

# National Bowel Cancer Screening Campaign Evaluation 2016

## A MARKETING RESEARCH REPORT

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Department of Health

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Please note that the data contained in this report has been prepared for the specific purpose of addressing the items contained in the project contract between **TNS Australia** and the **Department of Health**. It may not be suitable for other applications. The use of this data for any other purpose should be discussed with the lead author. TNS accepts no responsibility for unauthorized use of this data by a third party.

## 1. Executive Summary

This report presents the main findings of the second campaign evaluation survey among Australians aged 50–74 years of age, conducted in April/May 2016, 12 months after the first campaign evaluation survey, and as media activity for the 2016 campaign drew to a close.

The key take-outs of the campaign evaluation research are as follows:

### 1.1 Campaign diagnostics

1. Campaign awareness has remained consistent in 2016. Although recall of specific bowel cancer screening campaigns is low (both in 2015 and 2016), bowel cancer screening campaigns as a whole are contributing to increased knowledge of bowel cancer and the importance of screening. It should be noted that levels of awareness reflect the modest media investment.
2. The NBCSP campaign is considered to be easy to understand, believable and contains relevant information. The ad cuts through and is considered to stand out by half of Australians aged between 50-74 years who recalled seeing the campaign.
3. The primary messages most strongly communicated by the NBCSP campaign related to the program being a 'gift that could save your life' and information regarding detection, specifically 'if detected early bowel cancer can be successfully treated', which is consistent with the key message take-outs in 2015.

### 1.2 Knowledge and awareness

1. In 2016, there has been a significant increase in awareness levels of the NBCSP, with 95% of Australians aged between 50-74 years aware of the program, compared with 91% in 2015. Awareness was significantly higher among both males and females and across metropolitan and regional locations.
2. In January 2016, two new eligible ages (64 years and 72 years of age) were added to the distribution list for the NBCSP. This is reflected in the research, with a significant increase in awareness of the program among the following age groups: 60-64 years and 70-74 years.

### 1.3 Attitudes and beliefs

1. Attitudes towards bowel cancer risk have remained consistent in 2016, with the importance of early detection continuing to come through most strongly.
  - Beliefs around 'if detected early bowel cancer can be successfully treated', and 'bowel cancer can develop with no symptoms' were significantly higher among those who had received a test kit or those who had seen the campaign.
  - Early detection came through more strongly among those who had completed the test, including 'if detected early bowel cancer can be successfully treated'; 'it is important to detect bowel cancer early'; and 'when detected early, bowel cancer can be successfully treated in up to 90% of cases'.
2. While 73% of Australians aged 50-74 years (which includes both those who have and have not completed a test) consider the National Bowel Cancer Screening Program kit to be easy to complete, there has been a significant decrease in 2016, down from 80% in 2015. Those who have not received or completed the test were far less likely to agree that the test is easy to do.
3. Ninety-six per cent of those who had completed the test considered the test to be easy to do (compared with only 45% among those who had not completed the test), highlighting the importance of overcoming this perceived barrier to undertaking the test.
4. The campaign most strongly delivers on messaging regarding the importance of continued screening until mid-70's and reinforces the message that screening can detect bowel cancer before any symptoms appear.
5. The attitudes to both bowel cancer risk and bowel cancer screening are positively influenced by receiving the NBCSP test kits and are more positive among those who have participated in the program. Solely sending the program test kits has a positive impact.

An uplift in attitudes towards screening and towards bowel cancer risk is seen among those who have received a kit, and among those who have completed the test, and when combined with seeing the NBCSP campaign, desired attitudes towards screening are even further strengthened. This demonstrates how the various elements of the program, such as the physical test kits and the communication campaign, work together towards increased awareness and knowledge of the risks of bowel cancer and towards creating the desired attitudes towards screening.

#### 1.4 Behavioural intentions

1. Reported participation in the program has also increased (up from 60% in 2015 to 66% in 2016). There has been a significant increase in the older age groups reporting participation, particularly those aged 60-64 and those aged 70-74, which may be a reflection of the two new eligible ages added to the distribution list in January 2016, which included distributing to those aged 64 years and 72 years of age. It should also be noted that, amongst those who had not completed a home screening test, the reason most cited was 'had a colonoscopy' (27%), that is, had tested for bowel cancer through another process.
2. Australians aged 50-74 years who had completed the test were asked to describe their experience of completing the test, using a spontaneous open-ended question. Responses could have included both a positive, neutral and / or negative response and were coded to be non-mutually exclusive. Over half (56%) of those who had completed a NBCSP test described their experience positively, and was dominated by mentions regarding the ease of completing the test. Just under half (48%) of mentions were impartial in their response, where it was often described as 'alright/fine'. Even through responses were often impartial, the test was commonly described as necessary or important. Only a small proportion (12%) of Australians aged 50-74 years who had completed the test described their experience negatively.
3. Four out of 5 participants (83%) stated they would be likely to use the NBCSP test kit the next time they are sent one in the post. Previous experience of using a home screening test kit is a key driver of repeat use, as preconceived ideas about the test are overcome, particularly perceived barriers that it is not easy to do and that it isn't a pleasant process. Perceived efficacy of the NBCSP in detecting bowel cancer is also likely to encourage repeat use. The campaign has a positive effect on intent to participate, however previous experience with the test is far more likely to encourage use.

## **2. Introduction**

### **2.1 Campaign and research background**

Bowel cancer is the second most common cancer diagnosed in Australia. The Department of Health is responsible for a range of national cancer screening services including the National Bowel Cancer Screening Program (NBCSP). The NBCSP has been introduced to help detect bowel cancer early and reduce the number of Australians who die each year from the disease. The NBCSP offers free screening for bowel cancer to Australians turning 50, 55, 60, 64, 65, 70, 72 and 74 years of age. The program is expanding and will be phasing in biennial screening for all Australians aged 50-74 years by 2020.

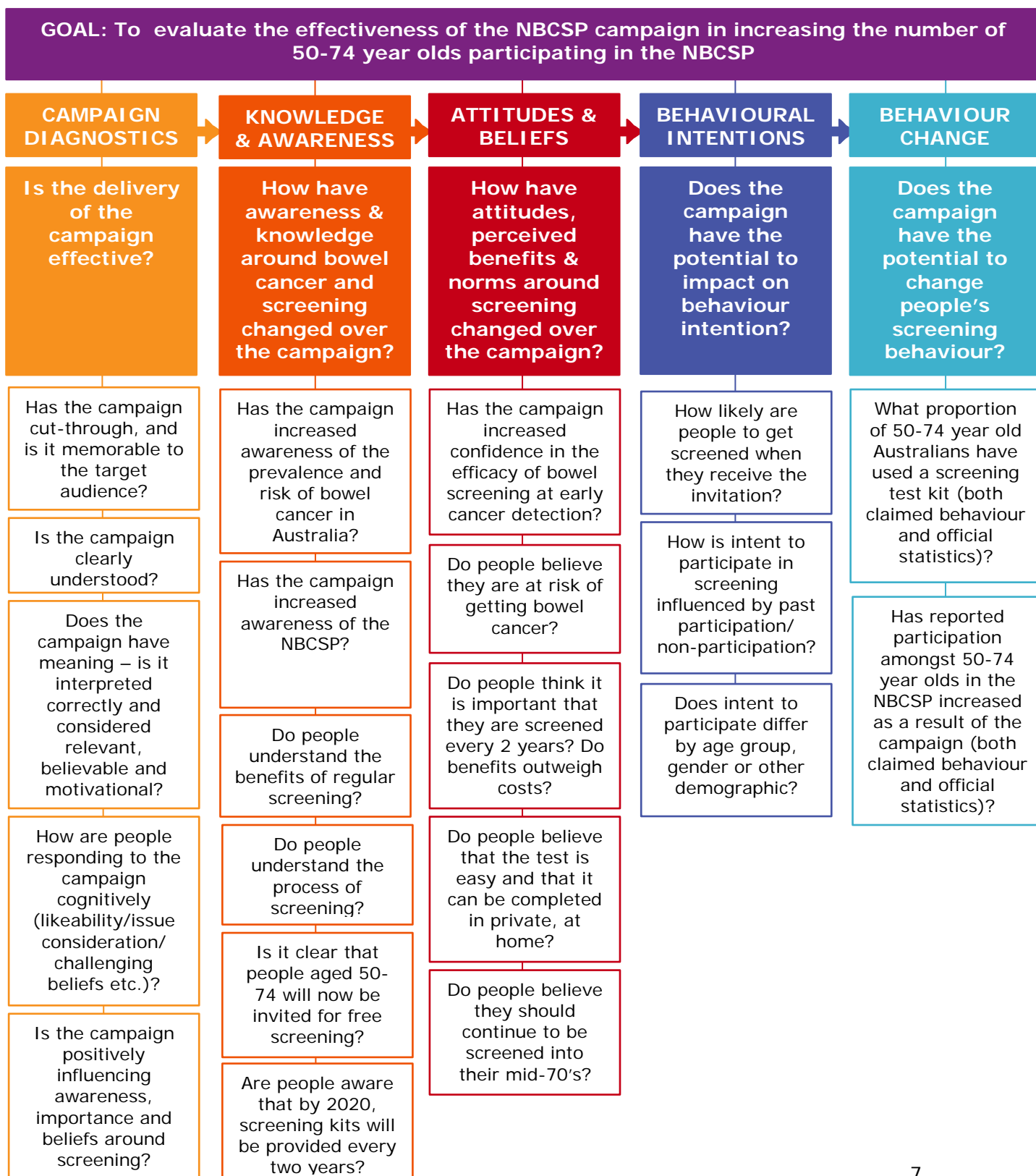
The NBCSP 'A Gift for Living' campaign was first launched in April 2015. The campaign targets Australian men and women aged between 50-74 years of age. The NBCSP campaign aims to raise awareness of bowel cancer, awareness of the NBCSP including its expansion, and to encourage participation in the program by all eligible Australians aged 50-74 years.

The first wave of activity for the NBCSP campaign ran in April/May 2015 and the second wave in March/April 2016. The campaign was evaluated in 2015, and again in 2016 to measure the effectiveness and success of the second phase campaign. There has been no change to the campaign materials since its launch in 2015.

### **2.2 Key Objectives**

The Department of Health required evaluation research to measure the effectiveness of the second phase of the NBCSP campaign amongst their target audiences. The research will be used both to judge the success of the campaign and to inform its evolution over the next few years.

The research objectives were structured around the campaign objectives, as stated in the research brief, so that the success of the campaign is clearly measurable:



## 2.3 Methodology

### Design

A mixed telephone (Computer Assisted Telephone Interview - CATI) and online methodology was used for the 2016 evaluation. A sample of n=400 participants were interviewed via phone, providing the ability to directly compare the results of the 2016 research to the previous campaign evaluation conducted in 2015, which was conducted via telephone (with a sample size of n=1,000).

An additional n=1,000 online surveys were conducted to provide a comparison point (an 'online benchmark') for potential future campaign evaluations and allow these to be fully transitioned to a purely online approach, and used to identify differences between the methodologies to inform future evaluations.

The findings included in the main body of this report are based on the 2016 CATI results.

### Questionnaire

A key objective of the 2016 survey was to be able to compare results to the first survey in order to understand to what extent usage and attitudes have changed since the first wave of the campaign. In order to enable such a comparison, the 2015 survey approach was replicated as closely as possible. As such, the 2016 questionnaire was based on the 2015 survey tool.

### Fieldwork

The CATI survey consisted of a representative national sample of n=400 50-74 year olds, using random digit dialling of numbers sourced from residential and mobile lists. Potential respondents were called by an interviewer and asked to participate. No incentive was offered. Fieldwork was conducted between 19 April to 9 May 2016 and phone numbers retried up to 5 times in order to maximise the response rate.

### Analysis

To maximise comparability with the 2015 survey, the same code frames were used as a start point for coding of verbatim responses. The data was also weighted in line with the 2015 survey, which was RIM<sup>1</sup>. weighted by age within gender and by location in order to be nationally representative of the Australian population aged 50-74 years of age.

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<sup>1</sup> Random Iterative Method (RIM) weighting ensures representation of the population based on pre-defined dimensions such as age and gender. It allows the data to be weighted by both characteristics at the same time without interlocking criteria, to ensure representation of the population proportions.



## Campaign Elements

The NBCSP “A Gift for Living” campaign ran in mass media, with print (newspaper and magazines), radio, out of home (OOH) (public bathrooms, public transport) and online (digital display and Facebook tile). Public relations support for the campaign included brochures, posters and flyers. An example of the print advertisement has been provided below:

Image 1.1. Print advertisement



The description read out to participants during the CATI survey to describe the print execution was:

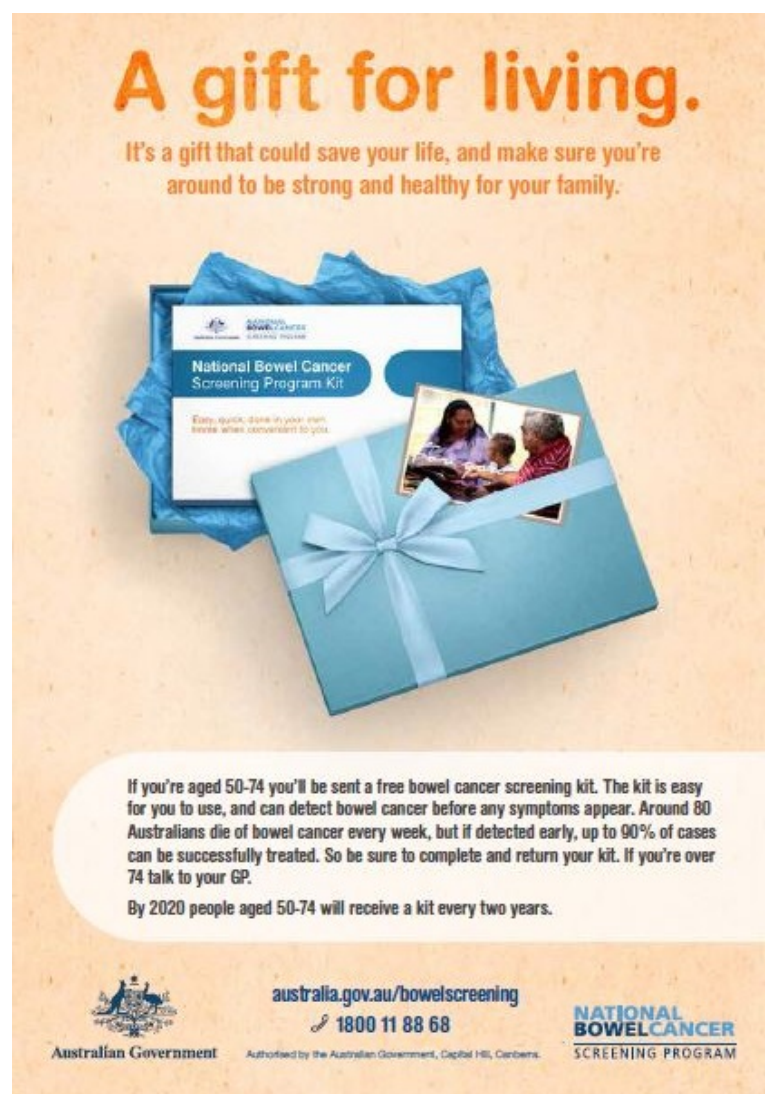
*The ad shows the box of the National Bowel Cancer Screening Program Kit inside a blue gift box with a ribbon and blue tissue paper. The theme colour is blue and the headline reads 'A Gift for Living'. The message says if you're aged 50-74 you'll be sent a free bowel cancer screening kit. The kit is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

The script read out to participants during the CATI survey to describe the radio advertisement was as follows:

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

In addition to the print and radio campaign materials for the general population, materials designed for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse (CALD) groups were also included. An example of the Aboriginal and Torres Strait Islander print advertisement has been provided below:

Image 1.2. Aboriginal and Torres Strait Islander print advertisement



The description read out to Indigenous participants during the CATI survey (directly after a description of the mainstream version) to describe the print execution was:

*There is a similar version in Indigenous newspapers and magazines which had an orange background, a photograph gift tag on the box showing two grandparents teaching their grandchild traditional craft.*

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

The campaign was translated into Arabic, Cantonese, Mandarin, Greek, Italian and Vietnamese. An example of the Vietnamese print advertisement has been provided below:

Image 1.3. Culturally and linguistically diverse print advertisement – Vietnamese example

**Món quà cho sự sống**

**NATIONAL BOWEL CANCER SCREENING PROGRAM KIT**

Thử nghiệm dễ và nhanh vào lúc thuyên tiện tại nhà của mình.

Quý ông bà tuổi từ 50 đến 74 sẽ được tặng một bộ thử nghiệm ung thư ruột gửi đến tận nhà. Bộ thử nghiệm này thật dễ sử dụng và có thể phát hiện ung thư ruột trước khi có bất cứ triệu chứng nào. Mỗi tuần khoảng 80 người tại Úc bị chết vì ung thư ruột nhưng nếu phát hiện sớm thì có tới 90% trường hợp có thể được chữa trị thành công. Vậy quý vị hãy nhớ thử nghiệm rồi gửi mẫu về cho chúng tôi. Đây là món quà có thể cứu được mạng sống của quý vị đây. Những ai trên 74 tuổi nên nói chuyện với bác sĩ của mình. Đến năm 2020, mọi người tuổi từ 50 đến 74 sẽ được tặng một bộ thử nghiệm mỗi hai năm một lần.

**australia.gov.au/bowelscreening**  
**1800 11 88 68**

Nếu cần được hướng dẫn bằng tiếng Việt, xin quý vị gọi cho Dịch Vụ Phiên Dịch và Thông Ngôn (Translating and Interpreting Service - TIS) số 131 450.

**NATIONAL BOWEL CANCER SCREENING PROGRAM**

Authorized by the Australian Government, Capital Hill, Canberra.

The description read out to CALD participants during the CATI survey (directly after the description of the mainstream version) to describe the print execution was:

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

## 2.4 Notes for this report

### Data comparison

The information included in the main body of this report refers to the directly comparable 2015 CATI and 2016 CATI results. Additional information on the online data collected in 2016 has been provided in the appendix section of this document.





The sample achieved in the CATI 2015 and CATI 2016 surveys has been outlined below.

Table 1.4.1: CATI Sample composition 2015 and 2016

Category	Subgroups	2015 CATI	2016 CATI
		Weighted n=	Weighted n=
<b>Total</b>		<b>1,051</b>	<b>400</b>
Gender	Male	514	195
	Female	537	205
Age	50-54	205	78
	55-59	212	81
	60-64	206	78
	65-69	214	82
	70-74	214	81
Location	Metropolitan	667	254
	Regional	384	146

### Significant differences

Statistically significant differences both between subgroups and between the 2015 and 2016 evaluation waves have been identified in the results. These have been shown by:

- **Year on year** – indicated by   to show a significant increase or decrease between waves
- **Within sub-group** – indicated by /  text to show a significantly higher or lower result within a group

The report also details significant differences of interest (at the 95% confidence level) across demographic groups such as age and gender as outlined below.

Table 1.4.2: Subgroups of interest

Category	Subgroups
Gender	Male, Female
Age	50-54, 55-59, 60-64, 65-69, 70-74

### Changes to the 2016 survey instruments compared to 2015

As previously outlined, in order to facilitate the most accurate comparison between the 2015 and 2016 surveys, it was imperative that the 2015 survey approach be replicated as closely as possible in 2016. A number of small changes were made to improve the survey, and included a few new additions to provide additional context. These changes have been outlined below.

#### New question additions:

- TNS recommended the inclusion of a few spontaneous (open-ended) questions in order to gain information on how participants feel when receiving a test kit in the mail (A12) and how participants who completed the test would describe the actual experience of doing the test (Q14b). An additional question on whether participants had completed the test before was also included (A14a) to assess whether previous engagement with the program influences participation.
- A new question was included to identify the main barriers to home screening. Participants who have never completed a home screening test for bowel cancer (including NBCSP and/or other home screening kits) were asked why they had not done so (A8b) in order to identify the main barriers to home screening.
- Additional information on the sources of awareness for bowel cancer home screening test kits (A4) and sources of awareness for advertising or materials about bowel cancer screening were also included (B3).
- Consumer beliefs regarding bowel cancer were included as per the 2015 survey, however in 2016, the following two statements were removed:
  - The Program sends test kits to people aged 50, 55, 60 and up to age 65 only
  - The Program sends test kits to people aged 50, 55, 60, 65, 70 and 74

### 3. Findings

This report presents the main finding of the second campaign evaluation survey among Australians aged 50–74 years of age, conducted in April / May 2016 as campaign activity drew to a close, 12 months after the first campaign evaluation survey. The overarching objective of the research was to evaluate the effectiveness of the NBCSP campaign in increasing the number of 50-74 year olds participating in the NBCSP.

This report will focus on 4 key areas:



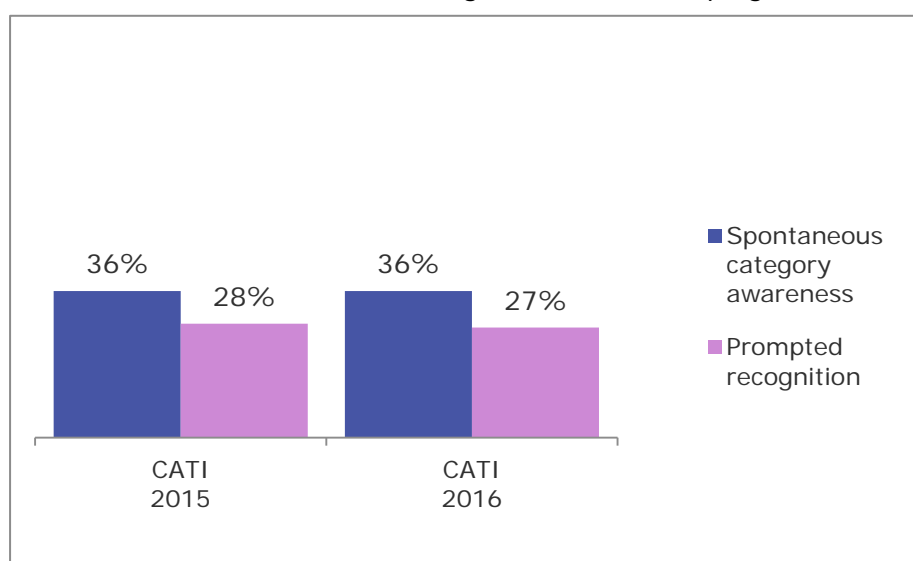


### 3.1 Campaign Diagnostics

#### Campaign awareness has remained consistent in 2016

The following chart below shows the proportion of participants who recalled seeing advertising or materials for bowel cancer screening in the past 3 months, and compares this to the levels of prompted recognition, where participants were asked whether they had seen the campaign's print advert or heard the radio advert. The results are shown for 2015 and 2016.

Chart 3.1.1. Awareness and recognition of the campaign



SOURCE: B1. Thinking about the last 3 months, can you recall seeing or hearing any advertising or materials about bowel cancer screening? B4/B5. Have you seen this newspaper or magazine ad before today? B6. Have you heard this ad before today?  
Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

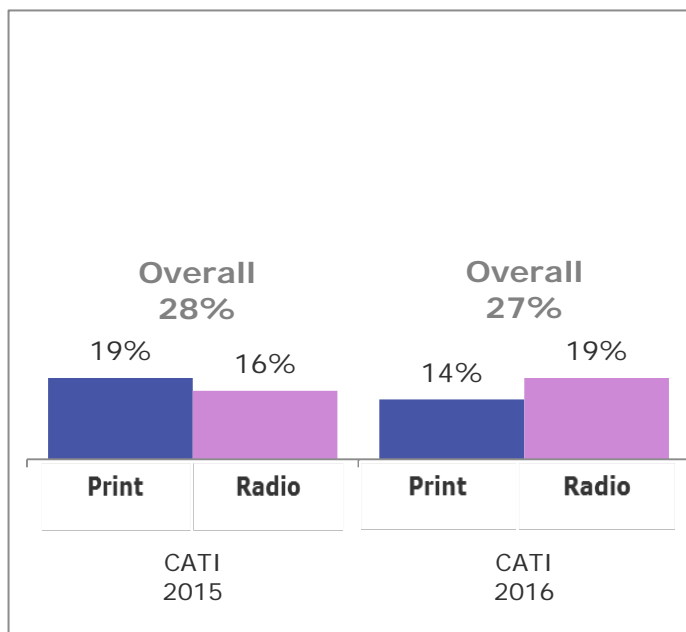
Awareness levels, both spontaneous category awareness and prompted recognition of the NBCSP campaign have remained consistent in 2016.

A third (36%) recall seeing advertising or materials for bowel cancer screening in the past 3 months, which is consistent with the category awareness in 2015. The main source of awareness for bowel cancer screening messaging cited by participants was TV (46%), followed by radio (18%) and newspapers (13%), and for 1 in 10 (10%), the actual test kits were a source of awareness.

The levels of prompted awareness of the NBCSP campaign was also consistent in 2016, with a quarter (27%) recognising the NBCSP campaign (aligned with 28% in 2015). It is important to consider the media scheduling and spend supporting the campaign, as any changes year on year would have an impact on awareness levels. Although the media spend in 2016 was 10% less than that spent in 2015 awareness levels remained consistent in 2016.

The chart below displays the proportion of participants who recalled seeing the campaign in newspaper or magazines and the proportion who recall hearing the advert on the radio.

Chart 3.1.2. Prompted recognition



As previously indicated, overall prompted recognition of the campaign remained similar in 2016, with recognition of any campaign materials by 1 in 4 (27%), compared with 28% in 2015.

There were slight differences in 2016 across the mediums (although not significant), with print recognition down slightly from 19% in 2015 to 14% in 2016, and radio up from 16% in 2015 to 19% in 2016.

SOURCE: B4 and B5. Have you seen this newspaper or magazine ad before today? B6. Have you heard this ad before today?  
Base: All respondents 2015 CATI (n=1,051); 2016 CATI (n=400)

### Bowel cancer screening campaigns as a whole are contributing to increased knowledge of bowel cancer and the importance of screening

As seen in 2015, spontaneous recall of specific bowel cancer screening campaigns are low (for example, only 4% in 2016 and 6% in 2015 mentioned the NBCSP A Gift for Living campaign), however participants more broadly recalled seeing or hearing information on bowel cancer or bowel cancer screening. These included mentions such as:

- information/statistics on bowel cancer (14%)
- awareness of the availability of bowel cancer screening home test kits (10%)
- importance of screening i.e. taking the test/regular screening (10%)
- early detection/prevention (9%).

The mentions more specifically related to the NBCSP (however not directly named) included:

- the bowel cancer screening program (11%)
- for people over 50/people over a certain age (8%)
- kits/invitations sent out in the post, received every 2 years (7%).



### Overall response to the campaign was positive

Participants were asked to evaluate the NBCSP campaign across various elements such as ease of understanding, believability, information content and stand out. The table below indicates the proportion of participants who considered the campaign to strongly deliver on these creative elements (i.e. the percentage who strongly agreed).

Table 3.1.3. Evaluation of campaign elements

		2015 CATI	2016 CATI
	% A lot		
	Base: Recalled at least one ad	n=282	n=103
At least four in five agreed the campaign to be <b>easy to understand</b> and <b>believable</b> 	Easy to understand	86%	84%
	Believable	82%	80%
At least three in five agreed the campaign to be <b>informative</b> and <b>relevant</b> 	Informative	76%	68%
	Contains relevant information	73%	63%
Half agreed the campaign was <b>attention grabbing</b> 	Grab your attention	49%	50%

SOURCE: B8. Thinking about the ad(s) you have seen, to what extent did the ad(s) [READ OUT]?

Response options: Not at all, Somewhat, A lot

Base: IF RECALLED AT LEAST ONE: CATI 2015 (n=282); 2016 CATI (n=103)

The campaign was considered by 4 out of 5 to be easy to understand (84%) and believable (80%), as was seen in 2015. For around 3 out of 5, it was considered to be informative (68%) and contain relevant information (63%). The ad does cut through, with half considering the campaign to work well to attract attention. This is a positive result for the campaign particularly given the campaign is solely advertised through print, radio, online and out of home (OOH).

**The primary messages most strongly communicated by the NBCSP campaign related to the program being a 'gift that could save your life' and information regarding early detection**

The following table shows what proportion of participants who were aware of the campaign considered the campaign to strongly deliver across key messages.

Table 3.1.4. Key message take-out from the NBCSP campaign

	2015 CATI	2016 CATI
% A lot	Total	Total
Base: Aware of campaign (seen at least one element)	n=282	n=103
By 2020 people aged 50-74 will receive a kit every two years	64%	53%
If detected early, 90% of bowel cancer cases can be successfully treated	84%	75%
The kit is simple to use	74%	↓ 63%
The kit can detect bowel cancer before symptoms appear	73%	70%
The kit is a gift that could save your life	78%	78%
The kit is a gift for living	70%	70%

SOURCE: B9. Thinking about the ad(s) to what extent did it give you the impressions that...[STATEMENT]? Did this ad strong give that impression, somewhat give that impression, or did not give that impression at all.

Base: All respondents 2015 (n=282); 2016 CATI (n=103)

The campaign strongly communicates the NBCSP is 'A gift that could save your life'. This message had the highest mentions in 2016 (second highest in 2015), with almost 4 out of 5 (78%) reporting it strongly gave this impression as shown in Table 2.1.4 above. The NBCSP also strongly delivers messaging regarding early detection:

- 'If detected early, up to 90% of cases can be successfully treated' (75% in 2016); and
- 'The kit can detect bowel cancer before symptoms appear' (70% in 2016).

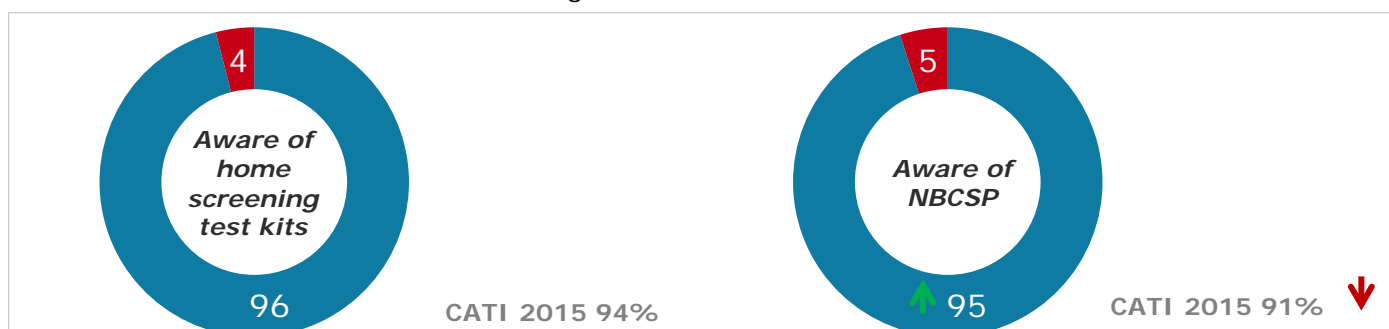
In 2016, there has been a significant decrease in the number of people who rated the campaign as strongly communicating the kit is simple to use. This has dropped from 74% in 2015 to 63% in 2016. Those who have never completed a home test were less likely to agree with the campaign messaging regarding the ease and simplicity of using the test kit, with just over half (55%) considering the test is easy to do, compared with two thirds (70%) who have completed a home test kit.

### 3.2 Knowledge and awareness

#### Awareness of the NBCSP is significantly higher in 2016

The following chart indicates the proportion of participants who are aware of home screening tests, and the proportion that are aware of the NBCSP which sends out test kits in the post.

Chart 3.2.1. Awareness of home screening test kits and NBCSP



SOURCE: A3. Are you aware of a bowel cancer screening test that can be completed at home?

SOURCE: A10. Are you aware of the National Bowel Cancer Screening Program (the Program) which sends out test kits in the post?

Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

Awareness of home screening tests is high, with majority aware of bowel cancer screening tests that can be completed at home (96%). Awareness is most strongly driven by receiving the test kit/invitation in the post, with almost 3 in 4 (71%) hearing about home screening tests through receiving the kit.

Other sources of awareness included:

- hearing about home screening tests through their GP for around 1 in 4 (25%).
- traditional advertising sources, such as TV, radio, print for around 1 in 5 (21%).
- hearing about home screening tests through friends or family for 1 in 10 (11%).

In 2016, there has been a significant increase in awareness levels of the NBCSP, with 95% of Australians aged between 50-74 years aware of the program, compared with 91% in 2015. This is an extremely positive result for 2016.

The following table shows awareness of the NBCSP across key demographics, such as age, gender, location and state.

Table 3.2.2. Awareness of NBCSP across age, gender, location and state

		2015 CATI	2016 CATI
Base		Total n=1,051	Total n=400
Awareness of NBCSP		91%	↑ 95%
Age	50-54 yrs (2015 n=205; 2016 n=63)	92%	95%
	55-59 yrs (2015 n=212; 2016 n=75)	95%	93%
	60-64 yrs (2015 n=206; 2016 n=91)	91%	↑ 98%
	65-69 yrs (2015 n=214; 2016 n=89)	92%	92%
	70-74 yrs (2015 n=214; 2016 n=82)	81%	↑ 95%
Gender	Male (2015 n=514; 2016 n=180)	89%	↑ 94%
	Female (2015 n=537; 2016 n=220)	92%	95%
Location	Metropolitan (2015 n=667; 2016 n=214)	92%	95%
	Regional (2015 n=384; 2016 n=186)	89%	↑ 95%
State	NSW (2015 n=354; 2016 n=113)	91%	↑ 97%
	VIC (2015 n=235; 2016 n=86)	89%	94%
	QLD (2015 n=208; 2016 n=83)	89%	↑ 98%
	SA (2015 n=82; 2016 n=40)	97%	95%
	WA (2015 n=96; 2016 n=53)	93%	88%

SOURCE: A10. Are you aware of the National Bowel Cancer Screening Program (the Program) which sends out test kits in the post?  
Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

Awareness was significantly higher:

- among males, up from 89% in 2015 to 94% in 2016
- in regional locations, up to 95% in 2016 (from 89% in 2015)
- in NSW (up from 91% in 2015 to 97% in 2016) and QLD (up from 89% in 2015 to 98% in 2016).

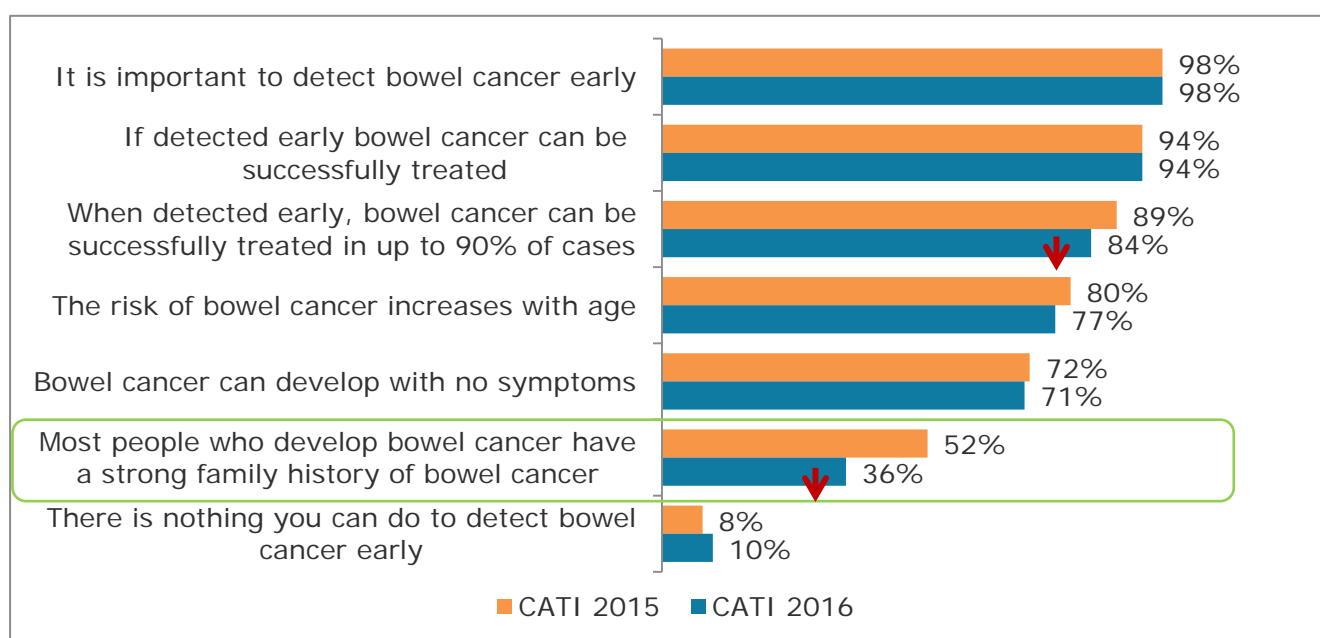
In January 2016, two new eligible ages were added to the distribution list and included 64 years of age and 72 years of age. This is reflected in the research, with a significant increase in awareness of the program among the following age groups: 60-64 years and 70-74 years.

### 3.3 Attitudes and beliefs

#### Receiving the test kit, completing the test and exposure to the NBCSP campaign all contribute positively towards beliefs about bowel cancer risk

The following chart displays the beliefs about bowel cancer risk. The results are shown for 2015 and 2016, and include the proportion who agreed with each statement (i.e. strongly agree or agree).

Chart 3.3.1. Beliefs about bowel cancer risk



SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.

% Nett agree: strongly agree + Agree

Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

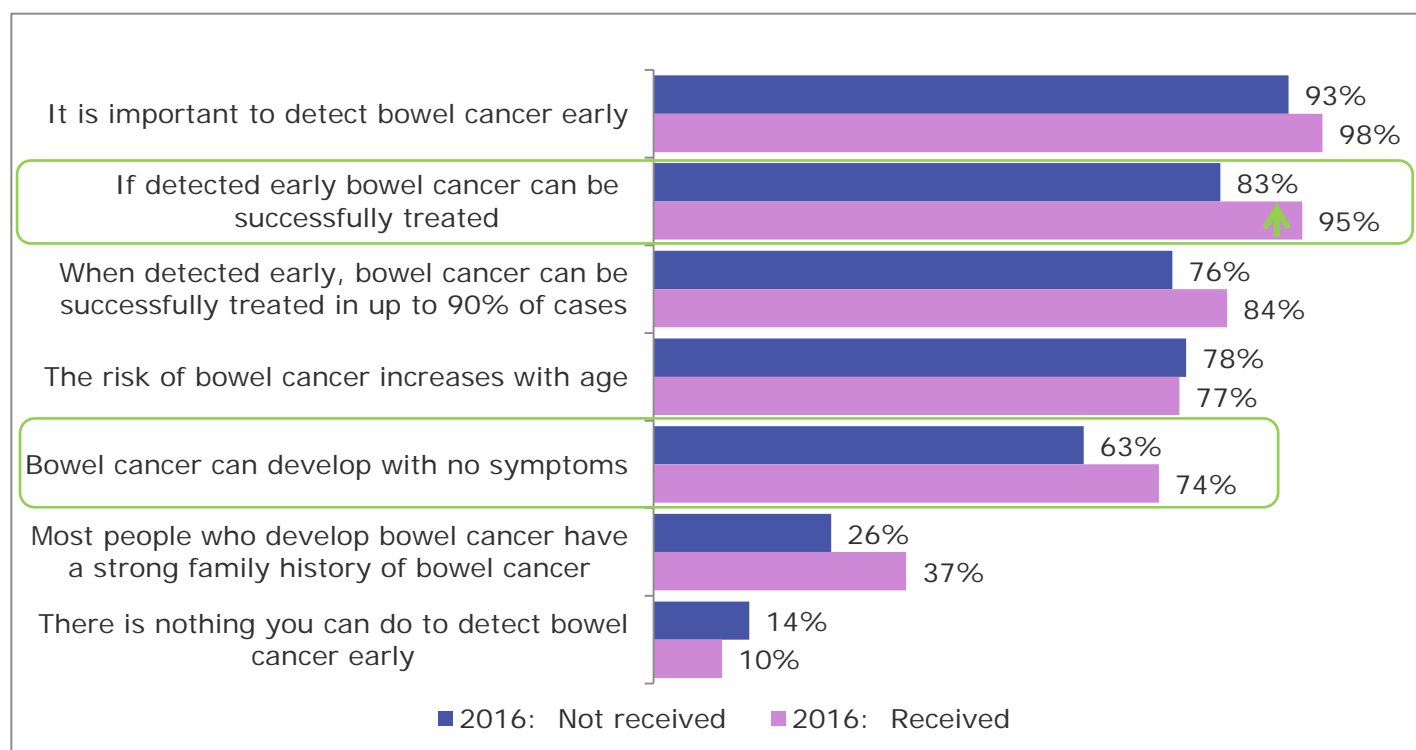
Beliefs about bowel cancer risk have remained consistent in 2016. As seen in 2015, early detection came through most strongly, with the top three statements centred on the importance of early detection:

- nearly all (98%) agreed it is important to detect bowel cancer early.
- majority (94%) agreed if detected early bowel cancer can be successfully treated.
- around 8 in 10 (84% in 2016) agreed when detected early, bowel cancer can be successfully treated in up to 90% of cases (down from 9 in 10 (89%) in 2015).

The largest shift was seen regarding the statement 'Most people who develop bowel cancer have a strong family history of bowel cancer' which decreased from 52% in 2015 to 36% in 2016. This indicates a higher level of understanding that bowel cancer can develop when there is no family history of the disease.

The next chart below displays the beliefs towards bowel cancer risk comparing those who have received a test kit to those who have not.

Chart 3.3.2. 2016: Beliefs about bowel cancer risk – Impact of receiving the test kit



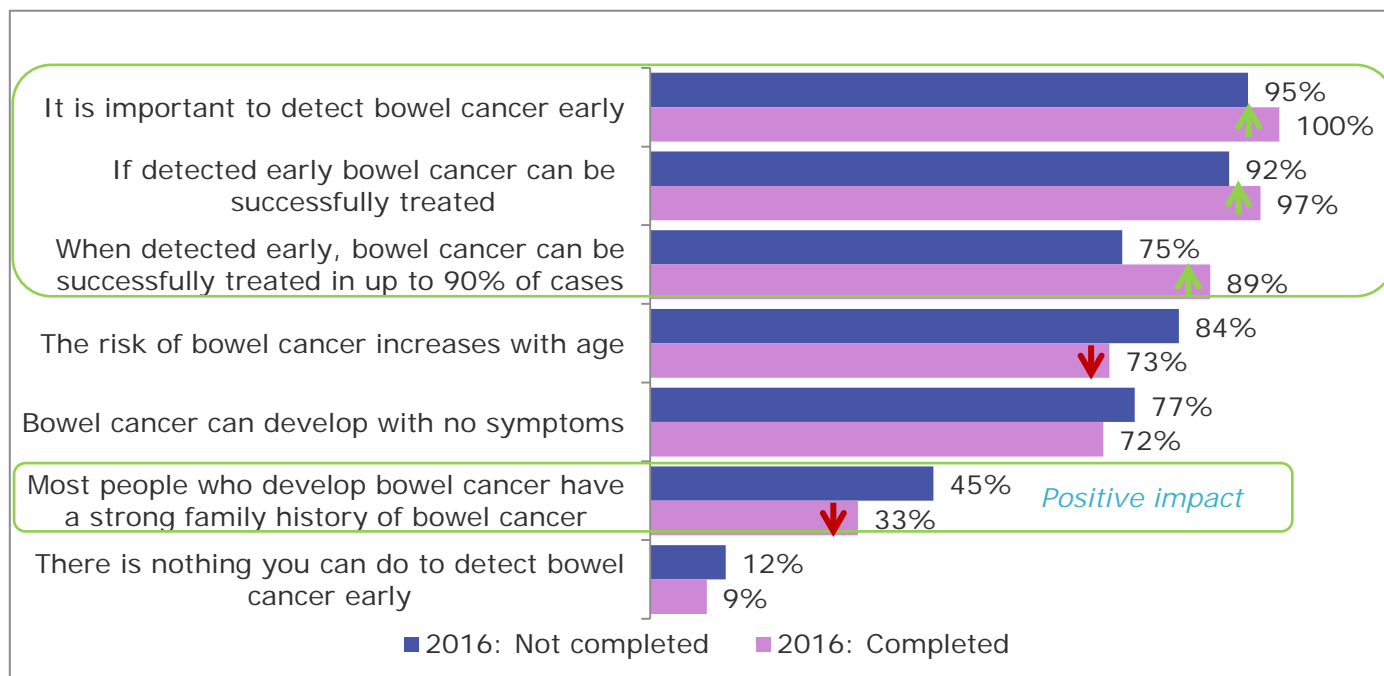
SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Received (n=342); Not received (n=38)

There is a general trend towards more positive beliefs among those who have received a test kit. The message regarding 'If detected early bowel cancer can be successfully treated' was significantly higher among those who received a kit with 95%, compared to 83% among those who did not. The message 'Bowel cancer can develop with no symptoms' was also stronger among those who received a kit (although not significantly higher), with 74% compared with 63% among those who did not, as highlighted below.

These results indicate that receiving the NBCSP test kit positively impacts beliefs about bowel cancer risk, particularly knowledge regarding early detection and that bowel cancer can develop without symptoms present, reinforcing the importance of regular screening.

The next chart below once again looks at the beliefs about bowel cancer risk, however this chart compares those who have completed the test kit with those who have not.

Chart 3.3.3. 2016: Beliefs about bowel cancer risk – Completed the test

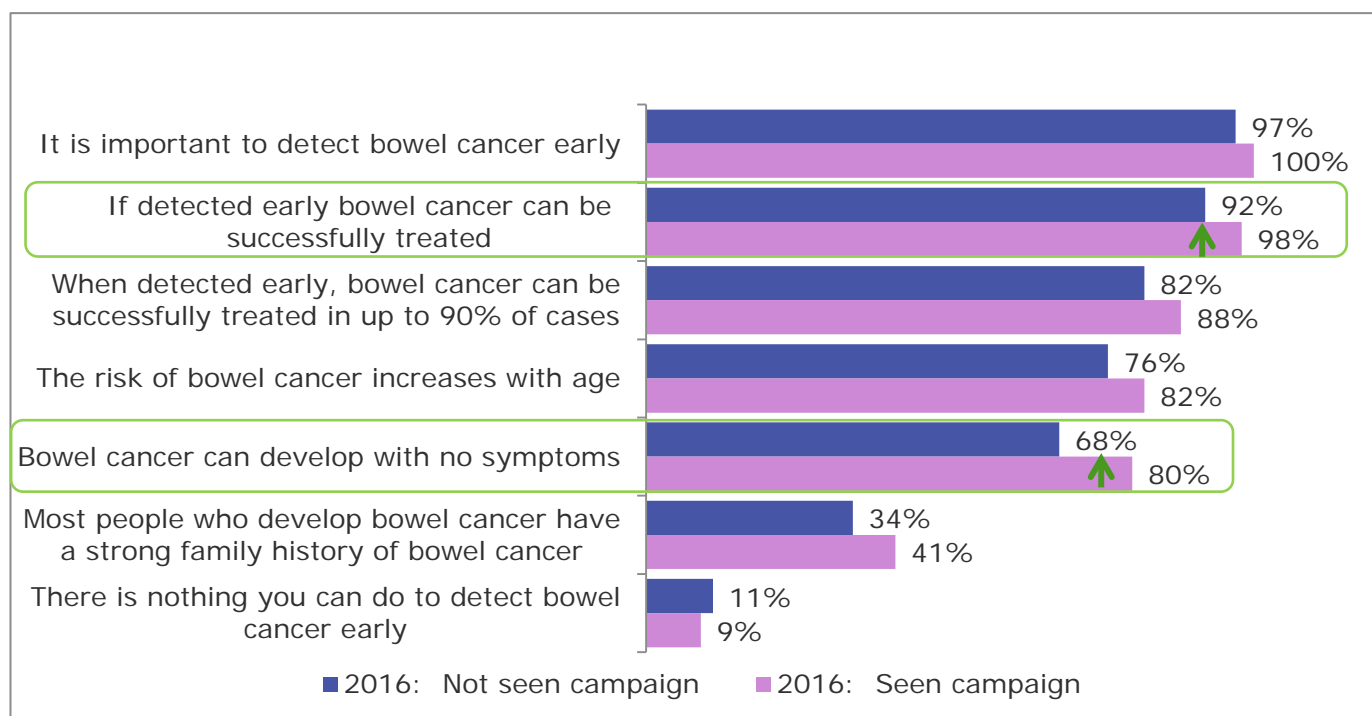


SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Completed (n=231); Not completed (n=111)

A difference in beliefs about bowel cancer risk is also clearly seen between those who had completed the test compared with those who had not. This is particularly evident regarding their beliefs about early detection, with beliefs being significantly higher across all attributes regarding early detection.

The following chart shows whether there was a difference in beliefs about bowel cancer risk among those who had seen the NBCSP campaign compared to those who had not.

Chart 3.3.4. 2016: Beliefs about bowel cancer risk – Impact of the campaign



SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Seen campaign (n=103); Not seen campaign (n=297)

There is an uplift in beliefs among those who have seen the campaign across nearly all statements, indicating the campaign positively influences attitudes towards bowel cancer risk.

As seen among those who received the test, there was also a significant increase among those who had seen the campaign, including:

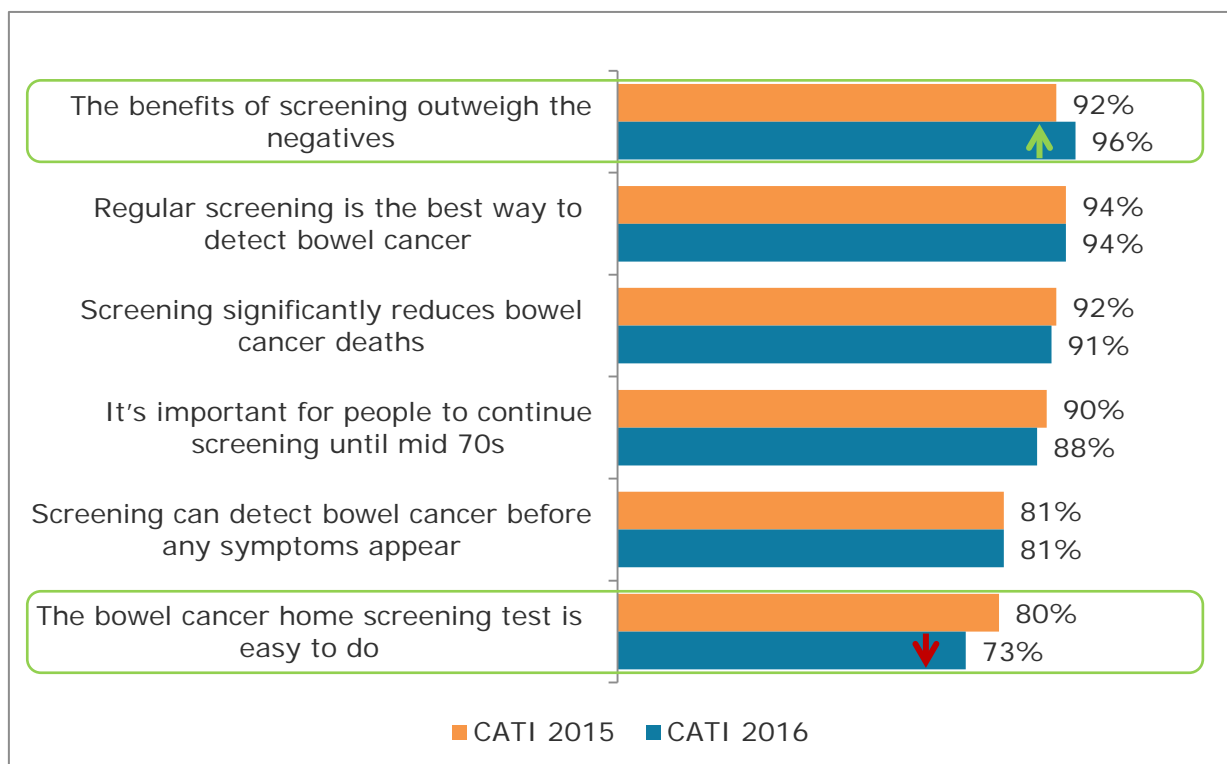
- nearly all (98%) of those who had seen the campaign agreed, if detected early bowel cancer can be successfully treated, compared with 92% among those who had not.
- 8 in 10 (80%) who had seen the campaign agreed bowel cancer can develop with no symptoms, while only 7 in 10 (68%) agreed who had not seen the campaign.



### The NBCSP kits and the campaign contribute positively to attitudes towards screening

Participants were also asked about their attitudes towards screening. The following chart displays the results for 2015 and 2016 which includes the proportion who agreed with each statement (i.e. strongly agree or agree).

Chart 3.3.5. Attitudes towards screening



SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

Attitudes towards screening were consistent in 2016. More than 9 in 10 Australians aged 50-74 years consider:

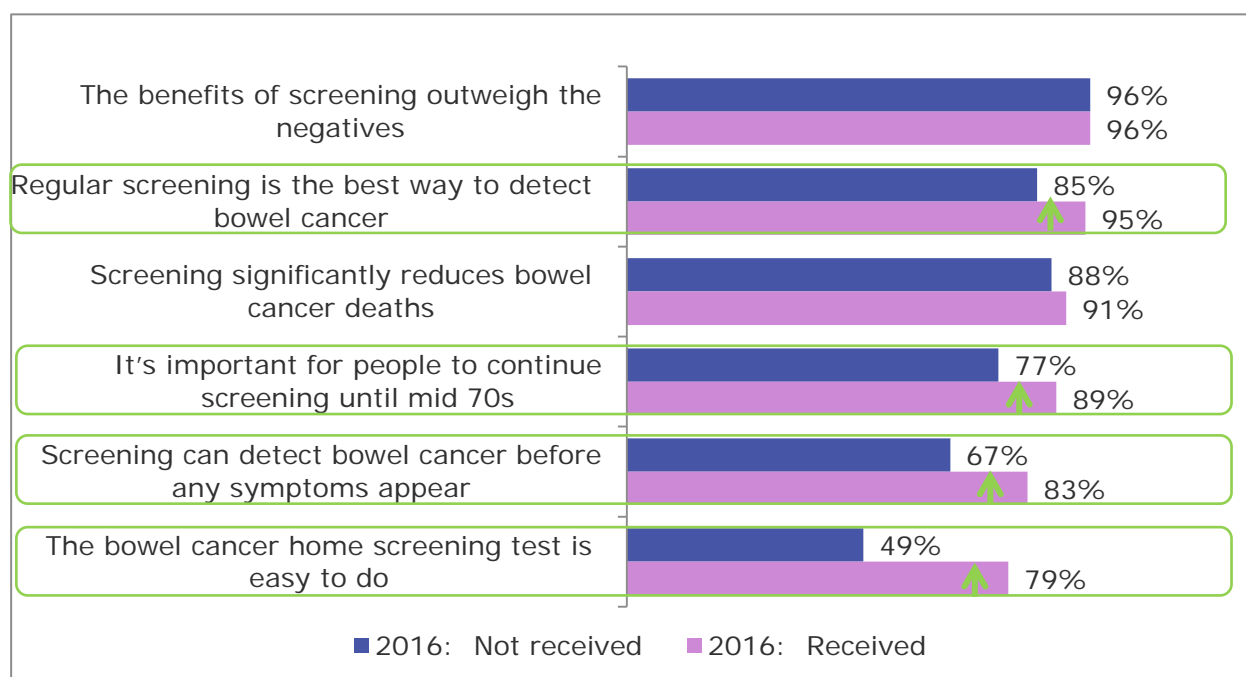
- the benefits of screening to outweigh the negatives (96%) – which is significantly higher in 2016 compared to 92% in 2015
- regular screening to be the best way to detect bowel cancer (94% in both 2015 and 2016)
- screening significantly reduces bowel cancer deaths (91% in 2016 and 92% in 2015).

Although 73% consider the bowel cancer home screening test to be easy to complete, there has been a significant decrease in 2016, down to 73% in 2016 from 80% in 2015. Australians aged 50-74 years who have not received a test or have not completed the test were far more likely to hold the perception the test is not easy to do. This has been outlined in further detail in charts 3.3.6 and 3.3.7.

As in 2015, the proportion answering 'don't know' is also highest for the statement regarding the ease of the test. As one would expect, this is significantly higher among those who have not yet completed a test (36%, compared with 2% who had). The proportion of 'don't know' is also higher among the younger audiences (26% for those aged 50-54 years and 25% aged 55-59 years compared with only 8% of those aged 70-74 years), who are less likely to have engaged with home screening or experienced the program.

The chart below shows the attitudes towards bowel cancer screening among those who had received the NBCSP kit compared to those who had not.

Chart 3.3.6. 2016: Attitudes towards screening – Received the kit



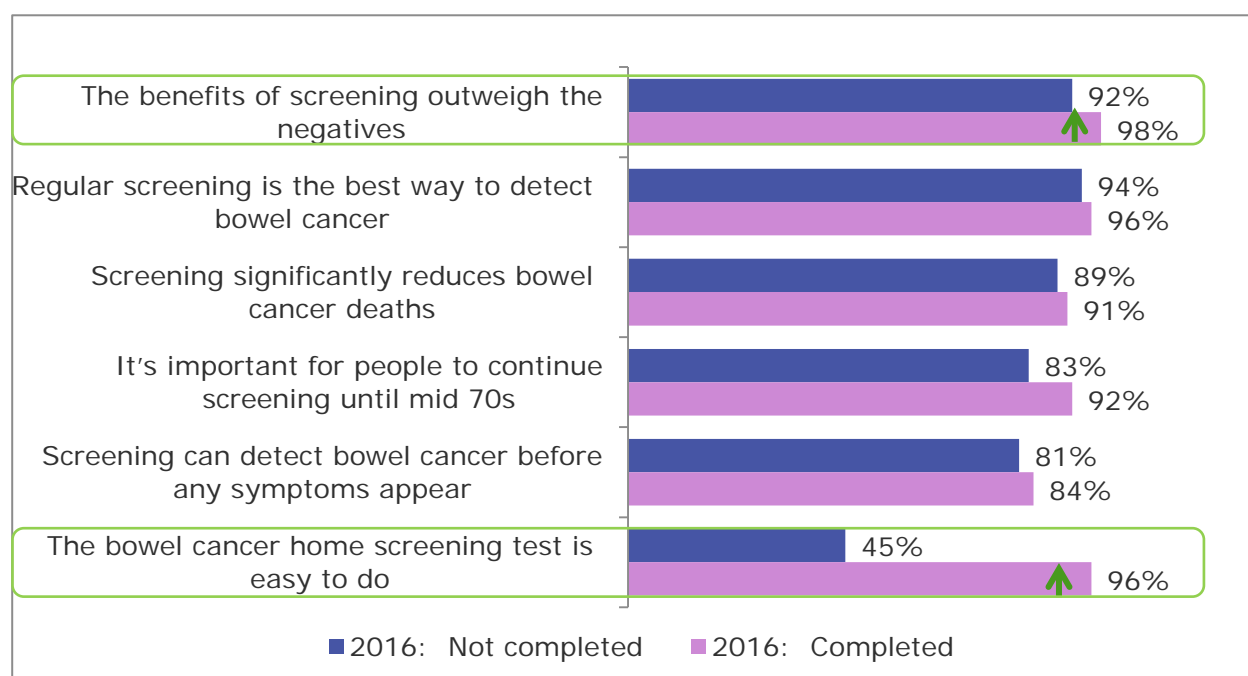
SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
Base: 2016 CATI (n=400); Received (n=342); Not received (n=38)

Receiving the test kit has a significant impact on attitudes towards screening. Australians aged 50-74 years who had received a test kit, were significantly more likely than those who had not to consider:

- regular screening to be the best way to detect bowel cancer
- the importance of screening until mid-70s
- screening can detect bowel cancer before any symptoms appear and
- the bowel cancer home screening test is easy to do.

The attitudes towards screening did not differ as vastly among those who had completed the test when compared with those who had not, however key differences were seen specifically regarding the ease of completing the test. The differences are shown in the chart below, which outlines the attitudes towards screening among those who had completed the test compared with those who had not.

Chart 3.3.7. 2016: Attitudes towards screening – Completed the test



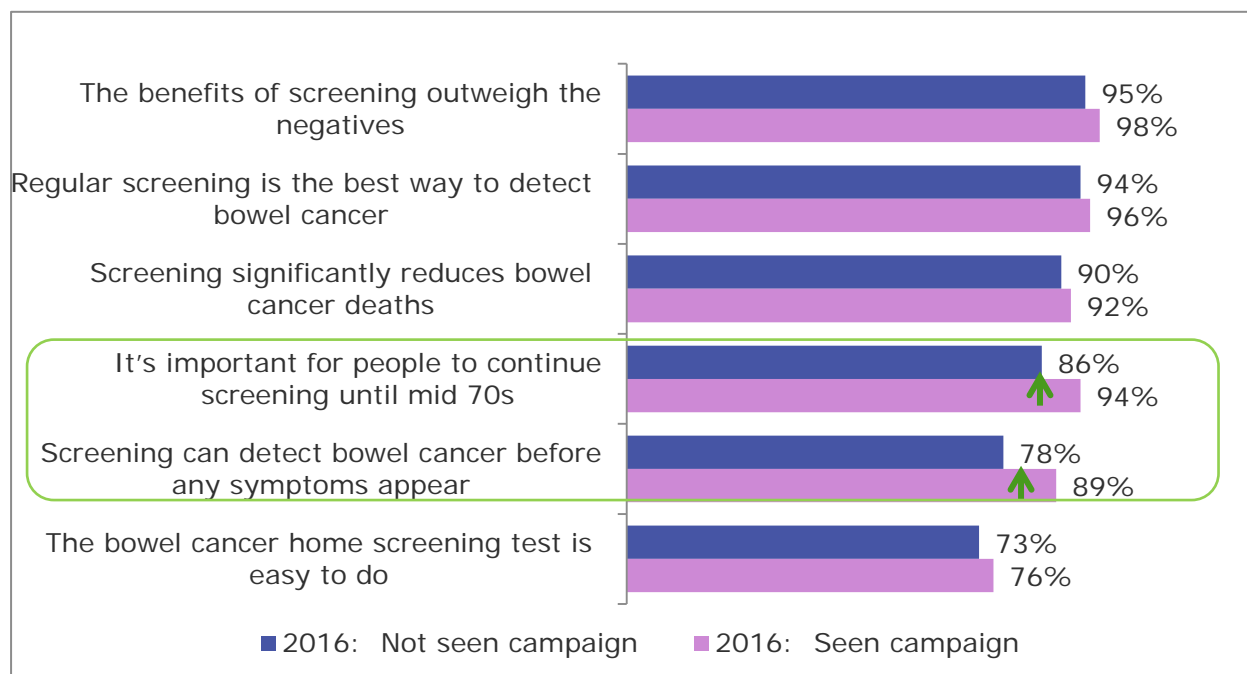
SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Completed (n=231); Not completed (n=111)

Overall, attitudes towards screening were consistently more positive among participants who had completed the test. The most significant differences were regarding the benefits of screening outweighing the negatives, and regarding the ease of completing the test.

- nearly all of those who had completed the test (98%) were significantly more likely to agree the benefits of screening outweigh the negatives (compared to 92% who had not).
- importantly, 96% of those who had completed the test considered the test to be easy to do. This was twice as high as those who had not completed the test (with only 45%), which highlights the importance of overcoming this perceived barrier to undertaking the test. There is a need to change perceptions as 55% of Australians 50-74 years who have not completed the test do not perceive the test to be easy to do.

The chart below shows the differences in attitudes towards screening among those who have seen the NBCSP campaign compared with those who have not. Participants were asked to indicate their level of agreement for each statement.

Chart 3.3.8. 2016: Attitudes towards screening – Impact of the campaign

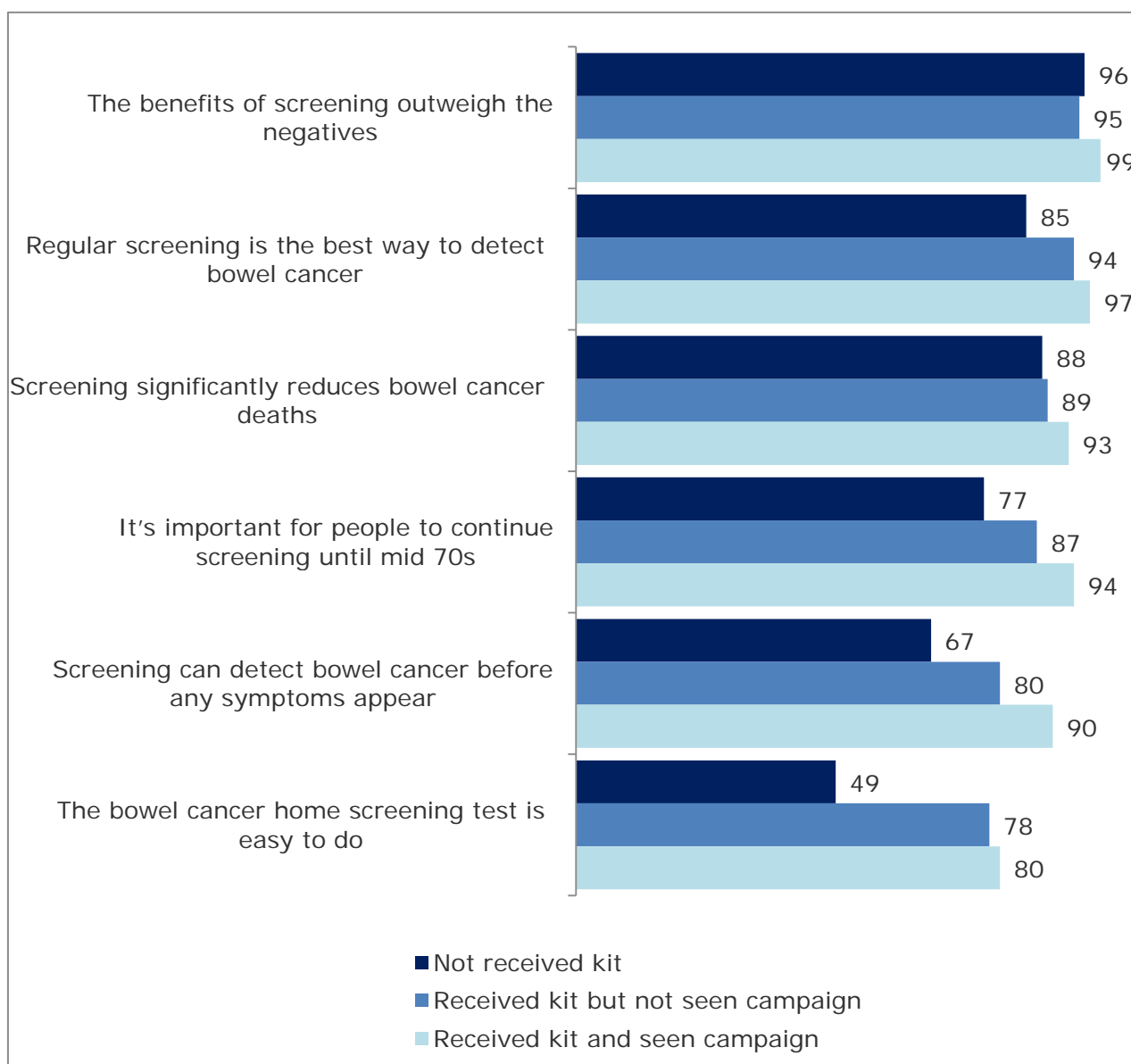


SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Seen campaign (n=103); Not seen campaign (n=297)

Levels of agreement across the statements tested were higher among those who had seen the NBCSP campaign. The campaign appears to strongly deliver on messaging regarding the importance of continued screening until mid-70's and reinforces the message that screening can detect bowel cancer before any symptoms appear. 94% who had seen the campaign agreed it is important for people to continue to screen until mid-70s (compared with 86% of those who had not), and similarly, 89% who had seen the campaign agreed screening can detect bowel cancer before any symptoms appear (compared to 78% of those who had not).

The following two charts (chart 3.3.9 and 3.3.10) display the attitudes towards screening among those who had received a NBCSP test kit vs. those who had not, and those who had completed the NBCSP test vs. those who had not, and how this differs depending on whether the campaign was seen or not.

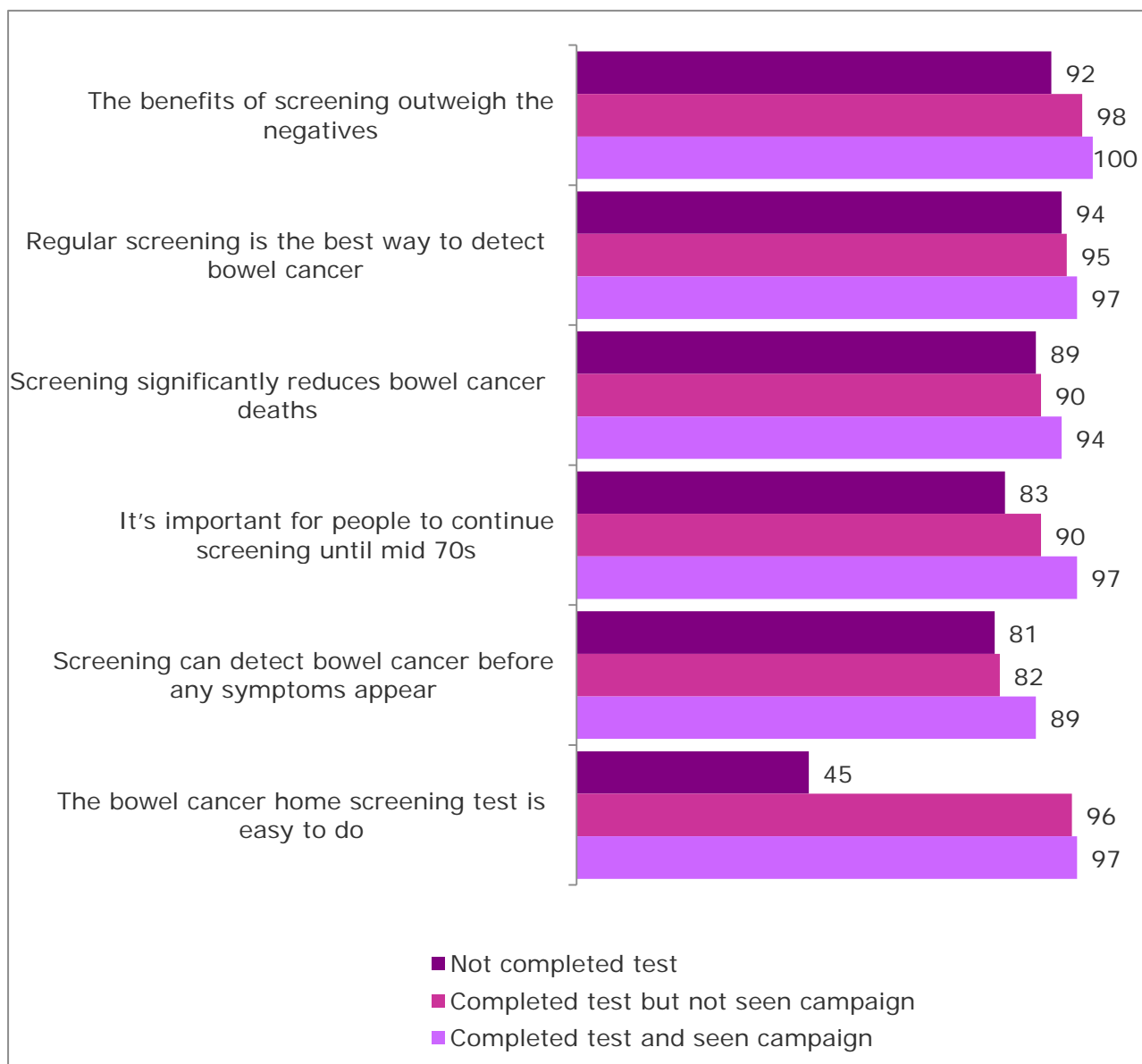
Chart 3.3.9. 2016: Attitudes towards screening



SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.

Base: 2016 Not received kit (n=36); Received a kit but not seen campaign (n=249); Received kit and seen campaign (n=93)

Chart 3.3.10. 2016: Attitudes towards screening



SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.

Base: 2016 Not completed test (n=111); Completed test but not seen campaign (n=171); Completed test and seen campaign (n=60)

As previously shown, beliefs about bowel cancer risk and attitudes towards bowel cancer screening are positively influenced by receiving the NBCSP test kits and are more positive among those who have participated. This effect is strengthened even further when in combination with the NBCSP advertising. An uplift in attitudes towards screening is seen among those who received a NBCSP test kit, and among those who have completed the NBCSP test, and when combined with seeing the NBCSP campaign, desired attitudes towards screening are further strengthened.

These results clearly depict how desired attitudes towards screening are likely to be more positive when:

1. Participants receive a test kit
2. Participants receive a test kit **and** see the campaign.

This is also evident when looking at completion of the test kit. Attitudes are likely to be more positive when:

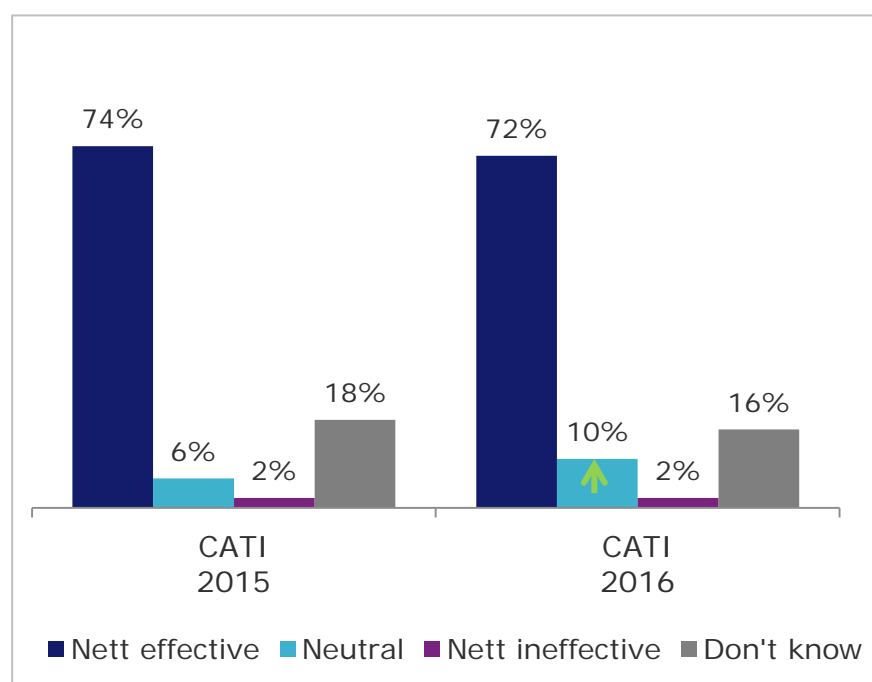
1. Participants complete the test
2. Participants complete the test **and** see the campaign.

Regardless of the direction of causality, these results are extremely positive for the NBCSP, as this shows how the various elements of the program, such as the physical test kits and the communication campaign, work together towards increased awareness and knowledge of the risks of bowel cancer and towards creating the desired attitudes towards screening.

### Almost 3 in 4 perceived the NBCSP test to be effective in detecting bowel cancer

The following chart shows the perceived effectiveness of the NBCSP test kits. Participants were asked, based on their knowledge of the program, how effective they believe the test kits are in detecting bowel cancer. The results from 2015 and 2016 have been shown.

Chart 3.3.11. Perceived effectiveness of the NBCSP test kits

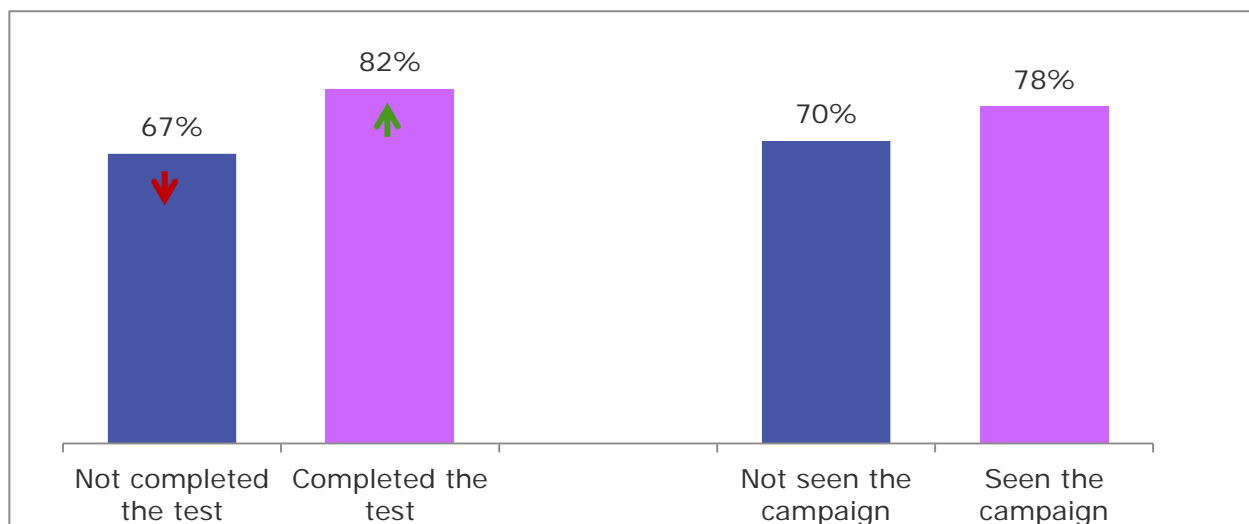


SOURCE: A15. From what you know or think about the National Bowel Cancer Screening Program's test kits, how effective are they in detecting bowel cancer?  
 Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

Almost 3 in 4 (72%) perceived the NBCSP test kits to be effective in detecting bowel cancer, which remains consistent with the previous wave (74% in 2015).

The chart below displays those who perceived the NBCSP to be effective (i.e. very effective or quite effective) among those who had completed the test compared with those who had not, and among those who had seen the NBCSP campaign and those who had not.

Chart 3.3.12. 2016: Perceived effectiveness of the NBCSP test kits – Impact of the program



SOURCE: A15. From what you know or think about the National Bowel Cancer Screening Program's test kits, how effective are they in detecting bowel cancer?

% Net effective: Very effective + Quite effective

Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

8 in 10 (82%) Australians aged 50-74 years who had completed the test perceived it to be effective in detecting bowel cancer, compared to 7 in 10 (67%) among those who had not.

Perceived efficacy was also higher among those who had seen the NBCSP campaign (with 78%), compared with those who had not (70%), although this was not significantly different.



### 3.4 Behavioural intentions

#### Two thirds have completed a home screening test for bowel cancer

The following table displays the proportion of Australians aged 50-74 years who had completed a home screening test for bowel cancer.

Table 3.4.1. 'Ever' completed a home screening kit

		2015 CATI	2016 CATI
Base: IF AWARE OF HOME SCREENING TESTS		Total n=988	Total n=386
'Ever' completed a home screening test		63%	65%
Age	50-54 yrs	53%	45%
	55-59 yrs	67%	55%
	60-64 yrs	65%	73%
	65-69 yrs	66%	67%
	70-74 yrs	72%	↑ 83%
Gender	Male	64%	66%
	Female	63%	64%

SOURCE: A6. Which best describes the last time you completed a home test for bowel cancer (FOBT)?

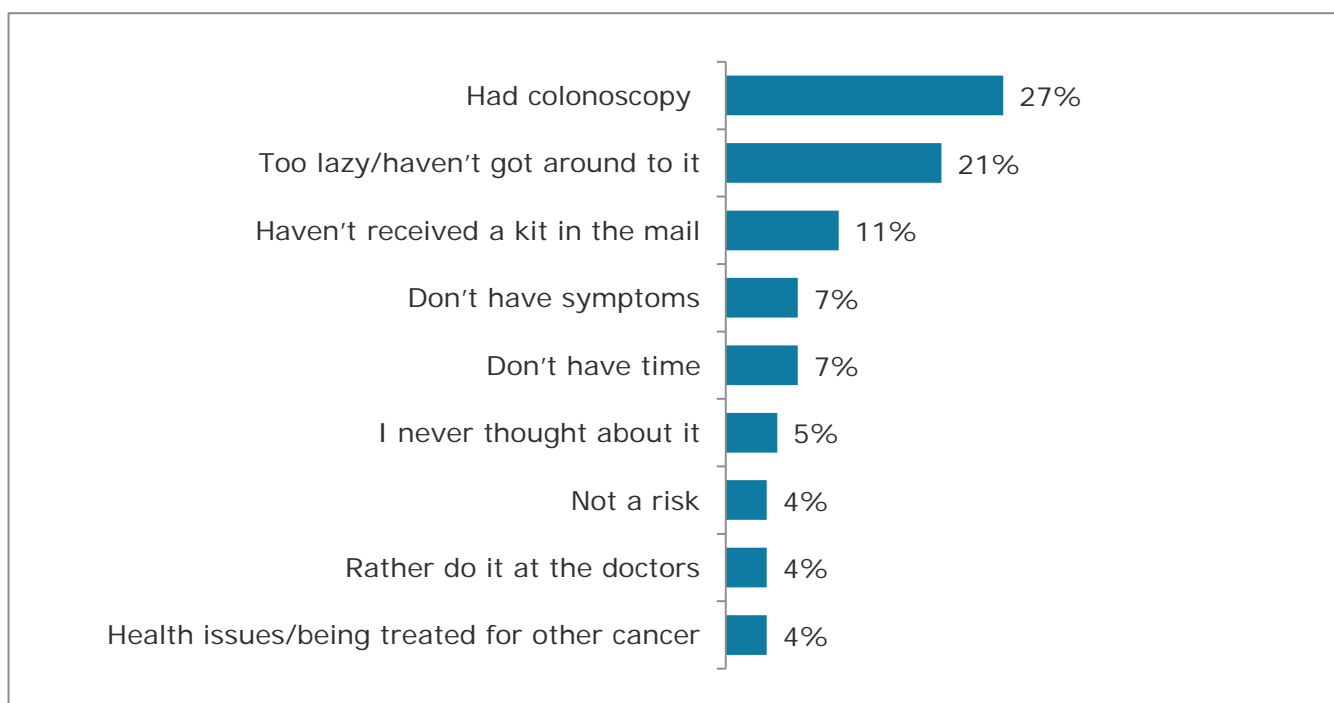
Base: IF AWARE OF HOME TEST 2015 (n=988); 2016 CATI (n=386)

Two thirds (65%) had completed a home bowel cancer screening test and for most (95%) this was part of regular screening or as a precautionary check-up (not as a result of a specific symptom). This was consistent to the 2015 results. Home screening for bowel cancer is skewed towards the older target audiences. This was significantly higher among those aged 70+ when compared to the younger age group, with 83% of those aged 70-74 years having completed a home test compared with only 45% of those aged 50-54 years of age.

In 2016, 83% of those aged 70-74 years were significantly more likely to have completed a home test, compared to 2015, where only 72% of those aged 70-74 years had completed a home test.

The following chart shows the reasons provided in 2016 for never having completed a home screening test for bowel cancer.

Chart 3.4.2. 2016: Barriers to trial – Reasons for never completing a home screening test



SOURCE: A8b. Why have you never completed a home test for bowel cancer?  
Base: IF NEVER COMPLETED A TEST: 2016 CATI (n=135)

Colonoscopy was the most common reason cited for having never completed a home screening test for bowel cancer. The top reasons included:

- 1 in 4 (27%) cited they had not completed a home test due to having had a colonoscopy.
- 1 in 5 (21%) stated 'laziness' or have not yet got around to completing the test.
- 1 in 10 (11%) cited they had not received a test kit in the post.

### A significant increase in 2016 in the number who have received a NBCSP test kit

The following table shows the proportion of Australians aged 50-74 years who have received a NBCSP test kit, in total and by age, gender, location and state.

Table 3.4.3 Ever been sent a NBCSP test kit

		2015 CATI	2016 CATI
Base		Total n=798	Total n=343
Ever been sent a NBCSP test kit		85%	↑ 90%
Age	50-54 yrs	87%	90%
	55-59 yrs	93%	96%
	60-64 yrs	83%	85%
	65-69 yrs	83%	↑ 92%
	70-74 yrs	74%	↑ 90%
Gender	Male	86%	↑ 92%
	Female	85%	89%
Location	Metropolitan	86%	↑ 91%
	Regional	84%	90%
State	NSW	88%	89%
	VIC	83%	88%
	QLD	84%	90%
	SA	88%	95%
	WA	81%	↑ 94%

SOURCE: A11. Have you ever been sent a National Bowel Cancer Screening Program test kit in the post?

Base: All respondents 2015 (n=946); 2016 CATI (n=379)

In 2016, 90% of Australians aged 50-74 years stated they had received a NBCSP test kit in the post. This was significantly higher compared to 2015, where 85% stated they had received a test kit. This had significantly increased among those aged 65-69 (92% compared to 83% in 2015) and 70-74 years of age (90% compared to 74% in 2015), among males (up from 86% to 92% in 2016), and in metropolitan locations (up from 86% to 91% in 2016).

### Reported participation in the program has increased in 2016

The following table shows of the Australians aged 50-74 years who received a NBCSP test kit in the mail, what proportion completed the test and sent it back.

Table 3.4.4. Reported NBCSP participation

		2015 CATI	2016 CATI
Base		Total n=479	Total n=225
Completed and sent it back		60%	66%
Age	50-54 yrs	49%	47%
	55-59 yrs	61%	57%
	60-64 yrs	60%	↑ 75%
	65-69 yrs	66%	69%
	70-74 yrs	74%	↑ 81%
Gender	Male	61%	67%
	Female	58%	65%
Location	Metropolitan	60%	63%
	Regional	60%	↑ 71%
State	NSW	56%	64%
	VIC	64%	69%
	QLD	62%	64%
	SA	54%	66%
	WA	64%	65%

SOURCE: A13. Did you complete the test and send it back?

Base: IF RECEIVED A NBCSP TEST KIT: 2015 (n=798); 2016 CATI (n=343)

Overall, participation in the NBCSP has increased, up from 60% in 2015 to 66% in 2016. There has been a significant increase in the older age groups reporting participation, particularly those aged 60-64 (up from 60% in 2015 to 75% in 2016) and those aged 70-74 (up from 74% in 2015 to 81% in 2016). This may be a positive reflection of the two new eligible ages added to the distribution list in January 2016, which included distributing to those aged 64 years and 72 years of age.

### Only a small proportion of Australians aged 50-74 years described their experience of completing the NBCSP test negatively

The following table shows spontaneous responses provided by participants when asked to describe their experience of doing the test.

Table 3.4.5. Description of the experience of completing the test

<b>56% of the spontaneous mentions were positive</b>	<ul style="list-style-type: none"> <li>▪ Simple, quick, easy to do (45%)</li> <li>▪ Good, well set out instructions (5%)</li> <li>▪ Positive, good, glad to have done it (5%)</li> <li>▪ Non-intrusive, non-invasive (3%)</li> <li>▪ Peace of mind (3%)</li> <li>▪ Privacy, in your own home, more comfortable (2%)</li> </ul>
<b>48% were neutral</b>	<ul style="list-style-type: none"> <li>▪ It was fine/alright (22%)</li> <li>▪ No problems, didn't bother me/no 'big deal' (16%)</li> <li>▪ Necessary/important, not pleasant but necessary (10%)</li> <li>▪ Bit tricky/daunting, but okay (1%)</li> </ul>
<b>12% were negative</b>	<ul style="list-style-type: none"> <li>▪ Inconvenient, uncomfortable, 'bit difficult' (4%)</li> <li>▪ Confronting, embarrassing (3%)</li> <li>▪ 'Yuk', 'mucky', messy (3%)</li> <li>▪ Terrible, not pleasant (2%)</li> <li>▪ Anxious about the results, nervous</li> </ul>

SOURCE: A14b. How would you describe the experience of doing the test? Open-ended  
Base: All respondents CATI (n=225)

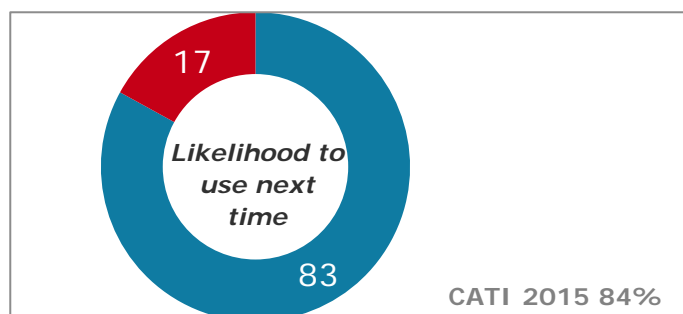
Australians aged 50-74 years who had completed the test were asked to describe their experience of completing the test, using a spontaneous open-ended question. Responses could have included both a positive, neutral and / or negative response and were coded to be non-mutually exclusive. Over half (56%) spontaneously described the experience of completing the NBCSP test positively. The positive comments were dominated by mentions regarding the ease of the test (45%), which included mentions such as being simple, quick and easy to do. Other smaller mentions included the test kit having clear, well set out instructions; participants describing their experience as 'positive' or 'good'; the experience was described as non-intrusive or non-invasive and an overall sense of peace of mind or accomplishment having done the test.

Almost half (48%) were impartial in their responses, describing the test as necessary, 'fine/alright' and without any problems completing the test. Only 1 in ten (12%) described their experience negatively. The test was described by some as inconvenient, uncomfortable, embarrassing, unpleasant and messy.

### Experience of using the NBCSP test kit is most likely to encourage repeat use

The following chart shows the proportion of Australians aged 50-74 years who stated they would be likely to use the NBCSP kit next time they are sent one in the post.

Chart 3.4.6. Likelihood to use NBCSP kit next time



SOURCE: B10. How likely are you to use the National Bowel Cancer Screening Program Kit next time you are sent one in the post?  
 Base: All respondents 2015 (n=1,051); 2016 CATI (n=400)

Three in 4 (83%) stated they would be likely to use the kit next time they received one in the post. This was similar to 2015, where 84% stated they would be likely to use the kit next time.

The following table displays the proportion of those who stated they would be likely to use the NBCSP test kit the next time they received one in the post, and includes those who have had previous experience with either a home screening test or the NBSCP compared with those who have not. It also includes those who perceived the NBSCP to be effective in detecting bowel cancer and those who were unsure whether it was effective or not, and includes those who have seen the NBCSP campaign and those who have not.

Table 3.4.7. Perceived likelihood to use the NBCSP kit next time

		2016 CATI
Base		n=400
Likelihood to use the NBCSP kit next time		83%
Previous experience	Never completed a home test	70%
	Completed a home test	91%
	Not completed a NBCSP test kit	69%
	Completed a NBCSP test kit	92%
Perceived efficacy	Not sure (don't know / neutral)	72%
	Effective	88%
Campaign awareness	Not seen campaign	83%
	Seen campaign	85%

SOURCE: B10. How likely are you to use the National Bowel Cancer Screening Program Kit next time you are sent one in the post?  
Base: 2016 CATI (n=400)

Previous experience with home screening is a key driver of repeat use:

- 91% who had completed a home test would be likely to use the NBCSP test kit the next time they receive one in the post, compared with only 70% who have never completed a home test.
- intent to participate in the future was also significantly higher among those who had previously participated in the program, with 92% stating they are likely to do it again next time they receive one (compared with only 69% of those who have not completed the NBCSP).

Perceived efficacy of the NBCSP test kits in detecting bowel cancer is more likely to drive use:

- almost 9 in 10 (88%) of participants who rated the NBSCP as effective in detecting bowel cancer would be likely to use the kit next time they are sent one (compared with 7 in 10 (72%) among those who were unsure of its effectiveness).

Intent to use next time is slightly higher among those who have seen the NBCSP campaign (85% compared with 83% among those who have not seen the campaign). Experience with using the test kit is far more likely to encourage repeat use.

## 4. Online methodology

### Introduction

As previously outlined, a mixed telephone (CATI) and online methodology was used for the 2016 evaluation. A sample of n=400 participants were interviewed via phone, providing the ability to directly compare the results of the 2016 research to the previous campaign evaluation conducted in 2015, which was conducted via telephone. An additional n=1,000 online surveys were conducted concurrently to provide a comparison point for potential future campaign evaluations and allow these to be fully transitioned to a purely online approach, and used to identify differences between the methodologies to inform future evaluations.

The findings included in the main body of this report are based on the CATI 2016 results, which are compared to the CATI 2015 results, to determine how the second wave of the campaign has performed. In this appendix section of the report, the results are based on the online 2016 results, in order to provide the key findings from the online results, and to provide a comparison of the CATI and online methodologies. The sample composition of the CATI surveys (2015 and 2016) and the online survey component conducted in 2016 has been provided below.





Table 4: Sample composition

Category	Subgroups	2015 CATI	2016 CATI	2016 ONLINE
		Weighted n=	Weighted n=	Weighted n=
<b>Total</b>		<b>1,051</b>	<b>400</b>	<b>1,036</b>
Gender	Male	514	195	506
	Female	537	205	529
Age	50-54	205	78	203
	55-59	212	81	209
	60-64	206	78	203
	65-69	214	82	211
	70-74	214	81	211
Location	Metropolitan	667	254	658
	Regional	384	146	378



## Significant differences

In this section, significant differences between the 2016 CATI and 2016 online methodologies have been identified in the results. These have been shown by:

- methodology – indicated by   to show a significant increase or decrease between the CATI 2016 and online 2016 results
- within sub-group – indicated by /  to show a significantly higher or lower result within a group

## Findings

The findings within this section of the report include:

- key findings of the online survey
- key differences between the methodological approaches.

## Headline summary of results

### Key findings of the online survey

1. Response to the campaign was mostly positive when asked to describe the thoughts and feelings experienced while seeing or hearing the NBCSP campaign. The responses were mainly regarding the campaign's message, and largely related to the importance of screening and how the campaign serves to increase awareness of bowel cancer and the program and as a reminder to participate. The campaign did not result in a strong emotional response, either positive or negative. Importantly, there were very few negative emotions triggered by the advertisement (ad).
2. Prompted recognition for the radio ad was consistent across methodologies; however recognition of the print ad was significantly lower among online participants. Lower recognition of the print ad could be attributed to a higher proportion of recall of the execution being attributed to OOH, while for CATI participants this may have been attributed to print (OOH and online were not tested in the CATI survey).
3. Early detection came through most strongly regarding attitudes towards bowel cancer risk for both CATI and online participants. The CATI result showed a large increase for 'bowel cancer can develop with no symptoms' among participants who had received the test, however this was not statistically significant. Notably, this was statistically significant among online participants who had received the test.
4. Attitudes towards bowel cancer risk were steadily more positive among online participants who had completed the test. Participants who had completed the test (both CATI and online participants) were significantly more likely to agree 'when detected early, bowel cancer can be successfully treated in up to 90% of cases'.
5. Attitudes towards screening were strongly influenced by completion of the test and by the NBCSP campaign. The online result showed a significantly higher result among those who had completed the test and among those who had been exposed to the campaign, across all statements tested.
6. Around 3 in 4 (76%) perceived the NBCSP test to be effective in detecting bowel cancer (which was aligned to the CATI results). Perceived efficacy increases with engagement with the program i.e. by receiving the kit, completing the test and seeing the campaign.

### Key differences between with the methodological approaches

1. One of the key differences in the results between the CATI and online methodologies was spontaneous category awareness. The online result was significantly lower than the CATI result, however prompted recognition remained consistent. Lower spontaneous awareness online could be attributed to the absence of an interviewer, as participants may feel a greater need to provide a response when asked directly by an interviewer. In addition, the time spent on the consideration of questions when self-completing could also be lower.

One of the benefits of using an online methodology is the ability to present the campaign material to participants. Presenting the campaign material to participants assists with recall, and therefore would expect the online result to be a more accurate representation of prompted recognition, however interestingly, prompted recognition was consistent across both the CATI and online results.

2. There were consistently higher responses among online participants to key campaign messaging compared to the CATI result. This could be attributed to the ability of online participants to physically see the campaign material during the survey, and not having to rely on memory or audio comprehension of the messages. Therefore, when asked how well the campaign delivers on these key messages, participants could be more likely to provide a higher response, based on physically seeing the campaign and the ability to read its content.

The online results also identified two key messages which were significantly higher, and included 'by 2020 people aged 50-74 will receive a kit every two years' and 'the kit is simple to use'.

3. Awareness levels of home screening test kits and the NBCSP test kits are lower among online participants. Within the online sample, there was higher awareness amongst those aged over 60 years, females and interestingly, those based in regional locations. Although awareness of home screening test kits is lower among online participants, the proportion who had completed a home test was higher when compared to the CATI result. A similar trend was seen among both CATI and online participants who had completed the test, with participation increasing with age.

4. This online method provides a comfortable, anonymous and private environment for participants to share their views. This forum encourages participants to provide candid responses and less perceived 'socially acceptable' responses, which is particularly important when dealing with sensitive topics.

In 2016, participants were asked to provide feedback on their reasons for never having completed a test. Colonoscopy was the main reason for participants not having completed a home screening test for bowel cancer. The proportion of online participants who mentioned colonoscopy was far less when compared to CATI participants. Online participants were more likely to state additional reasons such as lack of interest in participating, or comments such as 'it's my choice' or felt it was 'disgusting' and didn't like the idea of doing it themselves.

5. Reported participation in the NBCSP among online participants was significantly higher, with 7 in 10 (72%) reporting completing the test compared with 66% among CATI participants. Reported participation was also strongly influenced by the NBCSP campaign. Reported participation was significantly higher among those who had seen the campaign in the online survey results, with participation among 8 in 10 compared to 7 in 10 among those who had not seen the campaign.
6. As seen in the CATI results, intent to use the NBCSP test kit next time increases with experience with using the test. Intent to participate in the NBCSP next time is significantly more likely among those who have previously completed a home screening test or the NBCSP test, and among those who perceive the NBCSP test kit to be effective in detecting bowel cancer. This was also significantly more likely among online participants who have seen the campaign.

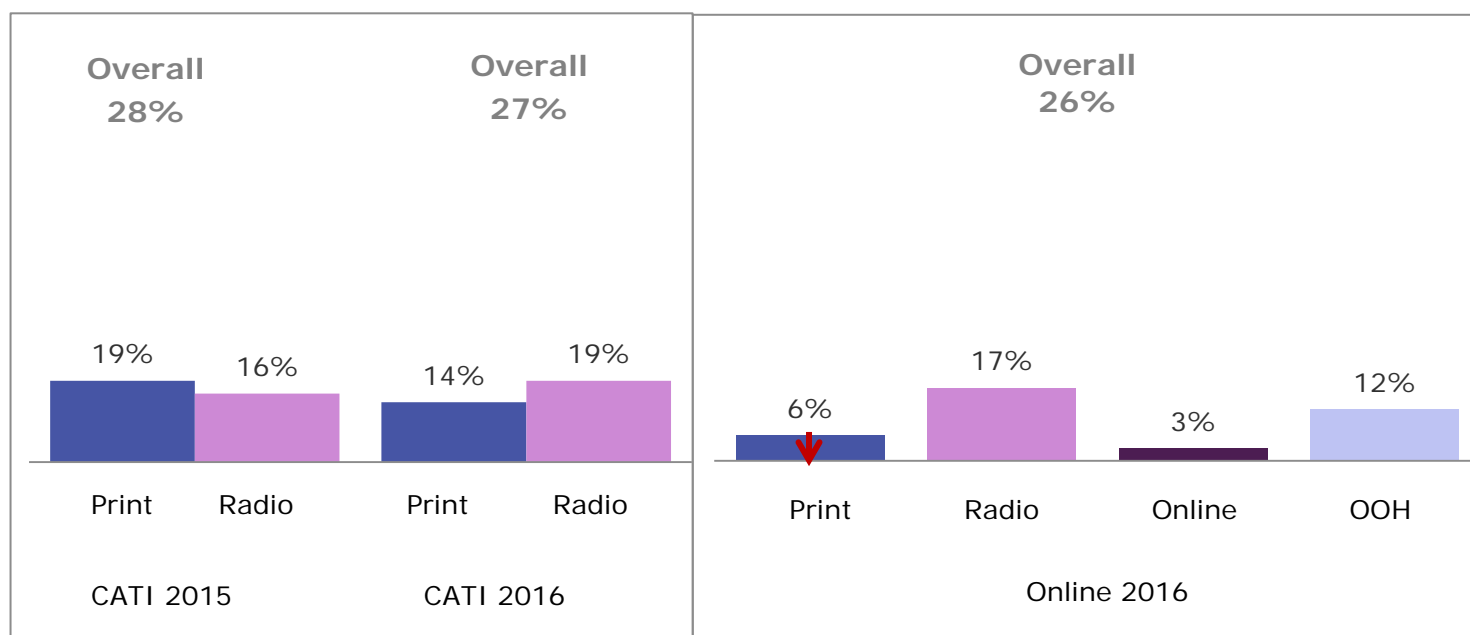
## 4.1 Key findings of the online survey

### Prompted recognition

In the CATI survey, participants were read a verbal description of the NBCSP print material, and read the script from the radio advert. In the online survey, participants were shown the print, OOH and digital adverts, and were played the radio advert.

The chart below displays the proportion of participants who recalled seeing the campaign across the various mediums.

Chart 4.1.1. Prompted recognition



SOURCE B4/B5. Have you seen this newspaper or magazine ad before today? B6. Have you heard this ad before today?  
 [ONLINE ONLY] B6b. We are now going to show you an ad that appeared online (i.e. on the internet). Do you recall seeing this before today?  
 [ONLINE ONLY] B6c. We are now going to show you an ad that appeared outdoors (e.g. on a billboard, on buses, and in public bathrooms).  
 Have you seen this ad before today?  
 Base: All respondents 2015 CATI (n=1,051); 2016 CATI (n=400); 2016 Online (n=1,036)

Prompted recognition for the radio ad was consistent across the methodologies, with almost 1 in 5 recalling hearing the ad on the radio (19% of CATI 2016 participants and 17% of online 2016 participants).

Recognition of the print ad was significantly lower among online participants, with 6% recalling seeing the ad compared with 14% of CATI participants. 12% of online participants did however recall seeing the ad out of home. The lower recognition of the print ad among online participants may be attributed to a higher proportion of recall of the execution being attributed to OOH (or due to lower exposure to print overall), while for CATI participants could have attributed this to print, particularly given the execution on print and OOH is similar.

### Response to the campaign was mostly positive; emotional response to the ad is low

Online participants were asked to describe the thoughts and feelings they experienced while seeing or hearing the NBCSP campaign messages. This was a spontaneous response question where participants could answer in their own words. The feedback received from this question was coded and categorised into positive or negative mentions, and coded according to whether the feedback provided was regarding the message, execution or emotion. The first chart below shows the proportion of positive mentions, followed by the negative mentions in chart 3.1.3.

Chart 4.1.2. Thoughts and feelings towards the campaign – positive mentions

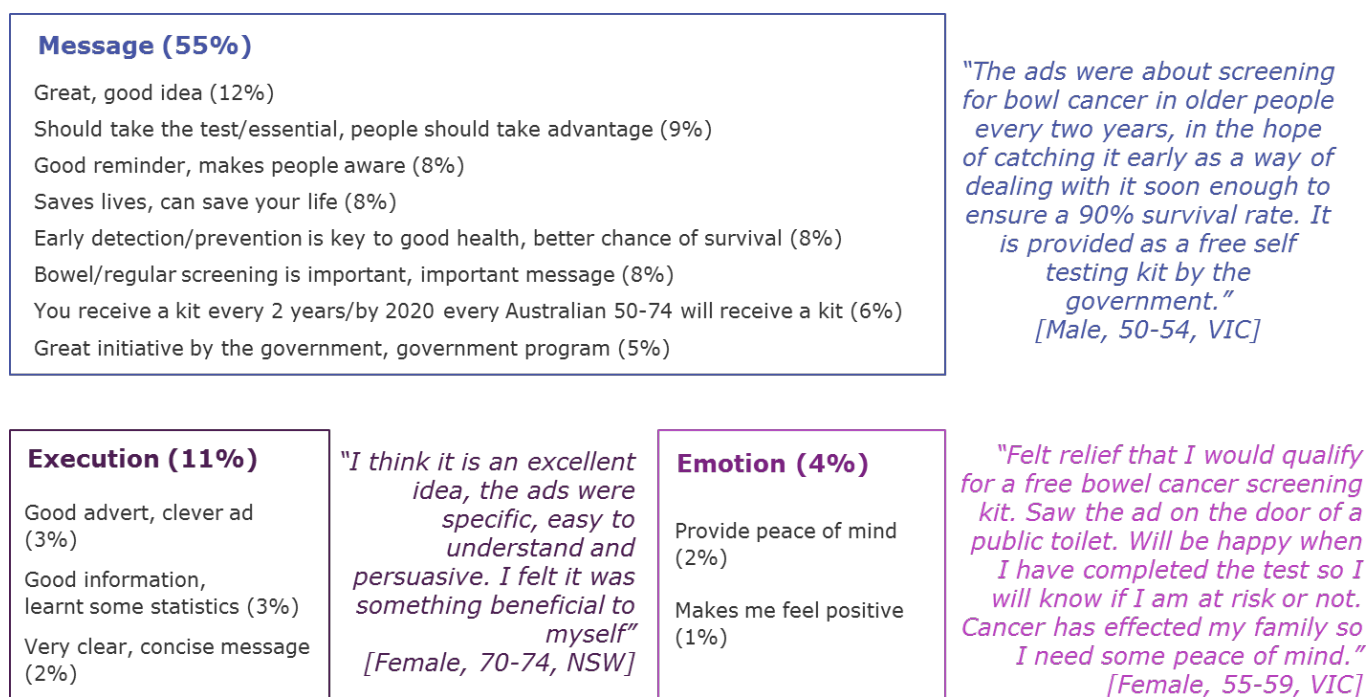
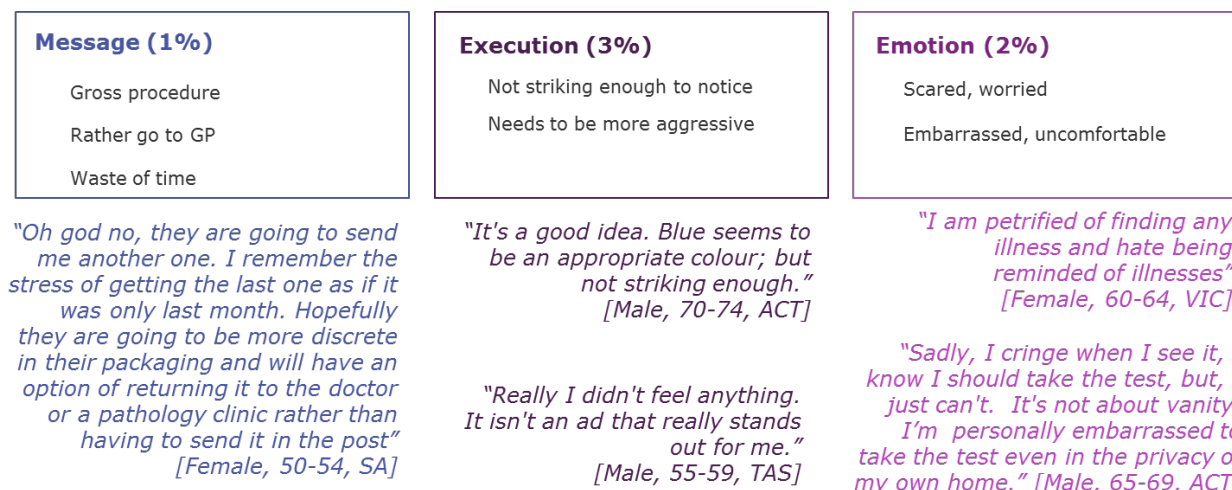


Chart 4.1.3. Thoughts and feelings towards the campaign – negative mentions



SOURCE: B7. Thinking about the ads you have seen or heard today, including the magazine/newspaper, radio, online and the outdoor ads. Please describe all the thoughts, feelings, memories or images that were going through your mind as you saw or heard these messages?  
Base: 2016 Online (n=1,036)

Just over half (55%) of the positive responses related to the campaign message, particularly:

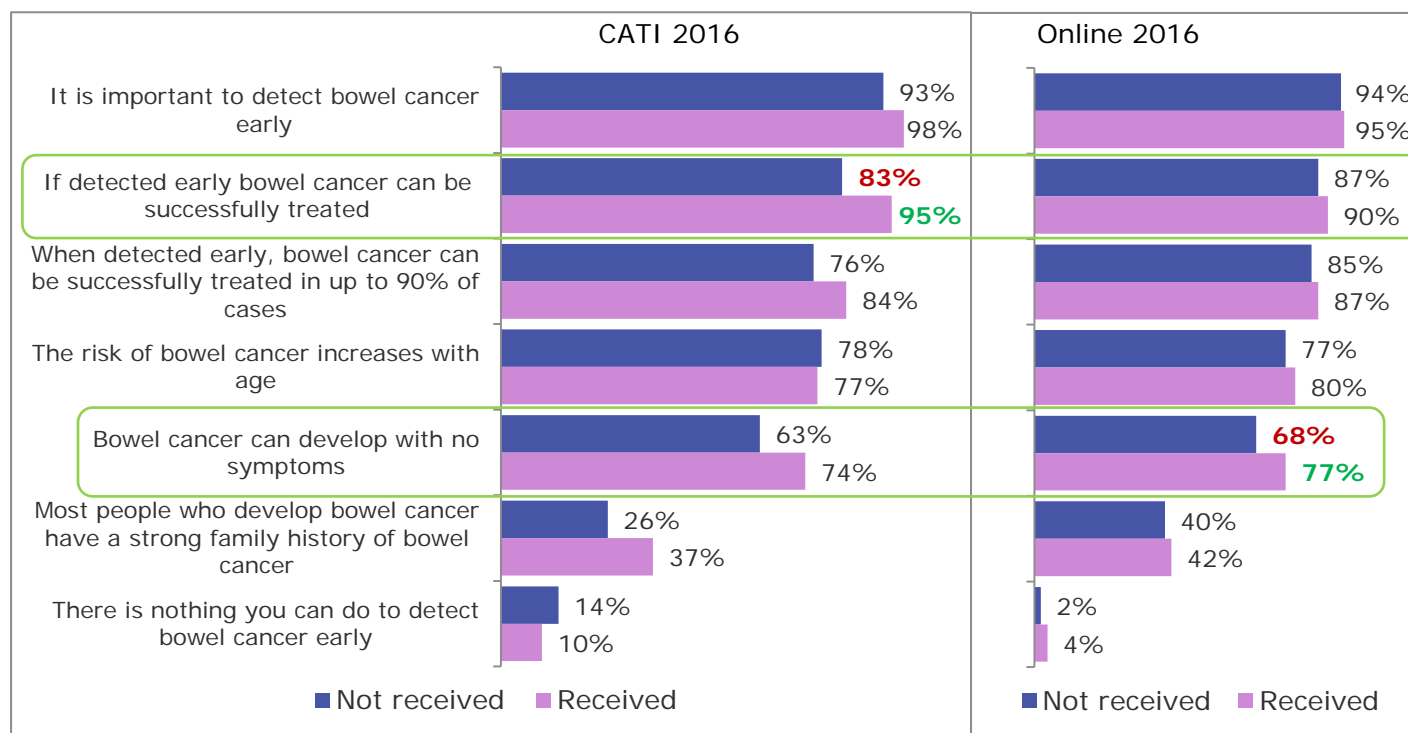
- the importance of screening and early detection
- the test was described as 'essential', important, 'saves lives'
- the campaign serving as a good reminder to participate and increasing awareness of bowel cancer and the program.

The campaign did not result in a strong emotional response, either positive or negative. Positive mentions accounted for 4% and included a feeling of relief, 'peace of mind', and a sense of positivity that the test is available and can be completed to detect bowel cancer. Importantly, very few negative emotions were triggered by the ad.

### Receiving a NBCSP test kit reinforces beliefs regarding bowel cancer developing without symptoms

The trend among online participants is consistent with CATI participants when looking at their beliefs about bowel cancer risk. As seen in the CATI result, early detection came through most strongly, with the top three statements focussed on the importance of early detection. The chart below displays the attitudes towards bowel cancer risk comparing those who have received a test kit to those who have not (and comparing CATI participants and online participants in 2016).

Chart 4.1.4. Beliefs about bowel cancer risk



SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.

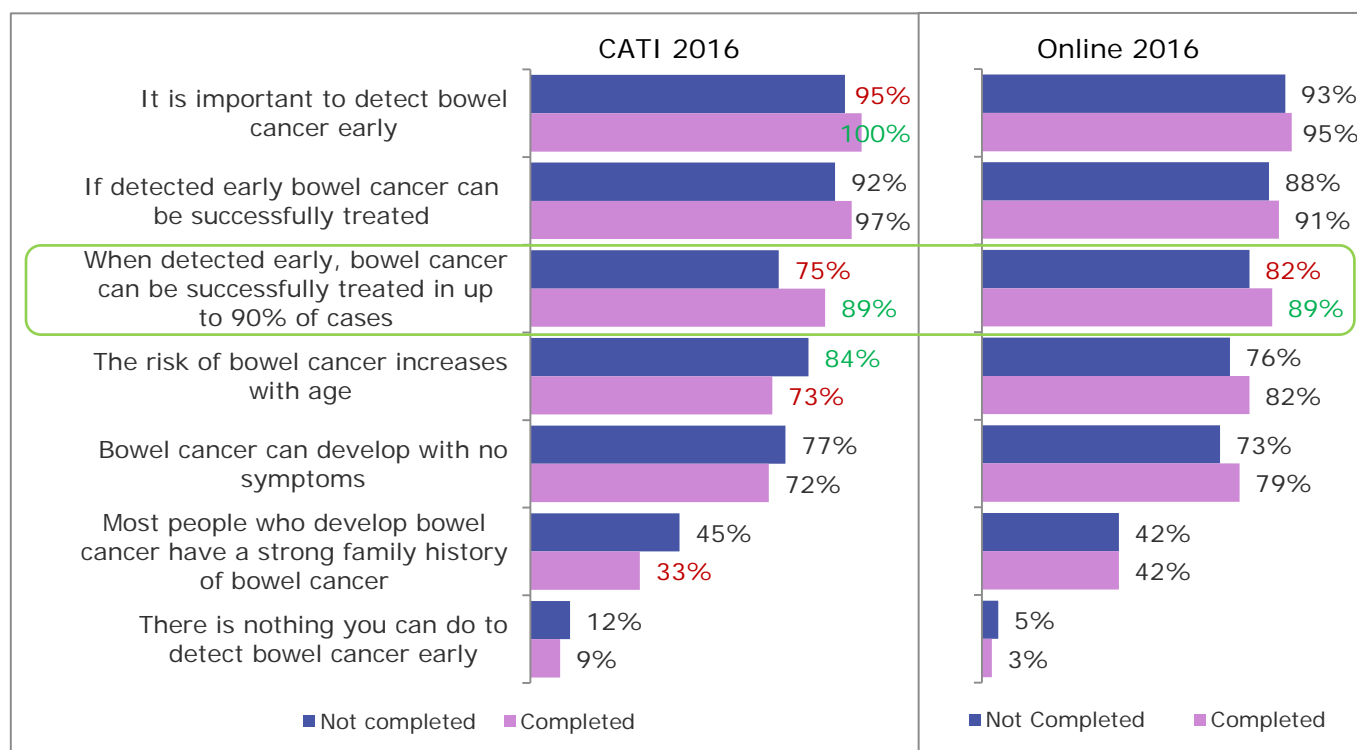
Base: 2016 CATI (n=400); Received (n=342); Not received (n=38), 2016 Online (n=1,036); Received (n=807; Not received (n=116)

The CATI 2016 result showed a significant increase among those who had received a kit regarding the message 'if detected early bowel cancer can be successfully treated'. The online result shows a very similar trend to the CATI result, however there was a significant increase among online participants who had received a test kit for the message 'Bowel cancer can develop with no symptoms'.

**The message: 'when detected early, bowel cancer can be successfully treated in up to 90% of cases' was significantly reinforced by completing the test and seeing the campaign**

Beliefs about bowel cancer risk were more positive among online participants who had completed the test. The chart below outlines the beliefs about bowel cancer risk among those who had completed the NBCSP test compared with those who had not, showing the results among CATI and online participants.

Chart 4.1.5. 2016: Beliefs about bowel cancer risk – Completed the test



SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.

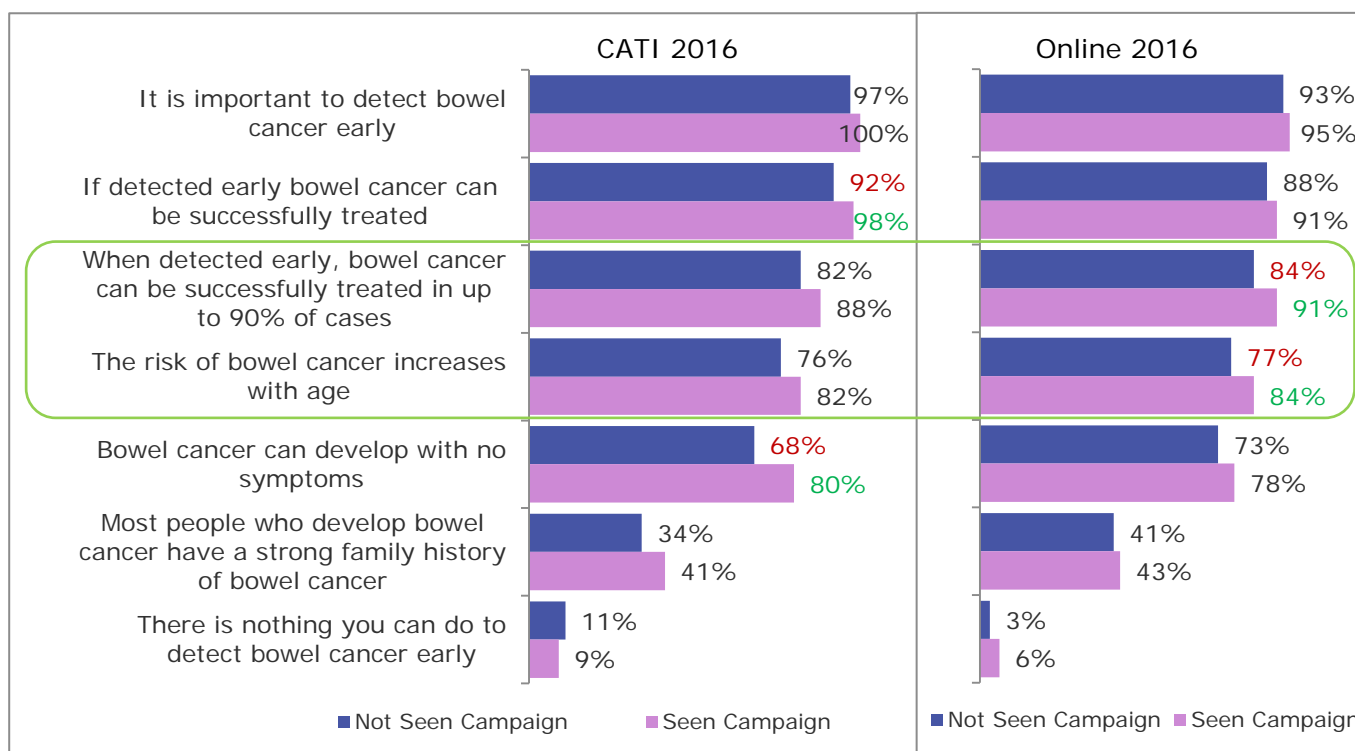
Base: 2016 CATI (n=400); Completed (n=231); Not completed (n=111) 2016 Online (n=1,036); Completed (n=585); Not completed (n=222)



A majority of Australians aged 50-74 years (over 9 in 10) who had completed the NBCSP test considered it to be 'important to detect bowel cancer early' and 'if detected early, bowel cancer can be successfully treated'. Participants who had completed the test (both CATI and online participants) were also significantly more likely to agree 'when detected early, bowel cancer can be successfully treated in up to 90% of cases'.

Positively, there is an uplift in understanding of bowel cancer risk among those who have seen the campaign, among both CATI and online participants. The chart below shows the differences in beliefs about bowel cancer risk among those who have seen the NBCSP campaign compared with those who have not.

Chart 4.1.6. 2016: Beliefs about bowel cancer risk – Impact of the campaign



SOURCE: A1. Here are some statements that other people have made about bowel cancer. For each statement you are shown, please indicate your level of agreement or disagreement from the options below.

Base: 2016 CATI (n=400); Seen campaign (n=103); Not seen campaign (n=297) 2016 Online (n=1,036); Seen campaign (n=262; Not seen campaign (n=774)

The uplift in understanding can be seen consistently across nearly all statements regarding beliefs about bowel cancer risk in both the CATI and online results. Online participants who had seen the NBCSP campaign were significantly more likely than those who had not, to agree:

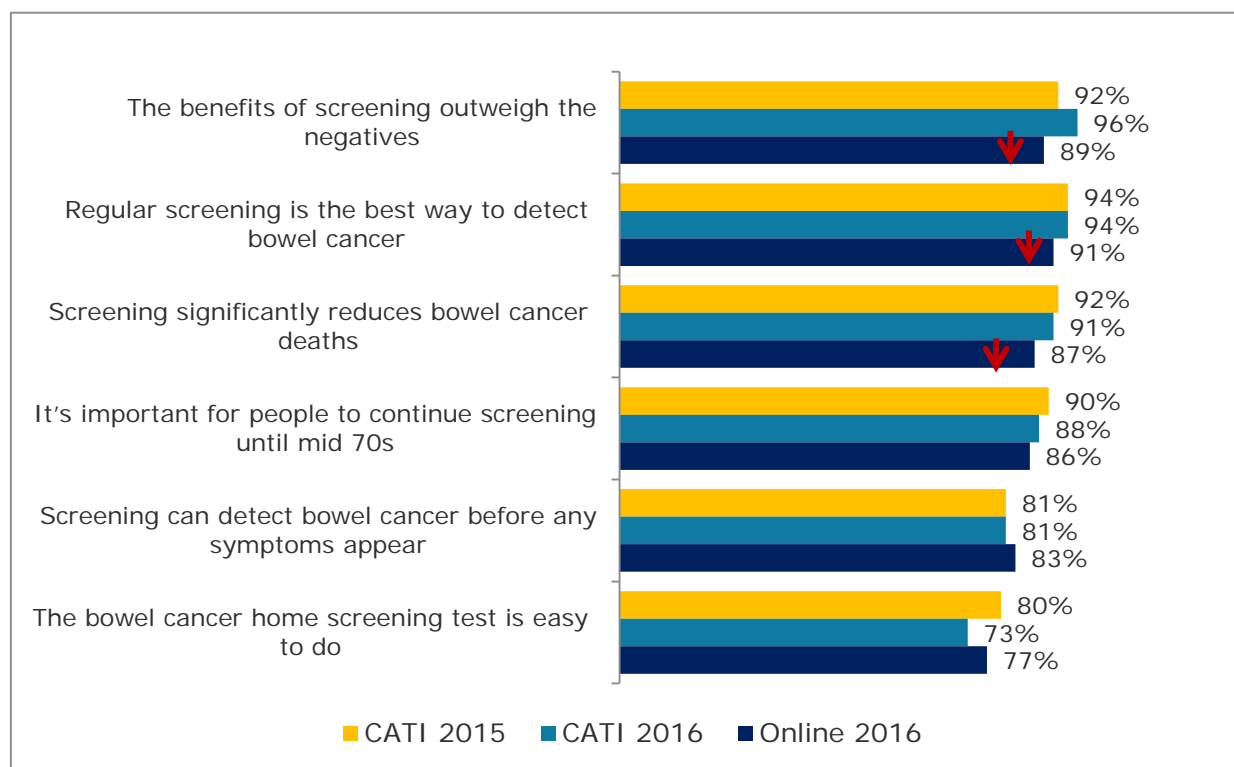
- when detected early, bowel cancer can be successfully treated in up to 90% of cases (91% among those who had seen the campaign compared to 84% of those who had not).
- the risk of bowel cancer increases with age – 84% among those who had seen the campaign compared to 77% of those who had not).

### Attitudes towards screening were consistently more positive among those who had completed the test *and* seen the campaign

The following chart displays the attitudes towards screening across both CATI and online participants. Overall, the results were similar across all participants. Although, there was a significant difference in the levels of agreement among online participants, compared to CATI participants, for the three statements below, these attitudes were held by almost 9 in 10 participants and remained the top three statements with the highest level of agreement:

- the benefits of screening outweigh the negatives
- regular screening is the best way to detect bowel cancer
- screening significantly reduces bowel cancer deaths

Chart 4.1.7. Attitudes towards screening – all respondents

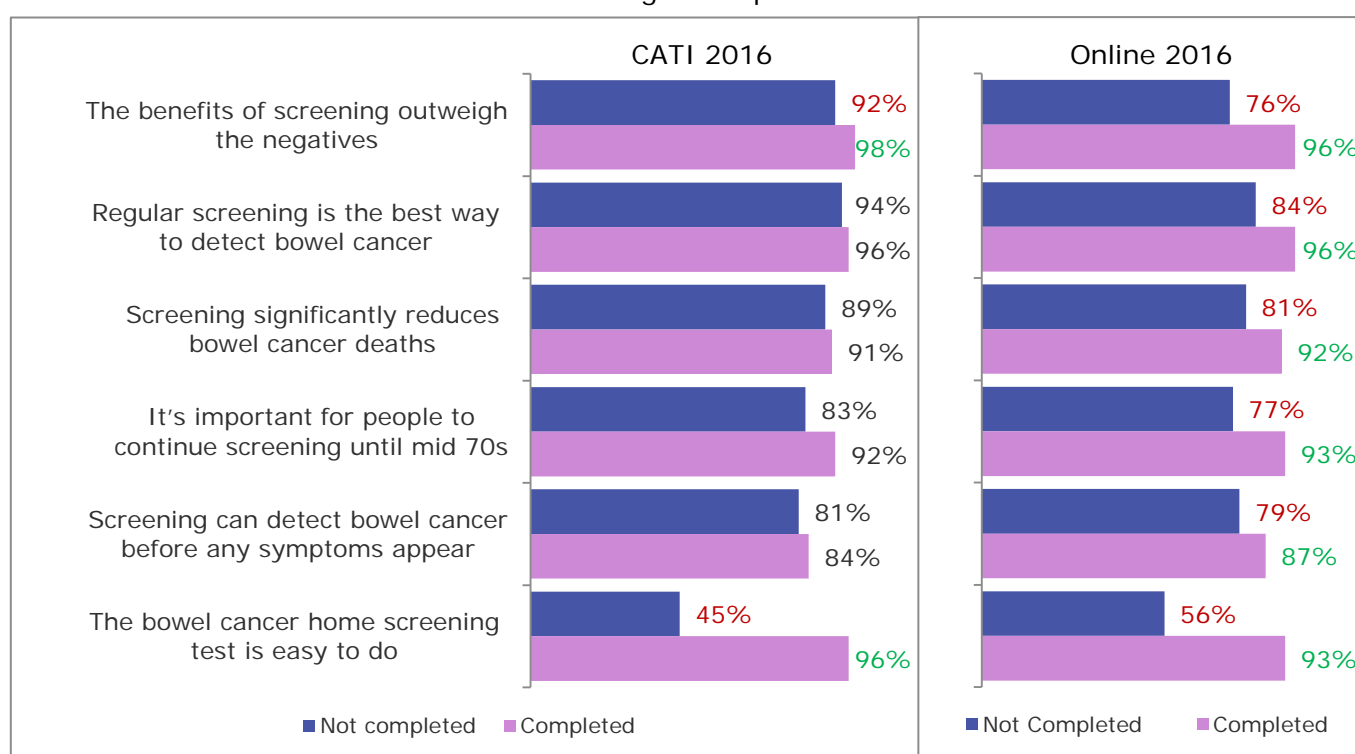


SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: All respondents 2015 (n=1,051); 2016 CATI (n=400); 2016 Online (n=1,036)

Attitudes towards screening were strongly influenced by completion of the NBCSP test. In the CATI results, there was a general uplift in attitudes among those who had completed the NBCSP test, specifically regarding the benefits of screening outweighing the negatives and the ease of completing the test. The online result showed a significantly higher result among those who had completed the NBCSP test across all statements, with the largest difference relating to the ease of the test.

The chart below shows the attitudes towards bowel cancer screening among those who had completed the NBCSP test compared with those who had not for both CATI and online participants.

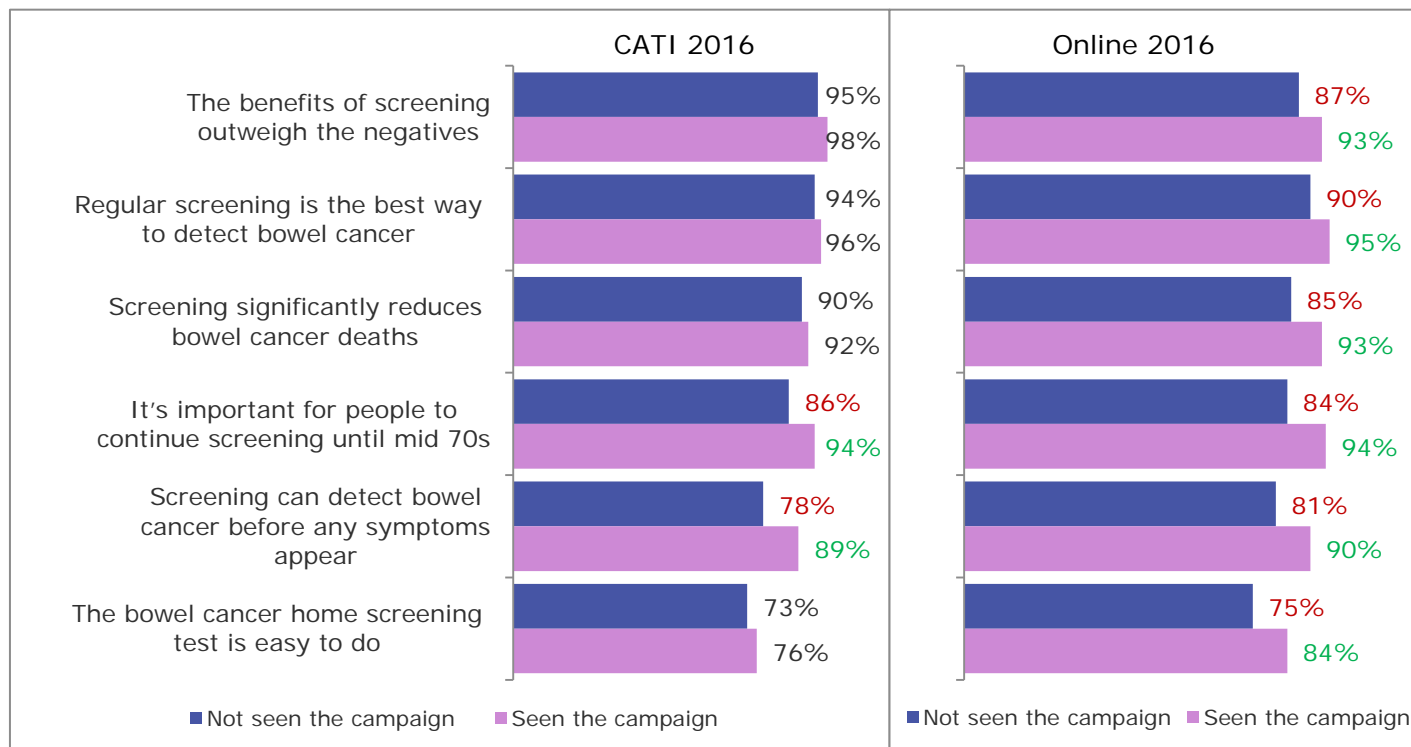
Chart 4.1.8. 2016: Attitudes towards screening – Completed the test



SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Completed (n=231); Not completed (n=111) 2016 Online (n=1,036); Completed (n=585); Not completed (n=222)

A very similar result was seen when looking at the impact of the NBCSP campaign. Overall, attitudes towards screening were consistently more positive among those who had seen the campaign. A significantly higher result was seen across all statements among online participants.

Chart 4.1.9. 2016: Attitudes towards screening – Impact of the campaign



SOURCE: A9. How strongly do you personally agree or disagree with each of the following statements about bowel cancer screening? For each statement you are shown, please indicate your level of agreement or disagreement from the options below.  
 Base: 2016 CATI (n=400); Seen campaign (n=103); Not seen campaign (n=297) 2016 Online (n=1,036); Seen campaign (n=262); Not seen campaign (n=774)

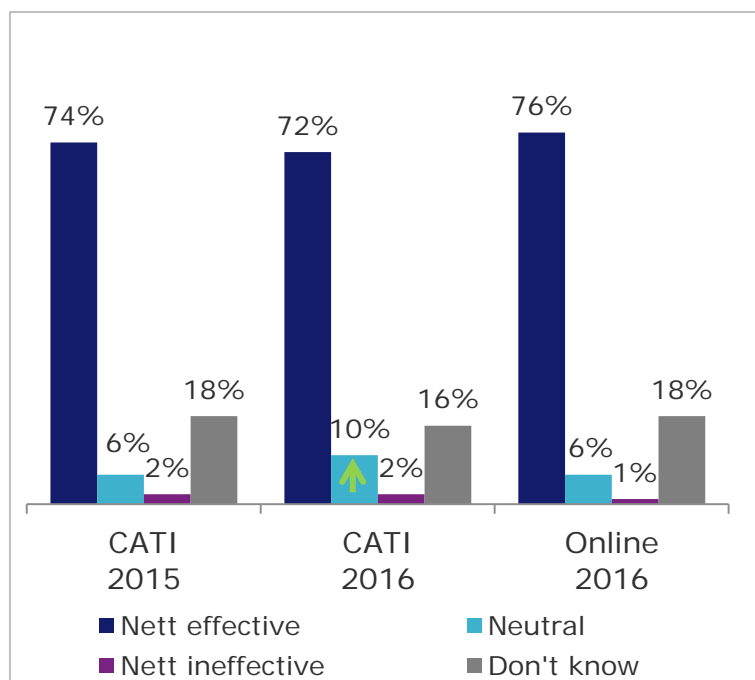
### Around 3 in 4 perceived the NBCSP test to be effective in detecting bowel cancer - perceived efficacy increases with engagement with the program

The following chart shows the perceived effectiveness of the NBCSP test kits in detecting bowel cancer. Participants were asked, based on their knowledge of the program, how effective they believe the test kits are in detecting bowel cancer.

The table below on the right displays those who perceived the NBCSP to be effective (i.e. very effective or quite effective) among those who had completed the test compared with those who had not, and among those who had seen the NBCSP campaign and those who had not.

The results from the CATI (2015 and 2016) and online results have been shown.

Chart 4.1.10. Perceived effectiveness of the NBCSP test kits



	2016 CATI	2016 Online
Net effective	72%	76%
Not received	54%	70%
Received	77%	80%
Not completed	67%	62%
Completed	82%	87%
Not seen campaign	70%	72%
Seen campaign	78%	86%

SOURCE: A15. From what you know or think about the National Bowel Cancer Screening Program's test kits, how effective are they in detecting bowel cancer?

Base: All respondents 2015 (n=1,051); 2016 CATI (n=400); 2016 Online (n=1,036)

3 in 4 (76%) perceived the NBCSP test kits to be effective in detecting bowel cancer (compared to 72% among CATI participants). Perceived efficacy increases with engagement with the program i.e. by receiving the kit, completing the test and seeing the campaign:

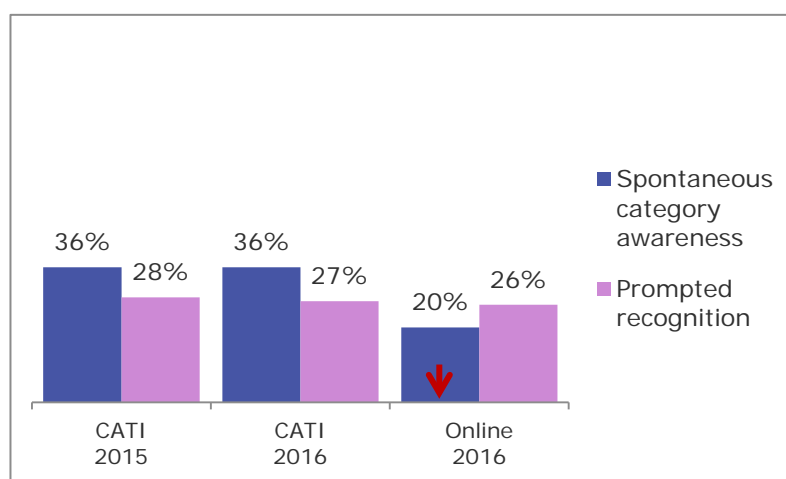
- 8 in 10 (80%) Australians aged 50-74 years who had received the test perceived the NBCSP to be effective in detecting bowel cancer, compared with 7 in 10 (70%) among those who had not
- almost 9 in 10 (87%) who had completed the NBCSP perceived the test to be effective in detecting bowel cancer, compared to 6 in 10 (62%) among those who had not
- almost 9 in 10 (86%) who had seen the campaign perceived the NBCSP to be effective in detecting bowel cancer, compared to 7 in 10 (72%) among those who had not.

## 4.2 Key differences between with methodological approaches

### Lower spontaneous awareness of category advertising with the online methodology was found, however prompted recognition of the campaign is aligned

One of the key differences in the results between the CATI and online methodologies was spontaneous category awareness. The online result was significantly lower than the CATI result, however prompted recognition remained consistent. 1 in 5 (20%) online participants spontaneously recall seeing advertising or materials for bowel cancer screening in the past three months, while spontaneous recall was around 1 in 3 (36%) among the CATI participants.

Chart 4.2.1. Awareness and recognition of the campaign



The chart shows the proportion of participants who recall seeing advertising or materials for bowel cancer screening in the past three months and those who recall seeing or hearing the NBCSP print and radio adverts. The results are shown for 2015 (CATI) and for 2016 (both CATI and Online).

SOURCE: B1. Thinking about the last 3 months, can you recall seeing or hearing any advertising or materials about bowel cancer screening? B4/B5. Have you seen this newspaper or magazine ad before today? B6. Have you heard this ad before today?  
Base: All respondents 2015 (n=1,051); 2016 CATI (n=400); 2016 Online (n=1,036)

Lower spontaneous awareness online could be attributed to the absence of an interviewer, who when present has the ability to probe answers provided by the participant. Participants may also feel a greater need to provide a response when asked directly by an interviewer. Participants' consideration of questions when self-completing the survey, particularly simple 'yes/no' type questions, could also be lower due to a higher speed of self-completion.

One of the benefits of using an online methodology is the ability to present the campaign material to participants, rather than only verbal descriptions of the material when conducted via telephone. Presenting the campaign material to participants assists with recall, and therefore would expect the online result to be a more accurate representation of prompted recognition, based on participants seeing the campaign material and then prompted as to whether they recall seeing it. Interestingly, prompted recognition was consistent across both the CATI and online interviews, with around 1 in 4 recognising the campaign material. 27% recognised the campaign in the CATI 2016 survey and 26% in the 2016 online survey (which was consistent with the CATI 2015 result of 28% recognition).

### Responses to key campaign messaging came through more strongly online

The campaign most strongly communicates the NBCSP is 'A gift that could save your life' and the importance of early detection, and consistently came through for both CATI and online participants.

The following table shows key messages that were taken out by participants who were aware of the campaign. The results among online participants were consistently higher when compared to CATI participants in 2016.

Table 4.2.2. Key message take-out from the NBCSP campaign

	2015 CATI	2016 CATI	2016 Online
% A lot			
Base: Aware of campaign (seen at least one element)	n=282	n=103	n=262
By 2020 people aged 50-74 will receive a kit every two years	64%	53%	↑ 80%
If detected early 90% of bowel cancer cases can be successfully treated	84%	75%	83%
The kit is simple to use	74%	↓ 63%	↑ 78%
The kit can detect bowel cancer before symptoms appear	73%	70%	76%
The kit is a gift that could save your life	78%	78%	84%
The kit is a gift for living	70%	70%	76%

SOURCE: B9. Thinking about the ad(s) to what extent did it give you the impressions that [STATEMENT]?  
Did this ad strong give that impression, somewhat give that impression, or did not give that impression at all.  
Base: All respondents 2015 (n=282); 2016 CATI (n=103); 2016 Online (n=262)

Consistently higher responses among online participants could be attributed to the ability of online participants to physically see the campaign material during the survey, and not having to rely on memory or audio comprehension of the messages. Two key messages were significantly higher among online participants:

- by 2020 people aged 50-74 will receive a kit every two years – this was up from just over half (53%) of CATI participants to 4 in 5 (80%) among online participants.
- the kit is simple to use – around 3 in 5 (63%) CATI participants agreed compared to almost 4 in 5 (78%) online participants.

### Awareness of home screening test kits and the NBCSP test kits is lower among online participants, however is consistent across key demographic groups of interest

Although awareness of home screening test kits is high (with around 9 in 10 aware), the awareness levels of both home screening test kits and the NBCSP test kits among online participants was significantly lower compared to CATI participants.

While awareness of the NBCSP had increased in 2016 (from 91% in 2015 up to 95% in 2016 among CATI participants), the awareness was significantly lower among online participants, with 89% awareness. Within the online sample, there was however higher awareness amongst those aged over 60 years, females and interestingly, those based in regional locations. In 2016, there was a significant increase in awareness of the program among those aged 60-64 and 70-74 years and those in regional locations. This is reflected in the online result, with these two age groups and those based in regional locations having the higher levels of awareness.

The following chart indicates the proportion of participants who are aware of home screening tests and awareness of the NBCSP test kits across age, gender and location.

Table 4.2.3. Awareness of home screening test kits and the NBCSP

		2015 CATI	2016 CATI	2016 Online
Base		Total n=1,051	Total n=400	Total n=1,036
Awareness of home screening test kits		94%	96%	↓ 93%
Awareness of NBCSP		91%	95%	↓ 89%
Age	50-54 yrs	92%	95%	↓ 82%
	55-59 yrs	95%	93%	88%
	60-64 yrs	91%	98%	↓ 90%
	65-69 yrs	92%	92%	89%
	70-74 yrs	81%	95%	96%
Gender	Male	89%	94%	↓ 86%
	Female	92%	95%	92%
Location	Metropolitan	92%	95%	↓ 88%
	Regional	89%	95%	92%

SOURCE: A3. Are you aware of a bowel cancer screening test that can be completed at home?

SOURCE: A10. Are you aware of the National Bowel Cancer Screening Program (the Program) which sends out test kits in the post?

Base: All respondents 2015 (n=1,051); 2016 CATI (n=400); 2016 Online (n=1,036)



Although awareness of home screening test kits and the NBCSP test kits were lower among online participants, the proportion who have completed a home test was higher

There were a significantly higher proportion of online participants who had completed a home test (71% compared to 65% among CATI participants).

The following table displays the proportion of Australians aged 50-74 years who had completed a home screening test for bowel cancer.

Table 4.2.4. 'Ever' completed a home screening kit

		2015 CATI	2016 CATI	2016 Online
Base: IF AWARE OF HOME SCREENING TESTS		Total n=988	Total n=386	Total n=967
'Ever' completed a home screening test		63%	65%	↑ 71%
Age	50-54 yrs	53%	45%	56%
	55-59 yrs	67%	55%	↑ 68%
	60-64 yrs	65%	73%	74%
	65-69 yrs	66%	67%	74%
	70-74 yrs	72%	83%	79%
Gender	Male	64%	66%	72%
	Female	63%	64%	70%

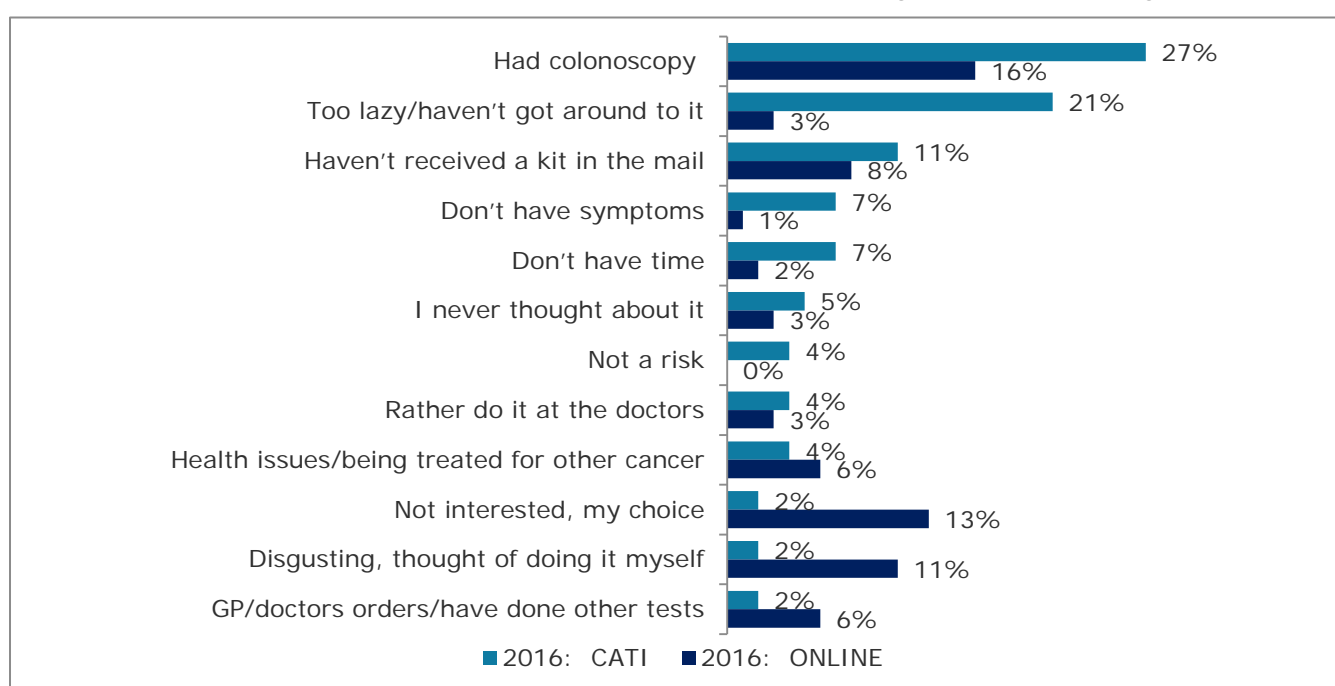
SOURCE: A6. Which best describes the last time you completed a home test for bowel cancer (FOBT)?  
Base: IF AWARE OF HOME TEST 2015 (n=988); 2016 CATI (n=386); Online (n=967)

A similar trend was seen among both CATI and online participants who had completed a home screening test, with participation increasing with age (56% of those aged 50-54 years had completed a test compared with 79% among those aged 70-74 years).

### This online method provides an appropriate forum for participants to provide less perceived 'socially acceptable' responses

In 2016, a new question was included, for both CATI and online participants, in order to understand the reasons why participants have never completed a home screening test for bowel cancer. This was a spontaneous (open-ended) question where participants could provide feedback in their own words. All feedback was coded according to a specified code frame and any new comments included. The coded responses have been provided in the chart below.

Chart 4.2.5. 2016: Barriers to trial – Reasons for never completing a home screening test



SOURCE: A8b. Why have you never completed a home test for bowel cancer?

Base: IF NEVER COMPLETE A TEST: 2016 CATI (n=135); 2016 Online (n=281)

As seen in the CATI results, colonoscopy was the main reason for participant not having completed a home screening test for bowel cancer. The proportion of online participants who mentioned colonoscopy was far less (16%) when compared to CATI participants (with 27%). Online participants were more likely to state they were not interested, 'it's my choice' or didn't like the idea of doing it themselves, while CATI participants were more likely to provide reasons such as laziness or not having the time.

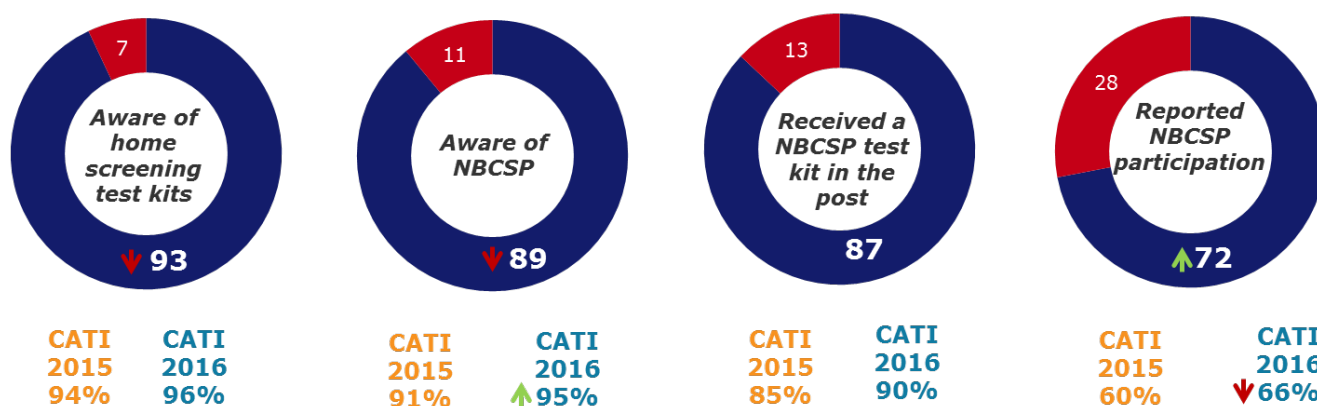
The online method provides a comfortable, anonymous and private environment for participants to share their views and as the results show, this tends to yield a higher number of candid responses and less perceived 'socially acceptable' responses. This provides greater insight into the reasons for not completing the test, particularly ones that are underpinned by emotion, and is particularly important when dealing with sensitive topics.

### Reported participation among online participants was significantly higher

The chart below displays the proportion of online participants who are aware of home screening test kits and the NBCSP, and the proportion who received the test, and those who completed the test and sent it back.

Chart 4.2.6. Awareness of home screening test kits and reported participation

#### Online 2016



SOURCE: A3. Are you aware of a bowel cancer screening test that can be completed at home? Base: 2016 CATI (n=400); 2016 Online (n=1,036)

SOURCE: A10. Are you aware of the National Bowel Cancer Screening Program (the Program) which sends out test kits in the post?

SOURCE: A11. Have you ever been sent a National Bowel Cancer Screening Program test kit in the post?

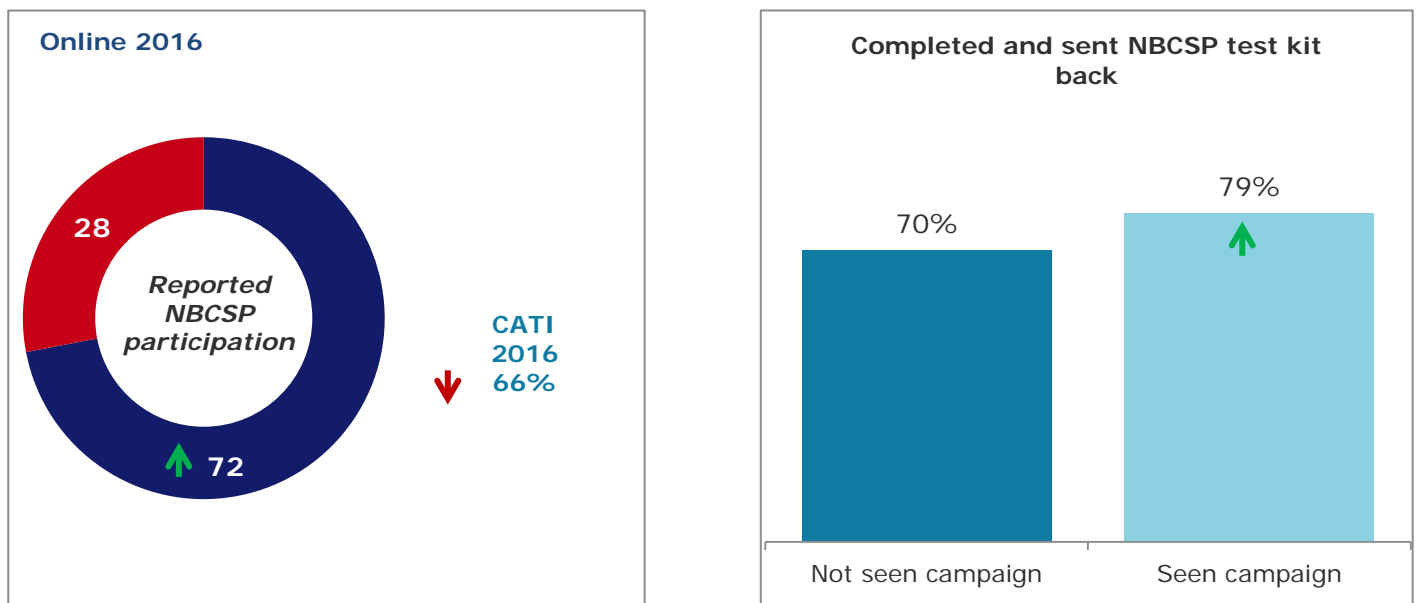
Base: 2016 CATI (n=379); 2016 Online (n=923)

SOURCE: A13. Did you complete the test and send it back? Base: 2016 CATI (n=343); 2016 Online (n=807)

The online result reported a lower result on awareness, both awareness of home screening test kits and the NBCSP, however there were a significantly higher proportion of online participants reporting participation in the NBCSP, with 7 in 10 (72%) reporting completing the test compared with 66% among CATI participants.

The following chart below shows the difference in reported participation among those who had seen the campaign and those who had not. Reported participation was strongly influenced by the NBCSP campaign. The impact of the campaign was clearly seen in the online result with participation among 8 in 10 (79%) who had seen the campaign compared to 7 in 10 (70%) among those who had not seen the campaign.

Chart 4.2.7. Reported participation – impact of the campaign



SOURCE: A13. Did you complete the test and send it back?

Base: IF RECEIVED A NBCSP TEST KIT: 2015 (n=798); 2016 CATI (n=343); 2016 Online (n=807)

In 2016, both CATI and online participants were asked to describe their experience of completing the NBCSP test. This was a new inclusion in 2016 in order to provide additional insight into the actual experience of the test. This was a spontaneous question where participants could provide feedback in their own words.

The following table shows the spontaneous coded responses provided by participants when asked to describe their experience of doing the test.

Table 4.4.8. Description of the experience of completing the test

Positive spontaneous mentions	
2016 CATI: 56%	2016 Online: 57%
<ul style="list-style-type: none"> <li>Simple, quick, easy to do (45%)</li> <li>Good, well set out instructions (5%)</li> <li>Positive, good, glad to have done it (5%)</li> <li>Non-intrusive, non-invasive (3%)</li> <li>Peace of mind (3%)</li> <li>Privacy, in your own home, more comfortable (2%)</li> </ul>	<ul style="list-style-type: none"> <li>Simple, quick, easy to do (47%)</li> <li>Positive, good, glad to have done it (5%)</li> <li>Good, well set out instructions (3%)</li> <li>Privacy, in your own home, more comfortable (3%)</li> <li>Convenient (1%)</li> <li>Peace of mind (1%)</li> </ul>
Neutral spontaneous mentions	
2016 CATI: 48%	2016 Online: 39%
<ul style="list-style-type: none"> <li>It was fine/alright (22%)</li> <li>No problems, didn't bother me/no 'big deal' (16%)</li> <li>Necessary/important, not pleasant but necessary (10%)</li> <li>Bit tricky/daunting, but okay (1%)</li> </ul>	<ul style="list-style-type: none"> <li>No problems, didn't bother me /no 'big deal' (18%)</li> <li>It was fine/alright (10%)</li> <li>Necessary/important, not pleasant but necessary (6%)</li> <li>Bit tricky/daunting, but okay (4%)</li> </ul>
Negative spontaneous mentions	
2016 CATI: 12%	2016 Online: 12%
<ul style="list-style-type: none"> <li>Inconvenient, uncomfortable, 'bit difficult' (4%)</li> <li>Confronting, embarrassing (3%)</li> <li>'Yuk', 'mucky', messy (3%)</li> <li>Terrible, not pleasant (2%)</li> <li>Anxious about results, nervous</li> </ul>	<ul style="list-style-type: none"> <li>'Yuk', 'mucky', messy (4%)</li> <li>Inconvenient, uncomfortable, 'bit difficult' (3%)</li> <li>Anxious about results, nervous (2%)</li> <li>Not brilliant, wasn't excited (1%)</li> <li>Terrible, not pleasant (1%)</li> </ul>

SOURCE: A14b. How would you describe the experience of doing the test? Open-ended question  
 Base: IF COMPLETED THE TEST: 2016 CATI (n=225) 2016 Online (n=584)

A high proportion of the spontaneous responses to describe the experience of completing the test were positive, with just over half, 57% among online participants and 56% among CATI participants, describing the experience positively. The mentions were dominated by the simplicity and ease of the test.

A few positive verbatim responses included:

- "The simplest test I have ever undertaken, it was very easy to do" [Male , age 70-74 – NSW]
- "Easy, everything was just fool proof, instructions were good. Everything was just easy there was nothing that made it complicated at all" [Female, 50-54,WA]

Many were impartial in their responses, particularly among CATI participants, with 48% neutral mentions compared with 39% among online participants. The test was described as necessary, important and 'without any problems' completing the test.

A few neutral verbatim responses included:

- "Doing the test is OK, not really that unpleasant to do, no problem" [Female, 55-59, NT]
- "It was ok the thought is worse than actually doing it" [Male, 65-69, SA]

One in 10 (12%) described their experience negatively, among both CATI and online participants. It was described by a few as uncomfortable, messy and embarrassing.

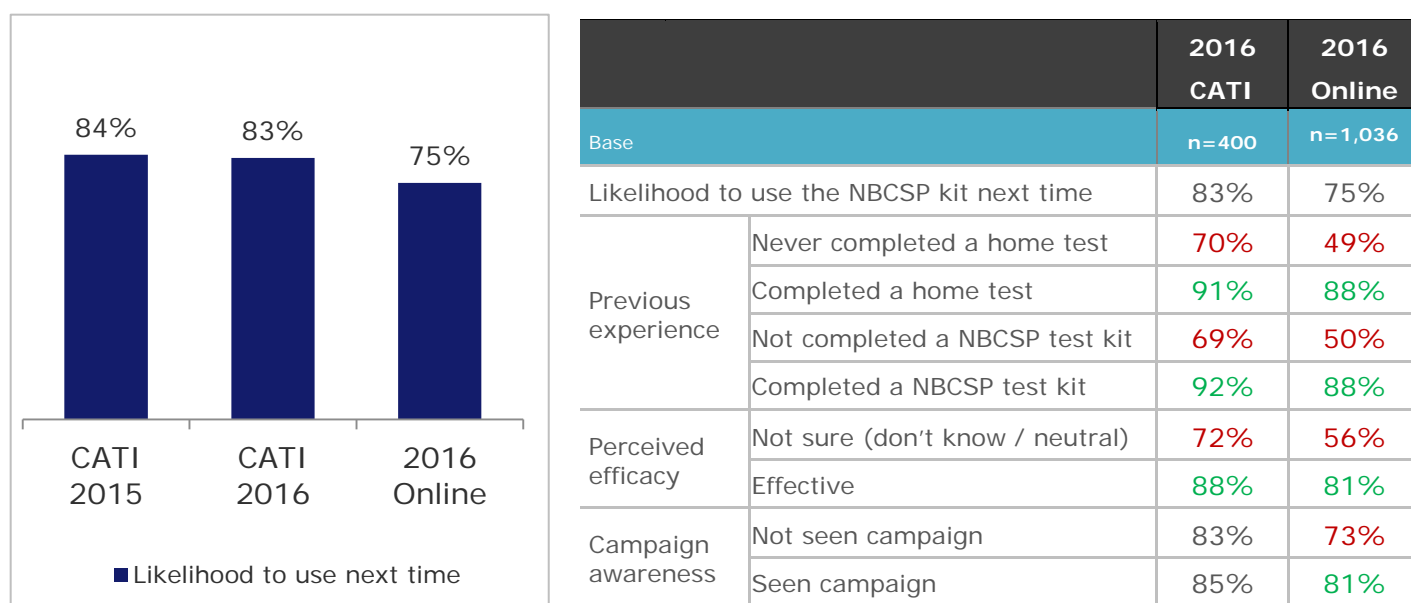
A few negative verbatim responses included:

- "A bit unpleasant, didn't like putting it in the fridge before mailing it off, just messy" [Female, 60-64, QLD]
- "A nuisance, just the uncertainty as to whether the paper would disappear before you completed the test" [Female,70-74, VIC]

### Intent to use the NBCSP test kit next time increases with experience with using the test and is significantly more likely among those who have seen the campaign

The chart below displays the proportion of participants who stated they would be likely to use the NBCSP test kit the next time they received one in the post, comparing the CATI results (2015 and 2016) to the online result. The table on the right includes those who have had previous experience with either a home screening test or the NBCSP compared with those who have not. It also includes those who perceived the NBCSP test kits to be effective in detecting bowel cancer compared with those who were unsure whether it was effective or not, and those who have seen the campaign compared with those who have not.

Chart 4.2.9. Perceived likelihood to use NBCSP kit next time



SOURCE: B10. How likely are you to use the National Bowel Cancer Screening Program Kit next time you are sent one in the post?  
Base: 2016 CATI (n=400); 2016 Online (n=1,036)

Intent to participate in the NBCSP next time is significantly more likely among those who have previously completed a home screening test or a NBCSP kit, among those who perceive the NBCSP test kit to be effective in detecting bowel cancer and among those who have seen the campaign:

- almost 9 in 10 (88%) Australians who had completed a NBCSP test reported they were likely to participate next time, compared with only 50% among those who had not.
- 8 in 10 (81%) Australians who perceived the NBCSP test kit to be effective in detecting bowel cancer reported they were likely to participate next time, compared with only 56% among those who were unsure about whether it was effective or not.
- 8 in 10 (81%) Australians who had seen the campaign reported they were likely to participate next time, compared with only 73% among those who had not. While the CATI result showed a similar trend, this was significantly higher among online participants.