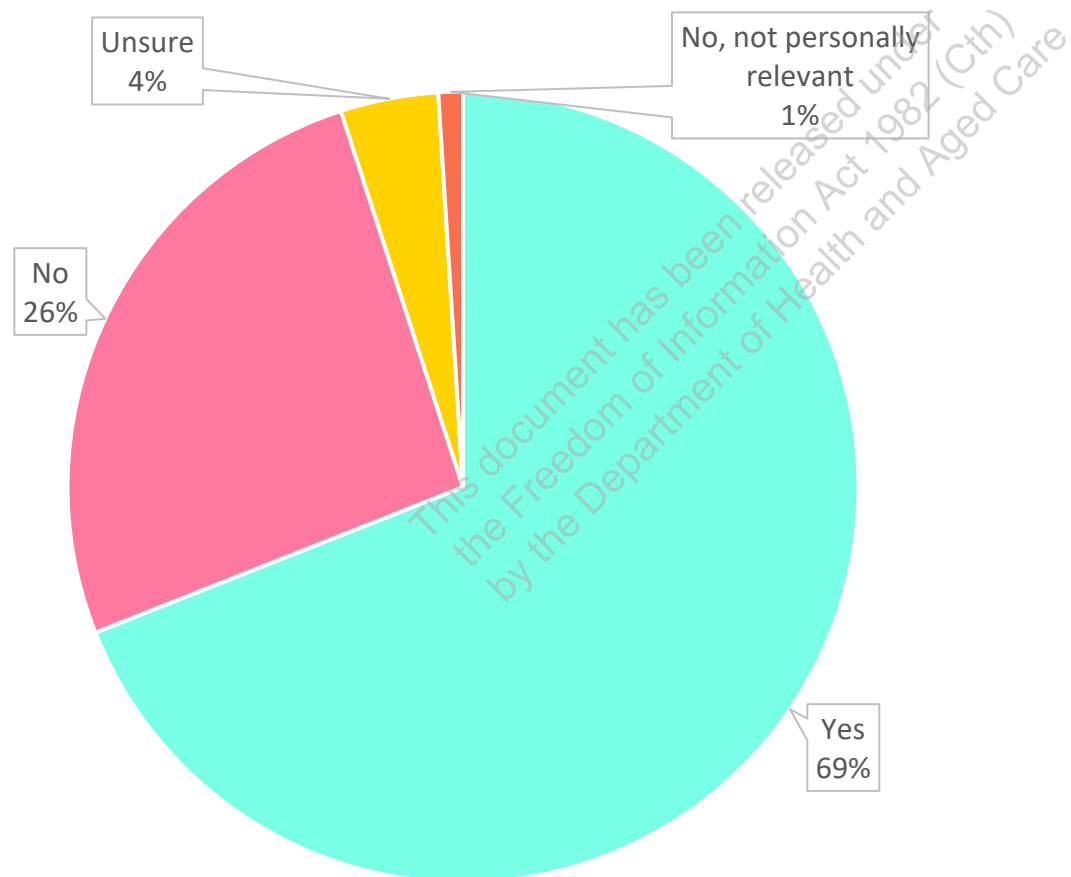
COUNTRY OF ORIGIN



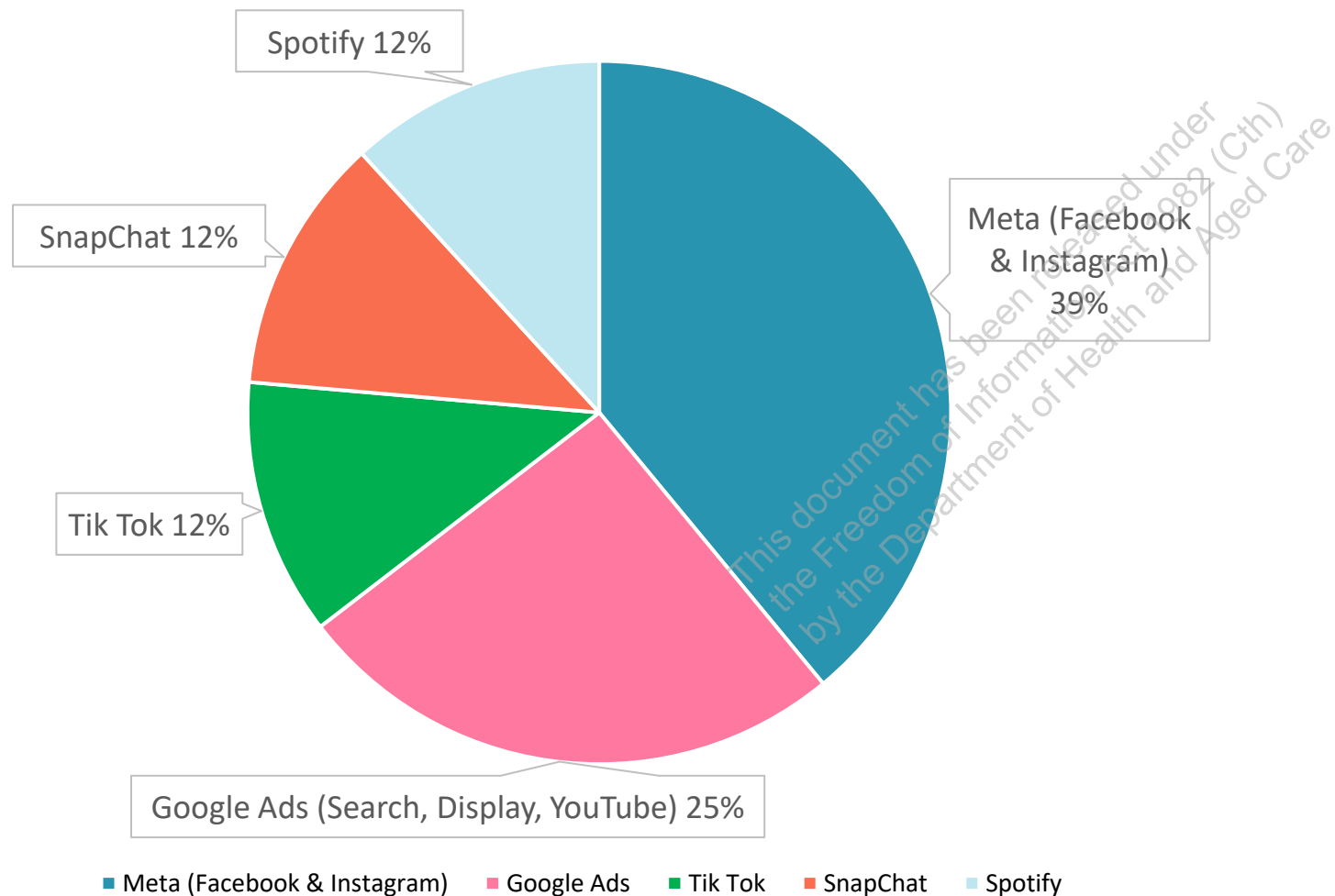
INDIGENOUS STATUS



In the past 5 years, have you had a Cervical Screening Test?



Digital Implementation



Implementation Approach

- Needed to reach younger audience
- Limited budget
- Trying new platforms to reach target age group
- Granular research into audience segmentation (interests, behaviours, etc) was key
- Ad spend was then optimized (either edits, or spend) based on performance for the time that the campaign was in market.



Own It - website traffic sources

canwe.org.au website traffic source (top 6)

Source / Medium	Users	Pages / Session	Avg. Session Duration
Direct Traffic (\$\$\$)	19,265	2.93	0:02:17
Meta (F'book & Insta) (39% of \$)	17,483	2.5	0:00:28
Google Ads	3,445	2.87	0:01:04
Snapchat	1,442	2.15	0:00:07
TikTok (12% of \$)	1,357	2.5	0:01:16
linktr.ee (traffic from Can We Insta bio)	523	2.49	0:00:25

Direct traffic: When a visitor arrives directly on a website, without having clicked on a link on another site.

Users: Visitors to the website

Pages/Sessions: Average number of pages viewed during a session

Digital (21% of spend) analytics:

- 44,422 visitors to the Can We website (avg 7,400/week)
- 289,985 video views across digital and social media channels (avg 48,000/week)
- 21% of the budget = 56% of traffic

Direct

- Most likely driven by out of home placements
- Quality traffic but very expensive compared to digital channels



Campaign recall

44% of all respondents recalled the ad

- 56% of 25-35 year olds
- 49% among LGBTQ+
- 40% among heterosexuals
- 57% metro Sydney
- 32% other NSW

83% recalled seeing ads on social media

- Facebook and Instagram were most recalled channels
- 54% of 25-35 year olds saw the ads on Instagram vs 29% for other ages



Action & Motivation

**53% of 25-35 year olds took some action,
(32% for all other ages)**

- Talked to partner, family, friend, doctor, nurse
- Visited a website / searched for information
- Booked an appointment / searched for a health service

83% of 25-35 year olds were motivated to have their Cervical Screening Test when next due compared to 65% among other ages

- 31% of those who have not screened in the past five years were motivated to screen



Engagement

91% of all respondents said the ads were engaging

51% of LGBTQ+ respondents saying they were extremely or very engaging

54% of 25-35 year olds rated the ads extremely or very engaging, compared to 42% among other ages



Effectiveness of communicating key messages

25-35 year olds

92% said the ads communicated effectively

32% said the ads communicated extremely effectively

79% said the ads communicated effectively

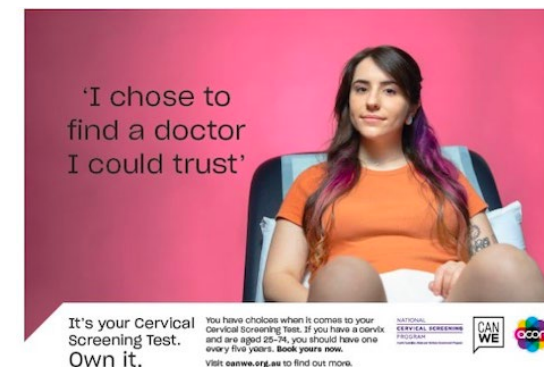
16% said the ads communicated extremely effectively

All respondents

Self-collection message seen to communicate more effectively



71% said it was extremely or very effective



50% said it was extremely or very effective



Knowledge

‘I know that for my Cervical Screening Test, I can choose to collect my own sample’

- 58% of respondents agreed or strongly agreed
 - 22% didn't know
 - 20% disagreed, strongly disagreed, or neither agreed or disagree



Conclusions

- *Own It* had the best campaign recall for an ACON Can We campaign – audience found it empowering and relatable.
- The campaign was inclusive of genders, sexualities and cultural and ethnic backgrounds and had broad reach. Implementation was targeted, refined and effective, performing well on all measures, particularly for the target age group of 25-35 year olds and LGBTQ+ people.
- The campaign prompted action and motivation and positively impacted future screening intentions.
- Formative research and campaign evaluation demonstrate a strong appetite among the target audience for an authentic, empowering and inclusive cervical screening campaign.
- Respondents particularly rated the self-collection advertisement favourably: there is an important opportunity to promote and educate people with a cervix about self-collection.
- This campaign leverages ACON's 10+ years experience in developing and implementing digital health marketing campaigns across a range of health issues (including our national digital sexual health resource (Emen8)).
- ACON is uniquely placed and skilled to implement a national roll out of the *Own It* campaign. Through Emen8 we have experience driving national traffic and providing jurisdictional level tracking and reporting.



**Thank you for your time
and attention**

s47F [REDACTED], DEPUTY CEO – s47F [REDACTED] @ACON.ORG.AU

s47F [REDACTED], CANCER PROGRAMS MANAGER – s47F [REDACTED] @ACON.ORG.AU



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Appendix

DETAILED EVALUATION RESULTS



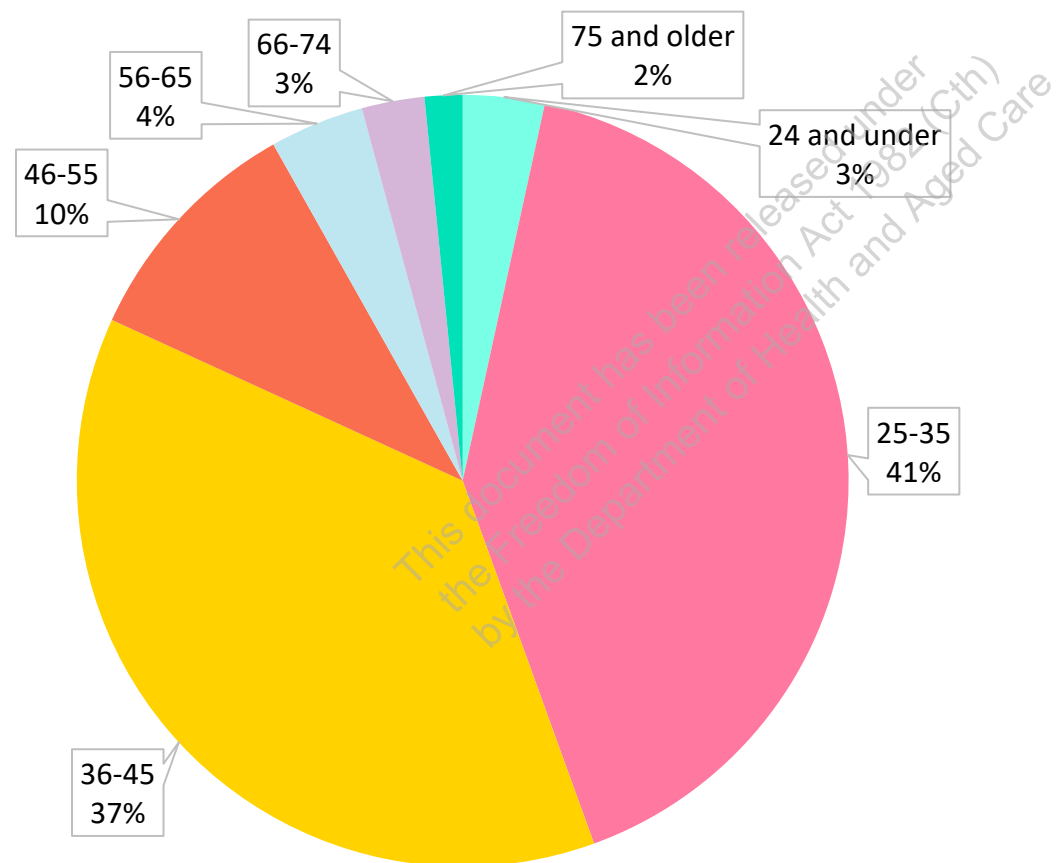
Demographics

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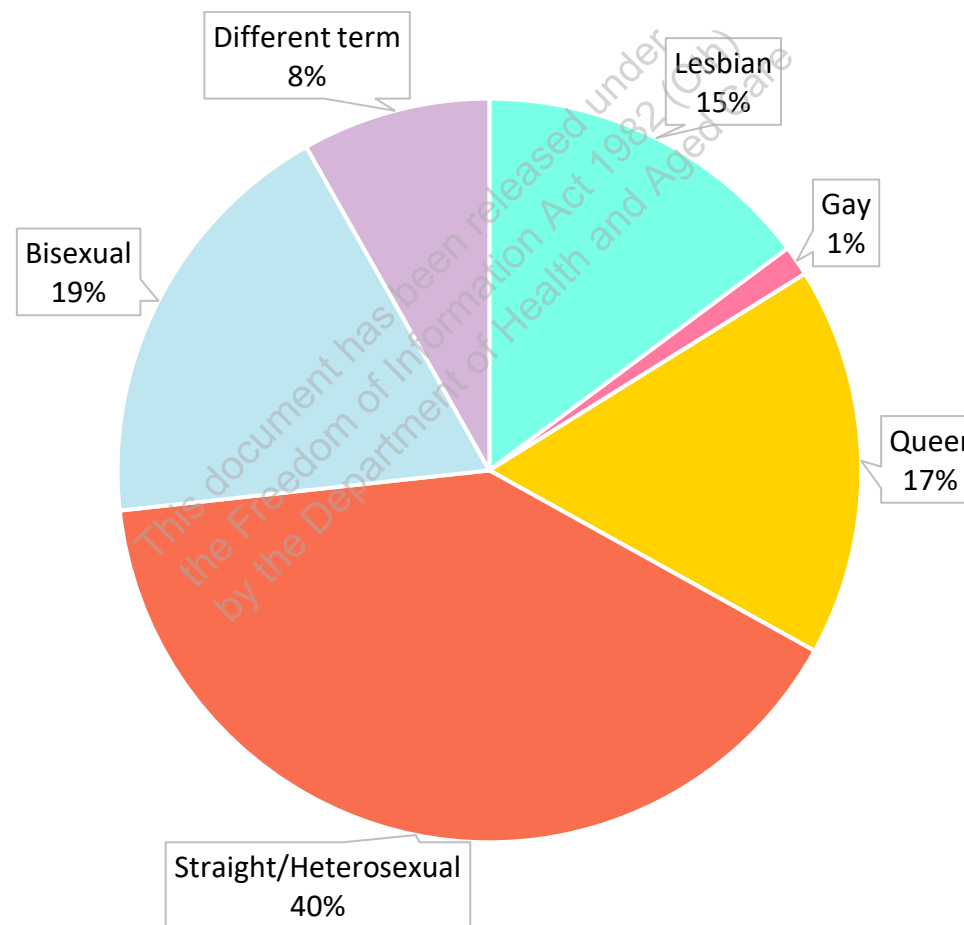
How old are you?

Answered: 380 Skipped: 4

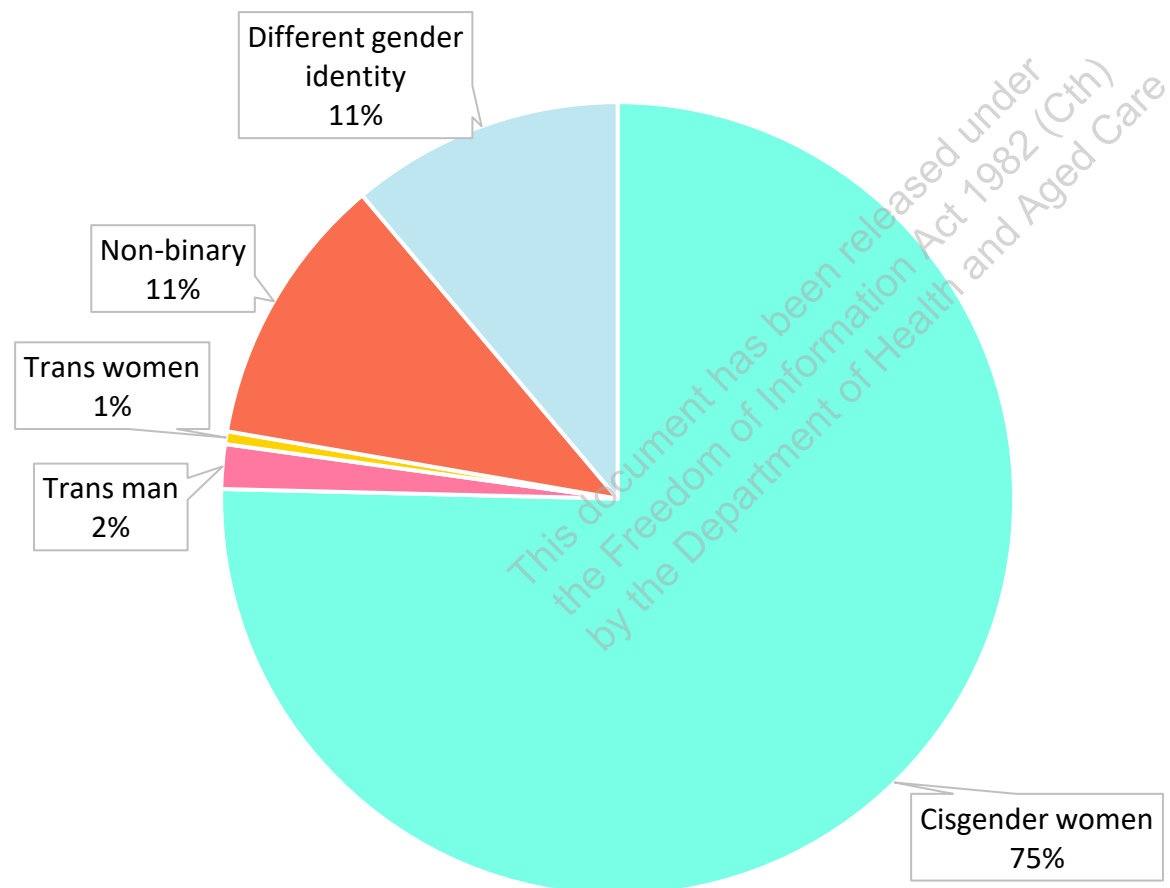


How do you describe your sexual orientation?

Answered: 378 Skipped: 6



Gender profile

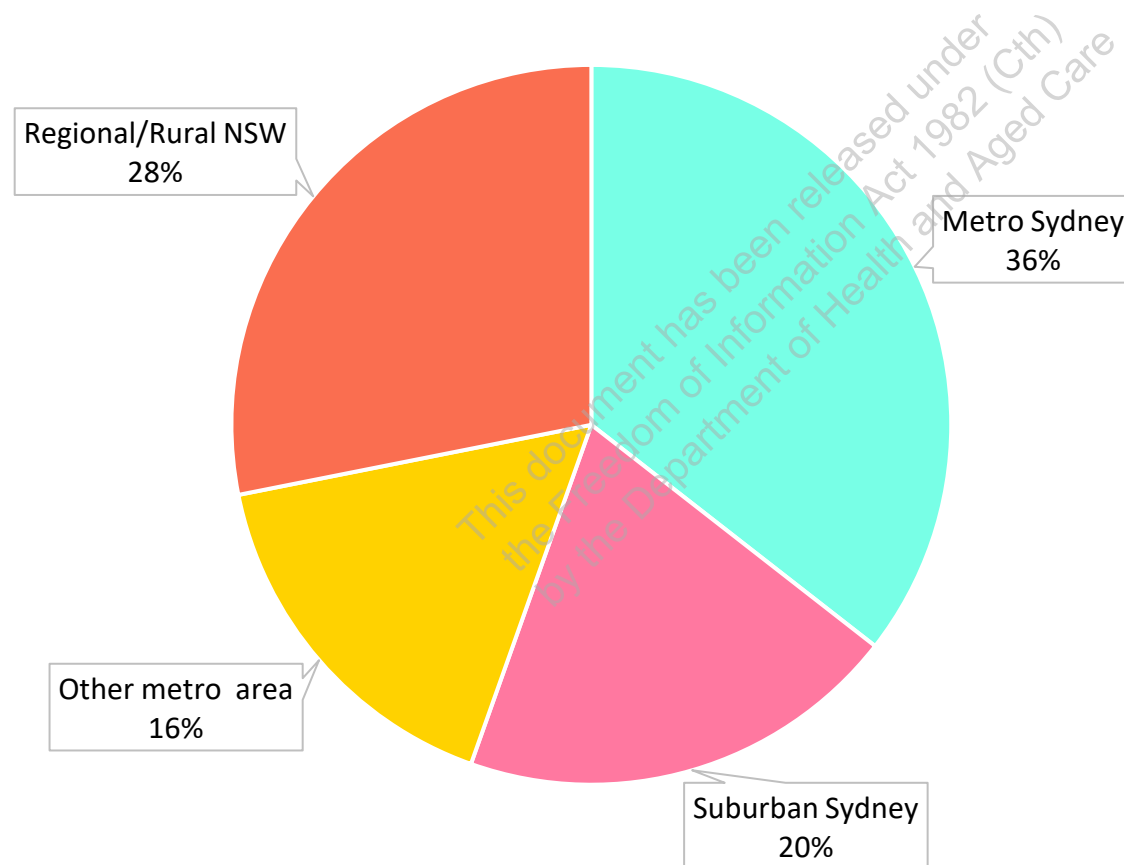


Answered: 371



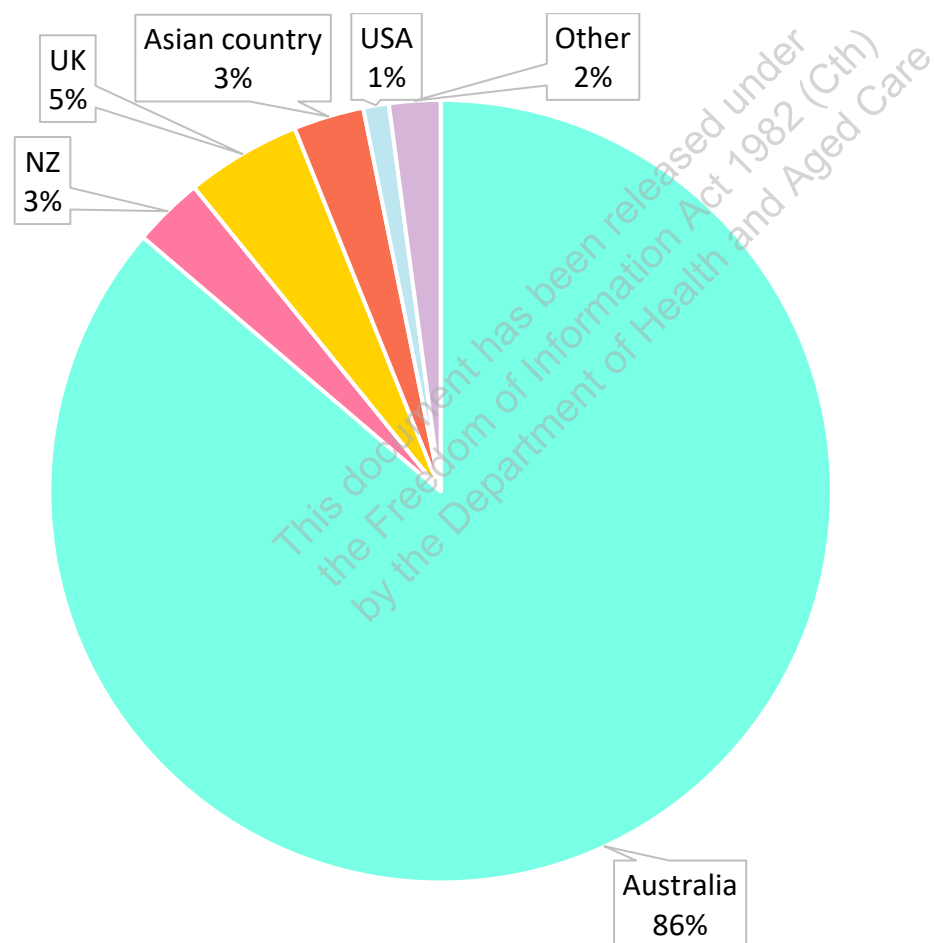
Where in NSW do you live?

Answered: 377 Skipped: 7



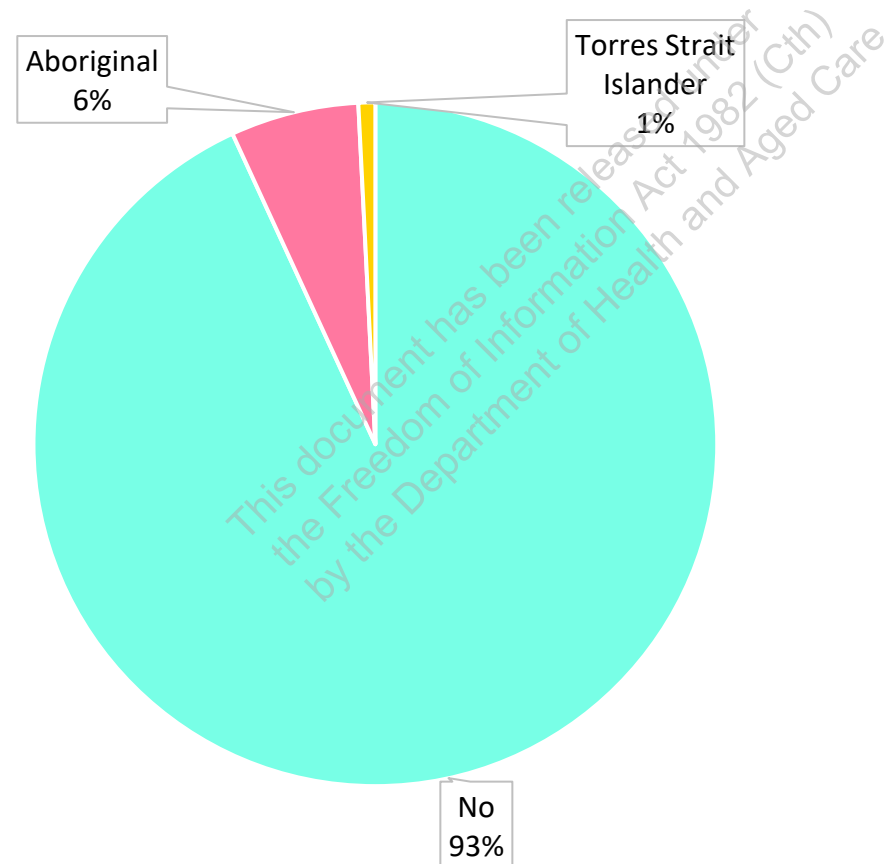
Where were you born?

Answered: 378 Skipped: 6



Are you of Aboriginal and/or Torres Strait Island origin?

Answered: 377 Skipped: 7



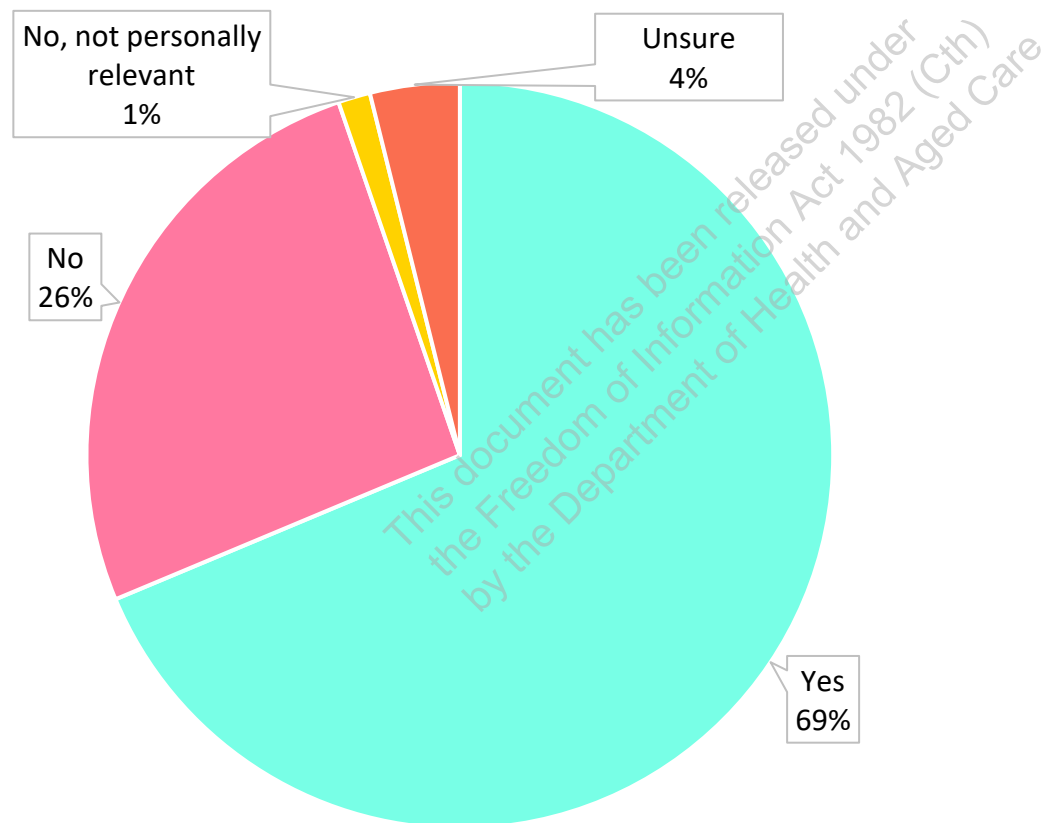
Screening History

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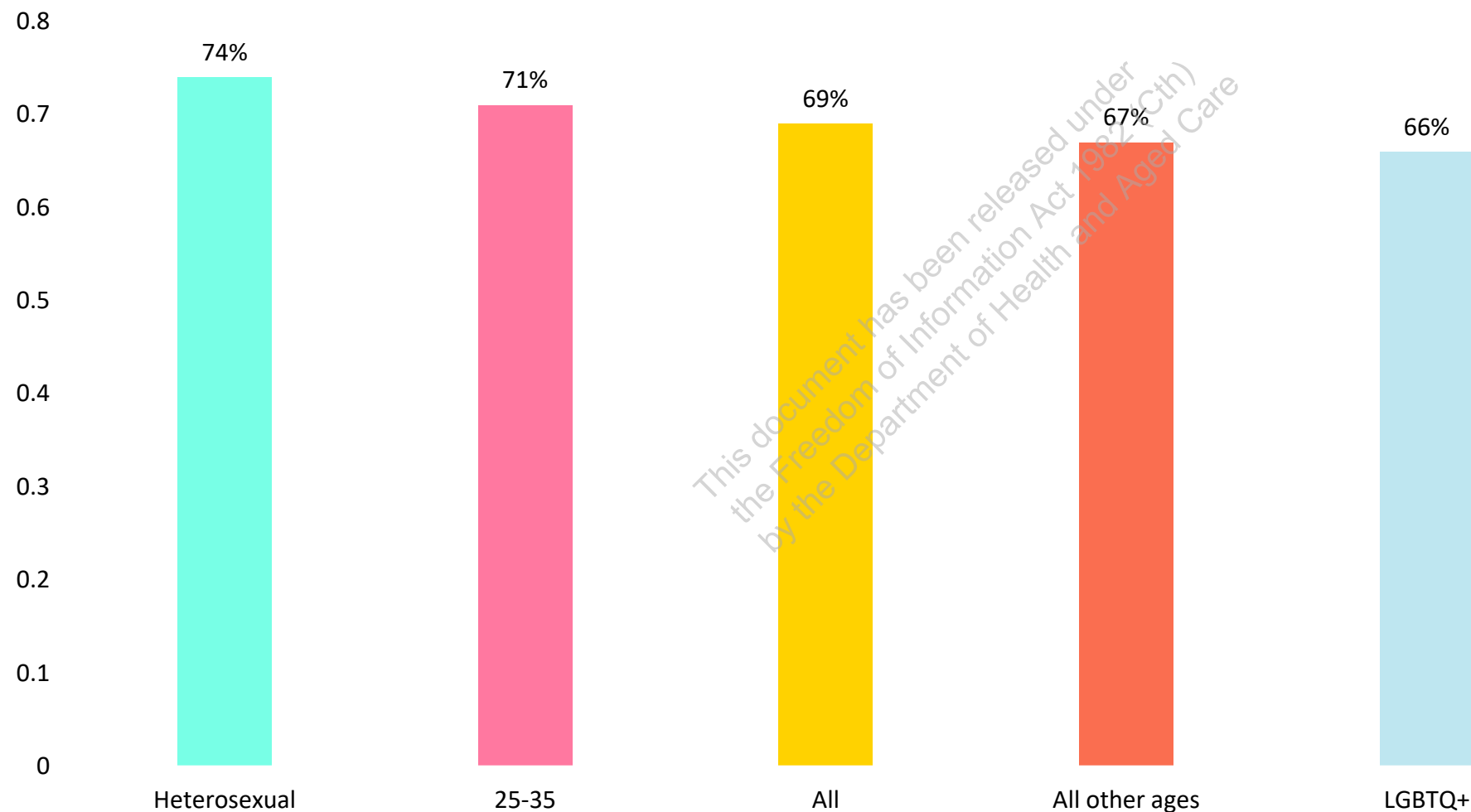


In the past 5 years, have you had a Cervical Screening Test?

Answered: 361 Skipped: 23

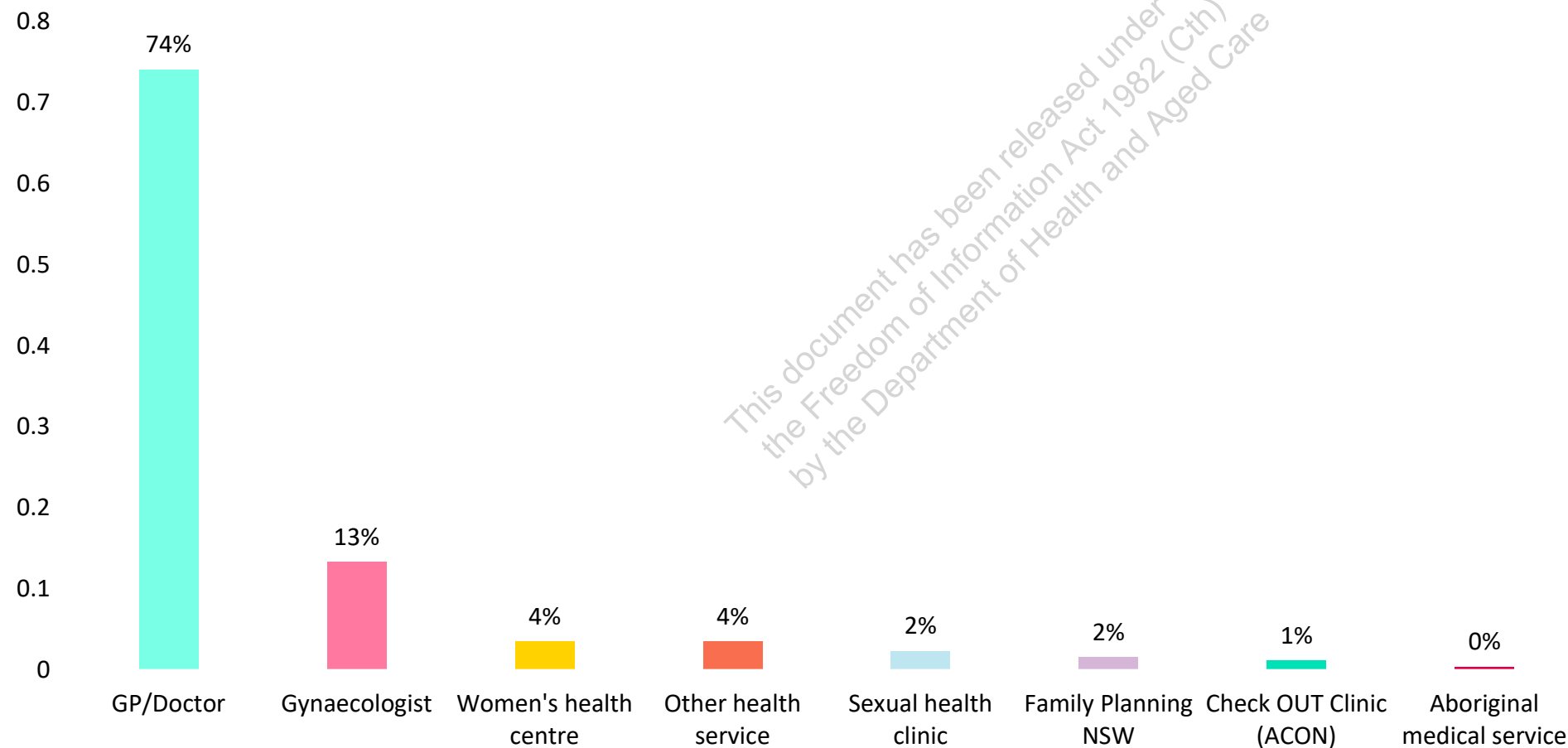


In the past 5 years, have you had a Cervical Screening Test?



Where did you have your last Cervical Screening Test?

Answered: 255 Skipped: 129

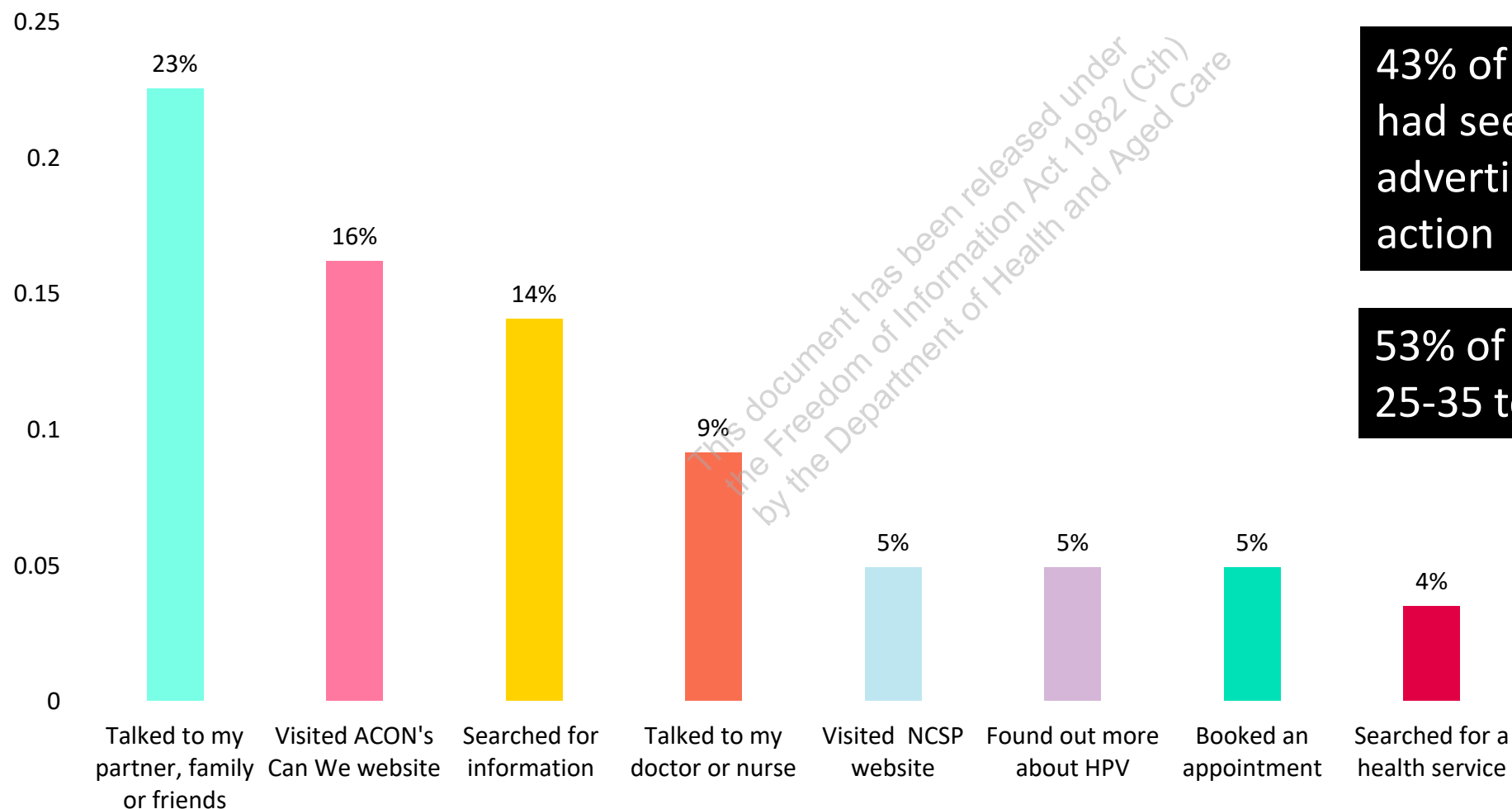


Motivations and Actions

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After seeing the advertisements, did you take any of the following actions?

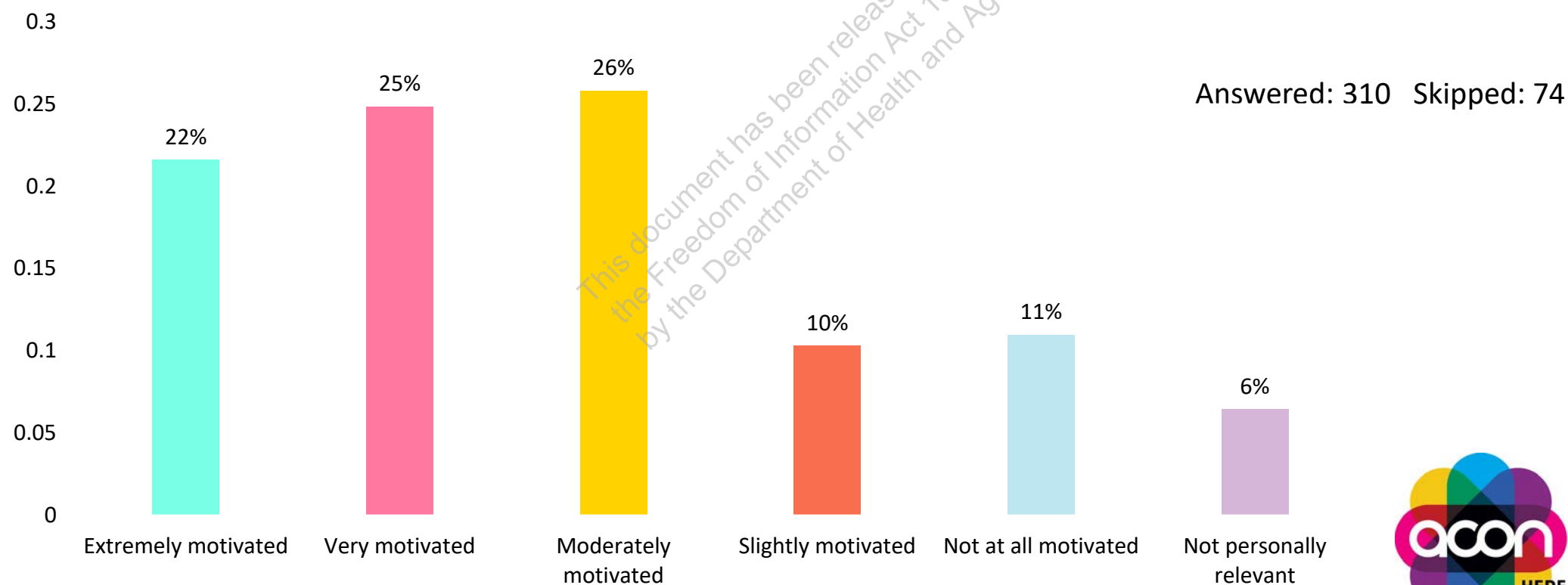


43% of respondents who had seen the advertisements took some action

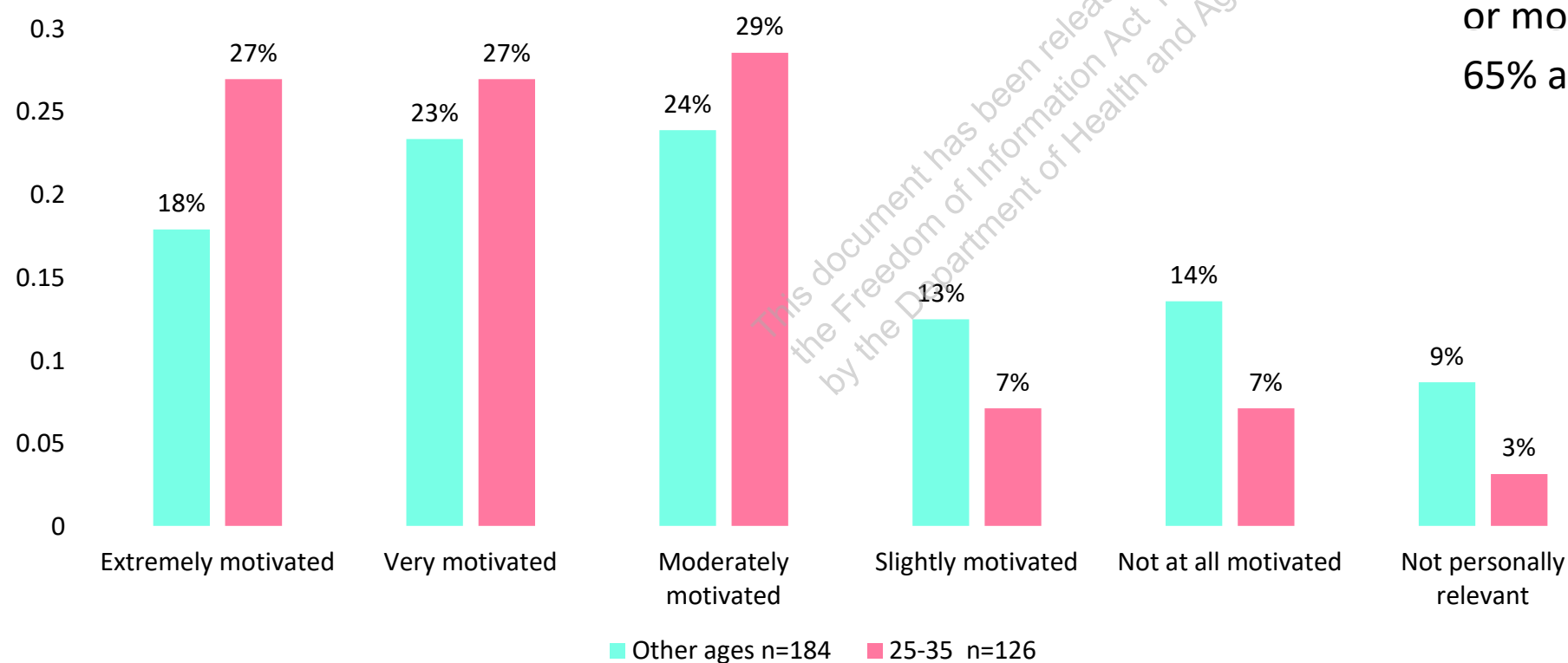
53% of respondents aged 25-35 took action



After seeing these ads and videos, how motivated are you to have your Cervical Screening Test when next due?



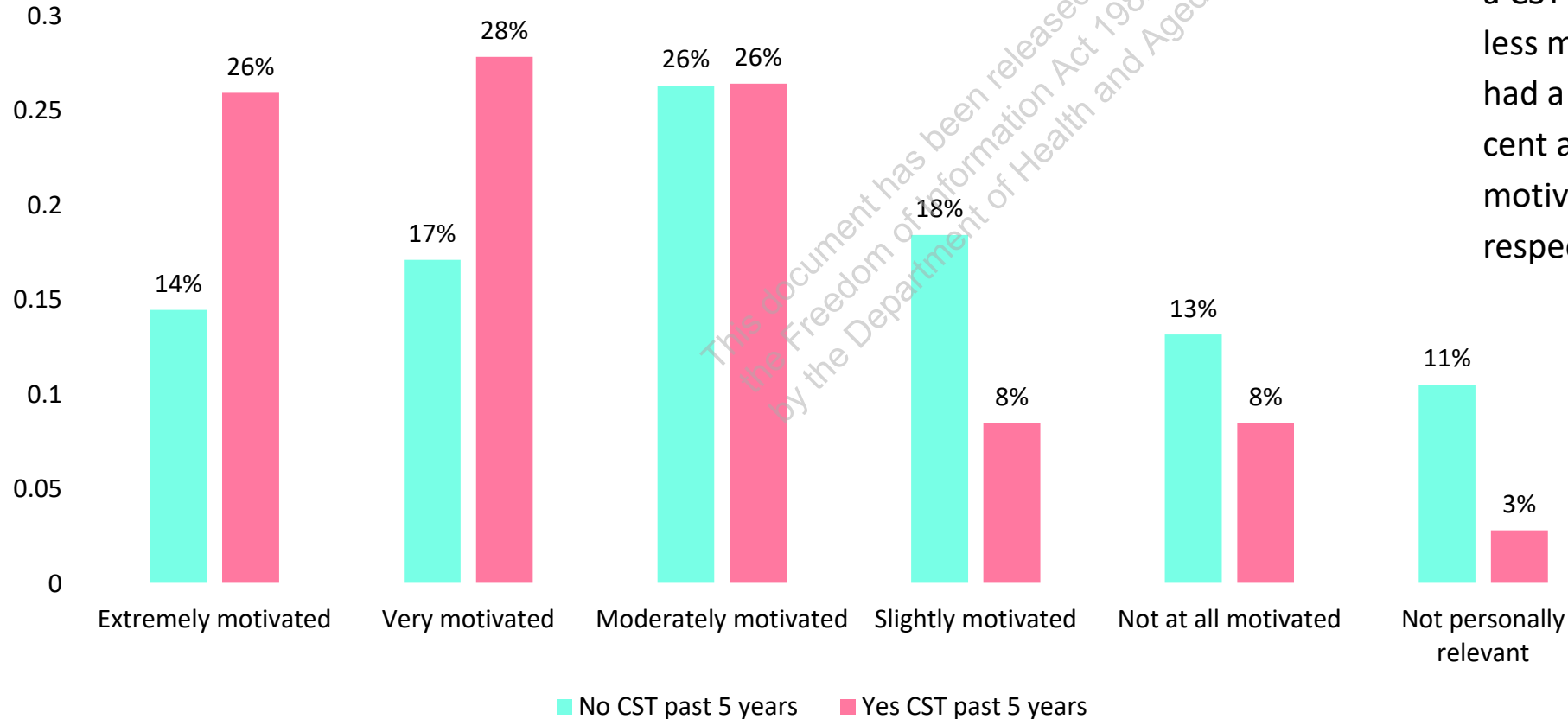
After seeing these ads and videos, how motivated are you to have your Cervical Screening Test when next due?



83% 25-35 extremely, very or moderately motivated vs 65% among other ages



After seeing these adverts and videos, how motivated are you to have your Cervical Screening Test when next due?



Respondents who have **not** had a CST in the past five years are less motivated to test than those had a CST in past five years: 31% cent are extremely or very motivated compared to 54%, respectively

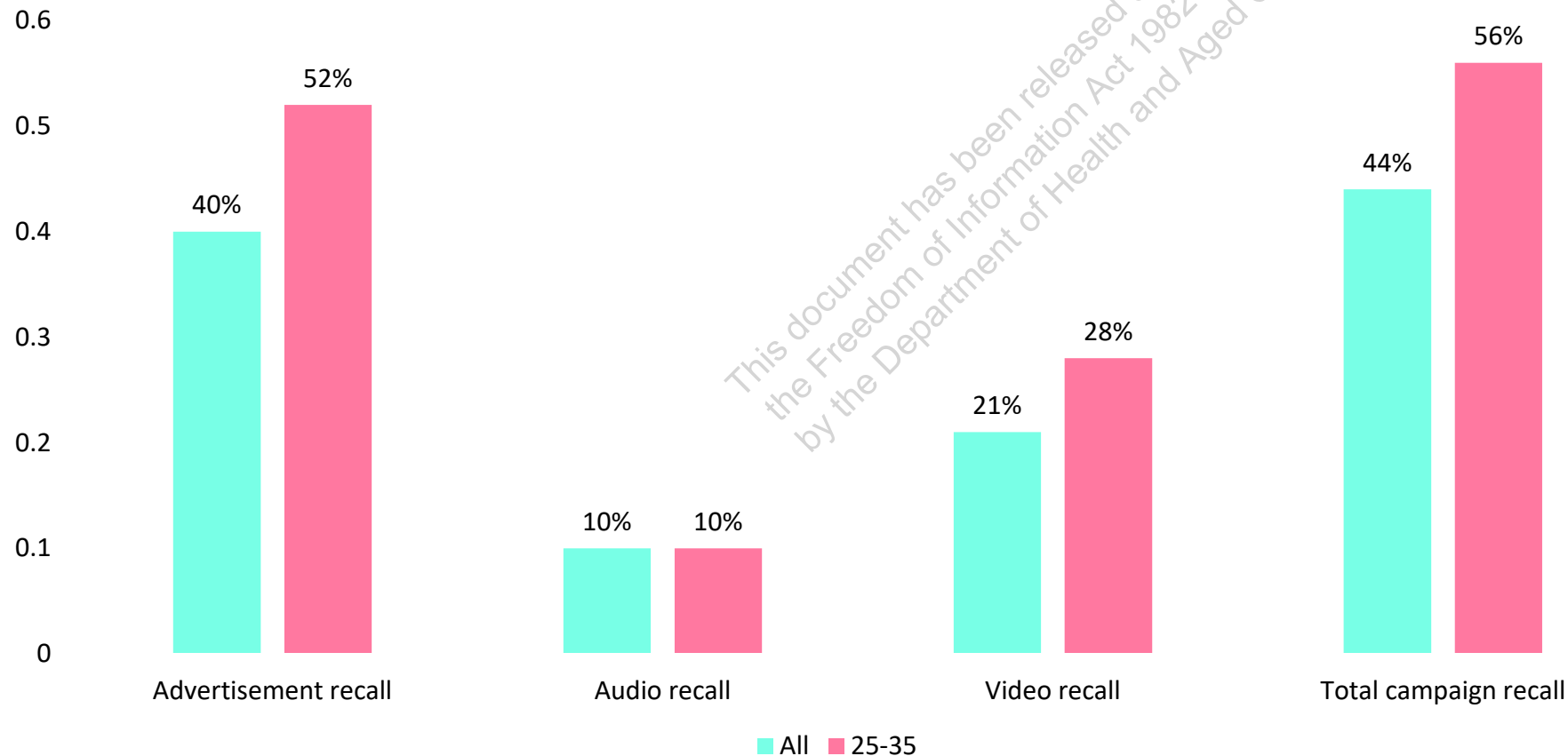


Campaign Recall

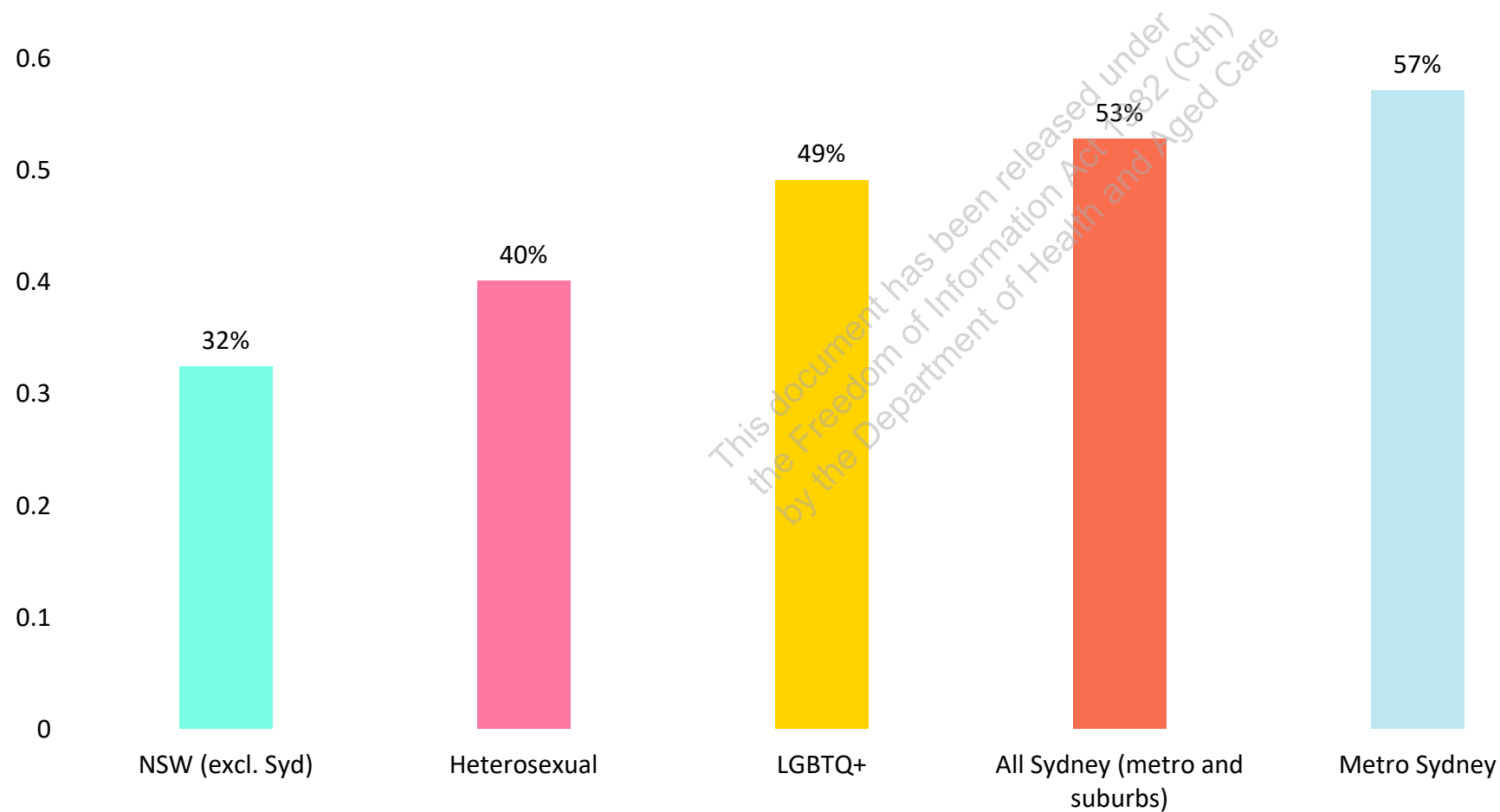
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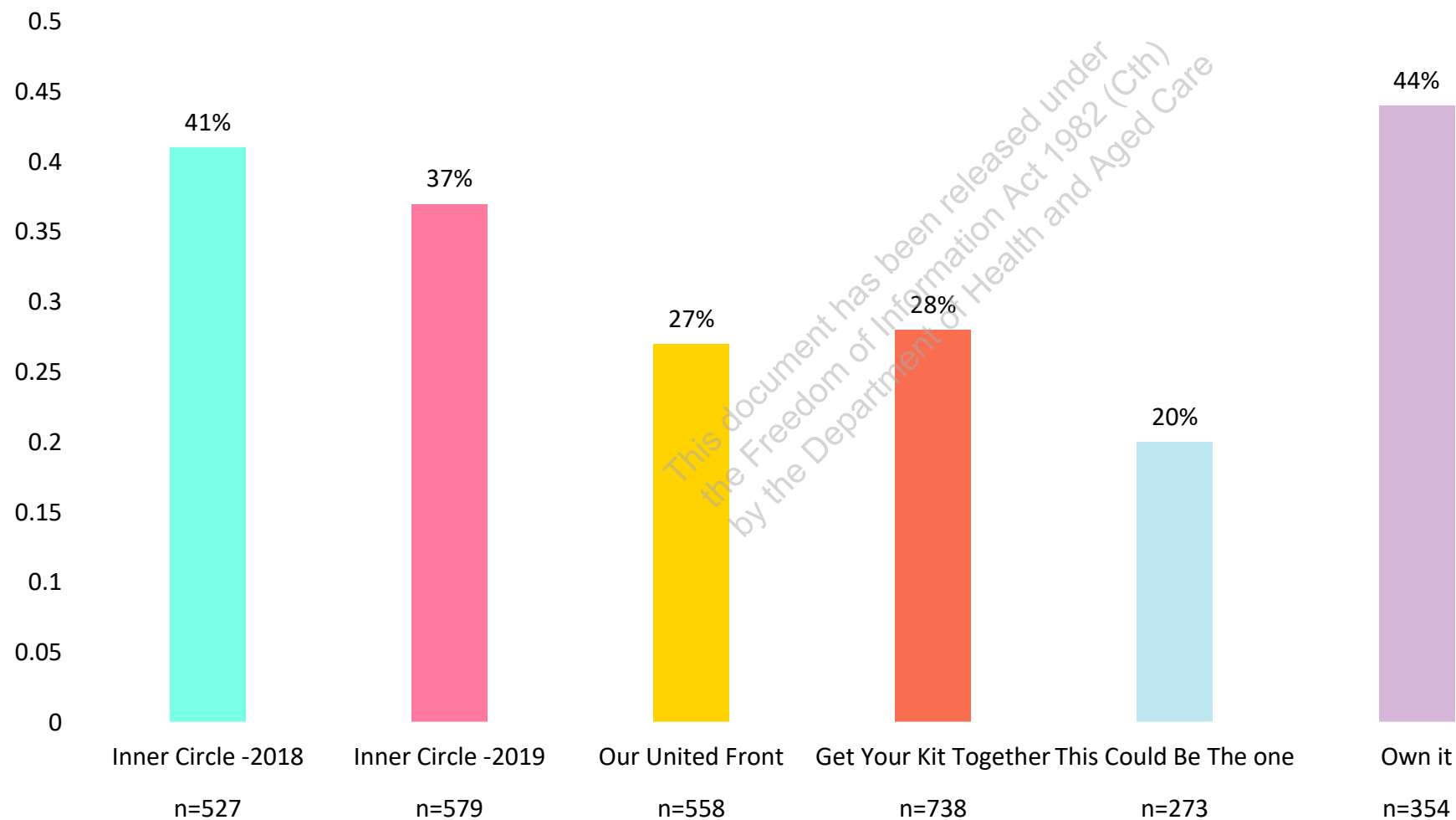
Before this survey, have you seen one or more of the adverts, video or audio shown above?



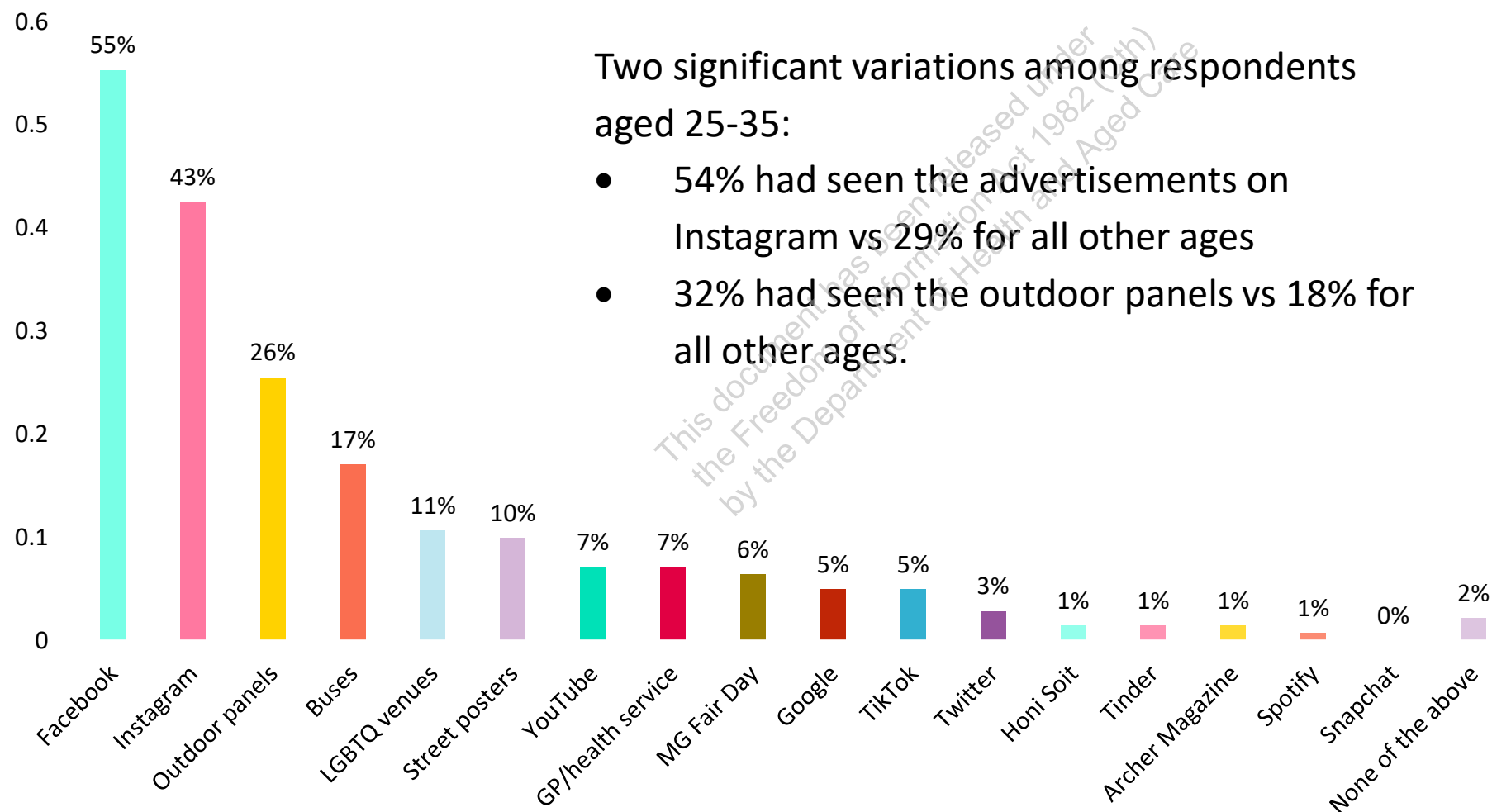
Campaign recall by demographics



Can We Campaigns Recall



Did you see the advertisement or video in any of the following places?



Answered: 141

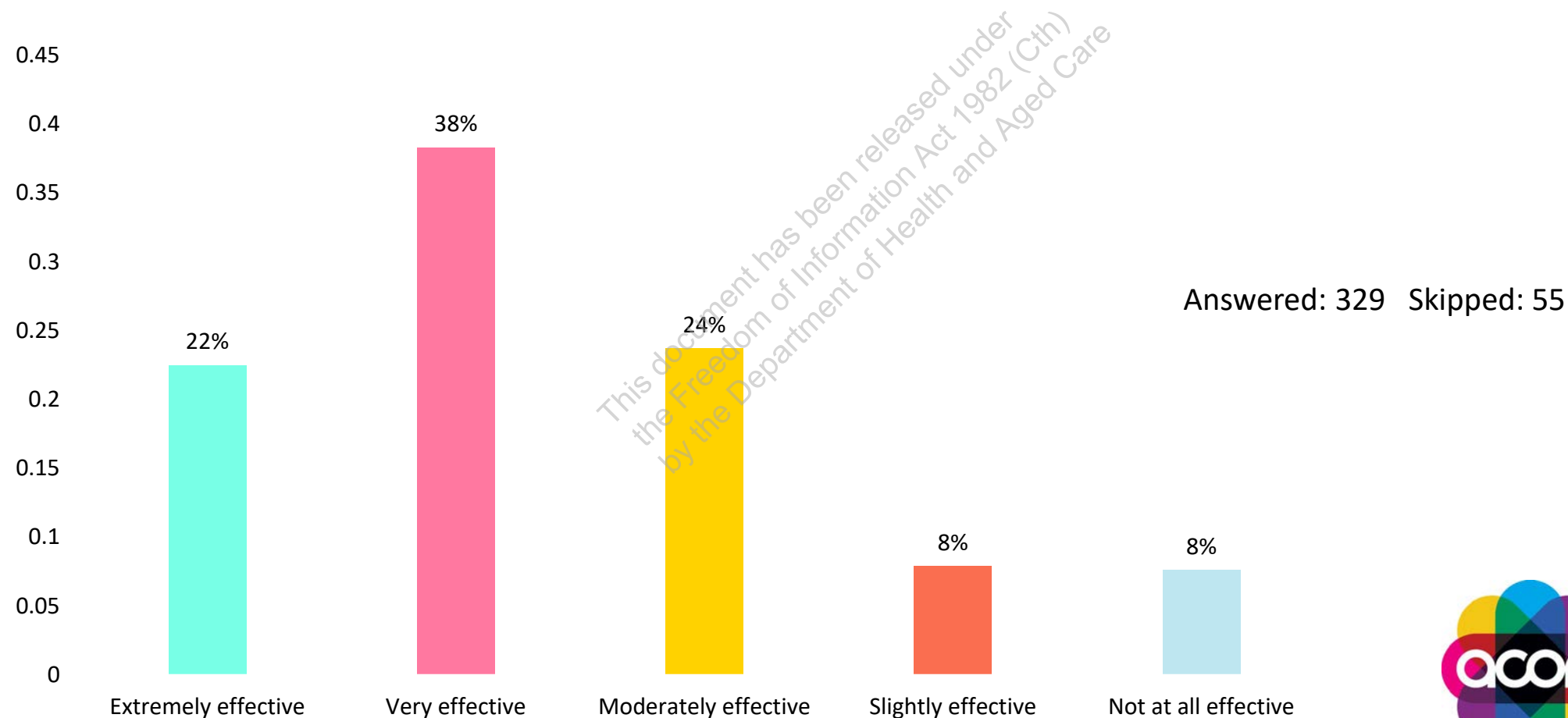


Advertising Diagnostics

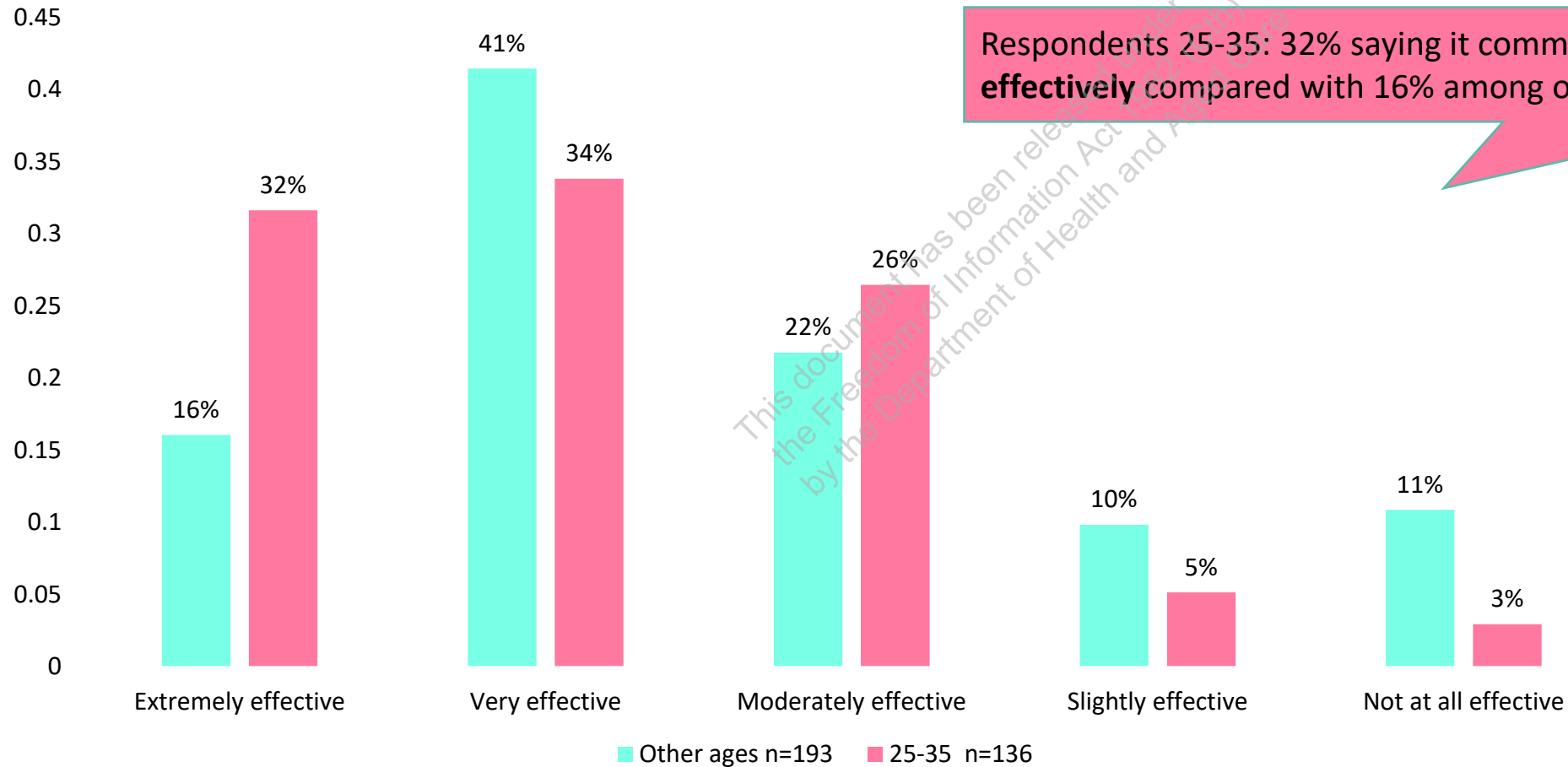
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How effective is the advertisement at communicating its main message?

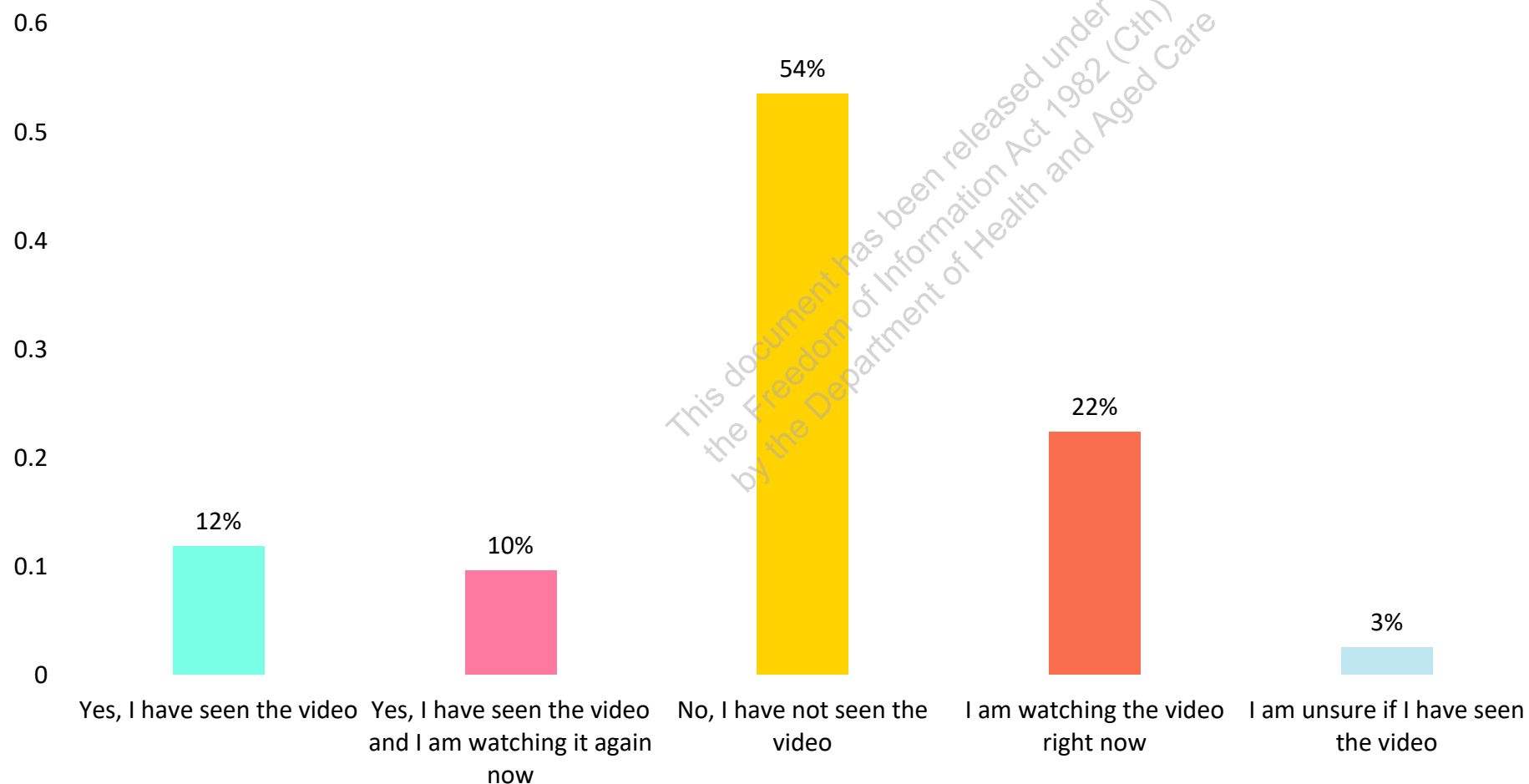


How effective is the advertisement at communicating its main message?



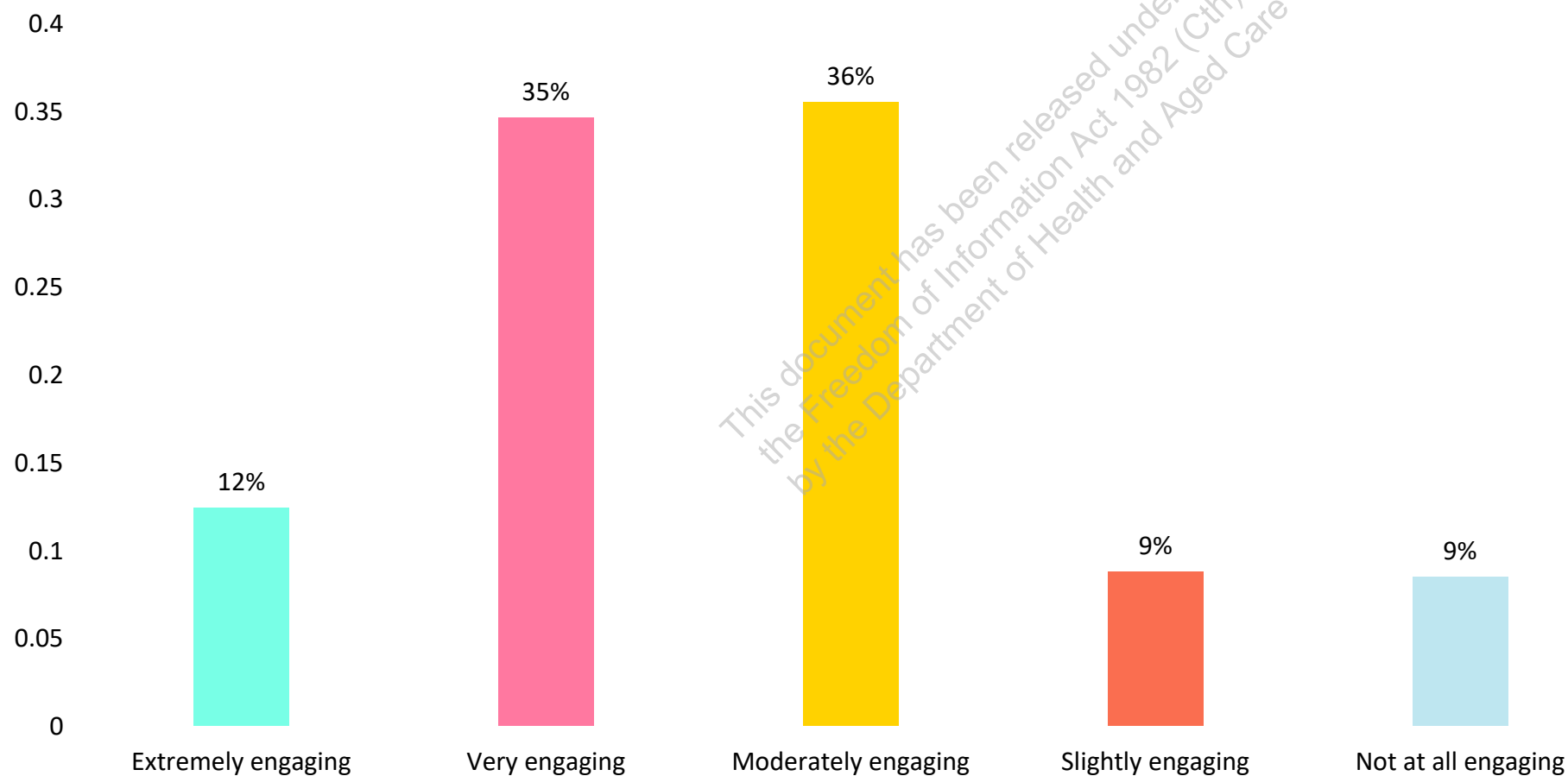
How effective is the video at communicating its main message?

Answered: 136 Skipped: 248

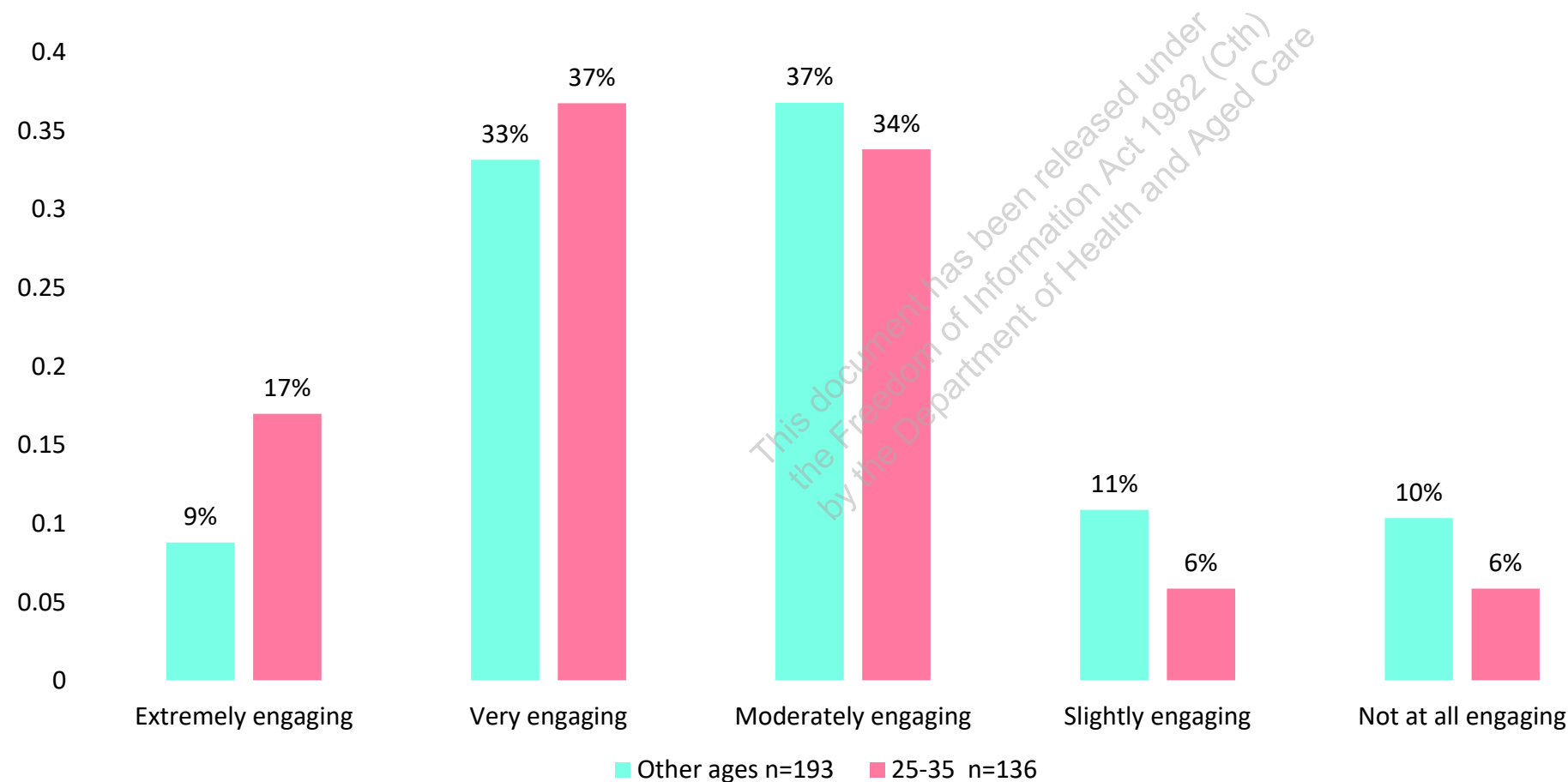


Overall, how engaging is the advertisement?

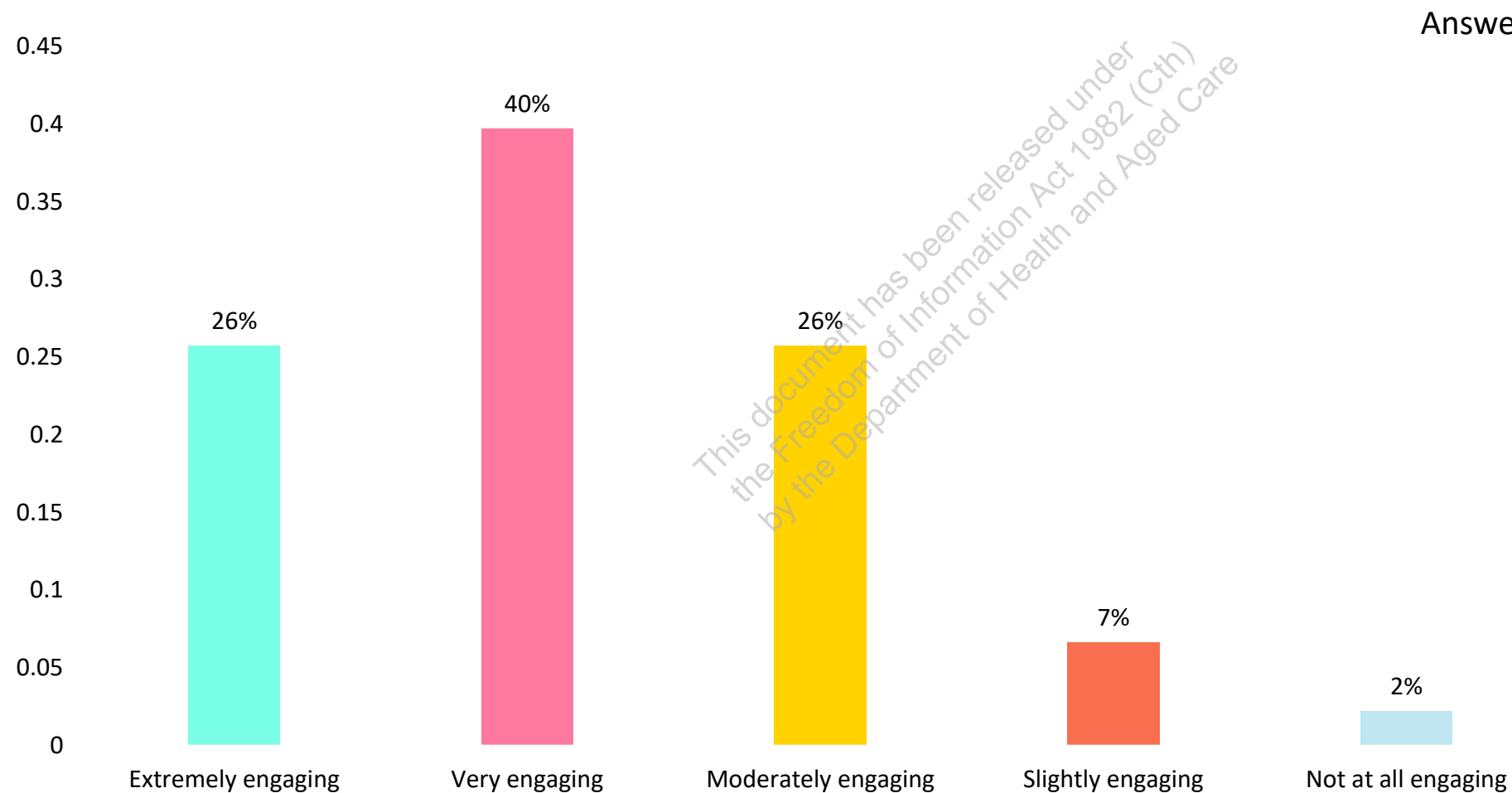
Answered: 329 Skipped: 55



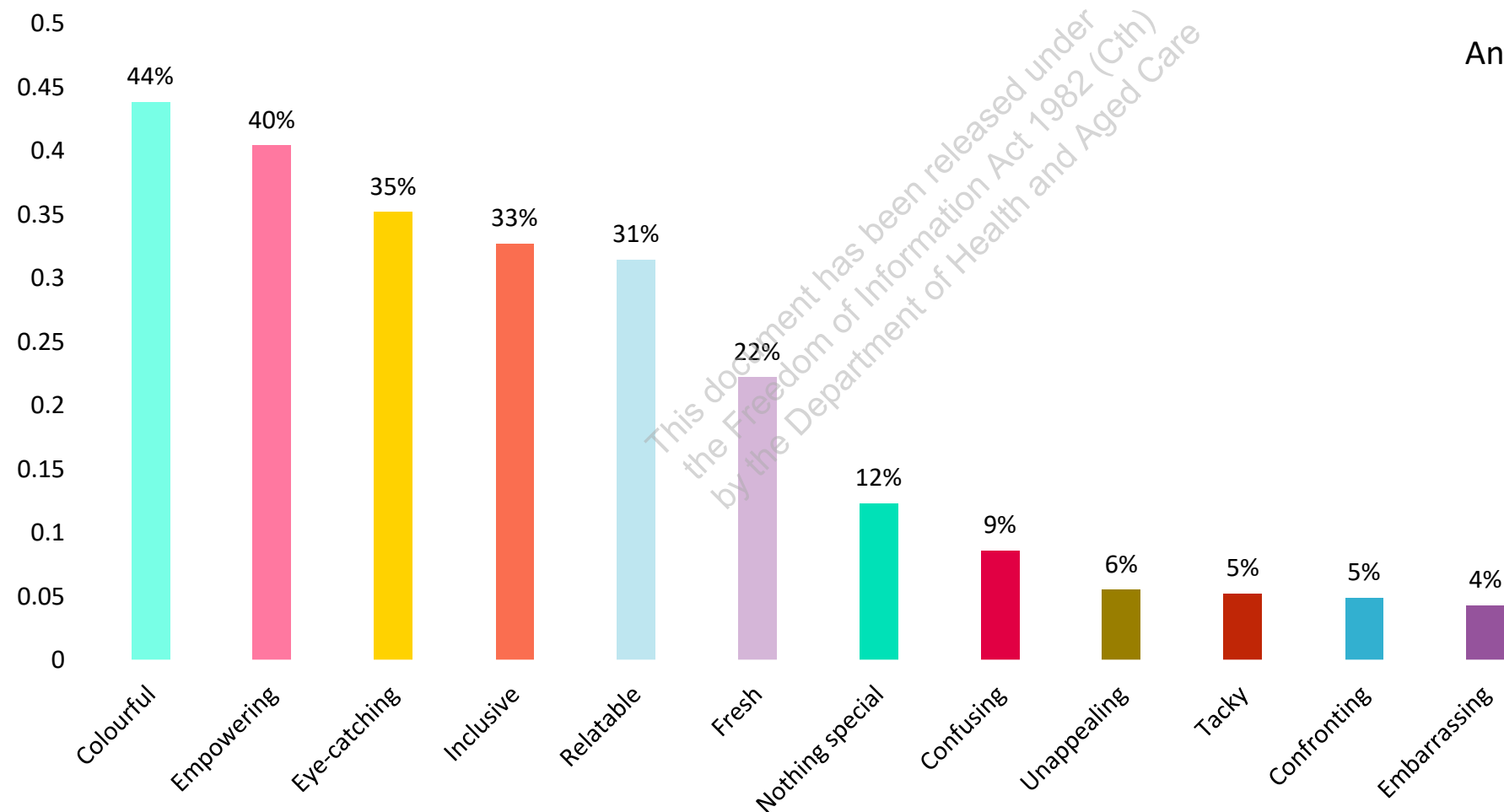
Overall, how engaging is the advertisement?



How engaging is the video?



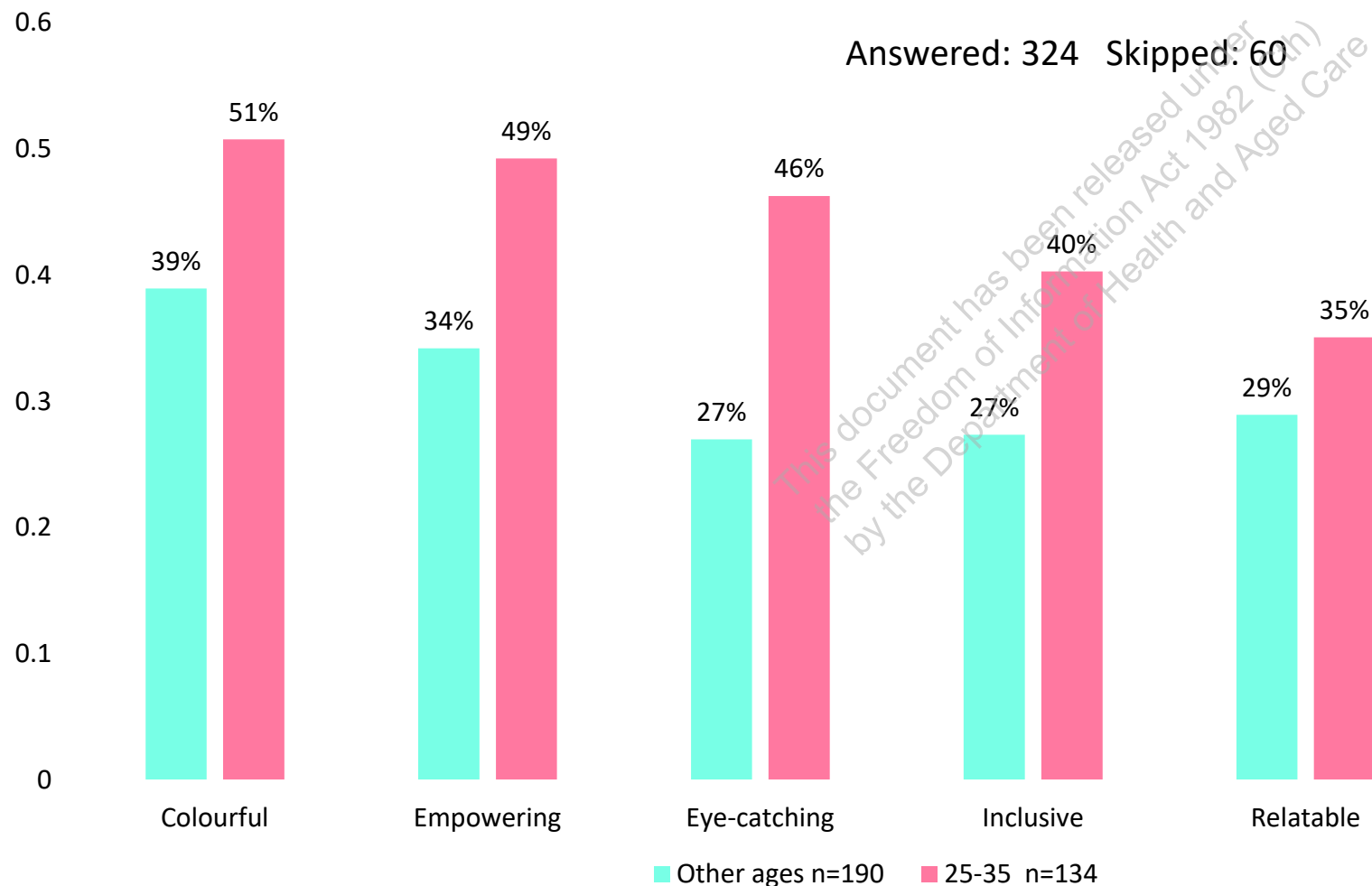
Which words best describe your response to the advertisements?



Answered: 324 Skipped: 60



Which words best describe your response to the advertisements? Top 6 words by age

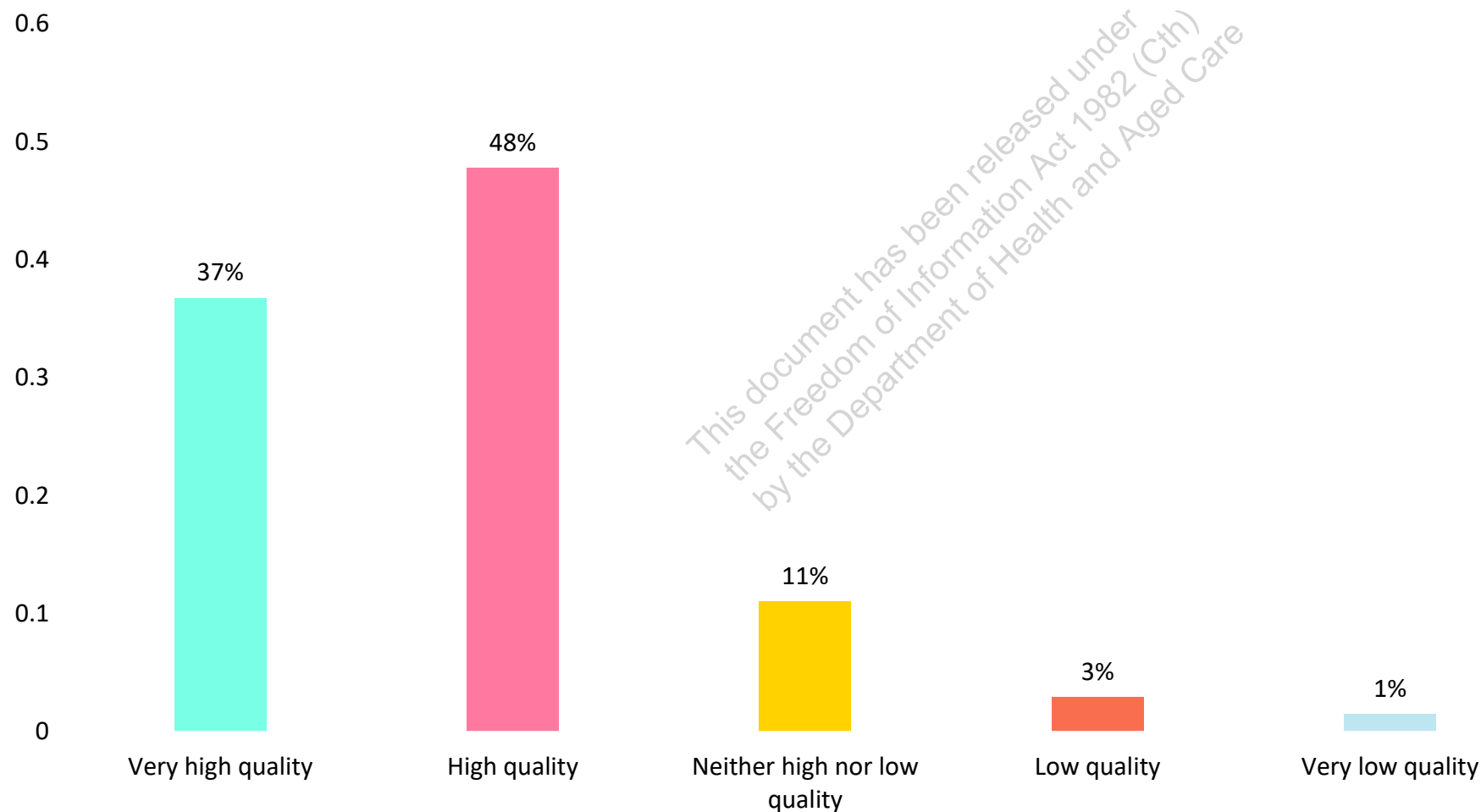


Significant creative cut-through:
25-35 approx. half describe it as
colourful, empowering, eye-
catching



How would you rate the quality of the videos?

Answered: 136 Skipped: 248



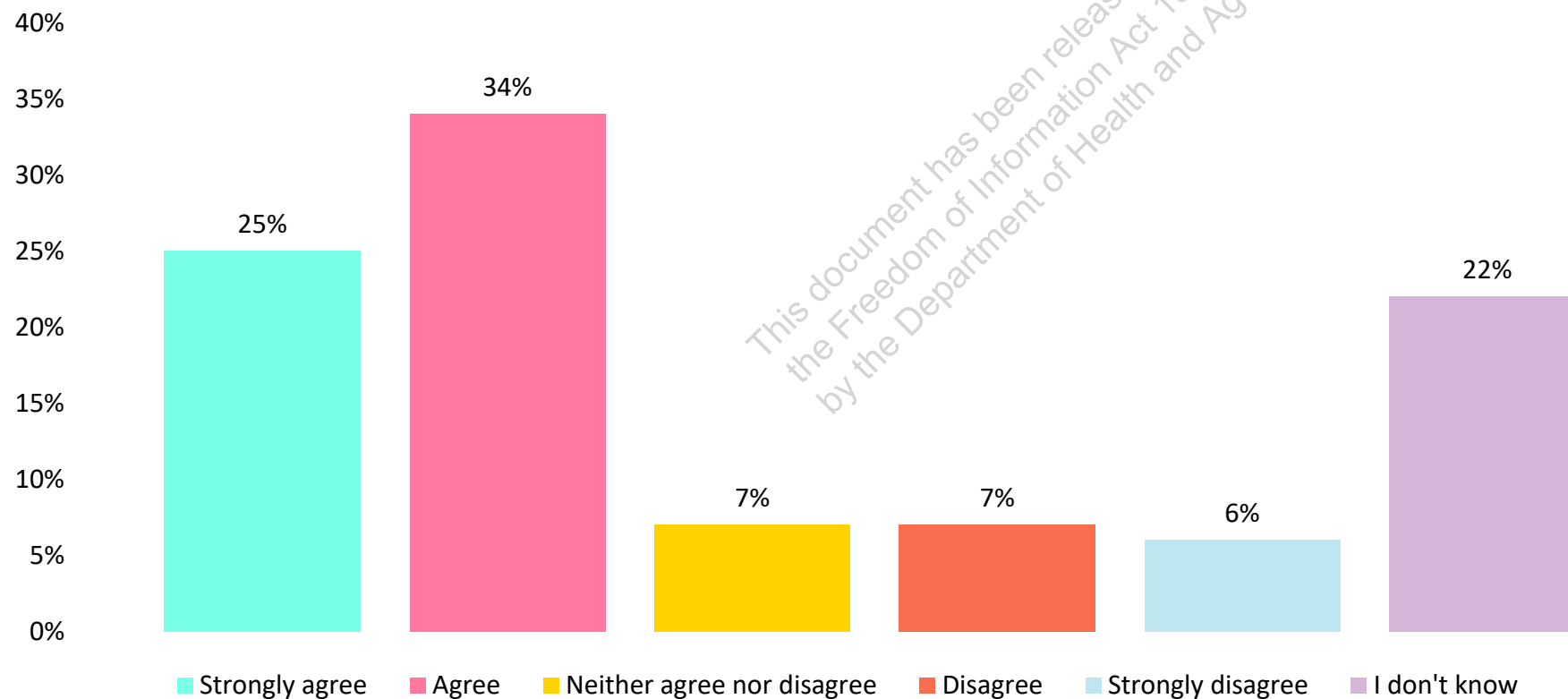
Knowledge

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Agreement with the statement: I know that for my Cervical Screening Test, I can choose to collect my own sample

N=339



From: §47F
To: §47F; §22
Subject: Re: ACON's Own It Campaign follow up
Date: Monday, 19 June 2023 11:10:39 AM
Attachments: [Outlook-4vbxctw.jpg](#)

Hi all,

I hope you had a nice weekend and staying warm, especially those in Canberra.

We're looking forward to catching up later this afternoon to discuss the *Own It* campaign. In preparation for the meeting we're suggesting the following agenda items:

1. Welcome, Acknowledgement of Country §47F
2. Feedback from the National Program Manager's meeting – high level summary of discussion and interest §22
3. Approach to national roll out of Own It and broad budget §47F - if appropriate given item 2)
4. Discussion and update on the Release of the National Strategy and plans for launch/promotion (§22, and all)
5. Update on the national campaign and support activities (§22 and all)
6. Next Steps §47F

Please let me know if you have any amendments you'd like to make. Otherwise, we'll see you online at 1 pm.

Kind regards,

§47F

§47F | **Manager, Cancer Programs**

Direct: §47F | **Switch:** 02 9206 2000 | **Mobile:** §47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: §47F@acon.org.au | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

ACON acknowledges and pays respects to the Traditional Owners and Custodians of all the lands on which we work.



§22

s22



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From: s22
To: s47F
Cc: s47F; s22; s47F; s47F; s22
Subject: RE: DoHAC / ACON contract for services - National Cervical Screening Campaign [SEC=OFFICIAL]
Date: Friday, 22 December 2023 4:15:42 PM
Attachments: [Attachment A - CONTRACT FOR SERVICES ACON FINAL.docx](#)
[image001.png](#)
[image002.jpg](#)

Hi s47F and Team,

Apologies for sending this so close to the break however please find attached the final contract for your signature.

Please send it back so we can counter sign (New Year is fine) and we can process the first payment and finally get this show on the road.

Thank you so much for your patience in getting to this point.

Have a wonderful break,

s22

From: s47F @acon.org.au>
Sent: Thursday, 21 December 2023 3:15 PM
To: s22 @Health.gov.au>
Cc: s47F @acon.org.au>; s47F @health.gov.au>; s47F @acon.org.au>; s47F @acon.org.au>
Subject: Re: DoHAC / ACON contract for services - National Cervical Screening Campaign [SEC=OFFICIAL]

Hi s22,

Please find completed Vendor Form attached.

Have a happy holidays and see you in 2024.

Cheers,

s47F

| **Manager, Cancer Programs**

Direct: s47F | **Switch:** 02 9206 2000 | **Mobile:** s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F @acon.org.au | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

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From: s22 @Health.gov.au>
Sent: Thursday, 21 December 2023 13:06
To: s47F @acon.org.au>
Cc: s47F @acon.org.au>; s22 @health.gov.au>; s47F @acon.org.au>; s47F @acon.org.au>
Subject: RE: DoHAC / ACON contract for services - National Cervical Screening Campaign

[SEC=OFFICIAL]

Hi Team,

I'm in the process of entering the contract into our procurement system and I need to add you as a new Vendor.

Can someone please fill in the details in this form so we can get you in the system for payment?

Thanks so much,

s22

From: s47F [redacted] <[redacted]@acon.org.au>

Sent: Friday, 15 December 2023 6:13 AM

To: s22 [redacted] <[redacted]@Health.gov.au>

Cc: s47F [redacted] <[redacted]@acon.org.au>; s22 [redacted] <[redacted]@health.gov.au>; s47F [redacted] <[redacted]@acon.org.au>; s47F [redacted] <[redacted]@acon.org.au>

Subject: Re: DoHAC / ACON contract for services - National Cervical Screening Campaign

[SEC=OFFICIAL]

Hi s22 [redacted],

Thank you for your patience in getting the revised contract to you. Please find attached an updated draft contract. I've left a couple of comments and recent tracked changes so that you can easily identify them.

In addition to the IP changes, our lawyers have included some changes to 17.1(b) and added a new clause 7.7. The changes to 17.1(b) change is to ensure that ACON is able to meet our obligations under privacy laws. Clause 7.7 limits ACON's obligations to include certain terms in subcontracting arrangements that would breast unfair contract terms.

Please let us know if you have any questions about these changes, and we will try to answer them for you.

I will be on leave from today. I've cced s22 [redacted] who will be working until Thursday 21 Dec. If the Department accepts these changes and signs, we may be able to facilitate signatures on ACON's end quickly. Otherwise we will get it signed off in early January. Have a happy holiday and new year.

Cheers,

s47F [redacted]

| **Manager, Cancer Programs**

Direct: s47F [redacted] | **Switch:** 02 9206 2000 | **Mobile:** s47F [redacted]

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F [redacted] <[redacted]@acon.org.au> | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

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From: s22 [redacted] <[redacted]@Health.gov.au>

Sent: Tuesday, 28 November 2023 17:28

To: s47F [redacted] <[redacted]@acon.org.au>

Cc: §47F [redacted] <§47F@acon.org.au>; §22 [redacted] <§22@health.gov.au>

Subject: RE: DoHAC / ACON contract for services - National Cervical Screening Campaign
[SEC=OFFICIAL]

Hi §47F [redacted]

Thanks for making those changes. The FECCA one can remain as is, but thanks for being so considerate.

I'm happy to remove Phase 1, I think I have stopped using that in subsequent drafts with the other partners, so please feel free to amend it to reflect how you see it working over the 2 years. And that's fine to say 12 weeks initially. After seeing the timelines and high level project plan you presented, I know what you have outlined is really well thought out so I'm happy to be guided by your expertise on this part. The rest of the wording looks great, thanks for checking.

Regarding the Fee Structure, given how long it's taken for all of us to get everything right please amend to the following which should help us kick start the project quicker:

Estimated Date	Milestone Description/ Required Deliverable	Payment Amount
XX December 2023	Execution of the Contract	\$3,000,000.00
28 February 2024	Detailed Campaign Project Plan that includes protocols, risk management and timeline	\$500,000.00
15 April 2024	Delivery of media plan and communications reporting framework	\$1,000,000.00
30 April 2024	Delivery of campaign PR strategy	\$500,000.00
No later than June 2024	Materials are broadcast publicly	\$300,000.00
30 September 2024	Delivery of community engagement plan	\$600,000.00
31 January 2025	Initial communications report	\$500,000.00
SUB-TOTAL		\$6,400,000.00
GST		\$640,000.00
TOTAL CONTRACT VALUE		\$7,040,000.00

Please let me know if you need to check anything else.

Thanks as always,

§22 [redacted]

From: §47F [redacted] <§47F@acon.org.au>

Sent: Tuesday, 28 November 2023 4:03 PM

To: §22 [redacted] <§22@Health.gov.au>

Cc: §47F [redacted] <§47F@acon.org.au>; §22 [redacted] <§22@health.gov.au>

Subject: Re: DoHAC / ACON contract for services - National Cervical Screening Campaign
[SEC=OFFICIAL]

Hi §22 [redacted]

Thanks. I'm actually working on the updates at the moment and I've put these into the contract. Do we need to make similar changes to FECCA's section? Happy to leave as is or use language preferred by the partners. In principle, we definitely want to work with the partners and the agencies that result in the best communications and engagement outputs.

Given that the contract will now reflect two years of activity, do you still want to refer to "Phase 1"?

In regards to time frames and deliverables in the Schedule, I am suggesting the following wording:

1. To support Phase One, a mix of integrated messaging, public relations and community engagement activities will be delivered commencing in the first half of 2024 and continuing until December 2025, using existing and new ACON creative.
2. Paid media to support Phase One will air for at least 12 weeks at the commencement of the campaign launch, supplemental paid media in line with community engagement activities and promotion of dynamic digital content.

I've put 12 weeks, rather than your previous 16 weeks. I'm being conservative until we can start planning with a media planner/buyer. We definitely want to maximise the media buy and as discussed with you and s22, we envisage a primary media buy at launch (8-12 weeks) with additional targeted media buy around events and "always-on" strategies using dynamic digital content. Are you ok with the above language?

This is what I have amended for the Fee structure. Is this ok with the Department?

Item E Fees

(inclusive of GST)

The total fee for the Services is \$6,400,000.00 exclusive of GST and all taxes and charges, \$7,040,000.00 inclusive of GST and all taxes and charges.

Estimated Date	Milestone Description/ Required Deliverable	Payment Amount
28 February 2024	Detailed Campaign Project Plan that includes protocols, risk management and timeline	\$3,500,000.00
15 April 2024	Delivery of media plan and communications reporting framework	\$1,000,000.00
30 April 2024	Delivery of campaign PR strategy	\$500,000.00
No later than June 2024	Materials are broadcast publicly	\$300,000.00
30 September 2024	Delivery of community engagement plan	\$600,000.00
31 January 2025	Initial communications report	\$500,000.00
SUB-TOTAL		\$6,400,000.00
GST		\$640,000.00
TOTAL CONTRACT VALUE		\$7,040,000.00

Cheers,

s47F

| Manager, Cancer Programs

Direct: s47F | Switch: 02 9206 2000 | Mobile: s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F@acon.org.au | Website: acon.org.au

Twitter: twitter.com/ACONhealth | Facebook: facebook.com/ACONhealth

Pronouns: He/Him

ACON acknowledges and pays respects to the Traditional Owners and Custodians of all the lands on which we work.



From: s22 @Health.gov.au>
Sent: Tuesday, 28 November 2023 15:10
To: s47F @acon.org.au>
Cc: s47F @acon.org.au>; s22 @health.gov.au>
Subject: RE: DoHAC / ACON contract for services - National Cervical Screening Campaign
 [SEC=OFFICIAL]

Hi again s47F

NACCHO have requested very minor amendments to the section in your contract where they are mentioned.

As you currently have the latest working document, can you please update Item 3 in the Schedule to the below:

3. Appoint and manage specialised Aboriginal and Torres Strait islander creative agency with relevant experience and connections with Aboriginal and Torres Strait Islander communities to:
 - 3.1. Develop media and channel plan to promote cervical screening among eligible Aboriginal and Torres Strait Islander women and people with a cervix.
 - 3.2. Provide recommendations for adaptations to existing materials or recommendations about the types of new communications materials.
 - 3.3. Develop a community engagement plan and the supporting materials required to promote culturally safe cervical screening among Aboriginal and Torres Strait Islander women and people with a cervix.
 - 3.4. Work with NACCHO to ensure co-design and co-decision making on the elements referenced in 3.1, 3.2 and 3.3.

Please let me know if there are any concerns with this.

Thanks so much,

s22

From: s47F @acon.org.au>
Sent: Monday, 27 November 2023 5:08 PM
To: s22 @Health.gov.au>; s47F @acon.org.au>
Cc: s22 @Health.gov.au>; s22 @health.gov.au>
Subject: Re: DoHAC / ACON contract for services - National Cervical Screening Campaign
 [SEC=OFFICIAL]
 Thanks s22 .

s22

We will clean up a copy of the contract and include the preferred wording for the IP clauses and the other timeframes, personnel, etc we discussed previously.

We appreciate the policies as well.

Cheers,

s47F

| **Manager, Cancer Programs**

Direct: s47F | **Switch:** 02 9206 2000 | **Mobile:** s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F [@acon.org.au](mailto:s47F@acon.org.au) | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

Pronouns: He/Him

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From: s22 [@Health.gov.au](mailto:s22@Health.gov.au)>

Sent: Monday, 27 November 2023 15:43

To: s47F [@acon.org.au](mailto:s47F@acon.org.au)>; s47F [@acon.org.au](mailto:s47F@acon.org.au)>

Cc: s22 [@Health.gov.au](mailto:s22@Health.gov.au)>; s22 [@health.gov.au](mailto:s22@health.gov.au)>

Subject: RE: DoHAC / ACON contract for services - National Cervical Screening Campaign

[SEC=OFFICIAL]

Hi s47F

I did have a lovely weekend thanks although not sure why it now just rains all the time given La Nina left us a while ago! How was yours?

Thanks so much for sending through the below queries.

We are happy for your legal team to modify clauses 13.3 and 13.4 to suits your needs and we will review with a view to agree. Also, this means we can remove clause 12 if that simplifies the contract. We are happy for Item M to be removed.

Regarding Clause 19, please find below the hyperlinked list that you can insert into the contract as well as a file attached with the PDFs.

Please send through the revised version once these updates have been made and we will look to finalise the contract then. How exciting!

Thanks,

s22

1. COMPLIANCE WITH LAWS AND POLICIES

1.1 The Contractor agrees, in carrying out this Contract, to comply with all Laws and any relevant policies, including:

- (1) [the Crimes Act 1914](#);
- (2) [the Racial Discrimination Act 1975](#);
- (3) [the Sex Discrimination Act 1984](#);
- (4) [the Disability Discrimination Act 1992](#);

- (5) the *Charter of United Nations Act 1945* and the *Charter of United Nations (Dealing with Assets) Regulations 2008*;
- (6) [the Archives Act 1983](#);
- (7) [the Privacy Act 1988](#);
- (8) [the Freedom of Information Act 1982](#);
- (9) [the Criminal Code Act 1995](#);
- (10) [the Public Interest Disclosure Act 2013](#);
- (11) [the Modern Slavery Act 2018](#);
- (12) [the Payment Times Reporting Act 2020](#);
- (13) any work health and safety legislation applicable to the Contractor;
- (14) the Australian Government's *Lobbying Code of Conduct*;
- (15) the [Protective Security Policy Framework](#);
- (16) any fraud control policy, rules or guidelines issued by the Australian Government from time to time; and
- (17) any other policies notified to the Contractor in writing or listed in Item C.

From: §47F <§47F@acon.org.au>

Sent: Friday, 24 November 2023 2:35 PM

To: §22 <§22@Health.gov.au>

Cc: §47F <§47F@acon.org.au>

Subject: DoHAC / ACON contract for services - National Cervical Screening Campaign

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi §22

I hope that you've had a good week.

We've received feedback from our lawyers regarding the contract. There are just a few items they've recommended we discuss some possible changes in relation to IP.

Can we modify clauses 13.3 and 13.4? This currently gives the Department broad rights to both ACON's Existing Materials and Contract Materials. Our preference is to put some limits on this, such as:

- Excludes any right to sub-license the Existing Materials and/or the Contract Materials
- Adds an ACON approval condition for future use by adding "...as approved by the Contractor" to 13.3 and 13.4

Our concerns with the current wording is two-fold. First, we'd like a protection that we're consulted and have some right to refusal for future adaptations and use. The second is because we use community talent and their agreement to be part of the campaign is significantly based on their relationship and trust with ACON. If talent were paid actors under commercial arrangements this wouldn't be as much of an issue, but the existing talent have no on-going payment and were originally given only a small gift voucher for their time.

Can we remove Item M in the Schedule which states that "...the Contractor may retain one hard copy of the Contract Material for its internal record-keeping purposes only."? This seems overly restrictive for materials ACON owns the IP for.

Please let us know if you'd like to meet to discuss some options.

We'd also like to request that you send us copies of the Laws and Policies in Clause 19. We want to ensure that we have these on file for our reference and to share with our subcontractors.

Our lawyers are updating our Standard Service Agreement that we'll use with subcontractors for this project. We want to make sure that our subcontractors are also following these policies.

Have a nice weekend.
Kind regards,

s47F

| Manager, Cancer Programs

Direct: s47F | **Switch:** 02 9206 2000 | **Mobile:** s47F

Address: 414 Elizabeth St Surry Hills NSW 2010

Email: s47F@acon.org.au | **Website:** acon.org.au

Twitter: twitter.com/ACONhealth | **Facebook:** facebook.com/ACONhealth

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by the Department of Health and Aged Care



Australian Government

**Department of Health
and Aged Care**

CONTRACT FOR SERVICES

between the

COMMONWEALTH OF AUSTRALIA

as represented by the

Department of Health and Aged Care

ABN 83 605 426 759

and

ACON Health Limited

ABN 38 136 883 915

in relation to Services for

***[the delivery of a national communications campaign to
increase awareness of self-collection in the National
Cervical Screening Program (NCSP)]***

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Item T	Moral Rights
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Item V	Modern Slavery
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Item X	Payment Times

This Contract is made between the

COMMONWEALTH OF AUSTRALIA for the purposes of this Contract represented by and acting through the Department of Health and Aged Care ABN 83 605 426 759

and

ACON HEALTH LIMITED, 414 Elizabeth Street, Surry Hills, NSW 2010 ABN 38 136 883 915 ('the Contractor').

RECITALS

- A. The Commonwealth requires the provision of certain services to the Department as specified in the Schedule.
- B. The Contractor has fully informed itself on all aspects of the work required to be performed and has submitted a proposal and quotation entitled ACON Cervical Screening Proposal, dated 31 July 2023.
- C. The Department has agreed to engage the Contractor to provide the Services upon the terms and conditions contained in this Contract.

OPERATIVE PART

1. INTERPRETATION AND OPERATION OF CONTRACT

1.1 In this Contract, unless the contrary intention appears:

'Auditor-General' means the office established under the *Auditor-General Act 1997* and includes any other person that may, from time to time, perform the functions of that office;

'Australian Standards' means the documents published under that name by Standards Australia;

'Bankruptcy Act' means *Bankruptcy Act 1966*;

'Business Day' means, in relation to the doing of any action in a place, any day other than a Saturday, Sunday, or public holiday in the place where the act is to be performed;

'Change in Control' means:

- (a) a body corporate or entity that Controls the Contractor ceases to Control the Contractor; or
- (b) a body corporate or entity that does not Control the Contractor comes to Control the Contractor.

For the purposes of the definition of 'Change in Control', 'Control' means, in relation

to the Contractor any of the following:

- (a) the ability to exercise or control the exercise of the right to vote in respect of more than 50% of the voting shares or other form of voting equity in the Contractor;
- (b) the ability to dispose or exercise control over the disposal of more than 50% of the shares or other form of equity in the Contractor;
- (c) the ability to appoint or remove a majority of the directors of the Contractor;
- (d) the ability to exercise or control the exercise of the casting of a majority of the votes at the meeting of the board of directors of the Contractor; or
- (e) any other means, direct or indirect, of dominating the decision making and financial and operating policies of the Contractor;

'Commencement Date' means the date on which this Contract commences, as specified in Item P;

'Commonwealth' means the Commonwealth of Australia;

'Commonwealth Material' means any Material:

- (a) provided by the Department to the Contractor for the purposes of this Contract; or
- (b) copied or derived at any time from the Material referred to in paragraph (a);

'Confidential Information' means information that:

- (a) is by its nature confidential;
- (b) is designated by the Department as confidential; or
- (c) the Contractor knows or ought to know is confidential;

but does not include information which:

- (d) is or becomes public knowledge other than by breach of this Contract or by any other unlawful means;
- (e) is in the possession of the Contractor without restriction in relation to disclosure before the date of receipt from the Department; or
- (f) has been independently developed or acquired by the Contractor;

'Conflict' means any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through the Contractor (or the Contractor Personnel) engaging in any activity or obtaining any interest that is likely to conflict with or restrict the Contractor in performing the Services fairly and independently;

'Contract' means this document as amended from time to time and includes its Schedules and any attachments;

'Contract Material' means all Material:

- (a) created for the purposes of this Contract;
- (b) provided or required under this Contract to be provided to the Department as part of the Services; or

- (c) copied or derived at any time from the Material referred to in paragraphs (a) or (b); and

including the Material described in Item B;

'Contract Term' means the Initial Contract Term plus any extension in accordance with clause 2.2 of the Contract;

'Contractor Personnel' means:

- (a) officers, employees, agents or subcontractors of the Contractor;
- (b) officers, employees, agents or subcontractors of the Contractor's subcontractors; and
- (c) those individuals (if any) engaged by the Contractor or its subcontractors on a voluntary basis,

engaged in the performance of the Services;

'Control':

- (a) has the meaning given in section 50AA of the Corporations Act;
- (b) in respect of an 'entity' (as defined in the Corporations Act) also includes the direct or indirect power to directly or indirectly direct the management or policies of the entity or control the membership or voting of the board of directors or other governing body of the entity (whether or not the power has statutory, legal or equitable force or arises by means of statutory, legal or equitable rights or trusts, agreements, arrangements, understandings, practices, the ownership of any interest in Marketable Securities, bonds or instruments of the entity or otherwise); and
- (c) also includes owning or controlling, directly or indirectly, more than 50% of the shares or units in an entity;

'Corporations Act' means the *Corporations Act 2001*;

'Department' means the Commonwealth as represented by the Department of Health and Aged Care or any department or agency of the Commonwealth that is from time to time responsible for the administration of this Contract;

'Eligible Data Breach' means an 'Eligible Data Breach' as defined in the *Privacy Act 1988*;

'Existing Material' means all Material in existence prior to the commencement of this Contract that is:

- (a) incorporated in;
- (b) supplied with, or as part of; or
- (c) required to be supplied with, or as part of,

the Contract Material and includes Material identified as Existing Material in Item L but excludes Commonwealth Material;

'Extension Period' has the meaning given in clause 2.2 of the Contract;

'External Administrator' means an administrator, controller or managing controller

(each as defined in the Corporations Act), trustee, provisional liquidator, liquidator or any other person (however described) holding or appointed to an analogous office or acting or purporting to act in an analogous capacity;

'Government Agency' means:

- (a) a 'Commonwealth entity' or 'Commonwealth company' as defined in the *Public Governance, Performance and Accountability Act 2013*;
- (b) an unincorporated body established or constituted for a public purpose by Commonwealth legislation, or an instrument made under that legislation;
- (c) a body established by the Commonwealth Parliament, or either House of Parliament, or by the Governor-General or by a Minister of State of the Commonwealth; or
- (d) any body that may exercise any of the powers of the Commonwealth under the Commonwealth Constitution,

acting directly or through an agent;

'GST' has the meaning given in the *A New Tax System (Goods and Services Tax) Act 1999*;

'Indigenous Procurement Policy' means the policy of that name available on the Indigenous Procurement Website at <https://www.niaa.gov.au/indigenous-affairs/economic-development/indigenous-procurement-policy-ipp>;

'Initial Contract Term' means the initial period of time for which this Contract is intended to continue, as specified in Item Q;

'Insolvency Event' means in respect of a person, any of the following:

- (a) it becomes insolvent within the meaning of section 95A, or is taken to have failed to comply with a statutory demand under section 459F(1), or must be presumed by a court to be insolvent under section 459C(2), or is the subject of a circumstance specified in section 461 (whether or not an application to court has been made under that section) or, if the person is a Part 5.7 body, is taken to be unable to pay its debts under section 585, of the Corporations Act;
- (b) except with the Department's consent:
 - (i) it is the subject of a Liquidation, or an order or an application is made for its Liquidation; or
 - (ii) an effective resolution is passed or meeting summoned or convened to consider a resolution for its Liquidation;
- (c) an External Administrator is appointed to it or any of its assets or a step is taken to do so or its Related Body requests such an appointment;
- (d) it becomes the subject of an Ipso Facto Event;
- (e) if a registered corporation under the Corporations Act, a step is taken under section 601AA, 601AB or 601AC of the Corporations Act to cancel its registration;

- (f) if a trustee of a trust, it is unable to satisfy out of the assets of the trust the liabilities incurred by it as and when those liabilities fall due;
- (g) any event or conduct occurs which would enable a court to grant a petition, or an order is made, for the bankruptcy of an individual or his estate pursuant to the Bankruptcy Act;
- (h) any application (not withdrawn or dismissed within five Business Days) is made to a court for an order, a meeting is convened, a resolution is passed, or any negotiations are commenced, for the purpose of implementing or agreeing:
 - (i) a moratorium of any debts of a person;
 - (ii) a personal insolvency agreement;
 - (iii) any other assignment, composition or arrangement (formal or informal) with a person's creditors;
 - (iv) any similar proceeding or arrangement by which the assets of a person are subjected conditionally or unconditionally to the control of that person's creditors or a trustee; or
 - (v) or any agreement or other arrangement of the type referred to in this paragraph (h) is ordered, declared or agreed to;
- (i) a person becomes an insolvent under administration (as defined in the Corporations Act);
- (j) an analogous or equivalent event to any listed above occurs in any jurisdiction; or
- (k) it stops or suspends payment to all or a class of creditors generally;

'Intellectual Property' means all copyright (including rights in relation to phonograms and broadcasts), all rights in relation to inventions (including patent rights), plant varieties, registered and unregistered trade marks (including service marks), registered and unregistered designs, circuit layouts, and all other rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields;

'Interest' means interest calculated at the 90 day bank-accepted bill rate (available from the Reserve Bank of Australia);

'Ipso Facto Event' with respect to a person occurs if the person is or becomes the subject of:

- (a) an announcement, application, compromise, arrangement, managing controller, or administration as described in section 415D(1), section 434J(1) or section 451E(1) of the Corporations Act; or
- (b) any process which under any Law may give rise to a stay on, or prevention of, the exercise of contractual rights;

'Item' means an item in the Schedule;

'Law' means any applicable statute, regulation, by-law, ordinance or subordinate legislation in force from time to time anywhere in Australia, whether made by a State,

Territory, the Commonwealth, or a local government, and includes the common law as applicable from time to time;

'Liquidation' means:

- (a) a winding up, dissolution, liquidation, provisional liquidation, administration, bankruptcy or other proceeding for which an External Administrator is appointed, or an analogous or equivalent event or proceeding in any jurisdiction; or
- (b) an arrangement, moratorium, assignment or composition with or for the benefit of creditors or any class or group of them;

'Marketable Security' means:

- (a) a 'marketable security' as defined in section 9 of the Corporations Act;
- (b) a negotiable instrument;
- (c) a unit or other interest in a trust or partnership; and
- (d) a right or an option in respect of any of the above, whether issued or unissued;

'Material' means documents, records, equipment, software (including source code and object code), goods, images, information and data stored by any means including all copies and extracts of the same;

'Moral Rights' includes the following rights of an author of copyright Material:

- (a) the right of attribution of authorship;
- (b) the right of integrity of authorship; and
- (c) the right not to have authorship falsely attributed;

'Ombudsman' means the office established under the *Ombudsman Act 1976* and includes any other person that may, from time to time, perform the functions of that office;

'Party' means a party to this Contract;

'Personal Information' has the meaning given in the *Privacy Act 1988*;

'Privacy Commissioner' means any of the information officers appointed under the *Australian Information Commissioner Act 2010* when performing the 'privacy functions' as defined in the Act;

'Protective Security Policy Framework' or 'PSPF' means the Australian Government's protective security requirements for the protection of its people, information and assets (which replaced the *Commonwealth Protective Security Manual 2005*);

'Public Interest Disclosure' has the meaning given in the *Public Interest Disclosure Act 2013*;

'Related Body' means, regardless of any body's trustee or other capacity:

- (a) a body corporate which would be related under section 50 of the Corporations Act on the basis that the term 'subsidiary' in that section had the meaning given in this document; or

- (b) an entity which Controls, is Controlled by, or is under common Control with, that body;

'Schedule' means the schedule to this Contract;

'Services' means the services described in the Schedule including as set out in Item A and the provision to the Department of the Material specified in Item B;

'Significant Event' means:

- (a) any adverse comments or findings made by a court, commission, tribunal or other statutory or professional body regarding the conduct or performance of the Contractor or its officers, employees, agents or subcontractors that impacts or could be reasonably perceived to impact on their professional capacity, capability, fitness or reputation; or
- (b) any other significant matters, including the commencement of legal, regulatory or disciplinary action involving the Contractor or its officers, employees, agents or subcontractors, that may adversely impact on compliance with Commonwealth policy and legislation or the Commonwealth's reputation.

'Specified Personnel' means the Contractor Personnel specified in Item I;

'Web Content Accessibility Guidelines 2.1' means the Guidelines available at <http://www.w3.org/TR/WCAG>;

'WHS legislation' means the *Work Health and Safety Act 2011*, any regulations made under that act and any 'corresponding WHS law' within the meaning of section 4 of the *Work Health and Safety Act 2011* and Regulation 6A of the *Work Health and Safety Regulations 2011*; and

'World Wide Web Access: Disability Discrimination Act Advisory Notes, version 4.1 (2014)' means the advisory notes released by the Australian Human Rights Commission available at <https://www.humanrights.gov.au/our-work/disability-rights/world-wide-web-access-disability-discrimination-act-advisory-notes-ver>.

1.2 In this Contract, unless the contrary intention appears:

- (a) words in the singular include the plural and words in the plural include the singular;
- (b) words importing a gender include any other gender;
- (c) words importing persons include a partnership and a body whether corporate or otherwise;
- (d) clause headings are inserted for convenient reference only and have no effect in limiting or extending the language of provisions to which they refer;
- (e) all references to dollars, A\$, \$A or \$ are to Australian dollars;
- (f) where any word or phrase is given a defined meaning, any other form of that word or phrase has a corresponding meaning;

- (g) an uncertainty or ambiguity in the meaning of a provision of this Contract will not be interpreted against a Party just because that Party prepared the provision;
 - (h) a reference to any statute or other legislation (whether primary or subordinate) is to a statute or other legislation of the Commonwealth as amended from time to time;
 - (i) a reference to the word 'including' in any form is not to be construed or interpreted as a word of limitation;
 - (j) the term 'may' when used in the context of a right or remedy exercisable by the Department means that the Department may exercise that right or remedy in its sole and absolute discretion and the Department has no obligation to the Contractor to do so unless expressly stated;
 - (k) a reference to an instrument or document includes the instrument or document as altered, supplemented or replaced from time to time; and
 - (l) references to clauses are to clauses in this Contract, references to 'Items' are to Items in the Schedule to this Contract, references to 'Schedule' are to the Schedule to this Contract and references to Annexures or Attachments are references to documents attached to this Contract.
- 1.3 If there is any conflict or inconsistency between:
- (a) the terms and conditions contained in the clauses of this Contract and any part of the Schedule, then the terms and conditions of the clauses will prevail to the extent of the conflict or inconsistency;
 - (b) the terms and conditions contained in the clauses of this Contract and any part of the Annexures or Attachments (if any), then the terms and conditions of the clauses will prevail to the extent of the conflict or inconsistency; and
 - (c) any part of the Schedule and any part of the Annexures or Attachments (if any), then the Schedule will prevail to the extent of the conflict or inconsistency.
- 1.4 The laws of the Australian Capital Territory apply to this Contract. The Parties agree to submit to the non-exclusive jurisdiction of the courts of the Australian Capital Territory in respect of any dispute under this Contract.
- 1.5 This Contract records the entire contract between the Parties in relation to its subject matter.
- 1.6 This Contract may be executed in counterparts, each of which will be deemed to be an original and all of which, taken together, will constitute one and the same agreement.
- 1.7 No variation of this Contract is binding unless agreed in writing between the Parties.
- 1.8 Any reading down or severance of a particular provision does not affect the other provisions of this Contract.
- 1.9 A waiver of any provision of, or right under, this Contract must be in writing.

- 1.10 No waiver of a term or condition of this Contract will operate as a waiver of another breach of the same or of any other term or condition contained in this Contract.
- 1.11 If a Party does not exercise, or delays in exercising, any of its rights under this Contract or at Law, that failure or delay does not operate as a waiver of those rights.
- 1.12 A single or partial exercise by a Party of any of its rights under this Contract or at Law does not prevent the further exercise of any right.
- 1.13 The Contractor must not assign or transfer its rights or obligations under this Contract without prior approval in writing from the Department.
- 1.14 The Contractor agrees not to consult with any person for the purposes of entering into an arrangement that will require novation of this Contract without first consulting the Department.

2. TERM

- 2.1 This Contract begins on the Commencement Date and continues for the duration of the Initial Contract Term unless terminated earlier in accordance with this Contract or extended in accordance with clause 2.2.
- 2.2 The Initial Contract Term may be extended by the Department for further term(s), specified in Item R (each an 'Extension Period'), on the terms, including the fees, allowances and costs, then in effect, by giving written notice to the Contractor at least 20 Business Days before the end of the current Contract Term. Any extension in accordance with this clause 2.2 takes effect from the end of the then current Contract Term.

3. PROVISION OF SERVICES

- 3.1 The Contractor must:
 - (a) perform the Services in accordance with this Contract, with due care and skill and in accordance with relevant best practice, including any applicable Australian Standards and any Commonwealth and industry standards and guidelines specified in either Item B or Item C;
 - (b) ensure that the Services and Contract Material are fit for the purpose for which they are provided;
 - (c) ensure that any Contract Material which is to be placed on a Departmental website or the intranet complies with the:
 - (i) Level AA accessibility requirements in the Web Content Accessibility Guidelines 2.1;
 - (ii) the accessibility standard contained within the Digital Service Standard issued by the Digital Transformation Agency and available at <https://www.dta.gov.au/help-and-advice/digital-service-standard/digital-service-standard-criteria>; and
 - (iii) World Wide Web Access: Disability Discrimination Act Advisory Notes, version 4.1 (2014);

- (d) comply with the time-frame for the performance of the Services specified in Item D;
- (e) liaise with the Department, provide any information the Department may reasonably require, and comply with any reasonable directions of the Department;
- (f) ensure that it and its Contractor Personnel, when carrying out their duties and performing work under this Contract, do not:
 - (i) cause any unreasonable or unnecessary disruption to the routines, procedures and responsibilities of the Department; or
 - (ii) damage the reputation of the Department or the Commonwealth more broadly in the community;
- (g) meet with the Department at the times set out in Item A (or as otherwise reasonably required by the Department to discuss the provision of the Services). The Contractor must ensure that the Specified Personnel are reasonably available to attend such meetings; and
- (h) deliver to the Department all deliverables, plans and reports specified in Item A.

3.2 The Contractor acknowledges that:

- (a) the Department collects or may come into possession of information concerning the Contractor that is either publicly available information or information obtained through the course of the Department conducting its affairs; and
- (b) subject to clause 3.3, the Department may use that information when considering the Contractor's ability to perform this Contract.

3.3 The Department may consult with the Contractor if any information referred to under clause 3.2 is a cause of concern to the Department.

3.4 Subject to clauses 15 and 16, no right or obligation in this Contract is to be read or understood as limiting the Contractor's rights to enter into public debate or criticism of the Commonwealth, its entities, officers, employees or agents.

4. **FEES, ALLOWANCES AND ASSISTANCE**

4.1 The Department agrees to:

- (a) pay the fees specified in Item E;
- (b) pay the allowances and meet the costs, if any, specified in Item F; and
- (c) provide the facilities and assistance, if any, specified in Item G.

4.2 The Department will be entitled, in addition to any other right it may have, to withhold or reduce any payment of fees or allowances until the Contractor has completed to the satisfaction of the Department that part of the Services to which the payment relates.

- 4.3 If an overpayment occurs at any time and for any reason (including where an invoice is found to have been incorrectly rendered after payment), the Department may issue the Contractor with a written notice requiring repayment of the full amount of the overpayment.
- 4.4 The Contractor must pay to the Department the full amount of the overpayment specified in the notice referred to in clause 4.3 in the manner specified in the notice, and within twenty (20) Business Days of the date of the notice.
- 4.5 The Department may recover the overpayment specified in the notice referred to in clause 4.3, from the Contractor by offsetting that overpayment against any amount subsequently due to the Contractor under this Contract.
- 4.6 If the Contractor fails to repay the full amount of an overpayment in accordance with a notice given pursuant to clause 4.3, the Department may require that Interest be paid on the amount after the expiry of the twenty (20) Business Days' notice referred to in clause 4.4, until the amount is paid to the Department in full.
- 4.7 The Contractor must provide the Department with an adjustment note if required by the *A New Tax System (Goods and Services Tax) Act 1999*, including where the Contractor repays to the Department some or all of the fees or expenses.
- 4.8 The Contractor agrees to submit invoices for payment in the manner specified in Item H and clause 6.

5. **PAYMENTS**

- 5.1 Subject to clause 5.3, the Department will pay the Contractor within:
 - (a) if it is specified in Item W that the Parties agree to use the Pan-European Public Procurement On-Line framework for electronic invoicing for this Contract, 5 calendar days; or
 - (b) otherwise, 20 calendar days,

(‘Payment Period’)

after the Department acknowledges the satisfactory delivery of the Services and receipt of a correctly rendered invoice.
- 5.2 The Payment Period starts on the next calendar day after the receipt of the correctly rendered invoice. If the Payment Period ends on a day that is not a Business Day, payment is due on the next Business Day.
- 5.3 For clarity, clause 5.1 does not require the Department to make payment to the Supplier within the Payment Period if:
 - (a) the Services have not been satisfactorily performed in accordance with this Contract;
 - (b) the invoice is not correctly rendered; or
 - (c) the Department disputes the amount of the invoice.
- 5.4 Subject to clause 5.5, for payments made by the Department after the Payment Period, the Department must pay the unpaid amount, and where the interest accrued

on the unpaid amount is more than A\$100, the Department must also pay the interest accrued on the unpaid amount.

5.5 For clarity, clause 5.4 does not require the Department to pay interest on the unpaid amount where the Department did not make payment within the Payment Period if:

- (a) the Services were not satisfactorily performed in accordance with this Contract;
- (b) the invoice was not correctly rendered; or
- (c) the Department disputed the amount of the invoice.

5.6 Interest payable under clause 5.2 will be simple interest on the unpaid amount calculated in respect of each calendar day from the day after the Payment Period ends, up to and including the day that the Department effects payment as represented by the following formula:

$$SI = UA \times GIC \times D$$

Where:

- SI = simple interest amount;
- UA = the unpaid amount;
- GIC = General Interest Charge Rate daily rate; and
- D = the number of days from the end of the Payment Period up to and including the day that payment is made.

5.7 In this clause 5 '**General Interest Charge Rate**' means the general interest charge rate determined under section 8AAD of the *Taxation Administration Act 1953* on the day payment is due, expressed as a decimal rate per day.

5.8 For the purposes of this clause 5 an invoice is correctly rendered if it:

- (a) is correctly addressed and calculated in accordance with this Contract, including the requirements specified in Item W; and
- (b) relates only to supplies that have been delivered to the Department in accordance with this Contract; and
- (c) is a valid tax invoice in accordance with *A New Tax System (Goods and Services Tax) Act 1999*.

6. TAXES, DUTIES AND GOVERNMENT CHARGES

6.1 Subject to this clause 6, all taxes, duties and government charges imposed or levied in Australia or overseas in connection with this Contract must be paid by the Contractor or as the Contractor might arrange.

6.2 The remainder of this clause 6 (apart from clause 6.8) only apply where the Contractor is registered, or is required to be registered for GST.

6.3 The goods, services and other supplies made by the Contractor under this Contract are 'taxable supplies' within the meaning of the GST Law.

6.4 Unless it can demonstrate to the Department's reasonable satisfaction that it is not registered or required to be registered for GST, the Contractor will issue the Department with a 'tax invoice' in accordance with the GST Law together with, or as a

part of, each invoice submitted for payment in accordance with clause 4.8. The Department will not be required to pay or provide any consideration for any taxable supply unless and until it has received a tax invoice for that supply.

- 6.5 The amounts payable by the Department to the Contractor, as determined under clause 4, are stated inclusive of GST but must not include any amount which represents GST paid by the Contractor for which the Contractor may claim an input tax credit.
- 6.6 If a payment to satisfy a claim or a right to claim under or in connection with this Contract gives rise to a liability to pay GST, subject to the payee issuing a tax invoice to the payer, the payer must also pay, and indemnify the payee against the amount of that GST. For the avoidance of doubt, this clause does not apply to the Fees or other payments for the Contractor's services as specified in the Schedule.
- 6.7 If a Party has a claim under or in connection with this Contract for a cost on which that Party must pay GST, the claim is for the cost plus all GST on that cost (except any GST for which that Party is entitled to an input tax credit). The Contractor will be presumed to be entitled to a full input tax credit unless it can demonstrate to the Department's reasonable satisfaction why this is not the case.
- 6.8 If and to the extent that any supply made to the Department under this Contract is not a taxable supply:
- (a) the consideration payable by the Department for that supply will, if required by the Department, be reduced by 1/11th (GST component); and
 - (b) if the Department has already paid the price for that supply and the Department requires the Contractor to refund the GST component, the Contractor must refund the GST component.
- 6.9 For the purposes of this clause, 'GST Law', 'supply', 'input tax credit' and other terms relevant to GST, have any meanings given in the *A New Tax System (Goods and Services Tax) Act 1999* and any applicable rulings of the Australian Taxation Office.

7. SUBCONTRACTORS

- 7.1 The Contractor agrees that:
- (a) it will not subcontract the performance of any part of the Services without the prior approval in writing of the Department; and
 - (b) the subcontractors, if any, specified in Item A will perform work in relation to the Services in accordance with this Contract and are approved by the Department to do so.
- 7.2 The Department may impose any terms and conditions it considers appropriate when giving its approval under clause 7.1(a).
- 7.3 Where a subcontractor specified in Item A or approved by the Department under clause 7.1(a) is unable to perform the work, the Contractor agrees to notify the Department immediately.

- 7.4 Where clause 7.3 applies, the Department may request the Contractor to secure a replacement subcontractor acceptable to the Department at no additional cost and at the earliest opportunity.
- 7.5 If the Contractor does not comply with any request made under clause 7.4 the Department may terminate this Contract in accordance with the provisions of clause 36.
- 7.6 In respect of subcontractors listed in Item A or approved by the Department under this clause, the Contractor must ensure that:
- (a) the subcontract facilitates compliance by the Contractor with its obligations under this Contract;
 - (b) the subcontract will not conflict with or detract from the rights and entitlements of the Department under this Contract;
 - (c) the other party to the subcontract has the necessary relevant expertise and the appropriate types and amounts of insurance to perform work in relation to the Services;
 - (d) the other party to the subcontract has consented to the public disclosure of its name in connection with the performance of the Services;
 - (e) the subcontract contains all the relevant terms of this Contract including those relating to compliance with the Law, conflicts of interest, subcontracting, intellectual property, audit and access, privacy, confidentiality, warranties and indemnities, disclosure and termination and in particular that the Contractor has or will secure for itself a right to terminate the subcontract on terms no less favourable than those accorded the Department by clauses 35 and 36, in the event of this Contract being terminated;
 - (f) the other party to the subcontract acknowledges that it may be considered a 'Commonwealth service provider' for the purposes of the *Ombudsman Act 1976* and subject to investigation by the Ombudsman under that Act and that the Department will not be liable for the cost of any such investigation by the Ombudsman in connection with the subject matter of the subcontract or the subject matter of this Contract;
 - (g) the other party to the subcontract is prohibited from further subcontracting the Services without the prior written approval of the Department; and
 - (h) if requested, the Contractor will promptly provide a copy of the relevant subcontract to the Department.
- 7.7 Clause 7.6(e), 18.4 and 31.7 do not apply to the extent the Contractor reasonably considers that the inclusion of the terms required by such clauses in a subcontract entered into in connection with this Contract would breach Part 2-3 (Unfair Contract Terms) of Schedule 2 of the *Competition and Consumer Act 2010*.

8. SPECIFIED PERSONNEL AND OTHER PERSONNEL

- 8.1 The Contractor agrees that the Specified Personnel will perform the activities specified in Item I.

- 8.2 Where Specified Personnel are unable to perform the activities, the Contractor must notify the Department immediately.
- 8.3 The Department may request the Contractor to remove Contractor Personnel (including Specified Personnel) from work in relation to the Services.
- 8.4 Where clauses 8.2 or 8.3 apply, the Department may request the Contractor to provide replacement personnel acceptable to the Department at no additional cost and at the earliest opportunity.
- 8.5 If the Contractor does not comply with any request made under clause 8.3 or clause 8.4, the Department may terminate this Contract in accordance with the provisions of clause 36.

9. RESPONSIBILITY OF CONTRACTOR

- 9.1 The Contractor agrees to be fully responsible for the performance of the Services and for ensuring compliance with the requirements of this Contract, and will not be relieved of that responsibility because of any:
 - (a) involvement by the Department in the performance of the Services;
 - (b) payment made to the Contractor on account of the Services;
 - (c) subcontracting of any aspect of the Services; or
 - (d) acceptance by the Department of replacement Contractor Personnel (including Specified Personnel).

10. COMMONWEALTH MATERIAL

- 10.1 The Department agrees to provide the Commonwealth Material to the Contractor as specified in Item J.
- 10.2 The Department grants to the Contractor a royalty-free, licence fee-free, non-exclusive, non-transferrable, revocable licence (including a limited right of sub-licence to sub-licence to a subcontractor specified in Item A or approved by the Department under clause 7) to use, reproduce, modify, adapt, publish, perform, broadcast and communicate the Intellectual Property in the Commonwealth Material solely for the purposes of this Contract.
- 10.3 To the extent the Contractor develops or creates any improvements, modifications, derivatives or enhancements of Commonwealth Material as part of the provision of the Services, such Material forms part of the Commonwealth Material and the Intellectual Property in such Material automatically vests in the Department upon its creation and the Contractor assigns all of its existing and future rights, title and interest in such Material (including all Intellectual Property) to the Department.
- 10.4 The Contractor agrees to ensure that all Commonwealth Material is used strictly in accordance with any conditions or restrictions set out in Item K, and any direction by the Department.

- 10.5 Property in any copy of Commonwealth Material (in the form of a document, article or removable medium) vests or remains vested in the Department. The Contractor agrees:
- (a) to secure all copies within its control against loss and unauthorised use or disclosure; and
 - (b) on the expiration or termination of this Contract, to deliver to the Department, or, in accordance with Department directions erase or otherwise deal with all such copies,
- unless any provision to the contrary is set out in Item M.
- 10.6 This clause 10 survives the expiration or earlier termination of this Contract.

11. INTELLECTUAL PROPERTY IN CONTRACT MATERIAL

- 11.1 The ownership model for Intellectual Property in Contract Material is that set out in Item S.
- 11.2 If no ownership model is selected in Item S, clause 12 applies and clause 13 in its entirety, does not apply to this Contract.

12. EXISTING MATERIAL AND DEPARTMENT OWNERSHIP OF INTELLECTUAL PROPERTY IN CONTRACT MATERIAL

- 12.1 Intellectual Property in all Contract Material vests or will vest in the Department.
- 12.2 Clause 12 does not affect the ownership of Intellectual Property in any Existing Material.
- 12.3 The Contractor grants, or undertakes to arrange for a third party to grant, to the Department a permanent, irrevocable, royalty-free, licence fee-free, world-wide, non-exclusive licence (including a right of sublicense) to use, reproduce, modify, adapt, publish, perform, broadcast, communicate, commercialise and exploit the Intellectual Property in any Existing Material in conjunction with the Contract Material for any purpose.
- 12.4 To the extent that the Contractor needs to use any of the Contract Material for the purpose of performing its obligations under this Contract, the Department grants to the Contractor for the Contract Term a royalty-free, licence fee-free, non-exclusive, non-transferable, revocable licence (including a limited right of sub-licence to sub-licence to a subcontractor specified in Item A or approved by the Department under clause 7) to use, reproduce, modify, adapt, publish, perform, broadcast and communicate the Intellectual Property in the Contract Material solely for the purposes of this Contract.
- 12.5 If requested by the Department, the Contractor agrees to bring into existence, sign, execute or otherwise deal with any document which may be necessary or desirable to give effect to this clause 12.

- 12.6 The Contractor warrants that it is entitled, or will be entitled at the relevant time, to deal with the Intellectual Property in the Contract Material and Existing Material in the manner provided for in this clause 12.
- 12.7 Property in any copy of Contract Material (in the form of a document, article or removable medium) vests or will vest in the Department. The Contractor agrees:
- (a) to secure all copies within its control against loss and unauthorised use or disclosure; and
 - (b) on the expiration or earlier termination of this Contract, to deliver to the Department, or, in accordance with Department directions, erase or otherwise deal with all such copies,
- unless any provision to the contrary is set out in Item M.
- 12.8 This clause 12 survives the expiration or earlier termination of this Contract.

13. EXISTING MATERIAL AND CONTRACTOR OWNERSHIP OF INTELLECTUAL PROPERTY IN CONTRACT MATERIAL

- 13.1 Intellectual Property in all Contract Material vests or will vest in the Contractor.
- 13.2 Clause 13 does not affect the ownership of Intellectual Property in any Existing Material or Commonwealth Material.
- 13.3 The Contractor hereby grants, or undertakes to arrange for a third party to grant, to the Department and the Commonwealth a perpetual, irrevocable, royalty-free, licence fee-free, world-wide, non-sublicensable, non-exclusive licence to use, reproduce, modify, adapt, publish, perform, broadcast and communicate:
- (a) the Contract Material; and
 - (b) any Existing Material, only to the extent necessary for the Department to deal with the Contract Material in accordance with the licence in 13.3(a),
- provided that the Department obtains the Contractor's prior written consent with respect to each item and proposed dealing of the Contract Material.
- 13.4 Except to the extent permitted by clause 13.3, the Department must not, and must not permit, assist, acquiesce or otherwise allow any other person to, use, reproduce, modify, adapt, publish, perform, broadcast and communicate the Existing Material or Contract Material.
- 13.5 If requested by the Department, the Contractor agrees to bring into existence, sign, execute or otherwise deal with any document which may be necessary or desirable to give effect to this clause 13.
- 13.6 The Contractor warrants that it is entitled, or will be entitled at the relevant time, to deal with the Intellectual Property in the Contract Material and Existing Material in the manner provided for in this clause 13.
- 13.7 This clause 13 survives the expiration or earlier termination of this Contract.

14. MORAL RIGHTS

- 14.1 The applicable definition of 'Specified Acts' for the purposes of this clause 14 is that set out in Item T.
- 14.2 If no option is selected in Item T, clause 14.3 applies and clause 14.4 in its entirety does not apply to this Contract.
- 14.3 For the purposes of this clause 14, the 'Specified Acts' relating to Moral Rights means any of the following classes or types of acts or omissions by or on behalf of the Department:
- (a) using, reproducing, modifying, adapting, publishing, performing, broadcasting, communicating, commercialising or exploiting all or any part of the Contract Material, with or without attribution of authorship;
 - (b) supplementing the Contract Material with any other Material;
 - (c) using the Contract Material in a different context to that originally envisaged; and
 - (d) falsely attributing authorship of any Contract Material, or any content in the Contract Material.
- 14.4 For the purposes of this clause 14, the 'Specified Acts' relating to Moral Rights means any of the following classes or types of acts or omissions by or on behalf of the Department:
- (a) using, reproducing, modifying, adapting, publishing, performing, broadcasting, communicating, commercialising or exploiting all or any part of the Contract Material, with or without attribution of authorship;
 - (b) supplementing the Contract Material with any other Material; and
 - (c) using the Contract Material in a different context to that originally envisaged, but does not include false attribution of authorship.
- 14.5 The Contractor must use its best endeavours to ensure that:
- (a) where there is no consent already in place, a written consent will be given by the author of any Contract Material, other than Existing Material, to the Specified Acts (whether occurring before or after the consent is given) which extends directly or indirectly to the performance of the Specified Acts by the Commonwealth or any person claiming under or through the Commonwealth; and
 - (b) where there is no consent already in place, the author of any Existing Material will give a written consent to the Specified Acts (whether occurring before or after the consent is given) which extends directly or indirectly for the benefit of the Commonwealth in relation to the Commonwealth's licensed use of such Material.
- 14.6 This clause 14 survives the expiration or earlier termination of this Contract.

15. DISCLOSURE OF INFORMATION

- 15.1 Subject to clause 15.5, the Contractor agrees not to disclose any Confidential Information relating to this Contract or the Services without prior approval in writing from the Department.
- 15.2 The Department may impose any conditions it considers appropriate when giving its approval under clause 15.1 and the Contractor agrees to comply with these conditions.
- 15.3 The Department may at any time require the Contractor to give, and to arrange for Contractor Personnel to give, undertakings in writing in a form required by the Department, relating to the non-disclosure of Confidential Information.
- 15.4 If the Contractor receives a request under clause 15.3, it agrees to promptly arrange for all such undertakings to be given.
- 15.5 The obligations on the Contractor under this clause 15 will not be taken to have been breached where the information referred to is required by Law to be disclosed.
- 15.6 Property in any copy of Confidential Information (in the form of a document, article or removable medium) vests or will vest in the Department. The Contractor agrees:
- (a) to secure all copies within its control against loss and unauthorised use or disclosure; and
 - (b) on the expiration or earlier termination of this Contract, to deliver to the Department, or, in accordance with Department directions, erase or otherwise deal with all such copies,
- unless any provision to the contrary is set out in Item M.
- 15.7 The Department gives no undertaking to treat Contractor information, or this Contract, as confidential information. The Contractor acknowledges that the Department may disclose information relevant to this Contract, or this Contract itself, to any person:
- (a) to the extent required by Law or by a lawful requirement of any government or governmental body, authority or agency;
 - (b) if required in connection with legal proceedings;
 - (c) for public accountability reasons, including disclosure on request to other Government Agencies, and a request for information by parliament or a parliamentary committee or a Commonwealth Minister;
 - (d) to Department third party service providers for the purposes of providing goods and services to, or on behalf of, the Department; or
 - (e) for any other requirements of the Commonwealth.
- 15.8 This clause 15 survives the expiration or earlier termination of this Contract.

16. ACCESS TO DOCUMENTS

- 16.1 In this clause, 'document' and 'Commonwealth contract' have the same meaning as in the *Freedom of Information Act 1982*.

- 16.2 This clause 16 only applies if this is a Contract which complies with the description of 'Commonwealth contract'.
- 16.3 Where the Department has received a request for access to a document created by or in the possession of, the Contractor or any subcontractor that relates to the performance of this Contract (and not to the entry into this Contract), the Department may at any time by written notice require the Contractor to provide the document to the Department and the Contractor must, at no additional cost to the Department, promptly comply with the notice.
- 16.4 The Contractor must include in any subcontract relating to the performance of this Contract provisions that will enable the Contractor to comply with its obligations under this clause 16.

17. **NOTIFIABLE DATA BREACHES**

- 17.1 If the Contractor becomes aware that there are reasonable grounds to suspect that there may have been an Eligible Data Breach in relation to any Personal Information held by the Contractor as a result of this Contract or its provision of the Services, the Contractor agrees to:
- (a) notify the Department in writing as soon as possible, which must be no later than within three days of becoming aware; and
 - (b) carry out an assessment in accordance with the requirements of the *Privacy Act 1988*.
- 17.2 Where the Contractor is aware that there are reasonable grounds to believe there has been, or where the Department notifies the Contractor that there has been, an Eligible Data Breach in relation to any Personal Information held by the Contractor as a result of this Contract or its provision of the Services, the Contractor must:
- (a) take all reasonable action to mitigate the risk of the Eligible Data Breach causing serious harm to any of the individuals to whom the Personal Information relates;
 - (b) unless otherwise directed by the Department, take all other action necessary to comply with the requirements of the *Privacy Act 1988*; and
 - (c) take any other action as reasonably directed by the Department.
- 17.3 This clause 17 survives the expiration or earlier termination of this Contract.

18. **PROTECTION OF PERSONAL INFORMATION**

- 18.1 This clause 18 applies only where the Contractor deals with Personal Information when, and for the purpose of, providing the Services under this Contract.
- 18.2 In this clause 18, the terms:
- (a) agency;
 - (b) contracted service provider;
 - (c) registered APP code (RAC); and

(d) Australian Privacy Principle (APP),

have the same meaning as they have in the *Privacy Act 1988* ('the Privacy Act') and 'subcontract' and other grammatical forms of that word have the meaning given in section 95B(4) of the Privacy Act.

18.3 The Contractor acknowledges that it may be treated as a 'contracted service provider' and agrees in respect of the provision of the Services under this Contract:

- (a) to use or disclose Personal Information obtained during the course of providing the Services under this Contract, only for the purposes of this Contract;
- (b) not to do any act or engage in any practice which if done or engaged in by an agency, would be a breach of an APP;
- (c) to notify individuals whose Personal Information the Contractor holds, that complaints about acts or practices of the Contractor may be investigated by the Privacy Commissioner who has power to award compensation against the Contractor in appropriate circumstances;
- (d) comply with the obligations contained in the APPs that apply to the Contractor;
- (e) not to use or disclose Personal Information or engage in an act or practice that would breach an APP or a RAC, whichever is applicable to the Contractor, unless the activity or practice is engaged in for the purpose of discharging, directly or indirectly, an obligation under this Contract, and the activity or practice which is authorised by this Contract is inconsistent with the APP or RAC, whichever is applicable to the Contractor;
- (f) to comply with any request under section 95C of the Privacy Act;
- (g) to immediately notify the Department if the Contractor becomes aware of a breach or possible breach of any of the obligations contained in, or referred to in, this clause 18, whether by the Contractor or any subcontractor;
- (h) to comply with any directions, guidelines, determinations or recommendations of the Privacy Commissioner to the extent that they are consistent with the requirements of this clause 18;
- (i) to ensure that any officers, employees or agents of the Contractor who are required to deal with Personal Information for the purposes of this Contract are made aware of the obligations of the Contractor set out in this clause 18; and
- (j) not use or disclose any Personal Information, obtained from the Department, for the purposes of direct marketing.

18.4 The Contractor agrees to ensure that any subcontract entered into for the purpose of fulfilling its obligations under this Contract imposes on the subcontractor the same obligations as the Contractor has under this clause 18, including the requirement in relation to subcontracts.

- 18.5 The Department may at any time require the Contractor to give, and to arrange for Contractor Personnel to give, undertakings in writing in a form required by the Department, relating to the non-disclosure of Personal Information.
- 18.6 If the Contractor receives a request under clause 18.5, it agrees to promptly arrange for all such undertakings to be given.
- 18.7 The Contractor indemnifies the Department in respect of any loss, liability or expense suffered or incurred by the Department which arises directly or indirectly from a breach of any of the obligations of the Contractor under this clause, or a subcontractor under the subcontract provisions referred to in clause 18.4.
- 18.8 The Contractor's obligations under this clause 18 are in addition to, and do not restrict, any obligations it may have under the Privacy Act or any privacy codes or privacy principles contained in, authorised by or registered under any law including any such privacy codes or principles that would apply to the Contractor but for the application of this clause.
- 18.9 This clause 18 survives the expiration or earlier termination of this Contract.

19. COMPLIANCE WITH LAWS AND POLICIES

- 19.1 The Contractor agrees, in carrying out this Contract, to comply with all Laws and any relevant policies, including:
- (a) the *Crimes Act 1914*;
 - (b) the *Racial Discrimination Act 1975*;
 - (c) the *Sex Discrimination Act 1984*;
 - (d) the *Disability Discrimination Act 1992*;
 - (e) the *Charter of United Nations Act 1945* and the *Charter of United Nations (Dealing with Assets) Regulations 2008*;
 - (f) the *Archives Act 1983*;
 - (g) the *Privacy Act 1988*;
 - (h) the *Freedom of Information Act 1982*;
 - (i) the *Criminal Code Act 1995*;
 - (j) the *Public Interest Disclosure Act 2013*;
 - (k) the *Modern Slavery Act 2018*;
 - (l) the *Payment Times Reporting Act 2020*;
 - (m) any work health and safety legislation applicable to the Contractor;
 - (n) the Australian Government's *Lobbying Code of Conduct*;
 - (o) the Protective Security Policy Framework;
 - (p) any fraud control policy, rules or guidelines issued by the Australian Government from time to time; and
 - (q) any other policies notified to the Contractor in writing or listed in Item C.

- 19.2 The Contractor acknowledges that under section 137.1 of the Criminal Code, giving false or misleading information to the Commonwealth is a serious offence.
- 19.3 The Contractor agrees, when using the Department's premises or facilities, to comply with all reasonable directions and procedures relating to work health, safety and security in operation at those premises or in regard to those facilities (including the Department's smoke-free work-place policy) whether specifically drawn to the attention of the Contractor or as might reasonably be inferred from the circumstances.
- 19.4 Without limiting the effect of clause 38, the Contractor must comply with, and require Contractor Personnel to comply with, the behaviours specified in:
- (a) the Code of Conduct in section 13 of the *Public Service Act 1999* as if the Contractor and those Contractor Personnel were APS employees as defined in that Act; and
 - (b) the general duties of officials at sections 25-29 of the *Public Governance, Performance and Accountability Act 2013* as if the Contractor and those Contractor Personnel were officials as defined in that Act.
- 19.5 Clauses 19.6 to 19.9 only apply to the extent that:
- (a) this Contract is entered into following a procurement which is at, or above, the relevant procurement thresholds as defined in the *Commonwealth Procurement Rules* but not where that procurement is listed in Appendix A to those Rules; and
 - (b) the Contractor is a 'relevant employer' for the purposes of the *Workplace Gender Equality Act 2012* ('the WGE Act').
- 19.6 The Contractor must comply with its obligations, if any, under the WGE Act.
- 19.7 If the Contractor becomes non-compliant with the WGE Act during the Contract Term, the Contractor must notify the Department.
- 19.8 If the Contract Term exceeds 18 months, the Contractor must provide a current letter of compliance within 18 months from the Commencement Date and following this, annually, to the Department.
- 19.9 Compliance with the WGE Act does not relieve the Contractor from its responsibility to comply with its other obligations under this Contract.

20. INDIGENOUS PROCUREMENT POLICY

- 20.1 In this clause 20, the term 'Indigenous Enterprise' has the meaning given in the Indigenous Procurement Policy.
- 20.2 It is Commonwealth policy to stimulate Indigenous entrepreneurship and business development, providing Indigenous Australians with more opportunities to participate in the economy (see the Indigenous Procurement Policy for further information).
- 20.3 The Contractor must use its reasonable endeavours to increase its:
- (a) purchasing from Indigenous enterprises; and

- (b) employment of Indigenous Australians,
in the delivery of the Services as specified in the Schedule.
- 20.4 Purchases from Indigenous enterprises may be in the form of engagement of an Indigenous enterprise as a subcontractor and use of Indigenous suppliers in the Contractor's supply chain.
- 20.5 The Contractor must provide such written reports and evidence of its compliance with this clause 20 every 6 months during the Contract Term.
- 20.6 The option selected for the Indigenous Procurement Policy is that set out in Item U.
- 20.7 If no option is selected in Item U, clause 21 applies and clause 22 does not apply to this Contract.

21. INDIGENOUS PROCUREMENT POLICY – NOT HIGH VALUE CONTRACT

- 21.1 In this clause 21, the terms 'High Value Contract', 'Indigenous Enterprise' and 'Remote Area' all have the meaning given in the Indigenous Procurement Policy.
- 21.2 If during the Contract Term the value of this Contract exceeds \$7.5 million, and more than half of the value of this Contract is being spent in one or more of the industry sectors specified in the Indigenous Procurement Policy then this Contract will become a High Value Contract for the purposes of the Indigenous Procurement Policy, in which case the Contractor must:
 - (a) within 60 days after the \$7.5 million value is reached, develop an Indigenous Participation Plan as required for the purposes of the Indigenous Procurement Policy and using a template provided by the Department that addresses:
 - (i) how the Contractor intends on meeting the mandatory minimum requirements for the Indigenous Procurement Policy;
 - (ii) the Contractor's current rate of Indigenous employment and supplier use;
 - (iii) the Contractor's commitment to Indigenous participation; and
 - (iv) if any part of this Contract is being or will be delivered in a Remote Area, how the Contractor will ensure that its provision of the Services will deliver significant Indigenous employment or supplier use outcomes in that Remote Area; and
 - (b) submit the draft Indigenous Participation Plan to the Department for its review and, if appropriate, approval.
- 21.3 Upon approval of the draft Indigenous Participation Plan under clause 21.2(b), the Contractor must:
 - (a) comply with the Indigenous Participation Plan (which will by contract variation form an Annexure to the Contract);
 - (b) report against its compliance with the Indigenous Participation Plan quarterly during the Contract Term; and

- (c) comply with any directions issued by the Department in relation to the Contractor's implementation of the Indigenous Participation Plan.

22. INDIGENOUS PROCUREMENT POLICY – HIGH VALUE CONTRACT

22.1 In this clause 22:

- (a) 'Indigenous Participation Plan' means the plan referenced at Item U; and
- (b) 'Powering Indigenous Procurement reporting portal' means the online portal where Contractors report on their progress against their mandatory minimum requirements under the Indigenous Procurement Policy.

22.2 Without limiting clause 20.2, the Contractor must comply with the Indigenous Participation Plan.

22.3 The Contractor must submit a written report to the Department via the Powering Indigenous Procurement reporting portal on its compliance with the Indigenous Participation Plan, as follows:

- (a) at least once every quarter during the Contract Term; and
- (b) within 5 Business Days after the end of the Term ('End of Term Report').

22.4 The End of Term Report must identify whether the Contractor:

- (a) met the mandatory minimum requirements; and
- (b) complied with the Indigenous Participation Plan.

22.5 Throughout the Contract Term, the Contractor is responsible for managing the Contractor's access to the Powering Indigenous Procurement reporting portal including by managing the:

- (a) enabling of its authorised Personnel's access; and
- (b) disabling of its authorised Personnel's access.

If the Contractor did not comply with the Indigenous Participation Plan it must provide an explanation for its non-compliance.

22.6 If the Department considers, in its absolute discretion at any time during the Contract Term, that it has concerns in relation to the Contractor's:

- (a) compliance with the Indigenous Participation Plan; or
- (b) overall ability to meet the mandatory minimum requirements as set out in the Indigenous Participation Plan,

the Department may request the Contractor to provide additional detail in relation to its implementation of and overall ability to comply with the Indigenous Participation Plan. The Contractor must comply with all reasonable directions issued by the Department in relation to the Contractor's implementation of the Indigenous Participation Plan.

22.7 Without limiting its other rights under the Contract or at Law, any material failure by the Contractor to:

- (a) implement the Indigenous Participation Plan; or

(b) comply with a direction issued by the Department under clause 22.6, will be a breach of this Contract, and the Department may terminate this Contract in accordance with clause 36.

22.8 Notwithstanding any other clause of this Contract, the Contractor acknowledges and agrees that the reports it submits under clause 22.3:

- (a) will be recorded in a central database that is able to be accessed by Commonwealth entities and may be made publicly available;
- (b) will not be considered to be Confidential Information; and
- (c) may be used by Commonwealth entities for any purpose, including for evaluation of an offer to provide goods and/or services to a Commonwealth entity.

23. MODERN SLAVERY ACT 2018

[Option 1: Very low/ low risk]

23.1 The Contractor must take reasonable steps to identify, assess and address risks of Modern Slavery practices in the operations and supply chains used in the provision of the Services.

23.2 If at any time the Contractor becomes aware of Modern Slavery practices in the operations and supply chains used in the performance of this Contract, the Contractor must as soon as reasonably practicable take all reasonable action to address or remove these practices, including where relevant by addressing any practices of other entities in its supply chains.

23.3 In this clause 23:

- (a) **'Modern Slavery'** has the same meaning as it has in the *Modern Slavery Act 2018*.

23.4 If at any time the Contractor becomes aware of Modern Slavery practices in the operations and supply chains used in the performance of this Contract, the Contractor must as soon as reasonably practicable:

- (a) promptly notify the Department of the Modern Slavery practices and provide any relevant information requested by the Department;
- (b) take all reasonable action to address or remove these practices, including where relevant by addressing any practices of other entities in its supply chains.
- (c) take all reasonable action to address or remove these practices, including where relevant by addressing any practices of other entities in its supply chains; and
- (d) take all reasonable steps to remediate any adverse impacts caused or contributed to by the Contractor from these practices in accordance with the Guiding Principles on Business and Human Rights;

- (e) consult with the Department about its actions and steps under clauses 23.7(b) and 23.7(c); and
- (f) provide updates to the Department of its progress to address or remove these practices and remediate the adverse impacts on a regular basis and as otherwise requested by the Department.

23.5 Without limiting clause 23.7, in performing the Contract, the Contractor must:

- (a) not require Personnel to pay fees, charges, expenses or financial obligations incurred in order for the Personnel to secure their employment or placement (Recruitment Fees), regardless of the manner, timing or location of the imposition or collection of these Recruitment Fees;
- (b) not destroy or exclusively possess, whether permanently or otherwise, the travel or identity documents of Personnel; and
- (c) ensure Personnel can access a Grievance Mechanism to safely report any instances of Modern Slavery in the operations and supply chains used by the Contractor in its performance of this Contract.

23.6 In this clause 23:

- (a) **'Grievance Mechanism'** means a process for handling a complaint or grievance about Modern Slavery practices that is consistent with the criteria set out in the Guiding Principles on Business and Human Rights.
- (b) **'Guiding Principles on Business and Human Rights'** means the United Nations' Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework available at https://www.ohchr.org/documents/publications/guidingprinciplesbusinesshr_en.pdf.
- (c) **'Modern Slavery'** has the same meaning as it has in the Modern Slavery Act 2018 (Cth).
- (d) **'Personnel'** means any person who is an officer, employee, contractor (including subcontractor) or agent of the Supplier involved in providing the goods and/or services, including Specified Personnel.

24. **BLACK ECONOMY PROCUREMENT CONNECTED POLICY**

24.1 In this clause 24:

- (a) **'Black Economy Procurement Connected Policy'** means the *Black economy – increasing the integrity of government procurement: Procurement connected policy guidelines March 2019* available at <https://treasury.gov.au/publication/p2019-t369466>;
- (b) **'Satisfactory'** means meets the conditions set out in Part 6.b of the Black Economy Procurement Connected Policy or, if the circumstances in Part 6.c of the Black Economy Procurement Connected Policy apply, the conditions set out in Part 8.b of the Black Economy Procurement Connected Policy;

- (c) **'Statement of Tax Record'** means a statement of tax record issued by the Australian Taxation Office following an application made in accordance with the process set out at https://www.ato.gov.au/Business/Bus/Statement-of-tax-record/?page=1#Requesting_an_STR; and
 - (d) **'Valid'** means valid in accordance with Part 7.e of the Black Economy Procurement Connected Policy.
- 24.2 The Contractor must hold a Valid and Satisfactory Statement of Tax Record at all times during the Contract Term and, on request by the Department, provide to the Department a copy of any such Statement of Tax Record.
- 24.3 If the Contractor fails to hold and maintain a Valid and Satisfactory Statement of Tax Record in accordance with clause 24.2 the Department may terminate this Contract in accordance with the provisions of clause 36.
- 24.4 The Contractor warrants that, in relation to any subcontractor engaged to deliver the Services, where the estimated value of the Services to be undertaken by that subcontractor is over \$4 million (GST inclusive), that the Contractor holds and will retain a copy of a Satisfactory Statement of Tax Record for that subcontractor that was Valid at the time of entry into the subcontract by the Contractor and the subcontractor.
- 24.5 The Contractor must retain a copy of any Satisfactory Statement of Tax Record held by any subcontractor in accordance with clause 24.4 and must, on request by the Department, provide the Department a copy of any such Statement of Tax Record.
- 24.6 If the Contractor is a partnership, the Contractor will ensure that if a new partner joins the partnership that a Valid and Satisfactory Statement of Tax Record for the partner is provided to the Department as soon as possible after they become a partner to the partnership. The Contractor must provide a Valid and Satisfactory Statement of Tax Record in respect of each partner that is directly involved in the delivery of the partnership.
- 25. PAYMENT TIMES PROCUREMENT CONNECTED POLICY**
- 25.1 In this clause 25:
- (a) **'Commonwealth Entity'** has the meaning given to this term in the *Public Governance, Performance and Accountability Act 2013* (Cth).
 - (b) **'Entrusted Person'** has the meaning given to this term in the PTR Act.
 - (c) **'General Interest Charge Rate'** has meaning given to this term in clause 5.7.
 - (d) **'Policy Team'** means the relevant Minister, department or authority that administers or otherwise deals with the PT PCP on the relevant day.
 - (e) **'PT PCP'** means the Commonwealth's 'Payment Times Procurement Connected Policy'.
 - (f) **'PT PCP Evaluation Questionnaire'** means a questionnaire in substantially the form of Appendix C of the PT PCP.
 - (g) **'PT PCP Purpose'** means:

- (i) the review, evaluation, monitoring, assessment and reporting on the PT PCP, including the compliance by those of the Commonwealth's suppliers and their subcontractors that are Reporting Entities; or
 - (ii) improving payment times to PT PCP Subcontractors.
- (h) **'PT PCP Remediation Plan'** means a written remediation plan substantially in the form of Appendix D of the PT PCP.
- (i) **'PT PCP Subcontract'** means a subcontract between a Reporting Entity and another party (**Other Party**) in respect of which:
 - (i) the subcontract is (wholly or in part) for the provision of goods or services for the purposes of this Contract;
 - (ii) both parties are carrying on business in Australia; and
 - (iii) the component of the subcontract for the provision of goods or services for the purposes of this Contract has a total value of less than (or is reasonably estimated will not exceed) \$1,000,000 (GST inclusive) during the period of the subcontract, not including any options, extensions, renewals or other mechanisms that may be executed over the life of the subcontract (but including work/official orders entered into that are valued up to \$1 million (GST inclusive) under standing offers (panel arrangements),

but does not include the following subcontracts:

 - (iv) subcontracts entered into prior to the date of submission of the Reporting Entity's tender response for this Contract;
 - (v) subcontracts which contain standard terms and conditions put forward by the Other Party and which cannot reasonably be negotiated by the Reporting Entity; or
 - (vi) subcontracts for the purposes of:
 - (A) procuring and consuming goods or services overseas; or
 - (B) procuring real property, including leases and licences.
- (j) **'PTR Act'** means the *Payment Times Reporting Act 2020* (Cth), as amended from time to time, and includes a reference to any subordinate legislation made under the PTR Act.
- (k) **'Reporting Entity'** has the meaning given to this term in the PTR Act.
- (l) **'Reporting Entity Subcontractor'** means any person that:
 - (i) is a Reporting Entity; and
 - (ii) provides goods or services directly or indirectly to the Contractor for the purposes of this Contract where the value of such goods or services are estimated to exceed \$4,000,000 (GST inclusive).

'Reporting Entity Subcontract' has a corresponding meaning.

- (m) A reference to the Department in clauses 25.8, 25.12(b), 25.13 and 25.14 includes the Policy Team.

PT PCP Subcontracts

25.2 The Contractor must comply with the PT PCP.

25.3 If the Contractor enters into a PT PCP Subcontract, the Contractor must include in that subcontract:

- (a) a requirement for the Contractor to pay the PT PCP Subcontractor:
 - (i) subject to clause 25.5, within 20 calendar days after the acknowledgement of the satisfactory delivery of the services and receipt of a correctly rendered invoice. If this period ends on a day that is not a Business Day, payment is due on the next Business Day; and
 - (ii) subject to clause 25.6, for payments made by the Contractor after the payment is due, the unpaid amount plus interest on the unpaid amount calculated in accordance with clause 25.7;
- (b) a statement that the PT PCP applies to that subcontract; and
- (c) a statement that the subcontractor may make a complaint to the Policy Team, or to the Commonwealth as represented by the Department, in accordance with the PT PCP if there has been non-compliance with the requirements of this clause 25.3.

25.4 If the Contractor enters into a Reporting Entity Subcontract in anticipation of (or after) entering this Contract, the Contractor must use reasonable endeavours to include in that subcontract:

- (a) obligations equivalent to those in clause 25.2; and
- (b) a requirement that, if the Reporting Entity Subcontractor in turn enters into a Reporting Entity Subcontract, then that subcontract will include:
 - (i) obligations equivalent to those in clause 25.2; and
 - (ii) obligations equivalent to this clause 25.4(b) (such that the obligations in this clause 25.4(b) are to continue to be flowed down the supply chain to all Reporting Entity Subcontractors).

25.5 Clause 25.3(a) does not limit any obligation to comply with applicable legislation that provides for a shorter payment period than the period in clause 25.3(a)(i).

25.6 The Contractor is not required to pay interest in accordance with clause 25.3(a)(ii) if either:

- (a) the Department has failed to pay the Contractor in accordance with the timeframes and requirements under this Contract; or
- (b) the amount of the interest payable is less than \$100 (GST inclusive).

25.7 Interest payable under clause 25.3(a)(ii) will be simple interest calculated in accordance with the formula in clause 5.5.

PT PCP Evaluation Questionnaire

- 25.8 If requested in writing by the Department, the Contractor must properly complete and return a PT PCP Evaluation Questionnaire within 30 calendar days of the request.

Non-Compliance and Remediation

- 25.9 If the Department considers or becomes aware that the Contractor has not or may not have complied with:
- (a) the requirements of this clause 25; or
 - (b) the payment requirements of a PT PCP Subcontract,
- the Department may direct the Contractor to provide to the Department either or both of the following within the timeframes specified by the Department:
- (c) information to enable the Department to review the Contractor's compliance; or
 - (d) a properly completed PT PCP Remediation Plan.
- 25.10 The Contractor must complete all of the steps and activities contained in the PT PCP Remediation Plan provided under clause 25.9(d).
- 25.11 If the Department considers that the Contractor has failed to comply with any of its obligations under this clause 25, without limiting the Department's rights and remedies at law or otherwise under this Contract, the Department may do either or both of the following:
- (a) take the failure or non-compliance into account as part of the Department's monitoring of the Contractor's performance under this Contract; or
 - (b) report the non-compliance (and provide a copy of the completed PT PCP Remediation Plan) to the Policy Team.
- 25.12 The Contractor agrees that, if it is the subject of a complaint in relation to its compliance with this clause 25 or the associated payment provisions of a PT PCP Subcontract:
- (a) it will not take any prejudicial action against the complainant due to the complaint or any investigation or inquiry in relation to the complaint; and
 - (b) it will cooperate in good faith with the Department in connection with any investigation or inquiry and any attempt to resolve the complaint.

Consent

- 25.13 For any PT PCP Purpose, the Contractor consents to the Department:
- (a) using and sharing with any other Commonwealth Entity the information provided by the Contractor as part of a PT PCP Evaluation Questionnaire, a PT PCP Remediation Plan or otherwise received or obtained by the Department in connection with this Contract or a PT PCP Subcontract; and
 - (b) receiving information obtained under, or in accordance with, the PTR Act ('**Protected Information**') from an Entrusted Person and using such Protected Information.
- 25.14 By submitting a PT PCP Evaluation Questionnaire or a PT PCP Remediation Plan or other document in connection with the PT PCP that includes any Personal

Information, the Contractor warrants and represents that it has obtained all necessary consents in accordance with the Privacy Act to the collection, use and disclosure of such information in the manner contemplated by clause 25.13. The Contractor will provide evidence of such consents to the Department on request.

26. CHILD SAFETY

- 26.1 If any part of the Services involves the Contractor employing or engaging a person (whether as an officer, employee, contractor, or volunteer) that is required by State or Territory law to have a working with children check to undertake the Services or any part of the Services, the Contractor agrees:
- (a) to comply with all State, Territory or Commonwealth law relating the employment or engagement of people who work or volunteer with children in relation to the Services, including mandatory reporting and working with children checks however described; and
 - (b) if requested, provide the Department at the Contractor's cost, an annual statement of compliance with this clause 26, in such form as may be specified by the Department.
- 26.2 When child safety obligations may be relevant to a subcontract, the Contractor must ensure that any subcontract entered into by the Contractor for the purposes of fulfilling the Contractor's obligations under this Contract imposes on the subcontractor the same obligations regarding child safety that the Contractor has under this Contract. Each subcontract must also require the same obligations (where relevant) to be included by the subcontractor in any secondary subcontracts.

27. CONFLICT OF INTEREST

- 27.1 The Contractor warrants that, to the best of its knowledge after making diligent inquiry, at the date of signing this Contract, except as disclosed in writing to the Department, no Conflict exists or is likely to arise in the performance of obligations under this Contract by the Contractor or the Contractor Personnel.
- 27.2 If, during the Contract Term, a Conflict arises, or appears likely to arise, in respect of the Contractor or any of the Contractor Personnel, the Contractor agrees to:
- (a) notify the Department immediately in writing of the Conflict making a full disclosure of all relevant information relating to the Conflict and setting out the steps the Contractor proposes to take to resolve or otherwise deal with the Conflict; and
 - (b) take such steps as have been proposed by the Contractor, or at the absolute discretion of the Department, take such steps as the Department may reasonably require to resolve or otherwise deal with the Conflict.
- 27.3 If the Contractor fails to notify the Department under this clause 27 or is unable or unwilling to resolve or deal with the Conflict as required, the Department may terminate this Contract in accordance with the provisions of clause 36.
- 27.4 The Contractor agrees that it will:

- (a) ensure that a situation does not arise which may result in a Conflict; and
- (b) use its best endeavours (including making all appropriate enquiries) to ensure that any Contractor Personnel do not engage in any activity or obtain any interest during the Contract Term that is likely to conflict with or restrict the Contractor in providing the Services to the Department fairly and independently.

28. NOTIFICATION OF SIGNIFICANT EVENTS

- 28.1 The Contractor must immediately issue the Department a notice on becoming aware of a Significant Event.
- 28.2 The notice issued under clause 28.1 must provide a summary of the Significant Event, including the date that it occurred and whether any Specified Personnel or other personnel engaged in connection with the goods and/or Services were involved.
- 28.3 The Department may notify the Contractor in writing that an event is to be considered a Significant Event for the purposes of this clause, and where this occurs the Contractor must issue a notice under clause 28.1 in relation to the event within three (3) Business Days of being notified by the Department.
- 28.4 Where reasonably requested by the Department, the Contractor must provide the Department with any additional information regarding the Significant Event within three (3) Business Days of the request.
- 28.5 If requested by the Department, the Contractor must prepare a draft remediation plan and submit that draft plan to the Department's representative specified in Item O for approval within ten (10) Business Days of the request.
- 28.6 A draft remediation plan prepared by the Contractor under clause 28.5 must include the following information:
 - (a) how the Contractor will address the Significant Event in the context of the goods and/or Services, including confirmation that the implementation of the remediation plan will not in any way impact on the delivery of the goods and/or Services or compliance by the Contractor with its other obligations under the Contract; and
 - (b) how the Contractor will ensure events similar to the Significant Event do not occur again; and
 - (c) any other matter reasonably requested by the Department.
- 28.7 The Department will review the draft remediation plan and either approve the draft remediation plan or provide the Contractor with the details of any changes that are required. The Contractor must make any changes to the draft remediation plan reasonably requested by the Department and resubmit the draft remediation plan to the Department for approval within three (3) Business Days of the request unless a different timeframe is agreed in writing by the Department. This clause 28.7 will apply to any resubmitted draft remediation plan.
- 28.8 Without limiting its other obligations under the Contract, the Contractor must comply with the remediation plan as approved by the Department. The Contractor agrees to

provide reports and other information about the Contractor's progress in implementing the remediation plan as reasonably requested by the Department.

- 28.9 A failure by the Contractor to comply with its obligations under this clause 28 will be a material breach of the Contract, which may give rise to a right of the Department to terminate for default. The Department's rights under this clause are in addition to and do not otherwise limit any other rights the Department may have under the Contract. The performance by the Contractor of its obligations under this clause will be at no additional cost to the Department.

29. **PUBLIC INTEREST DISCLOSURE**

- 29.1 Where a Contractor suspects wrongdoing within the Commonwealth public sector, the Contractor may raise their concerns under the Public Interest Disclosure Act 2013. Prior to making a disclosure, the Contractor must refer to information available at: <https://www.ombudsman.gov.au/Our-responsibilities/making-a-disclosure>

- 29.2 All Public Interest Disclosure matters (relating to this procurement) should be referred to:

Name/Position:	PID officer
Email Address:	PID@health.gov.au
Telephone:	02 6289 1555

30. **SECURITY**

- 30.1 The Contractor must, and must ensure that the Contractor Personnel, comply with:
- all relevant requirements of the PSPF and its Protective Security Protocols (Personnel security, Information security and Physical security), including the PSPF Protective security governance guidelines – Security of outsourced services and functions;
 - the requirements of the Department's protective policies and procedures under the PSPF;
 - any additional security requirements specified in the Schedule; and
 - any other security requirements that are notified in writing by the Department to the Contractor from time to time, including any changes to the requirements referred to in clauses 30.1(a) to 30.1(c). Such other security requirements must be complied with from the date specified in the notice, or if none is specified, within five Business Days of receipt of the notice.
- 30.2 The Contractor acknowledges and agrees that:
- it must not, and must not permit any Contractor Personnel, to access security classified information unless the individual concerned has a security clearance to the appropriate level and the need-to-know, and will prevent access by any

such individual whose security clearance has lapsed or been revoked or who no longer requires such access;

- (b) it must provide written notification to the Department immediately upon becoming aware of any unauthorised access to security classified information and the extent and nature of that access (whether incidental access, or by any of the Contractor Personnel), and must comply with any reasonable directions of the Department in order to rectify the security incident; and
- (c) it must, and must ensure that the Contractor Personnel, store and handle security classified information and resources in premises and facilities that meet the minimum standards set by the Commonwealth for storage and handling of such information and/or resources, as applicable, of the relevant security classification level.

30.3 The Contractor acknowledges and agrees that:

- (a) if and when requested by the Department, it, and the Contractor Personnel, must promptly execute a declaration of interest and deed of non-disclosure, in a form reasonably required by the Department, relating to the use and non-disclosure of official information in connection with this Contract;
- (b) it must promptly provide written notification and disclose to the Department any conflict of interest affecting it, or the Contractor Personnel, that may impact on security in the performance of the Contractor's obligations with respect to official information under this Contract;
- (c) it must promptly inform, and keep informed, the Contractor Personnel in respect of all of the Department's security requirements, and the security obligations of the Contractor under this Contract, including that the obligation to maintain confidentiality of official information is ongoing (notwithstanding termination or expiry of this Contract or their involvement with it);
- (d) it must, and must ensure that the Contractor Personnel, have and use systems, that meet the designated information security standards under the Australian Government Information Security Manual, for the electronic processing, storage, transmission and disposal of official information;
- (e) it must, and must ensure that the Contractor Personnel, provide written notification to the Department immediately of any actual or suspected security incident, security infringement, security violation or security breach in connection with this Contract, including where it may impact upon the provision of the Services, or official information held by or in the control of the Contractor; and
- (f) on termination or expiry of this Contract it must, and must ensure that the Contractor Personnel:
 - (i) delete all official information from their respective ICT systems; and
 - (ii) return all the Department resources and assets to the Department,

except to the extent that the Law requires it to be retained by them, in which event the retained information, resource or asset continues to be subject to all security requirements under this Contract.

30.4 The Contractor acknowledges and agrees that:

- (a) upon reasonable written notice from the Department, it must ensure that each of the Contractor Personnel hold and maintain a security clearance at the level and for the period as notified by the Department to the Contractor, from time to time; and
- (b) unless otherwise specified in Item F, it is responsible for all costs associated with obtaining and maintaining security clearances for the Contractor Personnel.

30.5 In this clause 30:

- (a) regardless of whether or not the first letter of any word is capitalised, 'asset', 'Australian Government Information Security Manual', 'confidentiality', 'conflict of interest', 'ICT system', 'information security', 'need-to-know', 'official information', 'personnel security', 'physical security', 'protective security', 'resources', 'security classified information', 'security breach', 'security clearance' and 'security incident', have the meaning given to them in the PSPF Australian Government protective security policy framework – glossary of security terms; and
- (b) an obligation of the Contractor under any of clauses 30.1, 30.2, 30.3 or 30.4 is additional to and does not affect nor derogate from the obligations of the Contractor under:
 - (i) one or more of the other of those clauses; or
 - (ii) any other provision of this Contract.

31. ACCOUNTABILITY AND ACCESS

31.1 The Contractor must give to:

- (a) the Auditor-General or his/her delegate;
- (b) the Privacy Commissioner or his/her delegate;
- (c) the Ombudsman or his/her delegate;
- (d) the persons appointed under the *Australian Information Commissioner Act 2010* as the Information Commissioner and the FOI Commissioner or his/her delegate; and
- (e) any persons authorised in writing by the Department,
(referred to in this clause collectively as 'those permitted') access to premises:
 - (f) at which Materials associated with this Contract are stored; or
 - (g) work associated with this Contract is undertaken; and
 - (h) to the Contractor Personnel,

in order for those permitted to be able to inspect and copy Material for purposes associated with this Contract or any review of performance under this Contract.

- 31.2 The rights referred to in clause 31.1 are, wherever practicable, subject to:
- (a) the provision of reasonable prior notice from the Department (except where there is an actual or apprehended breach of the Law);
 - (b) access being sought during reasonable times (except where the Department believes there is an actual or apprehended breach of the Law); and
 - (c) the Contractor's reasonable security procedures.
- 31.3 The Contractor agrees to provide all reasonable assistance requested by the Department in respect of any inquiry into or concerning the Services or this Contract.
- 31.4 Without limitation to the generality of clause 31.3:
- (a) the assistance to be provided by the Contractor under clause 31.3 will include, as appropriate, the provision of Material and of access to its computer hardware, software and equipment, and making available relevant Contractor Personnel to provide information or answer questions on any matters relevant to or arising from this Contract or the performance of the Services which might reasonably be expected to be within the knowledge of the Contractor; and
 - (b) an inquiry referred to in clause 31.3 will include any administrative or statutory review, audit or inquiry (whether within or external to the Department), any request for information directed to the Department, and any inquiry conducted by Parliament or any Parliamentary committee.
- 31.5 The Department will endeavour to notify the Contractor as early as possible of any assistance required under clause 31.4, provided always that the Contractor acknowledges that such notice may be oral and is not subject to any minimum notice period requirement.
- 31.6 The requirement for access under this clause 31 does not in any way reduce the responsibility of the Contractor to perform its obligations in accordance with this Contract.
- 31.7 The Contractor agrees to ensure that any subcontract entered into for the purpose of this Contract contains an equivalent clause permitting those permitted to have access as specified in this clause 31.
- 31.8 Nothing in this Contract limits or restricts in any way any duly authorised function, power, right or entitlement of the Auditor-General, the Ombudsman, the Privacy Commissioner, the Information Commissioner, the FOI Commissioner or their respective delegates. The rights of the Department under this Contract are in addition to any other duly authorised power, right or entitlement of the Auditor-General, the Commonwealth Ombudsman, the Privacy Commissioner, the Information Commissioner, the FOI Commissioner or their respective delegates.
- 31.9 This clause 31 survives the expiration or earlier termination of this Contract for a period of seven years.

32. INDEMNITY

- 32.1 To the extent permitted by Law, the operation of any legislative proportionate liability regime is excluded in relation to any claim against the Contractor under or in connection with this Contract.
- 32.2 The Contractor indemnifies the Department, its officers, employees and agents from and against any:
- (a) loss or liability incurred by the Department;
 - (b) loss of or damage to property of the Department; or
 - (c) loss or expense incurred by the Department in dealing with any claim against it including legal costs and expenses on a solicitor/own client basis and the cost of time spent, resources used, or disbursements paid by the Department,
- arising from:
- (d) any act or omission by the Contractor or the Contractor Personnel in connection with this Contract, where there was fault (including, without limitation, any negligent or otherwise tortious act or omission) on the part of the person whose conduct gave rise to that liability, loss, damage or expense;
 - (e) any breach by the Contractor of its obligations or warranties under this Contract; or
 - (f) any claim that the provision of the Services, Existing Material or Contract Material infringes the Intellectual Property of any person.
- 32.3 The Contractor's liability to indemnify the Department under clause 32.2 will be reduced proportionately to the extent that any negligent or other tortious act or omission of the Department contributed to the relevant liability, loss, damage, or expense.
- 32.4 The right of the Department to be indemnified under this clause 32:
- (a) is in addition to, and not exclusive of, any other right, power or remedy provided by law; and
 - (b) does not entitle the Department to be compensated in excess of the amount of the relevant liability, loss, damage, or expense.
- 32.5 This clause 32 survives the expiration or earlier termination of this Contract.

33. INSURANCE

- 33.1 The Contractor warrants that it has taken out or will take out, and will maintain for the period specified in clause 33.2 or 33.3 as applicable, all appropriate types and amounts of insurance to cover the Contractor's obligations under this Contract, including those which survive its expiration or earlier termination, which insurance must include but is not limited to the types and corresponding amounts of insurance specified in Item N.
- 33.2 If the Contractor takes out a 'claims made policy', which requires all claims and any fact situation or circumstance that might result in a claim to be notified within the

period of insurance, the Contractor must maintain the policy during the Contract Term and a policy in like terms for seven years after the expiry or earlier termination of this Contract.

- 33.3 If the Contractor takes out an 'occurrence' policy, which requires the circumstances to which a claim relates to occur during the period of insurance whilst the notification of event can occur at any time subsequently, the Contractor must maintain the policy during the Contract Term.
- 33.4 The Contractor must, on request, promptly provide to the Department any relevant insurance policies or certificates of currency for inspection.
- 33.5 This clause 33 survives the expiration or earlier termination of this Contract.

34. DISPUTE RESOLUTION

- 34.1 The Parties agree that any dispute arising during the course of this Contract will be dealt with as follows:
- (a) first, the Party claiming that there is a dispute will send to the other a notice setting out the nature of the dispute;
 - (b) secondly, the Parties will try to resolve the dispute by direct negotiation, including by referring the matter to persons who have authority to intervene and direct some form of resolution;
 - (c) thirdly, the Parties have 10 Business Days from the receipt of the notice in clause 34.1(a) to reach a resolution or to agree that the dispute will be submitted to mediation or some other form of alternative dispute resolution procedure; and
 - (d) lastly, if:
 - (i) there is no resolution or agreement; or
 - (ii) there is a submission to mediation or some other form of alternative dispute resolution procedure, but there is no resolution within 15 Business Days of the submission, or such extended time as the Parties may agree in writing before the expiration of the 15 Business Days,then, either Party may commence legal proceedings.
- 34.2 Despite the existence of a dispute, the Contractor must (unless requested in writing not to do so) continue to perform the Services.
- 34.3 This clause:
- (a) does not apply to action by the Department under or purportedly under clauses 4.2, 35 or 36; and
 - (b) does not preclude either Party from commencing legal proceedings for urgent interlocutory relief.

35. TERMINATION AND REDUCTION FOR CONVENIENCE

- 35.1 In addition to any other right the Department has under this Contract, the Department may, at any time by notice to the Contractor, terminate this Contract in whole or reduce the scope of the Services immediately.
- 35.2 Upon receipt of a notice of termination or reduction the Contractor must:
- (a) stop or reduce work as specified in the notice; and
 - (b) take all available steps to minimise loss resulting from that termination or reduction and to protect Commonwealth Material and Contract Material.
- 35.3 Where there has been a termination under clause 35.1, the Department will be liable only for:
- (a) payments and assistance under clause 4 for Services properly rendered before the effective date of termination; and
 - (b) reasonable costs unavoidably incurred by the Contractor and directly attributable to the termination and which the Contractor fully substantiates to the Department's reasonable satisfaction.
- 35.4 The Department will not be liable to pay compensation under clause 35.3(b) for an amount which would, in addition to any amounts paid or due, or becoming due, to the Contractor under this Contract, together exceed the fees set out in Item E.
- 35.5 The Contractor will not be entitled to compensation for loss of prospective profits, redeployment and redundancy costs or for any part of this Contract not performed.
- 35.6 If there is a reduction in the scope of the Services, the Department's obligation to pay any fee will abate proportionately to the reduction in the Services.
- 35.7 To avoid doubt, the Department has an absolute discretion to terminate this Contract or reduce the scope of the Services in accordance with this clause 35.

36. TERMINATION FOR DEFAULT

- 36.1 Where the Contractor fails to satisfy any of its obligations under this Contract, the Department may:
- (a) if it considers that the failure is not capable of remedy, by notice, terminate this Contract immediately;
 - (b) if it considers that the failure is capable of remedy, by notice, require that the failure be remedied within a time specified in the notice (being not less than seven days); and
 - (c) if the failure is not remedied in accordance with a notice given under clause 36.1(b), by further notice, terminate this Contract immediately.
- 36.2 The Department may also, by notice, terminate this Contract immediately (but without prejudice to any prior right of action or remedy which either Party has or may have) if:
- (a) subject to sections 415D, 434J and 451E of the Corporations Act (as applicable), an Insolvency Event occurs in respect of the Contractor;

- (b) a Change in Control occurs in relation to the Contractor without the prior written consent of the Department; or
- (c) the Contractor breaches a warranty listed in clause 38.

37. DEEMED TERMINATION FOR CONVENIENCE

- 37.1 If a purported termination for cause by the Department under clause 36 is determined by a competent authority not to be properly a termination for cause, then that termination by the Department will be deemed to be a termination for convenience under clause 35 which termination has effect from the date of the notice of termination referred to in clause 36.

38. CONTRACTOR WARRANTIES AND UNDERTAKINGS

- 38.1 The Contractor represents, warrants and undertakes to the Department that:
- (a) it will promptly notify and fully disclose to the Department in writing any event or occurrence actual or threatened which could have an adverse effect on the Contractor's ability to perform any of its obligations under this Contract;
 - (b) it has full power and authority to enter into, perform and observe its obligations under this Contract;
 - (c) the execution, delivery and performance of this Contract has been duly and validly authorised by the Contractor;
 - (d) it will promptly notify and fully disclose to the Department in writing if an Insolvency Event occurs in respect of the Contractor;
 - (e) the unconditional execution and delivery of, and compliance with its obligations by it under this Contract do not:
 - (i) contravene any Law to which it or any of its property is subject or any order or directive from a Government Agency binding on it or any of its property;
 - (ii) contravene its constituent documents;
 - (iii) contravene any contract or instrument to which it is a party;
 - (iv) contravene any obligation of it to any other person; or
 - (v) require it to make any payment or delivery in respect of any financial indebtedness before the scheduled date for that payment or delivery;
 - (f) no litigation, arbitration, mediation, conciliation or proceedings including any investigations, are taking place, pending, or are threatened against the Contractor which could have an adverse effect upon either the Contractor's capacity to perform its obligations under this Contract or the Contractor's reputation;
 - (g) it has not had a judicial decision (excluding decisions under appeal) made against it in relation to employee entitlements where that resulting order has not been satisfied;

- (h) unless otherwise disclosed in this Contract, it is not entering into this Contract as trustee of any trust or settlement;
 - (i) it has not made any false declaration in respect of any current or past dealings with the Department or any Government Agency, including in any tender or application process or in any contract;
 - (j) it has had no significant deficiency in the performance of any substantive requirement or obligation under any prior contract with the Department or any Government Agency;
 - (k) it has, and will continue to have and to use, the skills, qualifications and experience to perform the Services in an efficient and controlled manner with a high degree of quality and responsiveness and to a standard that complies with this Contract; and
 - (l) it has and will continue to have the necessary resources, including financial resources, to perform the Services and will use those resources to perform the Services.
- 38.2 The Contractor acknowledges that the Department in entering into this Contract is relying on the warranties and representations contained in this Contract.
- 38.3 The Contractor:
- (a) acknowledges that it has been chosen to provide the Services in an area of expertise that is outside those of the Department; and
 - (b) represents to the Department that it has the necessary knowledge and expertise to provide the Services,
- and the Department:
- (c) relies on the Contractor's representation that it is an expert; and
 - (d) has engaged the Contractor to provide the Services on that basis.
- 38.4 Each representation and warranty is given on a continuing basis throughout the Contract Term.

39. NEGATION OF EMPLOYMENT, PARTNERSHIP AND AGENCY

- 39.1 The Contractor is not, by virtue of this Contract, an officer, employee, partner or agent of the Department, nor does the Contractor have any power or authority to bind or represent the Department.
- 39.2 The Contractor agrees not to represent itself, and to use its best endeavours to ensure that its Contractor Personnel do not represent themselves, as being an officer, employee, partner or agent of the Department, or as otherwise able to bind or represent the Department.

40. WORK HEALTH AND SAFETY

- 40.1 In carrying out this Contract the Contractor must ensure that the Services are performed in a safe manner and in compliance with the WHS legislation.

41. NOTICES

- 41.1 A Party giving notice under this Contract must do so in writing that is:

- (a) directed to the recipient's address, as varied by any notice; and
- (b) hand delivered or sent by pre-paid post or email to that address.

The Parties' address details are specified in Item O.

- 41.2 The Parties agree that a notice given in accordance with clause 41.1 is received:

- (a) if hand delivered, on delivery;
- (b) if sent by pre-paid post, on the third Business Day after the date of posting; or
- (c) if sent by email, when received by the addressee or when the sender's computer generates written notification that the notice has been received by the addressee, whichever is earlier.

This document has been released under
the Freedom of Information Act 1982 (FOI)
by the Department of Health and Aged Care

THE SCHEDULE

Item A Services and Subcontractors

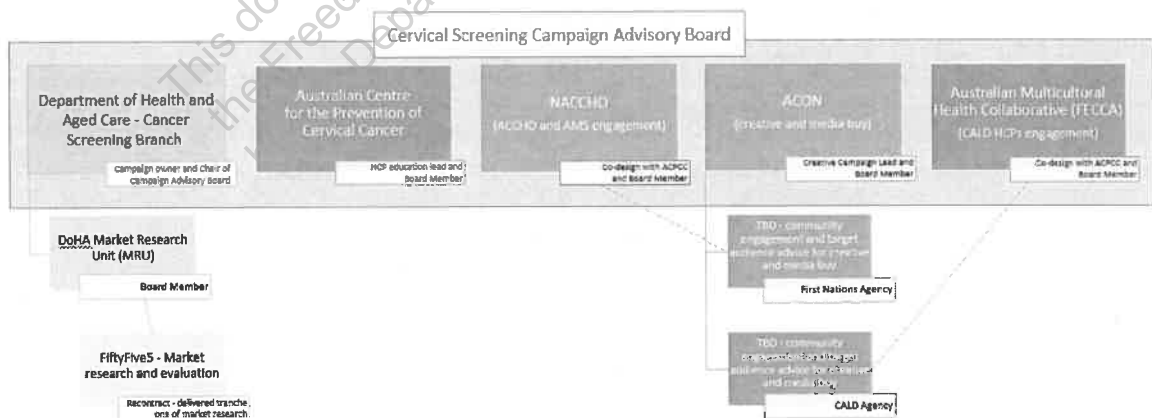
ACON (the Contractor) is engaged to partner with the Department of Health and Aged Care (the Department) to plan and deliver a national self-collect cervical screening awareness communications advertising campaign in 2024 (Phase One). This will include paid, owned and earned media and community engagement.

The campaign will be designed and implemented to increase awareness of the self-collect option as part of the National Cervical Screening Program (NCSP) and intention to screen when due.

Campaign Advisory Board

1. The role of the Advisory Board is outlined in the Terms of Reference (ToR). The ToR details the decision making process regarding campaign planning, content, execution and research and evaluation.
2. By executing this contract, the Contractor is agreeing to the Advisory Board's Terms of Reference.
3. Membership of the Advisory Board must include individuals from the Department and Campaign Partners. The structure will align to roles key to the successful oversight and delivery of the campaign.
4. All Members of the Advisory Board will sign a Confidentiality and Conflict of Interest Deed within a week of contract execution.

The structure of the Advisory Board is as follows:



5. Other advisers, such as consumer representatives, independent social marketing experts and medical advisors will advise the Advisory Board as required. Additional expert opinion will be sought and considered as needed.

Campaign

Adapt ACON's OWN It campaign and implement it nationally with a focus on research based identified segments within the following audiences:

Primary audiences

- First Nations women and people with a cervix aged 25 – 74
- Culturally and Linguistically Diverse women and people with a cervix aged 25 – 74.

Secondary audiences

- LGBTIQ+ women and people with a cervix aged 25 – 74
- Disabled or disadvantaged women and people with a cervix aged 25 – 74

1. To support this, a mix of integrated messaging, public relations and community engagement activities will be delivered commencing in the first half of 2024 and continuing until December 2025, using existing and new ACON creative.
2. Paid media will air for at least 12 weeks at the commencement of the campaign launch, supplemental paid media in line with community engagement activities and promotion of dynamic digital content.
3. Appoint and manage specialised Aboriginal and Torres Strait islander creative agency with relevant experience and connections with Aboriginal and Torres Strait Islander communities to:
 - 3.1. Develop media and channel plan to promote cervical screening among eligible Aboriginal and Torres Strait Islander women and people with a cervix.
 - 3.2. Provide recommendations for adaptations to existing materials or recommendations about the types of new communications materials.
 - 3.3. Develop a community engagement plan and the supporting materials to promote culturally safe cervical screening among Aboriginal and Torres Strait Islander women and people with a cervix.
 - 3.4. Work with NACCHO to ensure co-design and co-decision making on the elements referenced in 3.1, 3.2 and 3.3.
4. Appoint and manage specialised CALD creative agency with relevant experience and connections with CALD communities to:
 - 4.1. Develop media and channel plan to promote cervical screening among eligible CALD women and people with a cervix.
 - 4.2. Provide recommendations for adaptations to existing materials or recommendations about the types of new communications materials, as well as the best channels for receiving these communications.
 - 4.3. Develop materials to promote cervical screening among CALD women and people with a cervix.

4.4. Consult with FECCA on the elements listed in 4.1, 4.2 and 4.3.

Subcontractors

A range of relevant consultancy services will be required as part of the communications campaign. Any services required to deliver on the outcomes of this contract will be overseen by the Department and communicated to the Advisory Board.

1. The Contractor will appoint the subcontractors that have or will be separately approved by the Department in writing.
2. These subcontractors must Complete a Confidentiality Agreement, Conflict of Interest and Privacy Deed (Appendix A) prior to commencing work.

Item B Required Contract Material

1. ACON (the Contractor) is engaged to partner with the Department of Health and Aged Care (the Department) to run a national cervical screening awareness campaign.

Key areas of work include:

Item 1: Develop a detailed project plan, including key milestones, timeline, protocols, on how ACON, along with the subcontracted agencies, will expand the OWN It cervical screening campaign nationally, incorporating First Nations and Culturally and Linguistically Diverse (CALD) women and people with a cervix, as the primary target audience.

Item 2: Delivery to the Advisory Board of the intended campaign plan, timeline, the risk management plan and campaign protocol.

Item 3: Delivery to the Advisory Board of a detailed media buy schedule for a multi-channel 12-week, national, paid media campaign which must begin airing by June 2024 (or earlier) and not conclude before December 2025.

Activities include:

1. Development of a media plan
2. The detailed media buy schedule for a multi-channel at least 12 week, national, paid media campaign.
3. An end of paid media, communications report detailing the reach, frequency and engagement with the campaign materials derived from Item 4 of this Schedule during the campaign.

Item 5: Delivery to the Advisory Board of a detailed public relations and community engagement strategy co-designed with the First Nations and CALD creative agencies following consultation with NACCHO and FECCA including:

- Launch
- Community engagement
- Campaign communications leveraging screening data, case studies, media partnerships and other opportunities.

Item C Standards and Best Practice

The Contractor must ensure the Services provided under this Contract comply with all applicable Australian standards (or in its absence an international standard) including any requirements or standards specified in this Statement of Work. If requested by the Commonwealth, the Contractor must enable the Commonwealth, or an independent assessor, to conduct periodic audits to confirm compliance with all applicable Australian or international standards, including, but not limited to, those specified in this Contract.

Item D Time-frame

Date of execution of contract to 31 March 2026.

Item E Fees

(inclusive of GST)

The total fee for the Services is \$6,400,000.00 exclusive of GST and all taxes and charges, \$7,040,000.00 inclusive of GST and all taxes and charges.

Estimated Date	Milestone Description/ Required Deliverable	Payment Amount
21 December 2023	Execution of the Contract	\$3,000,000.00
28 February 2024	Detailed Campaign Project Plan that includes protocols, risk management and timeline	\$500,000.00
15 April 2024	Delivery of media plan and communications reporting framework	\$1,000,000.00
30 April 2024	Delivery of campaign PR strategy	\$500,000.00
No later than June 2024	Materials are broadcast publicly	\$300,000.00
30 September 2024	Delivery of community engagement plan	\$600,000.00
31 January 2025	Initial communications report	\$500,000.00
SUB-TOTAL		\$6,400,000.00
GST		\$640,000.00
TOTAL CONTRACT VALUE		\$7,040,000.00

Item F Allowances and Costs (inclusive of GST)

The Contractor must perform its obligations under this Contract at its own cost and expense.

The Department will not reimburse the Contractor for any additional expenses (including travel, accommodation and taxi travel).

Item G Facilities and Assistance

N/A

Item H Invoice Procedures

The Contractor must forward correctly addressed invoices that are in the form of a tax invoice directly to the AP Invoices mailbox ^{s47E(d)} [REDACTED]@concursolutions.com) in PDF file format only.

The invoice must be in a form approved by the Department which sets out:

- a. The Purchase Order number to which the payment relates;
- b. The amount of any allowances, costs and interest to be paid by the Department together with any substantiating material required;
- c. The name of the Department Representative ^{s22} [REDACTED] and
- d. Such other information as the Department requires.
- e. Invoice must be the front page of the PDF document, followed by supporting documents (e.g. delivery note, reports etc.)
- f. Maximum of 3 attachments per email.

Item I Specified Personnel

ACON Staffing and Operations:

- a. Director HIV and Sexual Health Division
- b. Cancer Programs Manager
- c. National Campaign Coordinator
- d. National Campaign Planner
- e. Community Engagement Officer
- f. Digital Engagement and Campaign Producer
- g. Digital Content Producer

Item J Commonwealth Material and Support to be provided by Department

Full list of reports to be provided to the Contractor:

Title	Author	Date of report	Published	Delivery Date (business days)

Cervical Screening Developmental Research	FiftyFive5	June 2023	At the date of contract, unpublished	Within 3 days of executing the Contract.
Cervical Screening Campaign Integrated Communications Brief	Communications and Partnerships Team, Cancer Program Screening Branch, The Department of Health and Aged Care	August 2023	Internal	Within 3 days of executing the Contract
Development of a Strategic Approach to Achieve Increased Participation in the Bowel, Breast and Cervical National Cancer Screening Programs – Final Report	Claire Nightingale, Ebony Verbunt, Nicola Creagh, Julia Brotherton, Dallas English, Louisa Flander, Mark Jenkins, Marion Saville and Margaret Kelaher, Melbourne School of Population & Global Health, The University of Melbourne, VCS Foundation	31 July 2020	At date of contract, unpublished	Within 3 days of the date of the Contract.
Evaluating Ways to Engage with Primary Healthcare Workers about National Cancer Screening Programs (Bowel, Cervical and Breast) and Developing Materials and Initiatives to Assist in Boosting Participation, Education and Engagement	Melbourne School of Population & Global Health, The University of Melbourne	March 2021	At date of contract, unpublished	Within 3 days of the date of the Contract.
Project plan: Evaluating Ways to Engage with Culturally and Linguistically Diverse (CALD) Groups about National Cancer Screening Programs (Bowel, Cervical and Breast) and Developing Materials and Initiatives to assist in boosting participation	Melbourne School of Population & Global Health, The University of Melbourne	26 June 2020		Within 3 days of the date of the Contract.

In addition to the above materials, the Commonwealth will also provide ongoing access to a subject matter expert to ensure factual accuracy in all campaign materials.

Item K Use of Commonwealth Material

1. The Department will provide the Contractor with any Commonwealth Material necessary to perform the Services.
2. Any Commonwealth Material that is considered to contain information that is commercial-in-confidence, has personal information or both, the Department will inform the Contractor on the appropriate handling of such information.
3. Use of the Commonwealth Coat of Arms and the Department of Health logo are limited to approved campaign materials only.
4. Materials produced or updated for this campaign must acknowledge the campaign has been produced with the support of the Australian Government, with the acknowledgement sighted and agreed to by the Director, Communication and Partnerships Section of the Department of Health, or their agreed delegate, unless agreed by same that specific materials should not include Government acknowledgement, due to possible reception by target audience.
5. Materials must include the Commonwealth Coat of Arms and reference the Commonwealth in accordance with the current published Australian Government Branding Guidelines.
6. If written acknowledgement is possible, it must read 'Proudly supported by the Australian Government, Canberra', with the Commonwealth crest displayed.'
7. All Commonwealth Material is considered to contain information that is commercial-in-confidence, has personal information or both.
8. The Contractor must ensure that all Commonwealth Material is kept and maintained in a secure place and manner to ensure that this Commonwealth Material is not accessed by, or disclosed to, unauthorised persons. For the avoidance of doubt, disclosure to other officers in the Department of Health is authorised.
9. It is a condition of access to the Commonwealth Material that, before such access is given, the Contractor must arrange at its own cost for their staff or subcontractors to sign a Confidentiality, Conflict of Interest, Privacy and Secrecy Deed Poll, in the form provided at Attachment A, relating to the non-disclosure of the Customer's Confidential Information. On or before the Contract Start Date, the Service Provider must deliver to the Department a Confidentiality Undertaking signed by the staff involved in delivering the campaign, or the CEO on behalf of those staff members or sub contractors.
10. The Contractor acknowledges and agrees that only Personnel who have signed the Confidentiality Undertaking will be given access to the Commonwealth Material, and that it or any other Contractor Personnel will not be given, or require, access to the Commonwealth Material at any time.

Item L Existing Material

1. Materials used must wherever possible or appropriate acknowledge the campaign has been produced with the support of the Australian Government.
2. Materials used must wherever possible or appropriate include the Commonwealth Coat of Arms and reference the Commonwealth in accordance with the current published Australian Government Branding Guidelines.
3. If written acknowledgement is possible, it must read 'Proudly supported by the Australian Government', with the Commonwealth crest displayed.
4. Existing material is considered to be all creative developed outside of this contract by ACON, promoting cervical screening options among the LGBTQIA+ community. This includes, but is not limited to:
 - a. 'OWN It' 60" TVC, 30", 15" and 6" cutdown
 - b. 'OWN It' posters
 - c. 'OWN It' billboards
 - d. 'OWN It' digital assets including website graphics and social tiles

Item M Dealing with Copies

Upon completion of the Services, the Contractor may retain one hard copy of the Contract Material for its internal record-keeping purposes only.

Item N Insurance

The Contractor agrees to maintain:

- (a) workers' compensation insurance for an amount required by the relevant State or Territory legislation;
- (b) public liability insurance for an amount of not less than 20 million dollars (\$20,000,000); and
- (c) professional indemnity insurance for an amount of not less than 10 million dollars (\$10,000,000).

Item O Address for Notices**Department's Address for Notices:**

Director of Communication and Partnerships Section
Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Contractor's Address for Notices:

ACON

414 Elizabeth Street
Surry Hills NSW 2010

Item P Commencement Date

The date of execution by the last Party to do so

Item Q Initial Contract Term

From date of execution until 31 March 2026.

Item R Extension Period

Department of Health and Aged Care (the Department) may extend the term of the Contract for a further period (or periods) of up to 1 Year in total.

Item S Existing Material and Ownership of Contract Material

- ☐ clause 12 (Existing Material and Department Ownership of Intellectual Property in Contract Material) is to apply
- ☒ clause 13 (Existing Material and Contractor Ownership of Intellectual Property in Contract Material) is to apply

Item T Moral Rights

- ☒ Option 1: clause 14.3 (Specified Acts includes falsely attributing authorship of any Contract Material) is to apply
- ☐ Option 2: clause 14.4 (Specified Acts does not include falsely attributing authorship of any Contract Material) is to apply

Item U Indigenous Participation Plan

- ☒ Option 1: clause 21 (the Contract is NOT a High Value Contract) applies
- ☐ Option 2: clause 22 (the Contract is a High Value Contract) applies

Item V Modern Slavery

- ☒ Option 1: clause 23 (the Contract is assessed as very low risk) applies
- ☐ Option 2: clause 23 (the Contract is assessed as medium/ high risk) applies

Item W Payment Terms

N/A

Item X Payment Times

- ☒ Option 1: clause 25 (Payment Times Procurement Policy) applies.
- ☐ Option 2: clause 25 (Payment Times Procurement Policy) does not apply.

This Contract is **SIGNED** as a contract.

SIGNED for and on behalf of the **COMMONWEALTH OF AUSTRALIA** as represented by the Department of Health and Aged Care ABN 83 605 426 759 on:

15 January 2024
Date

by:

s22
[Redacted]
Printed name of signatory

s22
[Redacted]
Signature

Acting Assistant Secretary
Position of signatory National Cancer Screening Branch

in the presence of:

s22
[Redacted]
Printed name of witness

s22
[Redacted]
Signature of witness

COMPANY – MULTIPLE DIRECTORS: SIGNED for and on behalf of on behalf of **ACON HEALTH LIMITED ABN 38 136 883 915** in accordance with the requirements of section 127 of the *Corporations Act 2001* on:

15
8 January 2024

Date

by:

s47F



Printed name of Director

s47F



Signature of Director

and:

s47F



Printed name of Secretary

s47F



Signature of Director / Secretary

This document has been released under
the Freedom of Information Act 1982 (Cth)
by the Department of Health and Aged Care

From: s47F
To: s22
Cc: s47F, s22
Subject: Re: Contract Variation - DoHA and ACON [SEC=OFFICIAL]
Date: Wednesday, 5 June 2024 10:58:14 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.png](#)
[Outlook-t2ncipr4.jpg](#)

REMINDER: Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s22,

Thank you for confirming this amendment. We acknowledge and accept this change.

Kind regards,

s47F

| Manager, Cancer Programs
Direct: s47F **| Switch:** 02 9206 2000 **| Mobile:** s47F
Address: 414 Elizabeth St Surry Hills NSW 2010
Email: s47F@acon.org.au **| Website:** [acon.org.au](#)
Twitter: [twitter.com/ACONhealth](#) **| Facebook:** [facebook.com/ACONhealth](#)
Pronouns: He/Him
ACON acknowledges and pays respects to the Traditional Owners and Custodians of all the lands on which we work.


From: s22@Health.gov.au>
Sent: Wednesday, 5 June 2024 10:52
To: s47F@acon.org.au>
Cc: s47F@acon.org.au>; s47F@acon.org.au>;
s22@health.gov.au>; s22@health.gov.au>
Subject: Contract Variation - DoHA and ACON [SEC=OFFICIAL]

Dear s47F,

We are looking forward to seeing you and s47F virtually tomorrow.

Regarding ACON’s contract for this campaign, as the campaign is now launching in September instead of July, I have updated the contract to reflect this. Procurement have advised there was no requirement to sign a Deed of Variation form as there are no changes to contract end date or the amount the contract is worth. It can be done via email.

As such, please note and acknowledge the following changes to the one campaign milestone delivery timeline and payment schedule:

Contract reference item	Current text	Replacement text

Item E - Fees	Estimated date: No later than June 2024 Milestone Description: Materials are broadcast publicly Payment amount: \$330,000 (GST inclusive)	Estimated date: 30 September 2024 Milestone Description: Materials are broadcast publicly Payment amount: \$330,000 (GST inclusive)
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Many thanks,

s22

Assistant Director

Communication and Partnerships

Cancer Screening Programs Branch

Australian Government Department of Health and Aged Care

02 6289 s22 | Sirius Building Level 9

GPO Box 9848, Canberra ACT 2601



The Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to all Elders both past and present.

The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.

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