BreastScreen Campaign Tracking

May 2017

Campaign Evaluation Report

WHERE TO

Contents

1. Executive summary

This campaign evaluation report details results of a survey undertaken to understand and estimate the reach and effectiveness of the third phase of the BreastScreen Australia campaign, a national awareness campaign designed to encourage women aged between 50 and 74 to get regular breast cancer screening.

In the 2013-2014 Federal Budget, the Australian Government committed funding to expand the target age range of women invited to participate in the BreastScreen Australia program from 50-69 years of age to 50-74 years of age. As such, the current research project audience can be broken down into the following categories:

- The target audience – women aged 50 to 74 years;
- The primary target audience - Women aged 65-74 years consisting of:
    - Women aged 70-74 years who will be invited to be screened as part of the expanded BreastScreen Australia Program – this may include women who have previously participated in the program;
    - Women aged 65-69 years who will move in the 70-74 cohort during the campaign period; and
- The seconday target audience - Women aged 50-64 who are currently being invited to be screened as part of the program.

Both Online and telephone (CATI) surveys were undertaken to allow the transition of this campaign evaluation to online, while retaining comparability of data to that of previous evaluation conducted in 2015.

1.1 Key findings

The results of this evaluation are largely positive, including:

- A significant increase in unprompted awareness of breast cancer screening since 2015 was likely driven, at least in part, by the 2017 campaign. Overall, 90% of those surveyed had heard of BreastScreen Australia.

- Many women in the target audiences were aware that the BreastScreen Australia program is free, and correctly identified the recommended screening interval as two years. Nine in ten women who indicated they had previously had a mammogram said this was part of regular screening or a precautionary check-up.

- Intentions to have a mammogram at BreastScreen Australia are strong; three-quarters (73%-75%) of women aged 50 – 74 years indicated that they were quite likely or very likely to do so.

- The campaign has maintained prompted awareness at similar levels to that of 2015, estimated via the online survey at 47% of women aged 50 – 74 years.

    - This translated to between $0.65 and $1.16 in media costs per target audience member aware of the advertising.

- The main campaign image was by far the most recognised element. The radio spot was also strongly recalled, despite not having mainstream airplay. BreastScreen Australia invitation letters appeared to effectively drive women to immediately make an appointment.

- A structural equation model was developed to understand how different attitudes relate to, and drive screening behaviours. This detailed analysis showed advertising exposure has a small but significant effect on screening intentions and positive attitudes, even where women already have positive beliefs about screening. However, it also showed that negative attitudes influence screening intentions. The attitudes affecting screening intentions and behaviours included:

    - A sense that screening is scary, that there is no need (because of low perceived risk) and that low health literacy contributes to holding women back; and

    - An understanding that screening saves lives and a perception of the injunctive social norm of screening helping to drive positive screening behaviours.

- There is some indication that the women aged 50-64 (the secondary target audience for this campaign) may have more negative attitudes towards screening, particularly that it is scary, and they may require more encouragement than their older peers.

- There is strong agreement with the general benefits of screening – eight out of ten women agreed or strongly agreed that the benefits of breast screening outweight the negatives and that regular screening is the best way to detect breast cancer and can significantly reduce breast cancer related deaths. Most women also agreed that the BreastScreen Australia program is effective and of a high quality.

- There is a positive recognition amongst Aboriginal and Torres Strait Islander women of the campaign material.

- The analysis conducted as part of this campaign evaluation identified two key groups with respect to breast cancer screening:

    - 'Non-Screeners' – defined here as those in the target audience (50 – 74 years) who have never previously had a breast cancer screening mammogram.

    - 'Delayers' – defined here as those in the target audience (50 – 74 years) who have previously had a breast cancer screening mammogram, but not in the last two years.

- Key barriers for Non-Screeners include a negative notion of the experience, but also a reliance on self-examination – a potentially risky trend.

- The results of this evaluation indicate that, although the campaign is still successful, driving further success may mean tackling these key barriers for Non-Screeners and Delayers.

- There is additionally some evidence of wear-out in the campaign diagnostics – it stands out less than it did and feels a little less relevant compared with 2015.

1.2 Recommendations

May need fresh creative and review media placement to extend campaign effectiveness

The indications of wear-out from the well-recognised campaign may demonstrate a need to develop fresh advertising creative for potential future activity. It is likely that few 'new' audience members will be reached by continuing to use creative that has been in-market for several years.

We suggest continuing the use of social media (Facebook in particular), as its continued use may help to add social proof / social norming to the campaign and may continue to help to extend reach and effectiveness. Daytime television may also prove to be a cost-effective way of increasing reach. Utilising work noticeboards may also be an effective means of targeting.

It is possible that there may also be some confusion between the BreastScreen Australia campaign advertising and the Breast Cancer Foundation / Jane McGrath Foundation fundraising activity - both rely heavily on a similar shade of pink. It could be that some of those seeing the advertising misattributed it to fundraising activity rather than screening activity.

Ensure an invitation letter gets to all women for whom it is relevant

The invitation letter is a key channel that should be continued. It is clear from the results of this evaluation that the use of this piece of communication has driven many in the target audiences to make an appointment for a mammogram. Many of those who have received one previously will wait for a reminder letter before they schedule their next scan.

Build a sense of social norm

Although the existing creative executions implicitly build the notion that screening is a social norm (by showing a diverse group of women together) there could be scope for making this more explicit to reinforce this notion among all women. Our modelling showed the idea of screening being a social norm is a powerful driver of both intentions to screen, and to get screened at BreastScreen Australia.

Reduce anxieties around screening

Pain, fear and a negative imagining of the experience (e.g. heard other people talking negatively, don't like the idea of someone else touching their body) are also key reasons why women avoid having mammograms, and we would recommend that future campaigns look at tackling some of these issues.

Emphasise that self-examination is not a substitute

A reliance on self-examination and a belief that they've never shown any signs or symptoms are common justifications for having never previously screened. Almost a third of Non-Screeners cite these as reasons they haven't yet had a mammogram.

The recommendation here is to ensure that women do not see self-examination as a substitute for screening. We want to encourage women to self-examine, but this needs to be on the understanding that they still need to screen, i.e. just because they haven't noticed any symptoms or changes, doesn't mean cancer isn't present.

Main media at doctor's offices seems to achieve significant cut-through in this audience of women 50+

Despite the campaign never appearing on television, most women claimed to have seen the main campaign image through this medium. This type of media misattribution is common in campaign evaluations – television is frequently the most commonly cited medium for exposure, even when it has not been used in a campaign.

Doctor's offices were the next most effective media channel. Whether it stands out better, or whether it feels implicitly more relevant in a clinical setting this evaluation has not sought to answer, but it is clear that this channel should continue to be used. The raw data implies that social media added little to the reach of this campaign, but it is likely that some of those reporting exposure to the campaign via television actually saw videos in their social media feeds.

2. Background and methodology

2.1 Background

Australia's breast cancer screening program, BreastScreen Australia, was established in 1991 and aims to reduce morbidity and mortality from breast cancer by actively inviting women in the target age group of 50-74 years of age to attend for free two yearly screening mammograms. Women 40-49 years of age and 75 years and older are also eligible to receive free screening mammograms but do not receive an invitation to attend.

BreastScreen Australia is jointly funded by the Commonwealth and state and territory governments. The Commonwealth provides overall policy direction and the program is implemented at a local level by state and territory governments.

The 2013-14 Federal Budget announced funding of $55.7 million over four years to expand BreastScreen Australia's target age range from women 50-69 to women 50-74 years of age. This included funding of $46.4 million to the states and territories to screen the additional women, and approximately $7 million for a communications campaign '*An invitation that could save your life*'. Expanding the target age range is implementing a priority recommendation of the 2009 BreastScreen Australia Evaluation.

Since BreastScreen Australia commenced in 1991, breast cancer mortality in women 50-69 years of age has reduced by approximately 35.9%. This is due to early detection through screening, and advances in the management and treatment of breast cancer. Breast cancer mortality has reduced by about 21-28% as a result of screening alone. In 2014-15, 53% of women aged 50-74 years participated in BreastScreen Australia, with more than 1.7 million women participating in the program overall.

A three-phase national campaign was launched (2015-17), supporting the program expansion and inviting more women to undergo screening.

The first two phases of the campaign ran from April to June 2015 and February to May 2016. Evaluation research from the first phase of the campaign was conducted in May to June 2015 and indicated significant campaign recall, satisfactory prompted awareness and positive impacts on respondent behaviour.

The third and final phase of the expansion campaign was launched on 12 February 2017 and ended on 25 March 2017. Phase three utilised the same strategic approach as previous phases including the creative materials, key messages and objectives, to build on activities conducted in phases one and two. Public relations activities included a film interview with Deborah Hutton as part of an Australian Women's Weekly editorial activity.

Stakeholder engagement was achieved through mail outs and provision of campaign resources, information packages, case study stories, and stakeholder engagement tools. The Department of Health's Facebook and Twitter accounts were also used to promote campaign messages and increase community engagement. Specific public relations activities for Aboriginal and Torres Strait Islander people(s) and culturally and linguistically diverse (CALD) audiences, including

engaging Aboriginal and Torres Strait Islander and CALD communities, stakeholders and media were also delivered throughout the campaign period.

2.2 Research objectives

Evaluation research was required to assess the effectiveness of the third phase of communication activities for the BreastScreen Australia campaign amongst the target audience of women aged 50-74 years against the campaign communication objectives.

The research objectives required measurement of the following:

- Overall awareness of the BreastScreen Australia program;
- Campaign reach and impact, including recall and recognition, message takeout and diagnostic measures such as believability, relevance, ability to provoke thought or discussion;
- Attitudes towards the program;
- Level of knowledge about the program;
- Level of awareness of the campaign;
- Knowledge of the campaigns key messages;
- Information access (including where they have seen or heard of campaigns materials);
- Current behaviour with regards to screening (access, frequency etc.);
- Future intentions in relation to key messages; and
- Demographics, including language, income, employment, life stage etc.

2.3 Methodology

The research comprised of a mixed methodology approach, introducing an online survey component alongside a computer assisted telephone interview (CATI) survey component consistent with previous data collection methodologies in 2015.

2.3.1 Rationale: Online survey with parallel CATI sample

Running a small parallel CATI sample alongside a large online panel sample allowed for comparison between this years' (and future years') online data collection methodology with 2015 results.

Underpinning this approach was the objective of capturing robust data through:

- Providing a consistent basis for comparison with previous waves — allowing us to draw further insight about the ongoing performance of this campaign; and
- Ensuring the larger sample collected via the online panel is calibrated according to the population characteristics that correlate with breast screening intentions and behaviour.

Additionally, any future waves of the campaign evaluation will not need to implement the CATI comparison phase, saving costs and/or providing scope for further breadth and depth of insight into cancer screening attitudes and behaviours.

2.3.2 Online survey sample

A nationally representative sample (n=2,048) of women aged 50-74 was taken from 3 online panels, being careful to control the make-up of the sample to ensure stability and better representation.

Table 1: Online representative sample (n=2,048)

	Demographic Break: Australian female population aged 50-74	Quota (n=)	Precision (+/-)	Weighted %
Age band	50-64	1,420	2.62%	68%
Age band	65-74	628	4.00%	32%
State	NSW	504	4.38%	30%
State	ACT	67	11.71%	5%
State	VIC	537	4.38%	23%
State	TAS	92	10.96%	4%
State	SA	138	9.80%	6%
State	NT	16	13.86%	1%
State	QLD	408	4.90%	20%
State	WA	286	5.66%	12%
Region	Metro Australia (Greater Cities)	1,188	2.83%	63%
Region	Non-Metro	860	3.46%	37%
SES	Low	565	4.00%	26%
SES	Medium	826	3.46%	39%
SES	High	655	4.00%	35%
Workforce	Employed or Employer	876	4.30%	43%
Workforce	Unemployed	267	6.93%	13%
Workforce	Not in labour force / retired	905	4.30%	44%
Aboriginal and Torres Strait Islander	Non- Aboriginal and Torres Strait Islander	1,982	2.53%	97%
Aboriginal and Torres Strait Islander	Aboriginal and Torres Strait Islander	66	9.80%	3%
Culturally and linguistically diverse	Culturally and linguistically diverse	305	2.31%	15%
Culturally and linguistically diverse	Non- Culturally and linguistically diverse	1,743	6.93%	85%
Education	Year 12 or lower	619	4.38%	29%
Education	Post-School qualification (non-degree)	921	3.10%	45%
Education	Degree qualification	507	4.38%	25%

The online survey was 15 minutes long.

Importantly, this sample included those who have had breast cancer, however this group were removed from analysis of most data questions to allow accurate comparisons to the previous wave, and a correspondingly reduced sample size (n=1,894) is reported against most questions included in the survey.

2.3.3 CATI survey sample

A secondary, nationally representative sample (n=325) of women aged 50-74 completed a short 12-minute survey by telephone, allowing us to replicate previous data collection methodologies and understand how they affect key response profiles.

Table 2: CATI sample (n=325)

	Demographic Break: Australian female population aged 50-74	Quota (n=)	Weighted %
Age bands	50-64	215	68%
Age bands	65-74	110	32%

A review of the CATI results in comparison to the online data will enable us to develop a greater understanding of the differences in results between the two methodologies, both in 2017, and in later years.

2.3.4 Statistical significance

↑ ↓ Throughout the report, statistically significant shifts between the primary and secondary target audiences and/or methodologies (CATI vs online) at 95% confidence level is indicated by up arrows (significant increase from mean) and down arrows (significant decrease from mean). In tables the text is coloured to represent significant differences.

2.3.5 Primary and secondary audiences; Delayers and Non-Screeners

The primary target audience for the campaign was women aged 65-74, and may include those previously invited to screen and those who have previously participated in the program. The secondary target audience was women aged 50-64, invited to screen as part of an expansion of the program.

In this campaign evaluation we identify two key groups with respect to breast cancer screening:

- 'Non-Screeners' – defined here as those in the primary and secondary target audience who have never previously had a breast cancer screening mammogram.
- 'Delayers' – defined here as those in the primary and secondary target audience who have previously had a breast cancer screening mammogram, but not in the last two years.

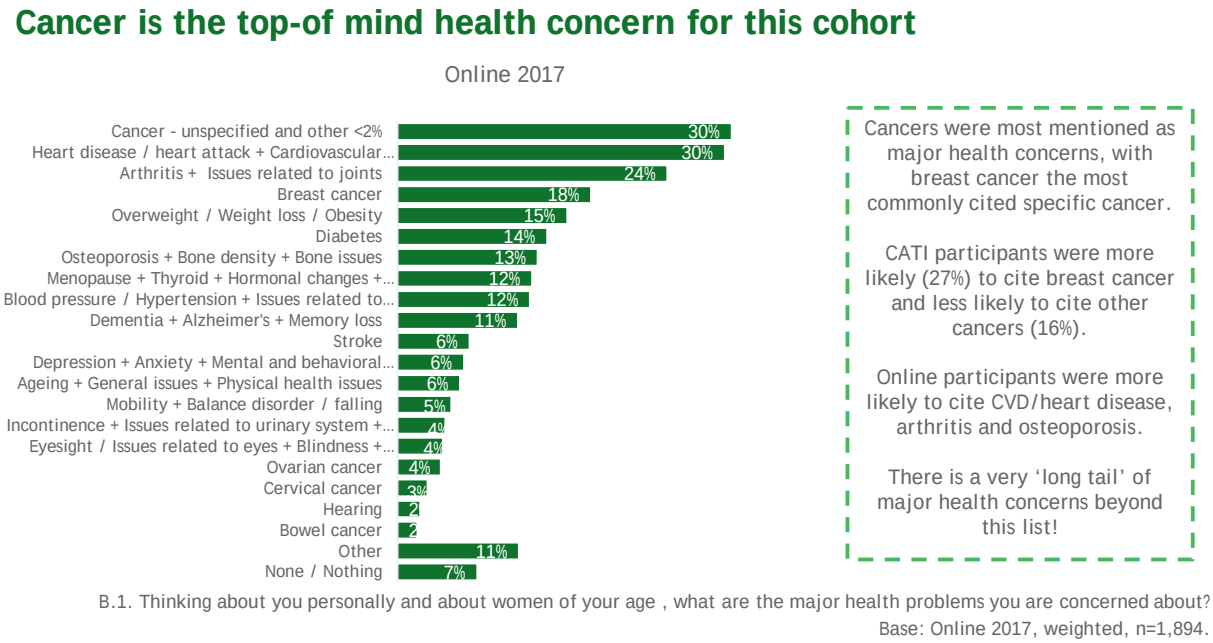
3. Detailed evaluation findings

3.1 Breast cancer awareness amongst Australian women aged 50-74

3.1.1 Major health concerns

Cancer tops the list of the major health problems that women aged 50-74 are concerned about (Figure 3.1.1-1, below). Heart disease and arthritis closely follow, but breast cancer was by far the most commonly cited form of specific cancer. Those completing the CATI survey were significantly more likely to mention breast cancer specifically (26%), and among this sample, it was the most commonly mentioned health concern. This difference is likely due to interviewer probing, enabling respondents to better specify the type of cancer participants were talking about.

Figure 3.1.1-1: Major health problem concerns amongst women aged 50-74 (online sample)



B.1. Thinking about you personally and about women of your age , what are the major health problems you are concerned about?
Base: Online 2017, weighted, n=1,894.

This result is unsurprising in many respects - breast cancer is the most common cancer in women. Other cancers were also widely mentioned, and 46% overall mentioned some form of cancer in their response – clearly a top-of-mind health concern in this cohort. 'Pink Ribbon' is a widely recognisable Australian charity movement. It is likely that the communications and corporate partnerships of other NGOs – in addition to Government advertising and other public service announcements - will be at least partly responsible for the strong showing of breast cancer amongst the list of major health concerns among women aged 50-74.

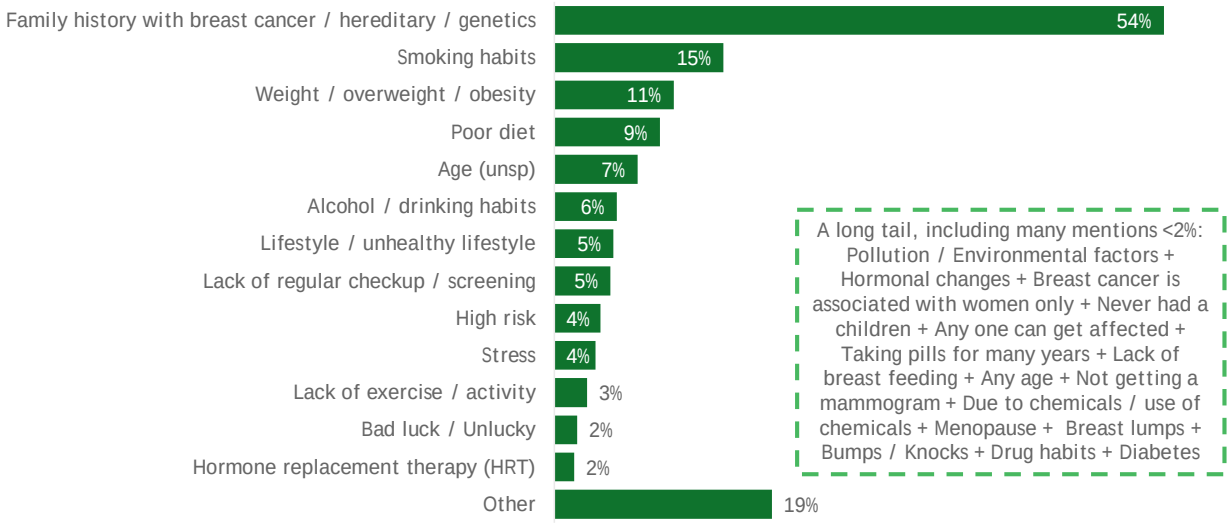
The other chronic diseases and conditions mentioned are not necessarily killers (arthritis, diabetes, hypertension, menopause) - but are common and can have significant impacts on lifestyle.

3.1.2 Risk factors for developing breast cancer

When asked to think about the biggest risk factors for developing breast cancer (Figure 3.1.2-1, below), family history and genetics (54%) lead the response, with poor health habits such as smoking (15%), obesity (11%) diet (9%), and alcohol (6%) cited by far fewer.

It is interesting here to compare the low relative importance of age in this unprompted, open-ended response (cited by only 7%) with the general agreement that age is a risk factor in Figure 3.1.2-3 (below, p13). This comparison demonstrates that while they may broadly acknowledge it, women in from amongst the target audiences may not naturally think of their increasing age as an important risk factor in developing breast cancer.

Figure 3.1.2-1: Risk factors considered amongst women aged 50-74 that lead to breast cancer (online sample)

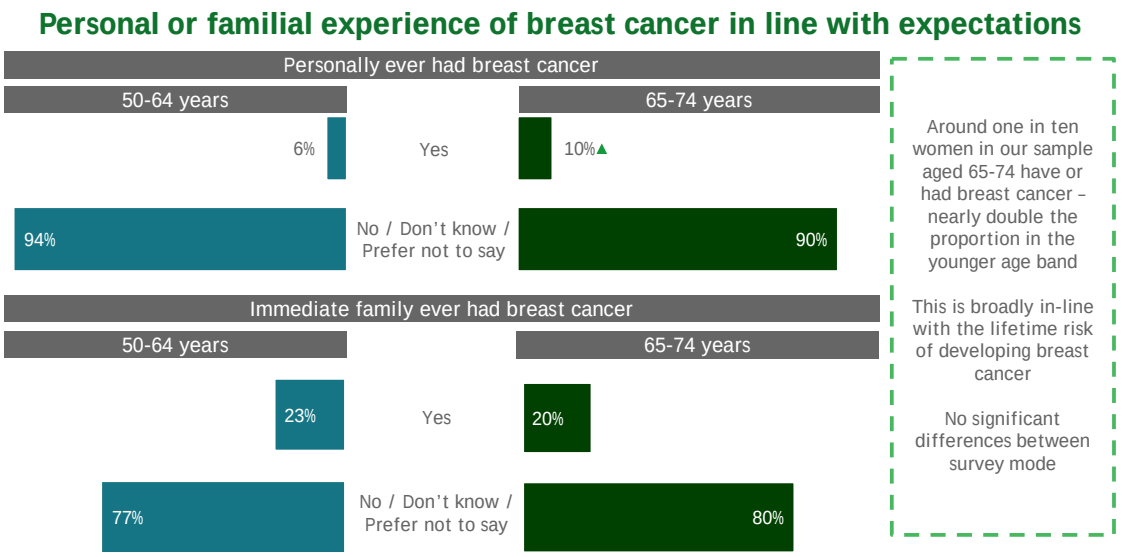


B.6. Thinking about yourself and other women, what do you think are the biggest risk factors for developing breast cancer?
Base: Online 2017, weighted, n=1894.

While one in sixteen (6%) of women aged 50-64 and one in ten (10%) women aged 65-74 indicate that they have had breast cancer, a significantly greater proportion have second-hand experience through someone in their immediate family (Figure 3.1.2-2, below).

One in five women (20%) aged 65-74 indicate that they have a family member who has been diagnosed with breast cancer, while a greater number of women aged 50-64 years (23%) indicated a family connection with the disease (Figure 3.1.2-2, below).

Figure 3.1.2-2: Breast cancer history; self & immediate family members

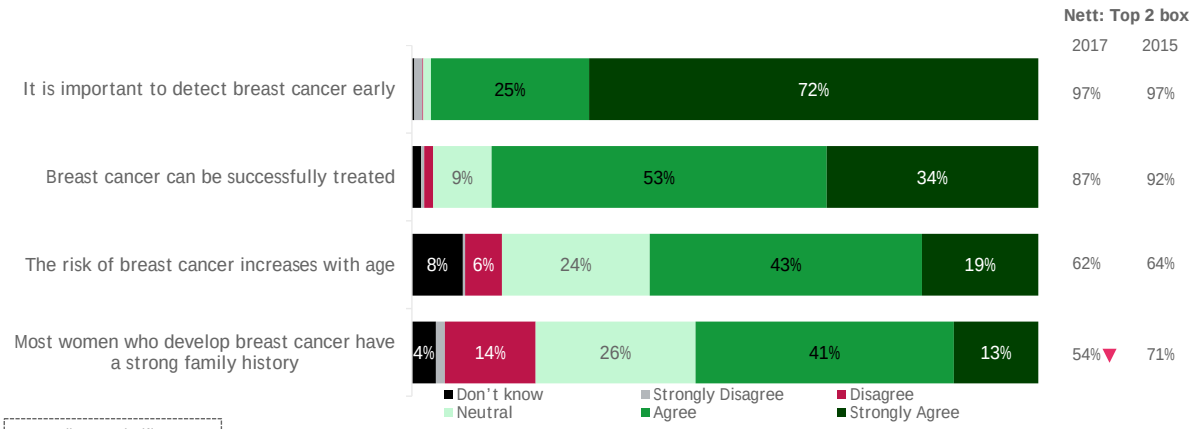


B.2. Have you ever had breast cancer? Base: 2017 Online, unweighted, N-2018
B.2.a. Has anyone in your immediate family ever had breast cancer? Base: 2017 Online, weighted, N=1894

Attitudes towards early detection are positive, with nearly all women (97%) aged 50-74 agreeing that is important to detect breast cancer early. Over half of women in this age bracket agree that family history (54%) is linked to the risk of developing breast cancer (Figure 3.1.2-3, below).

These results indicate that some of the key campaign messages have been largely incorporated into the beliefs of women in the target audiences. However, the relatively polarised response to the risks of a strong family history, and those associated with age are interesting and potentially worrisome – a substantial proportion of women (38%) do not see increasing age as a risk factor.

Figure 3.1.2-3: Attitudes towards breast cancer



B.5. Now, thinking about breast cancer, how strongly do you personally agree or disagree with each of the following statements? Base: 2017 Online, weighted, N=1894 Note: labels for proportion sizes lower than 2% have been removed for clarity

However, while nett agreement levels have remained stable, we observed a significant decline in the strength of agreement compared to 2015 – particularly the proportion who 'strongly agree'

across these dimensions. Both the CATI and online version of the survey recorded this significant decrease in the strength of conviction about these beliefs. Table 3.1.2-4, below, provides details.

Table 3: Comparison of attitudes towards breast cancer between 2015 and 2017 survey methodologies

Row %, weighted (colours indicate significant difference between year / method)	Year / survey method	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Breast cancer can be successfully treated	2015 CATI (n=930)	1%	2%	4%↓	29%↓	63%↑
Breast cancer can be successfully treated	2017 CATI (n=298)	0%	2%	7%	57%↑	33%↓
Breast cancer can be successfully treated	2017 Online (1,894)	0%	1%	9%↑	53%↑	34%↓
The risk of breast cancer increases with age	2015 CATI	5%↑	13%	9%↓	32%↓	33%↑
The risk of breast cancer increases with age	2017 CATI	2%	15%	8%↓	43%	18%↓
The risk of breast cancer increases with age	2017 Online	0%↓	6%↓	24%↑	43%↑	19%↓
Most women who develop breast cancer have a strong family history	2015 CATI	5%↑	13%↓	7%↓	32%↓	39%↑
Most women who develop breast cancer have a strong family history	2017 CATI	2%	28%↑	8%↓	48%↑	11%↓
Most women who develop breast cancer have a strong family history	2017 Online	1%↓	14%↓	26%↑	41%	13%↓
It is important to detect breast cancer early	2015 CATI	1%	0%	0%	3%↓	95%↑
It is important to detect breast cancer early	2017 CATI	0%↓	1%	0%↓	43%↑	56%↓
It is important to detect breast cancer early	2017 Online	1%↑	0%	1%↑	25%	72%

For example, increasing age is acknowledged as a risk (62%), and positively, almost nine out of ten (87%) agree that breast cancer can be successfully treated. In comparison to the previous wave, significantly fewer (19% Online; 18% in CATI) strongly agree (2015: 33%) that age is a factor.

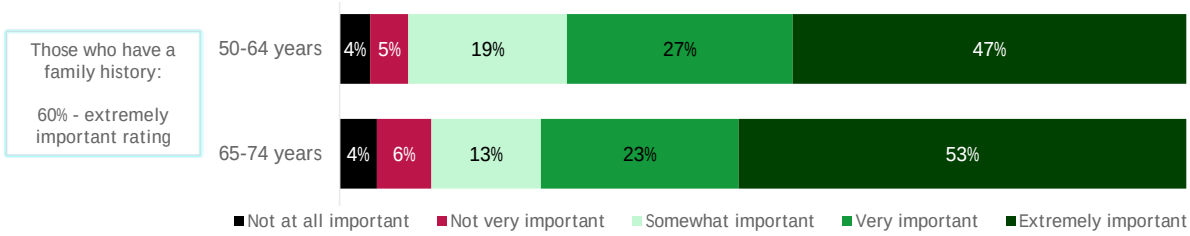
This trend in the strength of agreement (but not nett agreement) about the causes of breast cancer may indicate that target audiences increasingly see breast cancer as multifactorial, less strongly tied to age and family history. However, the reduction in the proportion who 'strongly agree' that breast cancer can be successfully treated, and that it is important to detect early, may also indicate an increasing negativity about the disease.

3.2 General screening attitudes and behaviours

3.2.1 Perceived importance of screening

With positive attitudes towards early detection, it is no surprise that attitudes towards getting a mammogram every two years (and on a regular basis), are also positive (Figure 3.2.1-1, below), particularly amongst those women who have a family history of breast cancer. 74% of women interviewed thought it was very and extremely important to have a mammogram every 2 years. Only around one in ten (9% of women aged 50-64 years and 10% of women aged 65-74 years) women feel it is not important to have a screening mammogram every two years on a regular basis, while around half (47% and 53% respectively) feel it is extremely important.

Figure 3.2.1-1: Importance of having a mammogram every two years on a regular basis



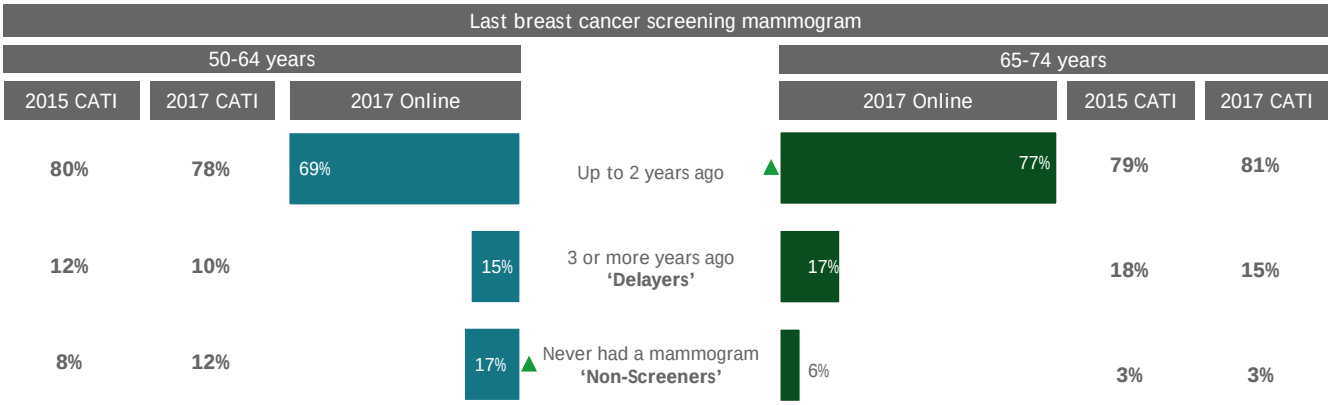
B.9. How important for your health and wellbeing is it to get a mammogram every two years on a regular basis?
Base: 2017 Online, weighted, N=1894

Despite these strong positive attitudes, stated behaviour shows us that regular breast screening is not ubiquitous. Figure 3.2.1-2, below, shows that one in four (28%) women in the secondary target audience (50-64 years) and one in five (21%) women in the primary target audience (65-74 years) have either not had a mammogram before, or have not done so within the advised two-year period.

Interestingly, a comparison of the CATI and online results reveals a significant difference in reported screening behaviours (Figure 3.2.1-2). Those in the younger age group responding to a telephone interviewer were significantly more likely to report recent screening.

The CATI 2017 results for self-reported behaviour were stable compared to 2015 (i.e: 46% of 50-64 year-old women reported screening in the past 12 months via the CATI survey, compared to 48% in 2015), however, fewer of those completing the online survey reported screening so recently (37%). This lower level of reported screening online flows through to a higher proportion of the younger online participants indicating they have never had a mammogram. A likely reason for this difference is a potential social desirability bias arising from the presence of a human observer in the telephone survey. If this is the case, the online interview likely provides a closer estimate of population.

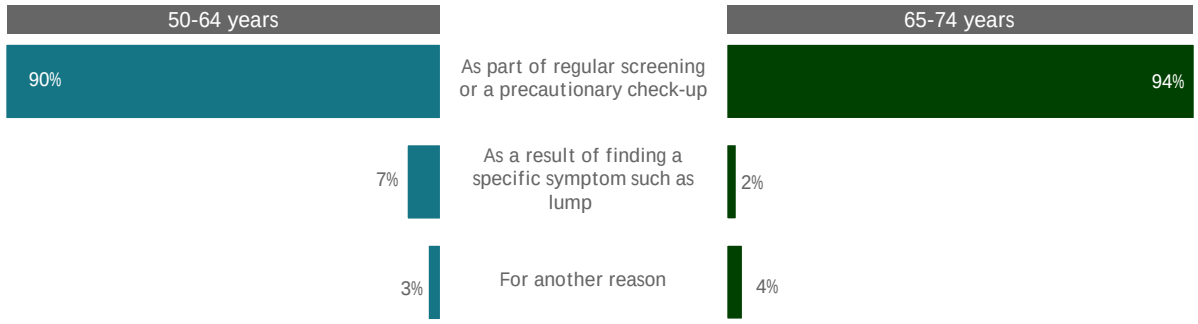
Figure 3.2.1-2: Last time respondent had a mammogram



B.7. Which best describes the last time you had a mammogram? Base: 2017 Online, has had a mammogram, weighted, N=1894

Amongst those women who indicated that they had a mammogram previously, nine out of ten (90-94%) indicated that this was due to regular screening or a precautionary check-up (Figure 3.2.1-3, below). Women in the secondary target audience (50-64 years) were slightly more likely to have had their last mammogram because of a specific symptom such as a lump compared to the primary target audience (7% compared to 2% respectively).

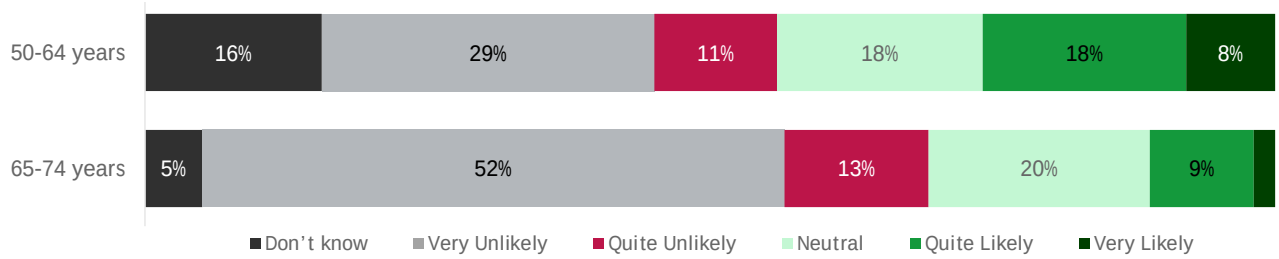
Figure 3.2.1-3: Reason for having a mammogram



B.11. You mentioned that you have had a mammogram. Was your last mammogram... Base: 2017 Online, has had a mammogram, weighted, N=1649

Amongst women who had <u>not</u> had a mammogram in the last 2 years, only a few intended to do so in the next few months (Figure 3.2.1-4, below), indicating that overall past screening behaviours is a good indicator of regular future screening behaviours.

Figure 3.2.1-4: Likelihood to have a mammogram in the next few months among those who had not had a mammogram in past 2 years



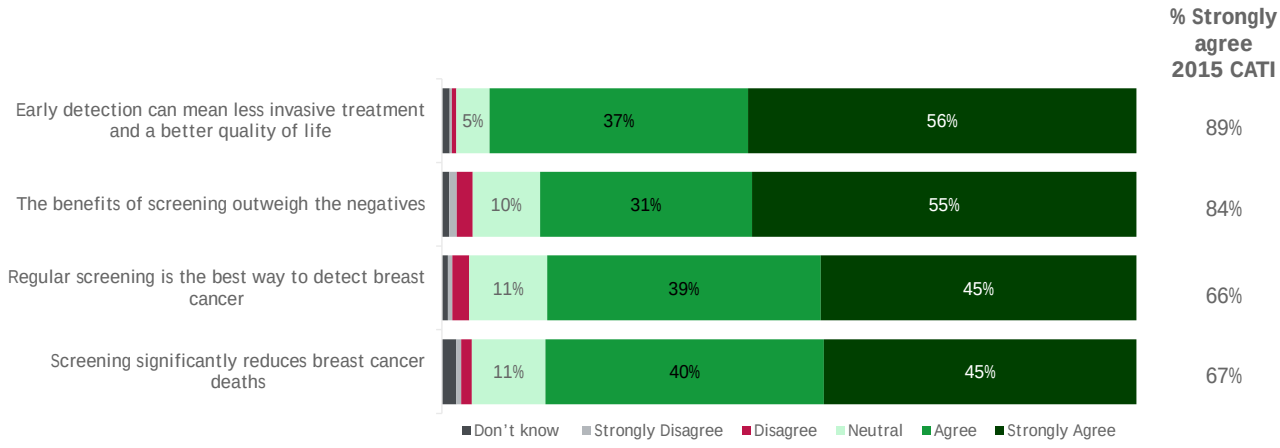
B.10. How likely are you to have a mammogram in the next few months? Base: 2017 Online, who have not had a mammogram in the last 2 years, weighted, N=541. Note: labels for proportion sizes lower than 3% have been removed for clarity

3.2.2 General attitudes towards screening

Women in the target audiences overwhelmingly agreed or strongly agreed with key statements that reflect the benefits of breast screening (Figure 3.2.2-1, below). Nine out of ten (93%) women stated some level of agreement that early detection can mean less invasive treatment and a better quality of life. Eight out of ten (84-86%) women agreed or strongly agree that the benefits of screening outweigh the negatives, that regular screening is the best way to detect breast cancer and can significantly reduce breast cancer related deaths.

The CATI results in 2017 were stable compared to the 2015 findings in terms of agreement with the statements 'the benefits of screening outweighs the negatives' and 'early detection can mean less invasive treatment and a better quality of life', however, there was a significant drop in the proportion agreeing 'Regular screening is the best way to detect cancer'. The online results were significantly, but not substantially (5-10% nett agreement) lower compared to the CATI survey conducted in 2015 across each of these dimensions (Figure 3.1.1-1, below).

Figure 3.2.2-1: Screening saves lives attitudes



B.15. Please indicate how strongly you agree or disagree with the following statements. Base: 2017 Online, weighted, N=1894
Note: labels for proportion sizes lower than 3% have been removed for clarity

These items were also included in the 2015 survey and we see a similar pattern to that observed earlier with lower levels of 'strong agreement' to each of the statements in 2017.

3.2.3 Screening avoidance

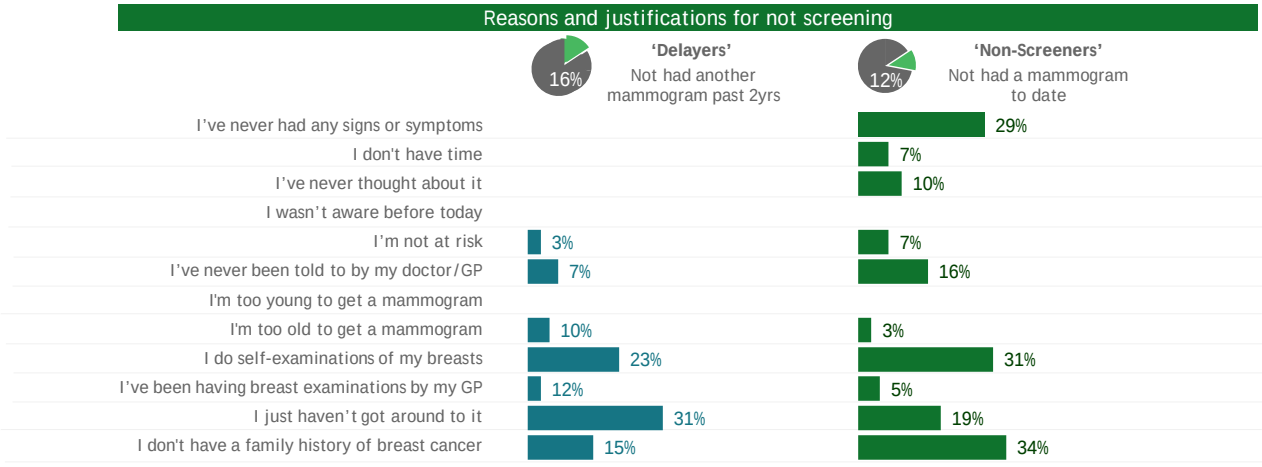
Self-examination was a commonly cited justification for not having a mammogram amongst those who have delayed having another mammogram beyond the recommended interval (Delayers) (23%) as well as amongst those who have not had one previously (Non-Screeners) (31%). This is potentially problematic as women who feel self-examination is a substitute for screening may be putting themselves at risk. There is a fine balance here - we want to encourage self-examination, but also need to emphasise this should be in addition to regular screening.

Figure 3.2.3-1, also shows that Non-Screeners were much more likely to suggest they don't need regular mammograms if there are no signs or symptoms (29%) or if they have no family history of breast cancer (34%). These low perceptions of risk are likely related to several well-described cognitive biases likely affecting the way women think about their risk. This is important to understand in designing campaigns that will encourage these women to screen more regularly.

One in six (16%) justified not screening as they'd never been told to by their doctor, but one in five (19%) also 'just haven't got around to it'. This highlights the importance of the GP channel, but also demonstrates a need to build a broader sense of imperative for this group.

Delayers were most likely to suggest they 'just haven't got around to it' – this understanding could help develop more relevant and resonant messaging for this group.

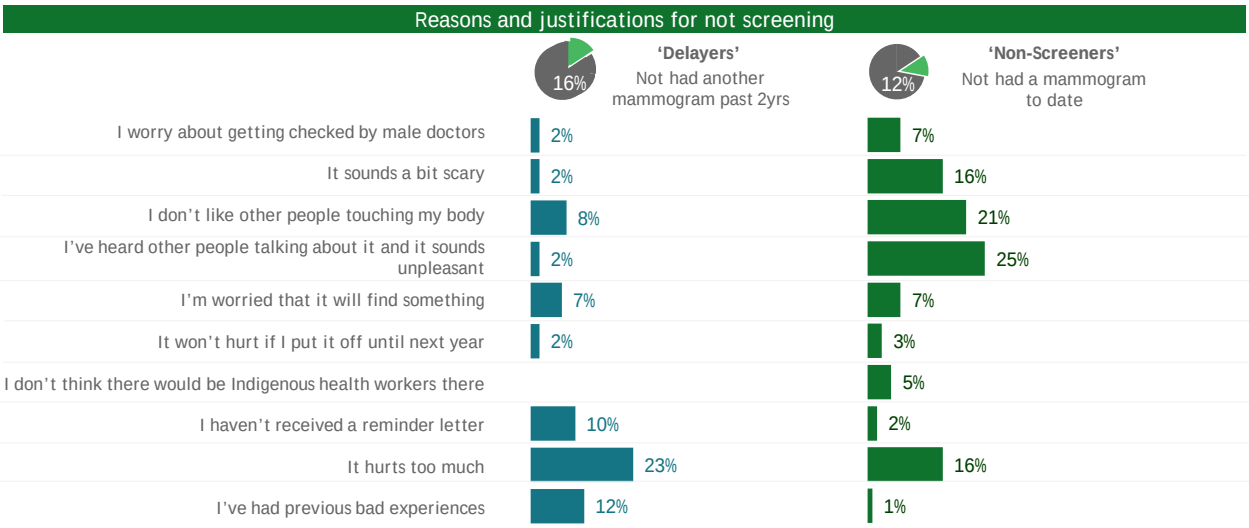
Figure 3.2.3-1: Reasons for not having a mammogram



B12 Why would you say that you have not had another mammogram in the past two years? Online, weighted n=321;
B13. Why would you say that you have not had a mammogram to date? Online, weighted n=321

Other justifications provided that drive the behaviours for not-screening or delaying highlight that the pain (or a perceived notion of pain) involved in screening is clearly an issue (23% amongst Delayers and 16% amongst Non-Screeners respectively).

Figure 3.2.3-2: Reasons for not having a mammogram (cont'd)



B12 Why would you say that you have not had another mammogram in the past two years? Online, n=321;
B13. Why would you say that you have not had a mammogram to date? Online, n=252;

Specific to Delayers, previous bad experience (12%) and having not received a reminder letter (10%) were also given as key reasons for the putting off their next screen beyond the recommended timeframe.

Amongst Non-Screeners, fear (16%), hearing other people talk negatively about screening (25%) and not feeling comfortable with someone touching their body (21%) were commonly cited reasons for not having had a mammogram.

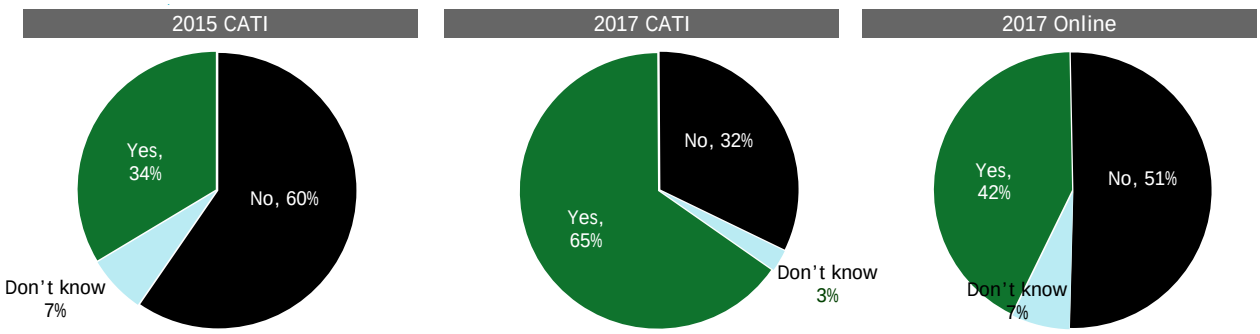
A negative belief of the experience creates powerful emotional barriers to screening that could potentially be tackled with appropriate communication activity.

3.3 Campaign diagnostics

3.3.1 Unprompted recognition of breast cancer screening advertising or materials

Unprompted awareness of advertising or materials about breast cancer screening has increased dramatically since 2015. Figure 3.3.1-1 below shows that both the parallel CATI sample and the online sample were substantially more likely to recall recent advertising or materials about breast cancer screening in the last 3 months in 2017 compared to 2015. In fact, the equivalent telephone sample reported almost twice the category awareness in 2017 (65%) compared with 2015 (34%). The online sample had closer, but still significantly greater unprompted awareness (42%) compared with the last wave of this evaluation.

Figure 3.3.1-1: Seen or heard any advertising or materials about breast cancer screening in the last 3 months



B.3. Thinking about the last 3 months, have you read, seen or heard any advertising or materials about breast cancer screening?
Base: CATI 2015, weighted, n=930; CATI 2017, weighted, n=298; Online 2017, weighted, n=1894

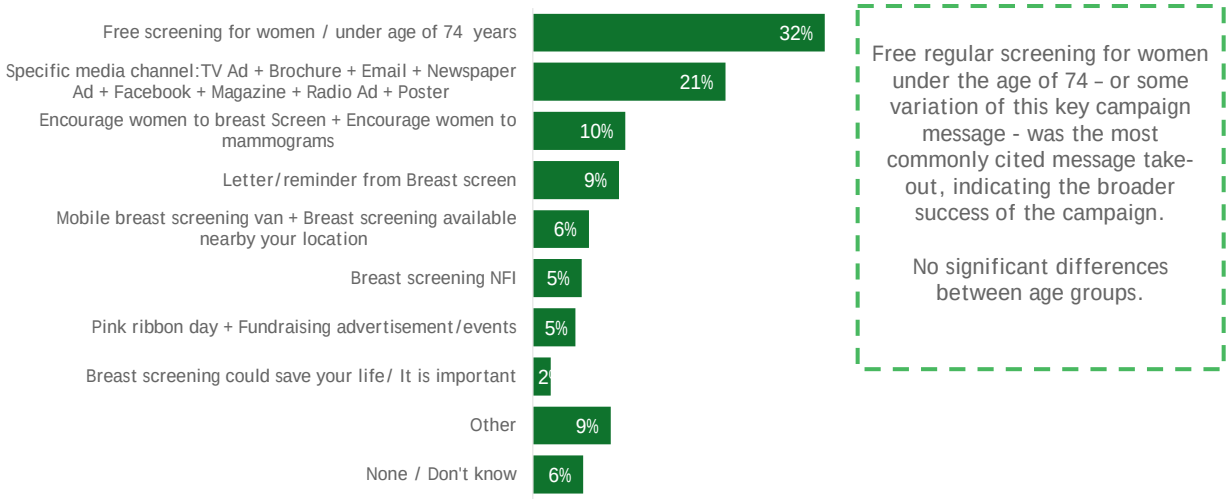
This could be due to several reasons – the order of the initial three questions in the survey was changed in this wave so that major health concerns were asked prior to asking about unprompted awareness of breast cancer screening advertising or materials (to avoid biasing concerns with prior prompting), and before personal experience with breast cancer. It could be that thinking about their concerns and being asked if they or their family have had breast cancer primes women to think about recent communication more than they would had they been asked the question cold. It could also be that this effect is stronger with an interviewer present.

However, given cancer came out as the top (unprompted) concern this year, and breast cancer was the most commonly cited specific cancer, it is likely that at least some of this dramatic increase in unprompted awareness is a real effect.

Further, the main messages recalled from this unprompted awareness of breast cancer screening communications were central campaign messages (Figure 3.3.1-2). This included the availability of free screening for women between the ages of 50 and 74, encouragement to get a mammogram and the initial and reminder letter from BreastScreen Australia.

This implies that the campaign was responsible for a substantial proportion of the increase in unprompted awareness.

Figure 3.3.1-2: Recalled messages from breast cancer screening advertising read seen or heard

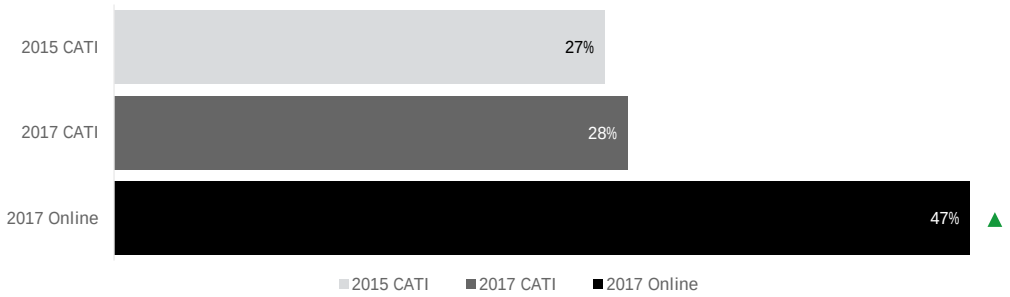


B.4. From what you can remember, please describe the advertising you saw or heard.
Base: Aware of campaign Online 2017, weighted, n=813

3.3.2 Prompted recognition of campaign

Prompted recognition of any element of the BreastScreen Australia campaign has remained consistent between 2015 and 2017 CATI (27% and 28% respectively) but is significantly higher in the 2017 online survey - almost half (47%) of the audience reported they have seen or heard at least one element of the campaign (Figure 3.3.2-1, below).

Figure 3.3.2-1: Prompted campaign awareness[1]



B.28, B.29, B.30, B.31, B.32. (combined exposure to any communications) Thinking about the last 3 months, have you read, seen or heard any advertising or materials about breast cancer screening? Base: CATI 2015, weighted, n=930; CATI 2017, weighted, n=298; Online 2017, weighted, n=1894

There were no significant differences between age groups in terms of overall campaign recognition.

This result is analogous to comparisons of CATI and online methodologies in other campaign evaluation studies that we have run. The ability to present the actual advertising materials in the online format inevitably demonstrates higher prompted recognition than a description of the materials via a CATI survey.

The key point to note here is that while campaign recognition has remained stable on a directly comparable basis, it is likely that the 2015 CATI and 2017 CATI surveys under-estimated the proportion of women exposed to the campaign by a significant proportion.

3.3.3 Prompted recall of specific campaign elements

Recognition of the main campaign image has grown over the 2015-2017 period; in the 2017 CATI, 28% of women reported seeing the advertisement at least once before, up from 20% in the 2015 CATI survey. The 2017 online survey reveals higher awareness, 38% of women reported seeing the main campaign image at least once.

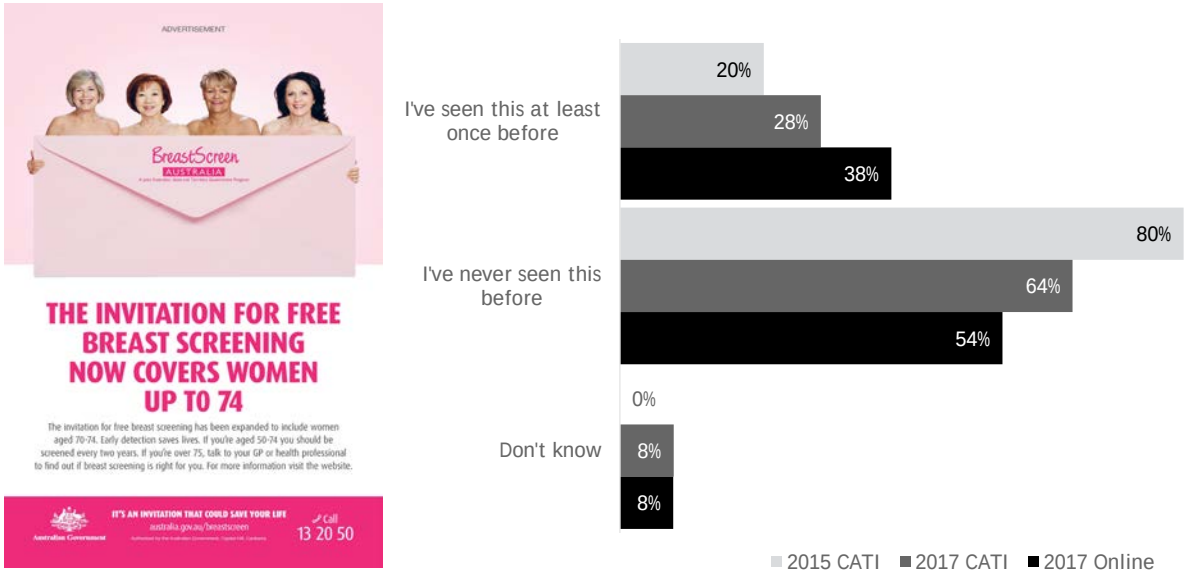
[1] Online participants were presented with actual campaign imagery and other assets, including stills from social media and the radio ad. The measure of awareness shown here is a combined measure across all these elements (B28-B32).

CATI participants in both 2015 and 2017 were prompted with a single descriptive question (B28):

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

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

Figure 3.3.3-1: Prompted recognition of main campaign image



B.28. Have you seen this advertisement before today? You could have seen it in several formats, such as on a poster, in a brochure or in a print/online ad...
Base: CATI 2015, weighted, n=930; CATI 2017, weighted, n=298; Online 2017, weighted, n=1894

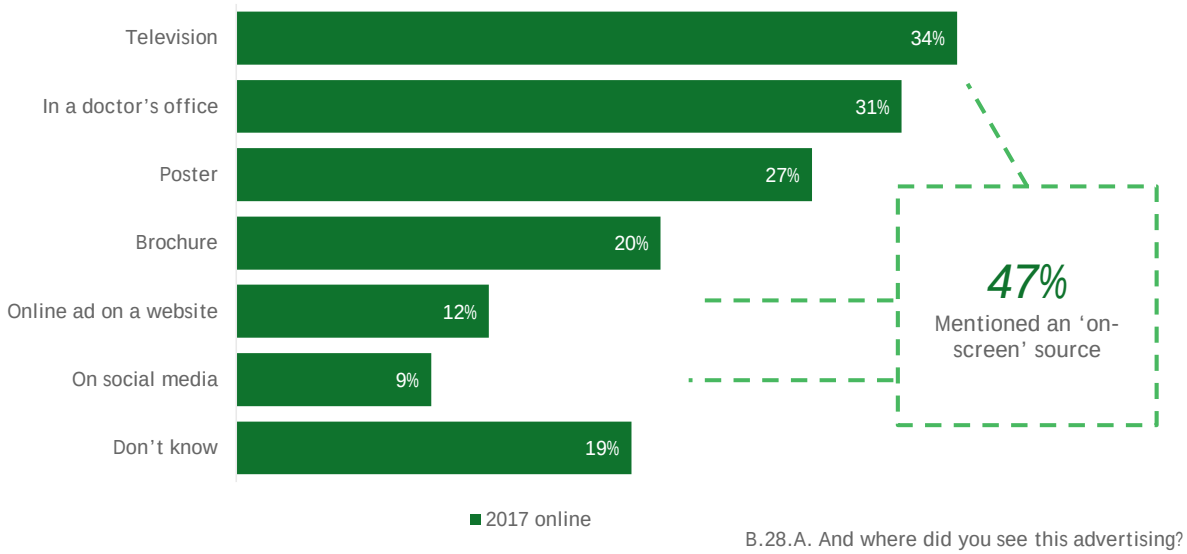
Similarly to prompted campaign awareness, the online survey, where women were shown the actual image, is likely to be a better indication of prompted campaign recognition, as compared to the CATI method where creative was only described.

The most commonly cited sources of awareness of the main campaign image were on television (34%) in a doctor's office (31%) and posters (27%) (Figure 3.3.3-2).

The fact that the campaign was not shown on television will not be surprising for readers of campaign evaluation reports – survey participants are notoriously biased towards thinking they have seen campaign elements via this medium.

It is likely that some misattribution from social media (where over 1.7 million views of the campaign creative was recorded), print and outdoor elements – and perhaps even television programming not related to the campaign - accounts for a proportion of television's apparent reach. Overall, 47% recalled seeing the main campaign image on a screen.

Figure 3.3.3-2: Source of awareness of main campaign image



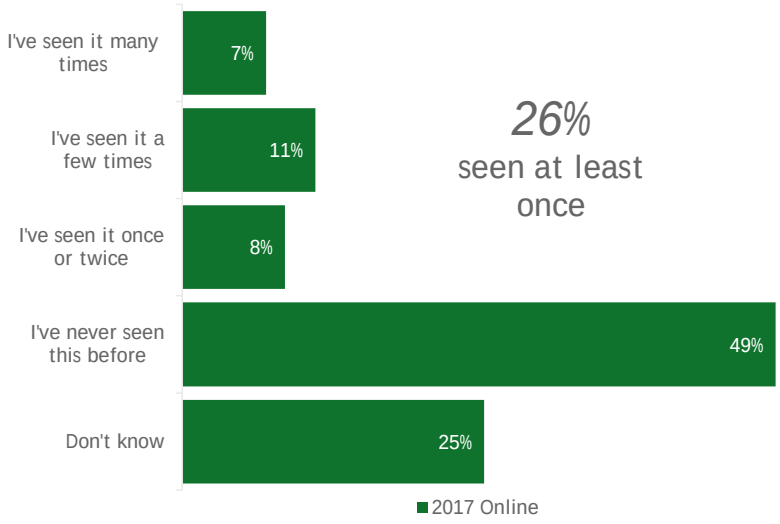
B.28.A. And where did you see this advertising?
Base: 2017 Online, has seen main campaign advertising, weighted, N=723

Recognition of the Indigenous-specific materials among women who identify as Aboriginal or Torres Strait Islander people(s) (n=65 in the 2017 Online Survey) is significantly lower than awareness levels captured for the main campaign image - 26% of this audience report seeing the Aboriginal or Torres Strait Islander-specific image at least once (Figure 3.3.3-3, below).This compares to 57% of the Aboriginal or Torres Strait Islander audience who recognised the main campaign image in 2017.

This suggests that this Aboriginal or Torres Strait Islander -specific material may require greater investment to reach a substantial proportion of this audience, or perhaps a re-thinking of media targeting or messaging and creative execution to generate greater differentiation, cut-through and specificity.

Although source awareness of the Aboriginal or Torres Strait Islander element in was not measured in the 2017 CATI survey, the 2015 CATI survey showed an Aboriginal or Torres Strait Islander – specific campaign recognition of 16%.

Figure 3.3.3-3: Prompted awareness of Aboriginal or Torres Strait Islander Campaign Image

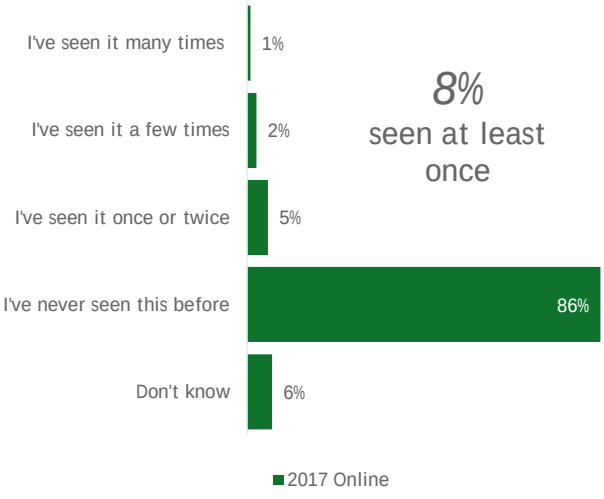


B.29. Have you seen this advertisement before today? You could have seen it in several formats, such as on a poster, in a brochure or in a print/online ad... Base: CATI 2015, Aboriginal or Torres Strait Islander, weighted, n=40; Online 2017, Aboriginal or Torres Strait Islander, weighted, n=65

The 'Screen Queens' magazine spread was reportedly recognised by 8% of women aged 50-74 years (Figure 3.3.3-4, below). Analysis between the two target audiences shows little difference in recognition levels by age for the magazine media.

These low levels of recognition are reflective of a small media spend. Given this, there can be some encouragement taken in that it demonstrated a measurable level of recognition, and contributed to the overall cost-effectiveness of the campaign.

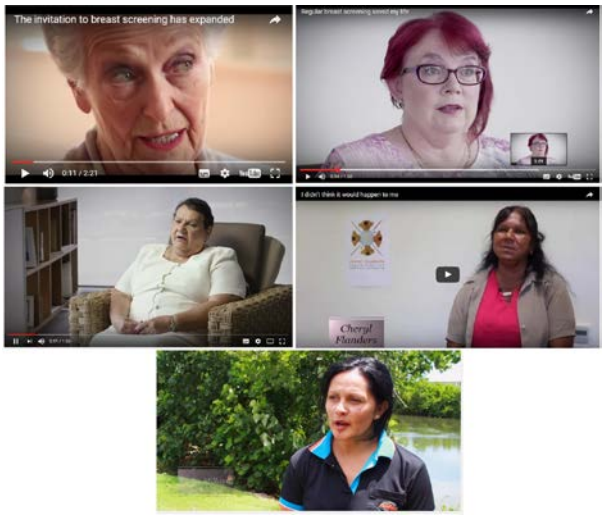
Figure 3.3.3-4: Awareness of Magazine Spread



B.31. Have you seen this advertisement before today?
Base: Online 2017, weighted, n=1894.

Recognition of the 'organic' social media videos is lower still (Figure 3.3.3-5, below), with 6% reporting that they had seen any of the videos. It is important to note that due to time constraints, the five videos were not played in full, survey participants were shown a single frame of the videos. It is therefore possible that the survey artificially limits recognition of this aspect of the campaign. The main campaign image was also shared on social media, however, this was not tested separately in our survey, and instead we rely on the attribution statistic reported above in Figure 3.3.3-2.

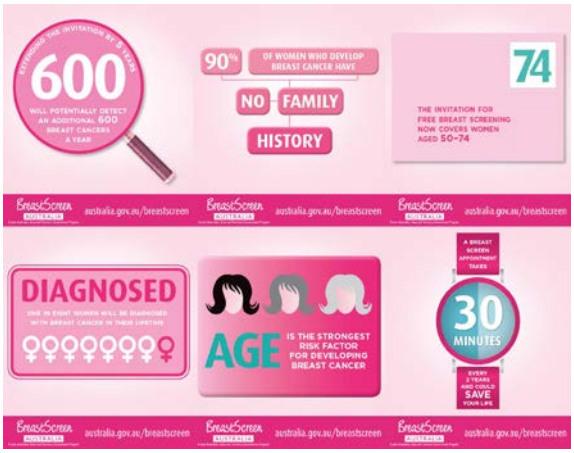
Figure 3.3.3-5: Awareness of social media videos

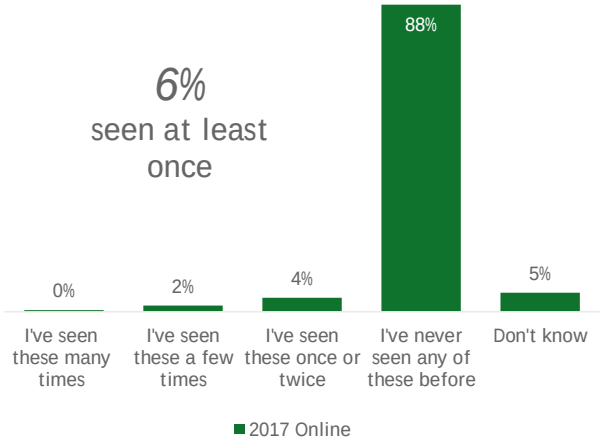


B.32. Have you seen any of the below videos before today on social media?
Base: Online 2017, weighted, n=1894.

The same proportion (6%) reported having seen the social media posts (Figure 3.3.3-6, below). The campaign is not cutting through as strongly on social media as it has been through the more traditional media channels. This is most likely due to the older audience being less active on social media, but could also be due to recall bias or misattribution to television.

Figure 3.3.3-6: Awareness of social media infographic



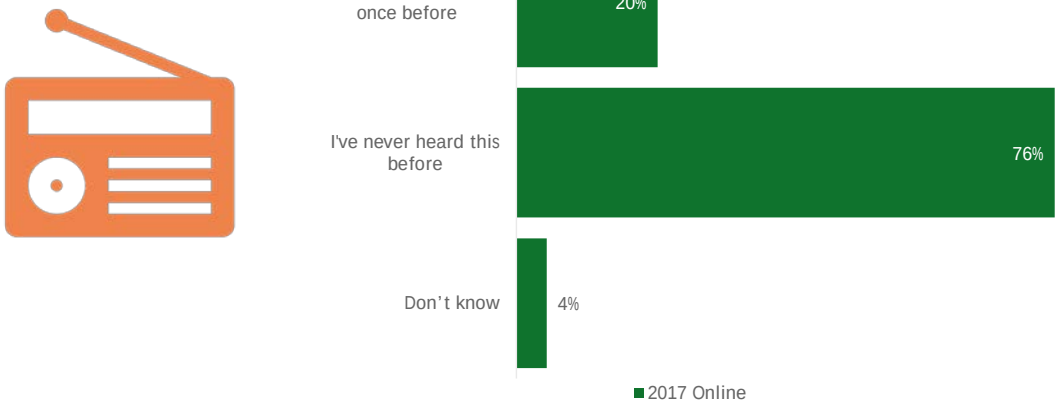


B.32.A. Have you seen any of the below images before today on social media? Base: Online 2017, weighted, n=1894.

Recall of the radio ad was 20% (Figure 3.3.3-7, below). This result is higher than the social media and magazine spread, but still significantly lower than awareness levels achieved for the main campaign image. There was no significant differences between mainstream or culturally and linguistically diverse audiences or Aboriginal or Torres Strait Islander audiences, at whom the radio ad was largely targeted.

This result was surprising, as the radio ad did not have a large media spend applied against it in this wave of the campaign – it was only played on non-mainstream channels. It could be that this relatively high prompted recognition is due to previous waves of the campaign.

Figure 3.3.3-7: Awareness of Radio Ad



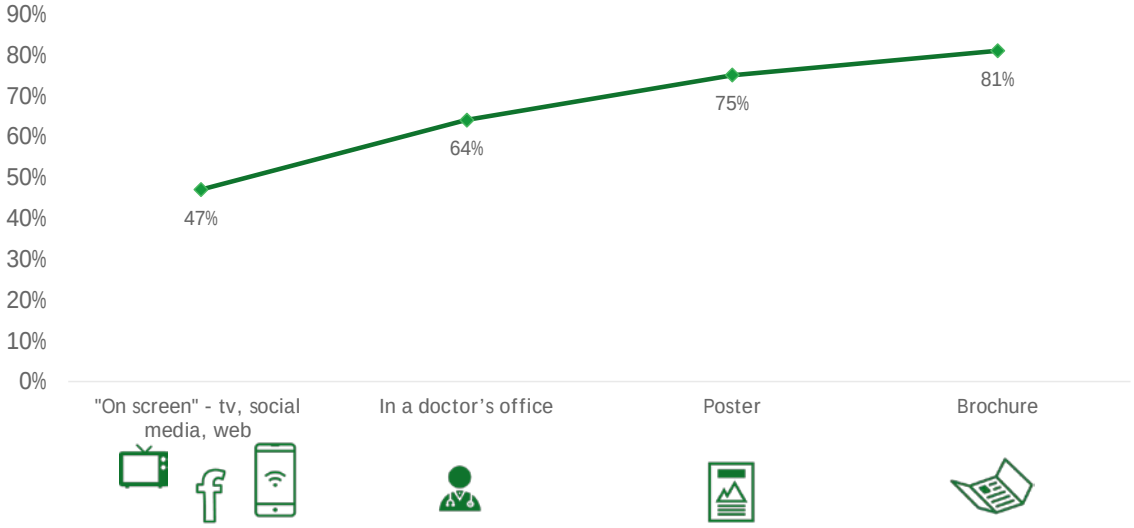
B.33. Now we've got a radio ad we'd like you to listen to. Please make sure your speakers are turned up and then press play. Have you heard this advertisement before today on radio?
Base: Online 2017, weighted, n=1894.

3.3.4 Overall effectiveness of the campaign

To assist in evaluating media potential and devising optimal communication and placement strategies moving forward, TURF (Total Unduplicated Reach and Frequency) analysis has been applied to identify the proportion of women aged 50-74 who were reached by the communication, and how often they were reached.

Figure 3.3.4-1, below, analyses the various mediums that were utilised in the BreastScreen Australia campaign. The 2017 campaign generated most reach 'On screen' and in doctor's offices. Posters and brochures have also played an important role.

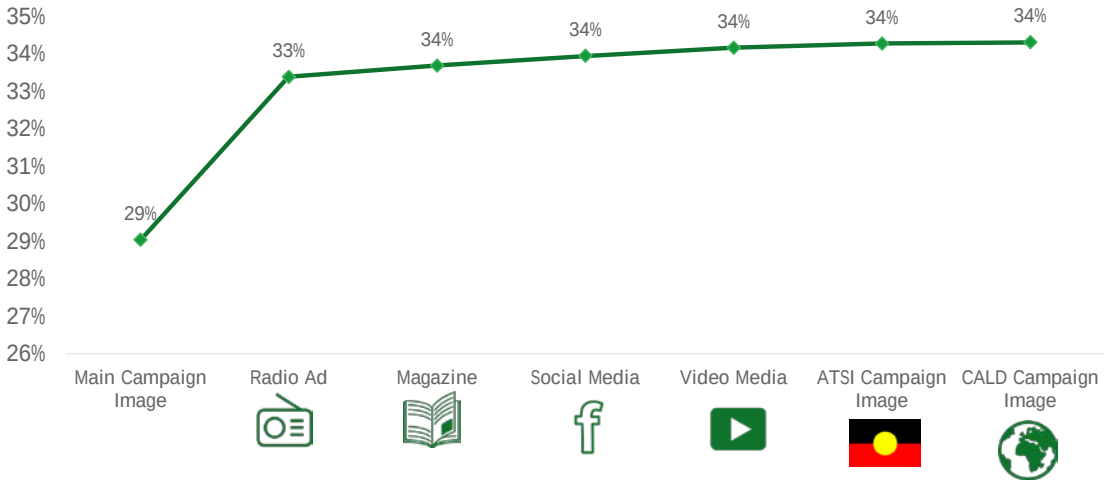
Figure 3.3.4-1: Reach analysis for the BreastScreen Australia campaign – campaign mediums



B.28.A. And where did you see this advertising? Base: 2017 Online, has seen main campaign advertising, weighted, N=794

Figure 3.3.4-2 demonstrates a similar analysis of the various executions that were utilised in the BreastScreen Australia campaign. The main campaign image generated the greatest levels of awareness, while the radio ad was also a strong contributor to overall awareness.

Figure 3.3.4-2: Reach analysis for the BreastScreen Australia campaign – campaign executions



B.28, B.29, B.30, B.31, B.32, B.33. Base: CATI 2015, weighted, n=930; CATI 2017, weighted, n=298; Online 2017, weighted, n=1894

Overall, the campaign has managed to maintain awareness at relatively high levels. While we did not see the campaign increase awareness on a directly comparable basis, it has maintained awareness at a relatively high level since 2015, and has achieved this at a low cost per target audience member aware of the campaign (Table 4: Media efficiency analysis, below).

Depending on whether we use the reach figure from the Online sample or the CATI sample, the cost per target audience member aware of the campaign was between $0.65 and $1.16.

Table 4: Media efficiency analysis

Total population women aged 50-74: 3,199,000		Population aware	Efficiency (cost/target audience member aware) on total media budget of $1,000,000
Prompted awareness: CATI	28%	896,000	$1.16
Prompted awareness: Online	47%	1,504,000	$0.65

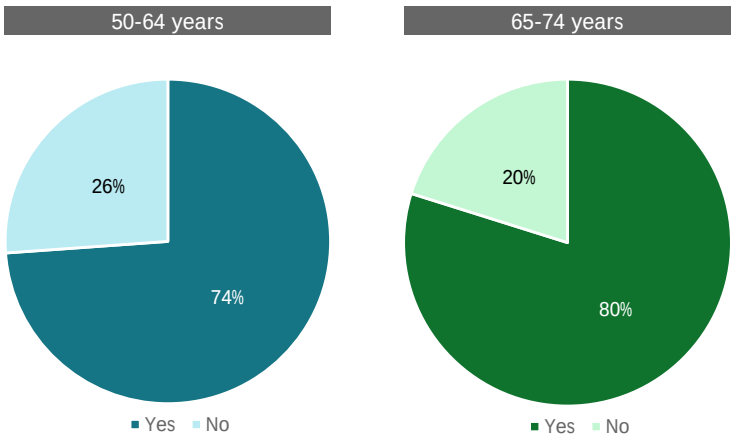
3.3.5 Prompted recall of invitation letter

We showed previously in Figure 3.2.3-2 that 10% of Delayers identified having not received their invitation letter as a reason they hadn't had a biennial mammogram. We showed in Figure 3.3.1-2 that a similar proportion of the entire target audience (9%) identified the letter as a source of their unprompted awareness about breast cancer screening materials. Below we extend on these findings to highlight the importance of the invitation letter to the overall effectiveness of the campaign.

Recall of the BreastScreen Australia invitation letter was very high. At an overall level, three quarters of women (76%) reported they recalled receiving the letter in the mail. The older age

group (65-74) have slightly higher levels of recall; 80% reported they have received the letter, compared to 74% in the younger age group (50-64).

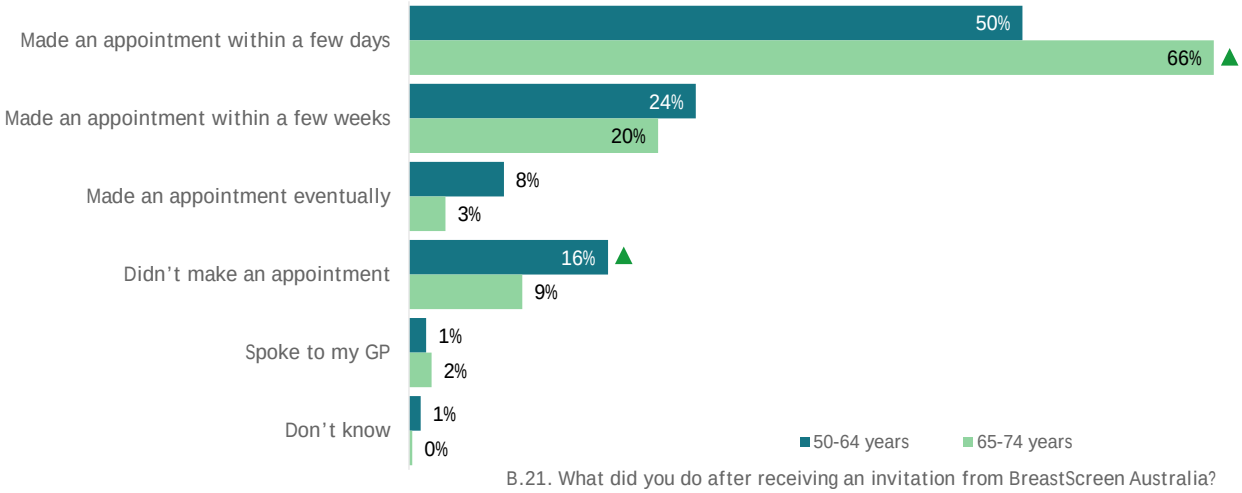
Figure 3.3.5-1: Recall receiving BreastScreen Australia invitation letter



B.20. Do you recall receiving an invitation letter from BreastScreen Australia?
Base: 2017 Online, aware of BreastScreen Australia, weighted, N=1719

The BreastScreen Australia invitation letter appears to be highly effective at driving an immediate response amongst women to make an appointment. Among women who recalled receiving the letter, over half (56%) reported they made an appointment within a few days and a further 29% made an appointment eventually (84% made an appointment at any stage). Only 15% did not take any action as a result of having received an invitation letter. Women aged 65-74 are significantly more likely to make an appointment straight away (66%) compared to women aged 50-64 (50%) (Figure 3.3.5-2).

Figure 3.3.5-2: Actions taken after receiving invitation letter



B.21. What did you do after receiving an invitation from BreastScreen Australia?
Base: 2017 Online, recall receiving an invitation from BreastScreen, n=1317

3.3.6 Knowledge of key campaign messages

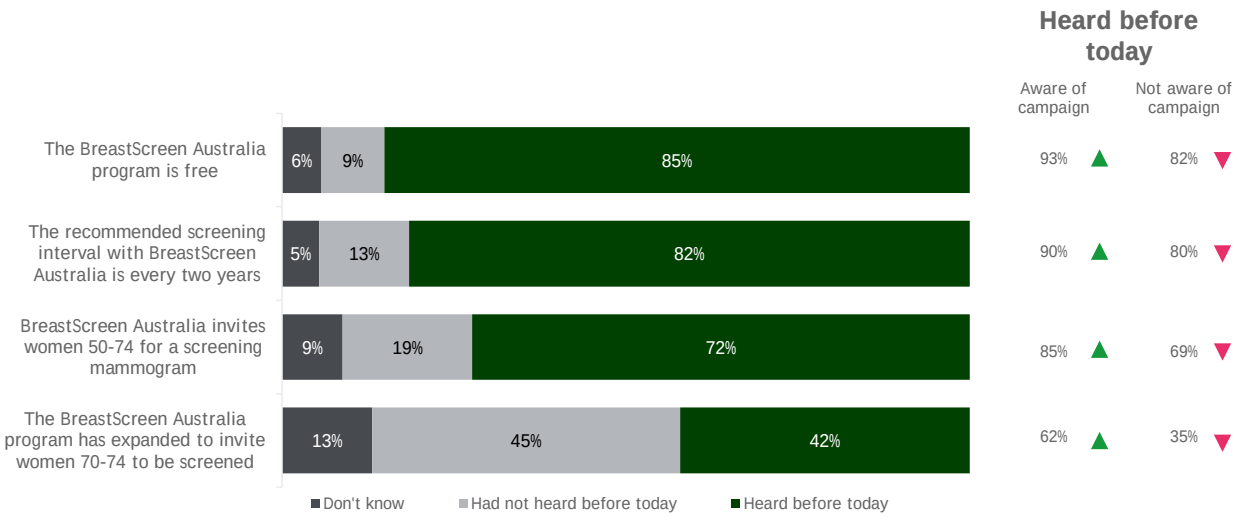
The key campaign messages are clearly cutting through to the targeted audiences, with significantly higher levels of knowledge amongst those who were aware of the BreastScreen Australia campaign.

A majority (85%) of women aged 50-74 were aware that the BreastScreen Australia program is free, and a similar proportion (82%) were aware that the recommended screening interval is every two years (Figure 3.3.6-1, below).

Knowledge of the age range invited for screening (50–74) was somewhat lower, with just under three quarters of women (72%) indicating that they had heard this message.

Knowledge of the expansion of the program to include women 70-74 years of age was quite low – just four in ten women were aware of this change.

Figure 3.3.6-1: Knowledge of key campaign messages

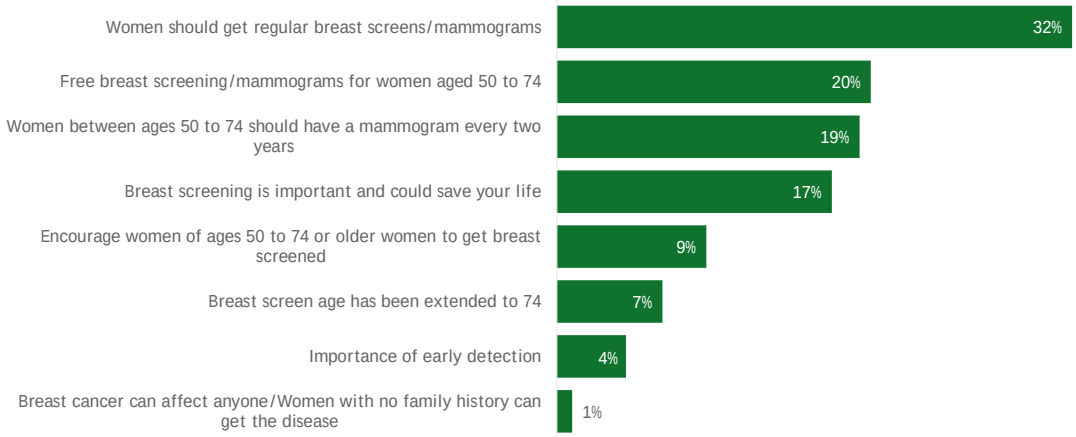


B.25. To the best of your knowledge, please indicate below whether you had heard the following before today? ? Base: 2017 Online, weighted, N=1894

3.3.7 Message Take Out

The BreastScreen Australia campaign largely communicated its intended messages. Figure 3.3.7-1, below, shows the coded responses to open-ended main message take-out from the campaign (perceptions of what the campaign was trying to communicate) are that women should get screened regularly (32%), and that screening is free for women aged 50 to 74 (20%).

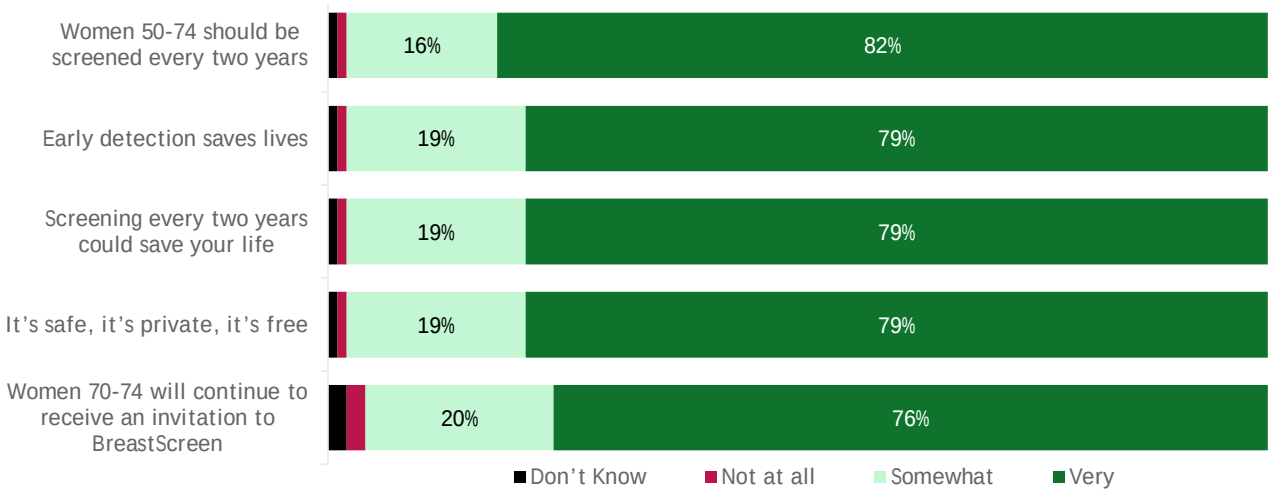
Figure 3.3.7-1: Message Take-out from campaign



B.34. Thinking about all the advertising we've shown you for BreastScreen Australia, what do you think the campaign was trying to tell you? [Open-Ended]
.Base: Online 2017, weighted, n=1894.

Prompted message take-out further confirms that the campaign is communicating the key messages. Around eight in ten (76%-82%) of women feel that the campaign strongly communicates the key messages (strongly agree), and only 1-2% feel that these messages are not at all communicated by the campaign.

Figure 3.3.7-2: Prompted message take out; Top box results (Strongly agree)



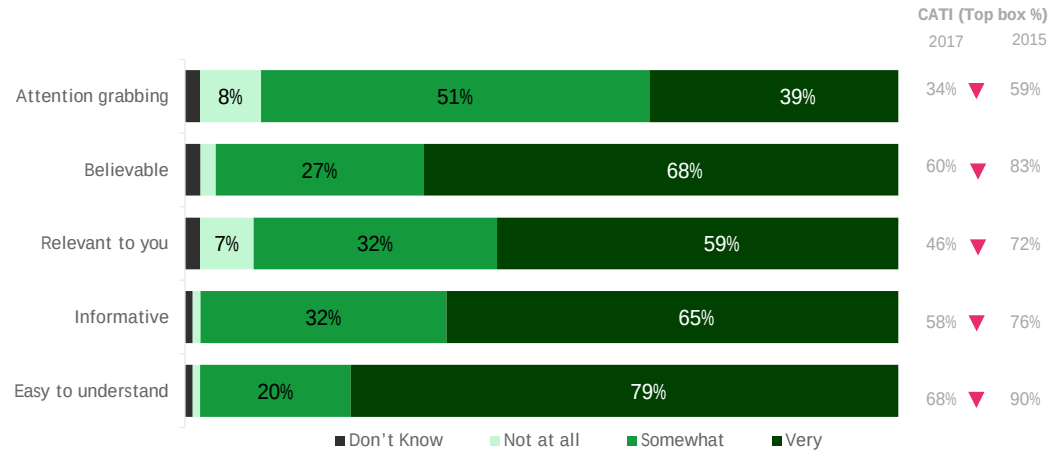
B.36.Thinking about the overall campaign, to what extent did it communicate that…
Base: Online 2017, weighted, n=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

3.3.8 Campaign Diagnostics

The BreastScreen Australia campaign creative is hitting the mark with the target audiences; 79% feel it is very easy to understand, 68% feel it is very believable and 65% feel it is very informative (Figure 3.3.8-1).

However, these results reveal a significant decline compared to 2015 results – a substantially lower proportion rated the campaign 'Very' attention grabbing, believable, relevant, informative and easy to understand this year compared to 2015 – a pattern observed across both the 2017 CATI and online samples.

Figure 3.3.8-1: Campaign Diagnostics



B.35. Still thinking about all the advertising we've shown you for BreastScreen Australia, please rate the campaign on the following aspects. This campaign was...
Base: CATI 2015, weighted, n=930; CATI 2017, weighted, n=298; Online 2017, weighted, n=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

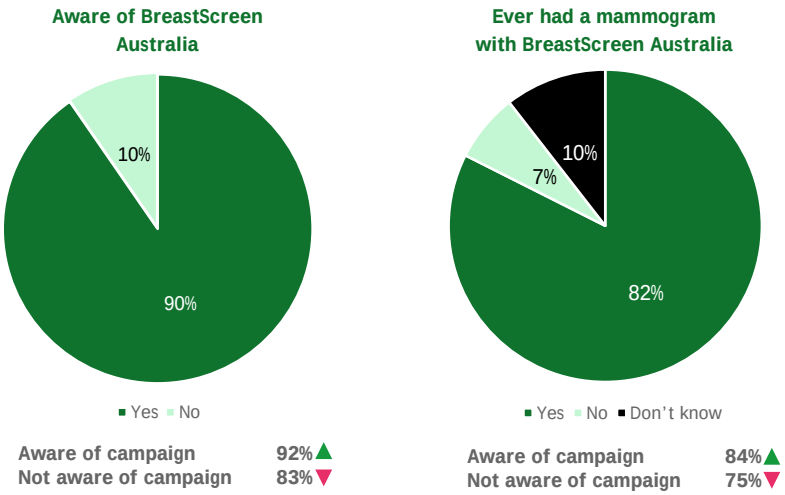
This indicates the campaign may be wearing out, and will likely be less effective at increasing awareness if used for future activity.

3.4 BreastScreen Australia

3.4.1 BreastScreen Australia awareness & interactions

Overall awareness of the BreastScreen Australia Program was high, with 90% of women surveyed reporting that they had heard of BreastScreen Australia (Figure 3.4.1-1, below). As expected, women who recalled seeing the campaign were significantly more likely than those who hadn't to be aware of the program (92% compared with 83%, respectively).

Figure 3.4.1-1: Awareness & interaction with BreastScreen Australia



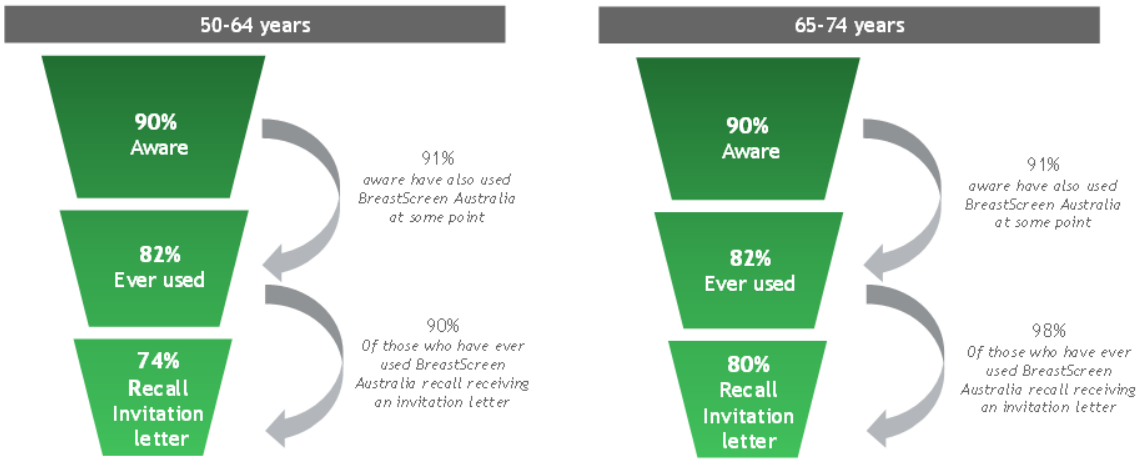
B.17. Have you ever heard of BreastScreen Australia? Base: 2017 Online, weighted, N=1894; B.18. Have you ever had a mammogram from BreastScreen Australia? Base: 2017 Online, has had a mammogram and has heard of BreastScreen Australia, weighted, n=1545

A similar pattern is evident regarding interaction with BreastScreen Australia (Figure 3.4.1-1, above). Approximately 8 out of 10 (82%) women stated that they have ever had a mammogram from BreastScreen Australia, significantly higher amongst those who were aware of the BreastScreen Australia campaign (84% compared with 75% who were not aware of the campaign).

Breastscreen Australia participation rates released by the Australian Institute of Health and Welfare of the last 2 years (2015-2016) indicate that more than 5 in 10 women (55%) aged 50-74 had a mammogram through Breastscreen Australia.

Figure 3.4.1-2 below shows little differentiation in awareness and usage levels between the two target audiences, but does highlight the importance of maintaining awareness levels of the BreastScreen Australia program amongst women.

Figure 3.4.1-2: Awareness & interaction with BreastScreen Australia - by target audience



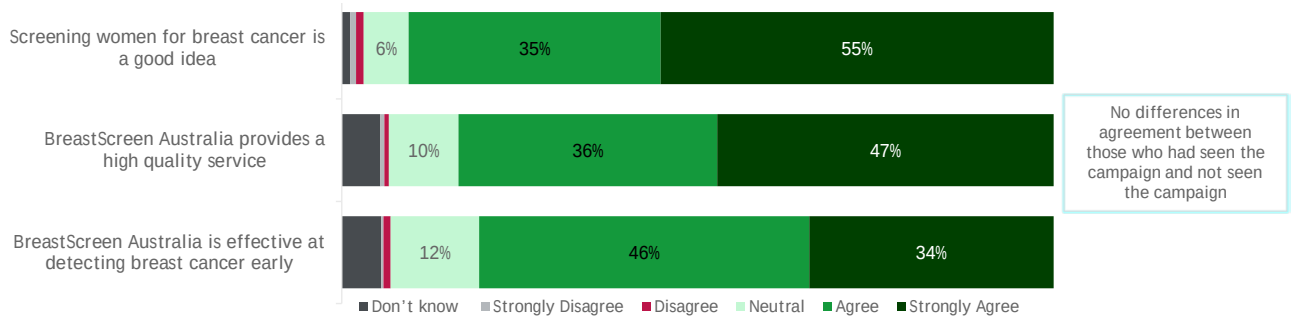
B.17. Have you ever heard of BreastScreen Australia? Base: 2017 Online, weighted, N=1894.
B.20. Do you recall receiving an invitation letter from BreastScreen Australia? Base: 2017 Online, aware of BreastScreen Australia, weighted, N=1719
B.18. Have you ever had a mammogram from BreastScreen Australia? Base: 2017 Online, aware of Breastscreen Australia and has had a mammogram weighted, n=1545

There is evidence of greater usage of the BreastScreen Australia program amongst those aware – 91% of women aged 50-74 who were aware of BreastScreen Australia have gone on to have a mammogram with BreastScreen Australia.

3.4.2 Attitudes towards BreastScreen Australia

Regardless of campaign awareness, agreement that breast cancer screening is a good idea and that BreastScreen Australia provides a high quality and effective service is strong; at least eight out of ten women (between 80% and 90%) agreed or strongly agreed with affirmations about the quality and effectiveness of BreastScreen Australia (Figure 3.4.2-1, below).

Figure 3.4.2-1: Attitudes towards BreastScreen Australia

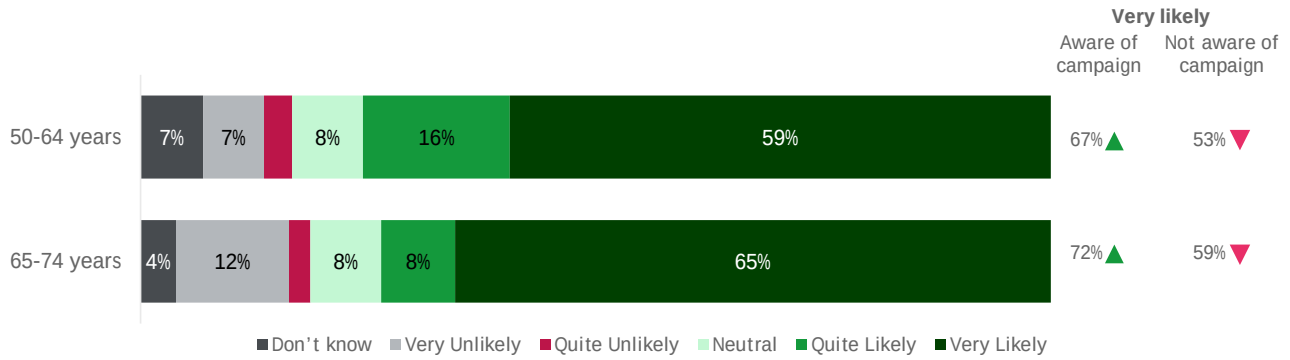


B.26. Based on what you know and think, please indicate the extent you agree or disagree with the following statements... ?
Base: 2017 Online, weighted, N=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

Intentions to have a mammogram at BreastScreen Australia are also strong; three-quarters (73%-75%) of women indicated that they were quite or likely or very likely to do so. As expected, women who were aware of the campaign were significantly more likely to indicate that they were very

likely to have a mammogram at BreastScreen Australia in the future, regardless of the target age group (Figure 3.4.2-2, below).

Figure 3.4.2-2: Likelihood to get a mammogram at BreastScreen Australia



B.27. How likely are you to attend a BreastScreen Australia clinic next time you are due for a mammogram? ?
Base: 2017 Online, weighted, N=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

3.5 Attitudinal Influences on screening behaviour and intentions

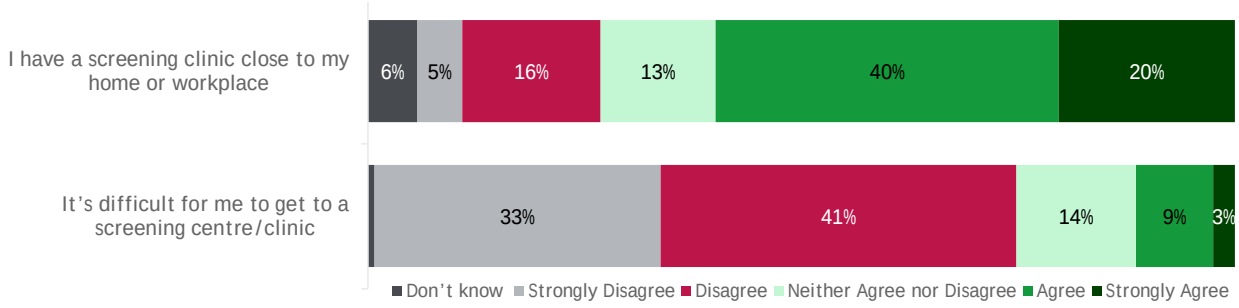
A range of items were included in the survey to better understand the different attitudinal dimensions that help shape the way women think about breast cancer screening.

At the end of this section, a structural equation model of breast cancer screening uptake is presented that brings these different elements together into a coherent framework for understanding what drives screening intentions.

3.5.1 Ease of getting to a screening location

Location of screening clinics was not seen as a substantial barrier that inhibits women from getting a mammogram, with six out of ten women (60%) indicating that they have a screening clinic close to their home or workplace. A high proportion (74%), do not feel that it is difficult for them to get to a screening centre or clinic (Figure 3.5.1-1, below).

Figure 3.5.1-1: Screening location

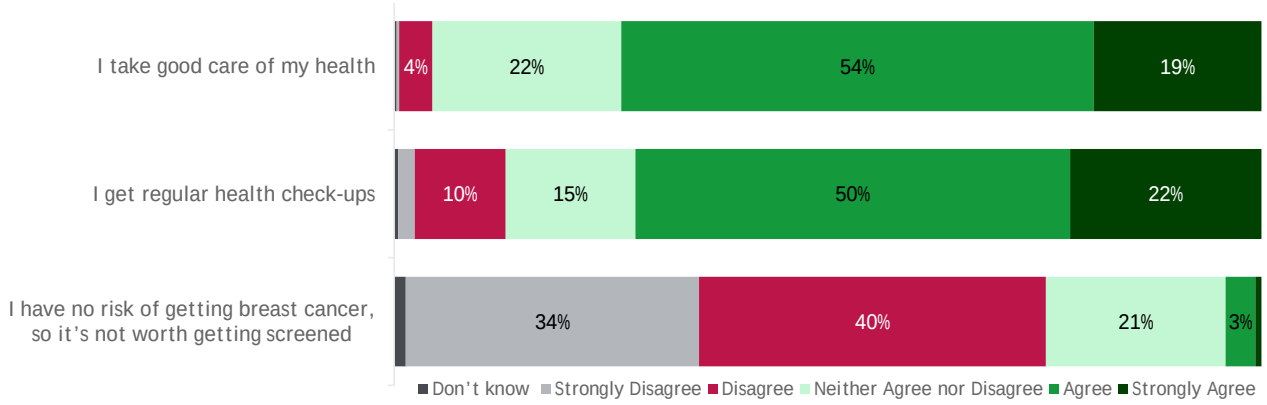


B.16. Please indicate how strongly you personally agree or disagree with the following statements? Base: 2017 Online, weighted, N=1894

3.5.2 Current health evaluation

Most women feel that they take good care of their health (73%) and have regular health check-ups (72%). We see strong levels of disagreement with having no risk of getting breast cancer and therefore not needing to be screened (74% disagreeing or strongly disagreeing), indicating that women do not generally see themselves as risk-free (Figure 3.5.2-1, below).

Figure 3.5.2-1: Health evaluation



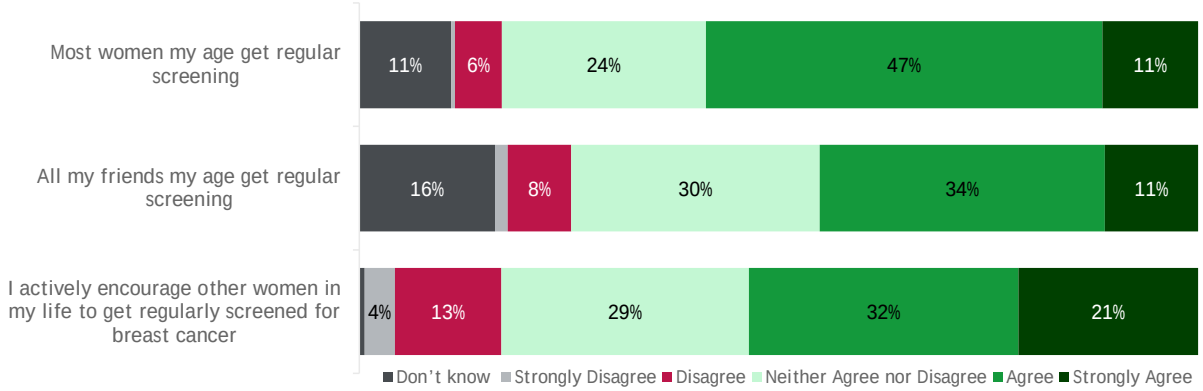
B.16. Please indicate how strongly you personally agree or disagree with the following statements? Base: 2017 Online, weighted, N=1894

The secondary target audience were less likely to agree they take good care of their health (50-64 years: 69% vs 65-74 years: 80% nett agreement) and get regular checkups (50-64 years: 69% vs 65-74 years 84% nett agreement).

3.5.3 Screening is a social norm

Positively, we see strong levels of agreement amongst women aged 50-74 years that most women their age have regular screenings (58%). However, less than half agree that their friends get regular screening (45%). This indicates that salience of the subject in friendship groups is not strong (Figure 3.5.3-1, below), which is likely to influence how screening is viewed as an injunctive social norm.

Figure 3.5.3-1: Social norms towards breast screening



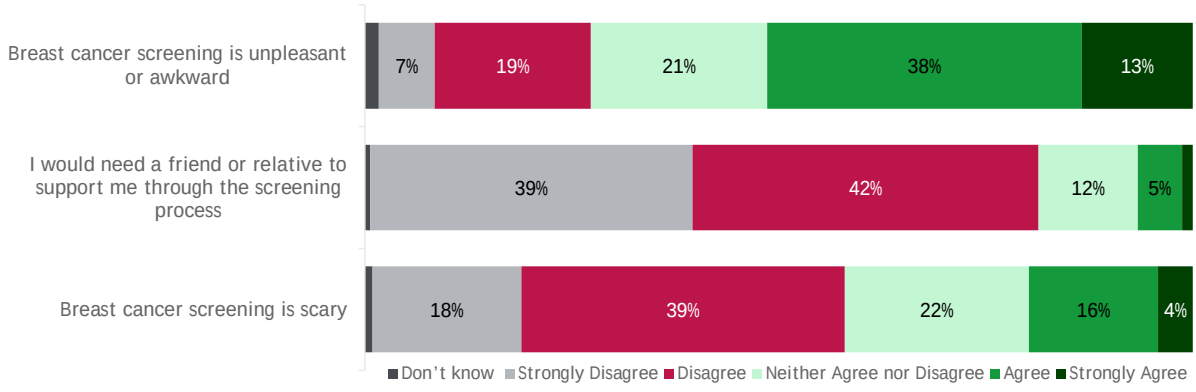
B.16. Please indicate how strongly you personally agree or disagree with the following statements? Base: 2017 Online, weighted, N=1894

There were no differences between the age groups on this between any of the different demographic groups (age, state, area) included in the survey.

3.5.4 Breast screening is scary

Figure 3.5.4-1, shows that half of women (51%) agree or strongly agree that breast cancer screening is unpleasant or awkward. One in five (20%) women indicated that they thought breast cancer screening could be scary - an important consideration, along with associations with the experience as unpleasant and awkward - in understanding why women may not be participating in regular breast screening.

Figure 3.5.4-1: Feelings towards breast cancer screening



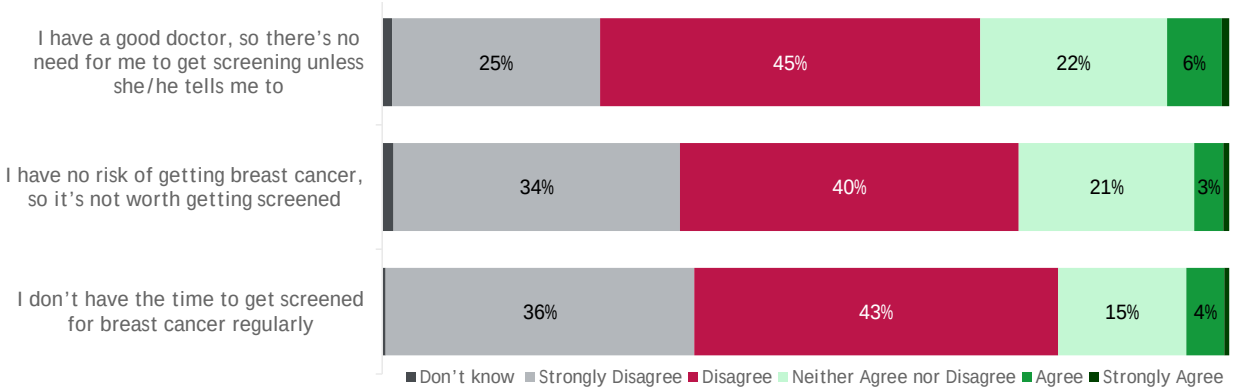
B.16. Please indicate how strongly you personally agree or disagree with the following statements?
Base: 2017 Online, weighted, N=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

The younger target audience groups were more likely to see screening as scary (23% net agree vs 14% among older target audience, and also that they would need a friend to support them (8% nett agree vs 4% among older target audience).

3.5.5 No need to screen

While we see strong disagreement amongst women aged 50-74 that a lack of time is a barrier to screening (79% disagree or strongly disagree), that they have no perceived risk of developing breast cancer (74% disagree or strongly disagree) or reliance on a GP to advise them to get screened (70% disagree or strongly disagree), some attitudes that facilitate a belief amongst women that they do not need to screen are prevalent. This heightens the need to continue sending reminders such as invitation letters and communication to continue to dispel this judgement.

Figure 3.5.5-1: No need mentality to breast screening



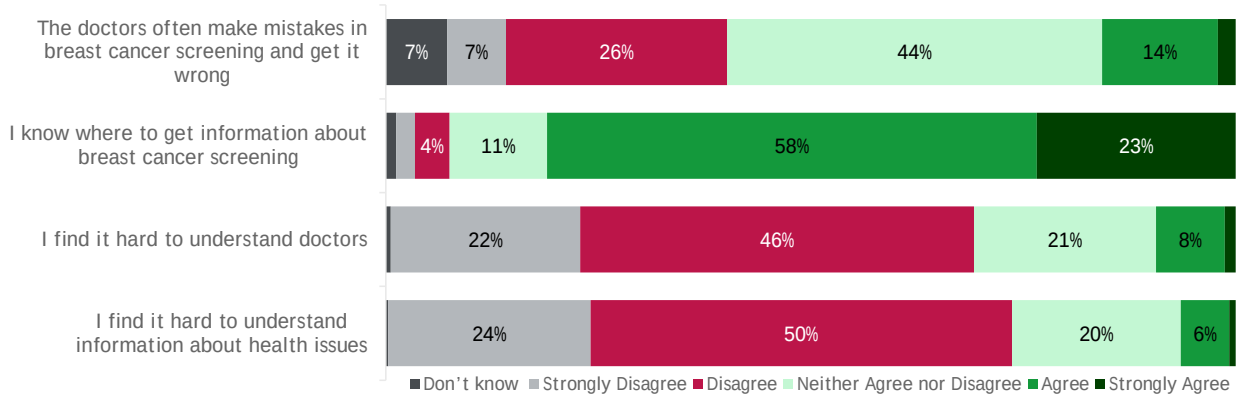
B.16. Please indicate how strongly you personally agree or disagree with the following statements?
Base: 2017 Online, weighted, N=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

There were no significant differences on this factor between any of the demographic groups included in the survey.

Low literacy (Figure 3.5.5-2), highlights that most – eight out of ten (81%) - women feel that they know how to source information about breast cancer screening. The majority disagreed that they find it hard to understand doctors and information about health issues more widely.

But there is a substantial proportion who likely do find it hard to understand doctors (30%) and find it hard to understand information on health issues (26%) – this is an indication of low health literacy.

Figure 3.5.5-2: Low literacy



B.16. Please indicate how strongly you personally agree or disagree with the following statements?
Base: 2017 Online, weighted, N=1894. Note: labels for proportion sizes lower than 3% have been removed for clarity

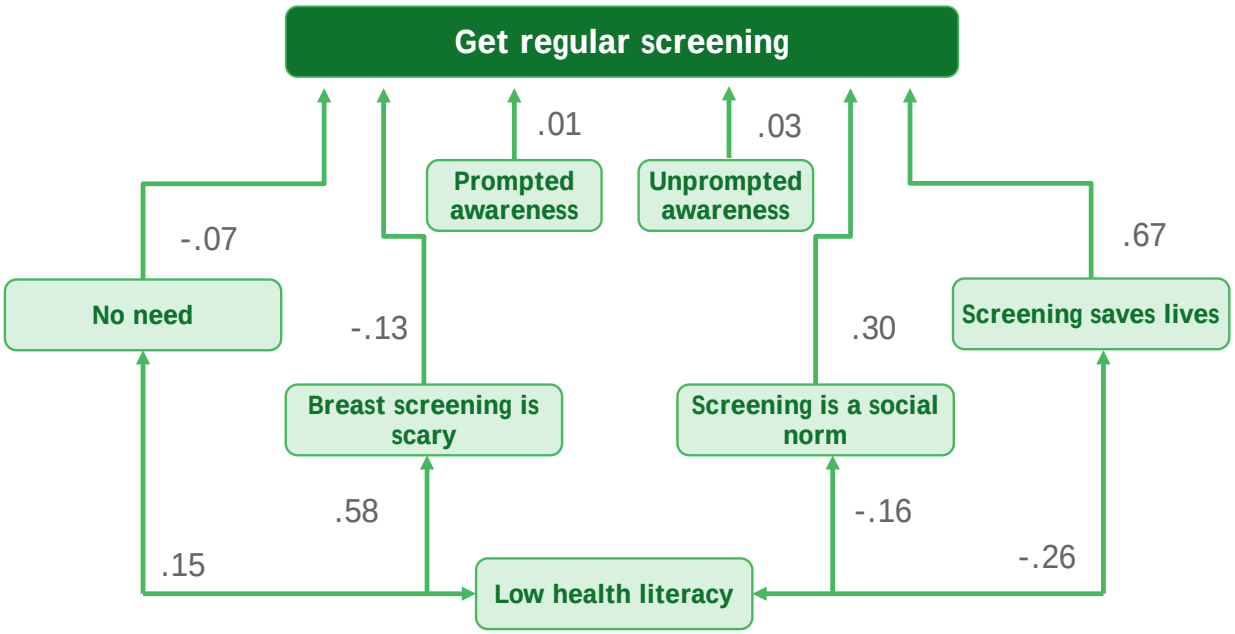
3.6 A model of driving increased uptake of breast cancer screening

Taking into account the different attitudinal influences, we developed a statistical driver model to reveal the extent to which a range of these factors influence screening behaviours and intentions (Figure 3.5.5-1, below).

This technique allows us to control for all these important attitudinal factors and identify if any variance in pro-screening behaviours and attitudes is explained by exposure to the advertising. Although a complex procedure, it is as close to providing an understanding of the causal relationships in the data as is possible with cross-sectional survey data.

A good model (RMSEA= 0.059) that fit well with expectations and theory was developed. Factors that positively influence screening behaviours include the notion that screening saves lives and that it is a social norm.

Figure 3.5.5-1: Influences on getting regular mammograms



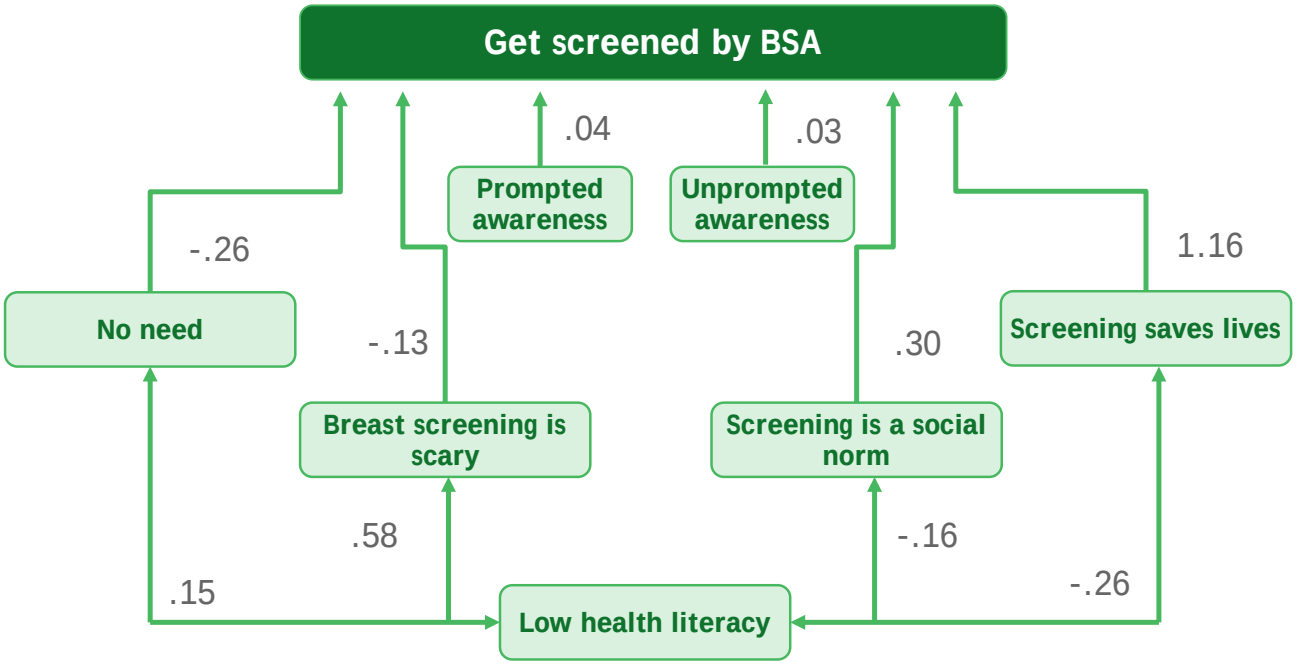
Attitudes that are likely to cause significant barriers for many women include the idea that screening is scary and the notion that there is no need to screen as they are too low risk.

Interacting (covarying) with each of these main drivers of breast cancer screening behaviour is low health literacy.

The modelling reveals that awareness of messaging - particularly unprompted awareness - of any breast cancer screening materials or advertising had a significant effect on intentions to screen. However, the effect was not particularly strong.

An additional model that estimated the influence of the different factors on the intention to get screened by BreastScreen Australia was also developed (Figure 3.5.5-2). This model showed that prompted awareness of the advertising was relatively more powerful (compared with unprompted awareness) in driving intentions to screen with BreastScreen Australia.

Figure 3.5.5-2: Influences on getting screened at BreastScreen Australia



The modelling therefore shows that the campaign has some effectiveness in convincing women to undergo regular screening at BreastScreen Australia, accounting for known important attitudinal drivers of screening intention.

It also highlights worthy areas for further attention in future campaigns, including: reducing the sense that breast cancer screening is scary, and building a sense of general need to get screened. Improving the sense that screening saves lives and that it is a social norm for women in the target age groups will also help to improve screening intentions. Further, improving health literacy and availability of simple, relevant and easy to understand information will also likely help improve screening behaviours.