

TEST OUT WEST

Final Project Report

*Increasing the uptake of cervical screening for young women
across Western Sydney through an innovative social media
campaign*



TEST
OUT
WEST

June 2020

PROJECT DETAILS

Project Name

Increasing the uptake of cervical screening for young women across western Sydney through an innovative social media campaign

Project Number

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Dissemination

This report is for internal dissemination, and to the Cancer Institute NSW and project stakeholders. Dissemination to other relevant organisations in the field upon request.

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ACRONYMS

AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
CAG	Consumer Advisory Group
CINSW	Cancer Institute NSW
CST	Cervical Screening Test
EDM	Electronic Direct Mail
FAQs	Frequently Asked Questions
FPNSW	Family Planning NSW
HPV	Human Papillomavirus
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
LHD	Local Health District
NSW	New South Wales
SAC	Stakeholder Advisory Committee
SWS	South Western Sydney
TAFE	Technical and Further Education
TOW	Test Out West
WS	Western Sydney
NCSP	National Cervical Screening Program

GLOSSARY

Term	Definition
Click-through	The number of consumers who reached to a webpage from clicking an advertisement or hyperlink.
Completed video view	A video view that equals at least 95% of its duration.
Engagement	Consumer interaction with the digital content; quantifiable as comments, likes, shares, saves, video views and clicks. Each engagement is considered a delivery of the health message.
Impression	The number of times content has been delivered to a person with repeated exposure; indicative of brand recognition and promotion of health messages.
Reach	The number of unique consumers from the target demographic who saw a specified piece of digital content.
Thruplay	A video view that equals 75%, or more than 15 seconds, of its duration – whichever comes first.
Touchpoint	A point of interaction between an organisation and its consumers.
Out of home	Non-digital content that reaches the consumer when they are outside of their home (and are not online or viewed via the consumer's mobile phone). Examples include posters and bus sides.

1 EXECUTIVE SUMMARY

In Australia, 72% of cervical cancer occurs in women who have never been screened or are not up-to-date with their cervical screening (AIHW, 2019). Forty-five percent of eligible Australian women in 2015-2016 did not participate in cervical screening (AIHW, 2018). There are also reports of declining rates in the uptake of screening procedures in Australia, particularly among young women (CINSW, 2018; AIHW, 2016). In New South Wales, South Western Sydney and Western Sydney Local Health Districts have the lowest rates of cervical screening when compared to the rest of the state (CINSW, 2017). This may be associated with a number of barriers, such as insufficient information and low health literacy, among young women.

The current project aimed to increase the rate of cervical screening among young women aged 25-34 years residing in the South Western Sydney and Western Sydney Local Health Districts. This was achieved through the development of a consumer-informed and innovative social media campaign called Test Out West.

The campaign was co-designed with consumers, and incorporated a theoretical, health literacy, social marketing framework. It comprises a library of innovative content that focused on improving health literacy and reducing negative attitudes and behaviours towards cervical screening. Campaign dissemination was primarily via the use of social media platforms, but also included supplementary out of home media (e.g., bus side advertisements).

Over the course of two years (2018-2020), 81 pieces of digital content were produced, including videos, social tiles, factsheets and a microsite, which exceeded the project deliverable of 12. A wide range of supporting out of home media was also developed, including a brochure, A3 posters, bus side advertisements, and promotional materials (e.g., branded lip balm). The campaign ran on social media for eight months during 2019/2020 and during that time received 8,342,093 impressions with a total reach of 412,927. This led to 88,464 engagements, including 72,140 thurplays (>75% completion). The Test Out West microsite received 16,788 website visits.

The campaign was evaluated through two cross-sectional surveys (i.e., baseline and endline), and consulted the rate of cervical screening to estimate the impact of the campaign on behaviour change. Approximately one-third of participants recognised the campaign, which is higher than other recent sexual health initiatives. The campaign was also viewed as relevant by the target audience, and beneficial in terms of increasing cervical screening related awareness, knowledge, and intention to get screened. The campaign had the greatest impact on educating women on regularity of cervical screening, as well as lowering concerns and increasing confidence to get screened. During the campaign period, there was also a 16% increase in cervical screening in comparison to the previous year.

Recommendations for the future expansion of Test Out West, or other digital health campaigns, are discussed further in this report and are summarised below:

1. Investigate partnering with organisations or people who have a strong social media presence or connection with the community/target audience who could support and promote the campaign.
2. Explore alternative approaches to create dynamic, informal content (e.g., vox pops) as well as more 'bite size' pieces of content to allow for quick user consumption and more content overall.
3. Work with partner organisations to engage and recruit talent from community groups (e.g., Aboriginal and Torres Strait Islander, transgender men).
4. Utilise videoconferencing (e.g., Zoom or Webex) to run online consumer groups which enables greater consumer reach and accessibility.
5. Monitor the delivery of content delivered via social media and adjust strategies as needed.
6. Consider alternative, more accessible methods for evaluating social media campaigns (e.g., Facebook polls).
7. Seek additional funding or sponsorship to maintain, expand and improve assets and reach.

2 BACKGROUND AND AIMS

In Australia, cervical cancer accounts for approximately 466 deaths per year (2000-2018; AIHW, 2020a), with an estimated 1571 new cases diagnosed annually (2000-2016; AIHW, 2020a). It is reported that 72% of Australian women with cervical cancer have either never been screened or have not had regular screening (AIHW, 2019).

Cervical cancer is one of the most preventable cancers (Department of Health, 2020; CINSW, 2017). Since the commencement of the cervical screening program in 1991 (now known as the National Cervical Screening Program; NCSP), there has been significant reduction (~50%) in the incidence and mortality of cervical cancer (AIHW, 2019).

Despite the effectiveness of cervical screening, many eligible women in Australia did not get screened in 2015-2016, and participation is showing a downward trend (AIHW, 2018). In particular, the screening rate for young women aged 25-34 is low (46-52% in 2018; AIHW, 2020b), and within New South Wales (NSW), the South Western Sydney (SWS) and Western Sydney (WS) Local Health Districts (LHD) historically have the lowest rates of cervical screening compared to the thirteen other local health districts (LHDs) in NSW (CINSW, 2017).

On commencement of this project, the NCSP had recently been renewed with the changes taking effect in December 2017 (CINSW, 2017). The previously known Pap test which consisted of a two-yearly screening for women aged 18 to 69 years, changed to the more accurate Cervical Screening Test (CST) which consists of a primary human papillomavirus (HPV) test every five years for women aged 25 to 74 years (CINSW, 2017). With already low rates of cervical screening among women aged 25-34 in SWS and WS LHDs, this was an important time to ensure these women understood the main changes to the NCSP and how it affects them. It was also an opportune time to promote the NCSP to women who may under-screen or have never been screened.

This project was funded by the Cancer Institute NSW's (CINSW) Innovations in Cancer Control Grant. FPNSW was successful in its proposal of the project titled: 'Increasing the uptake of cervical screening for young women across western Sydney through an innovative social media campaign'. The project aimed to increase the number of young women aged 25-34 years residing in SWS and WS LHDs who participate in cervical screening through a consumer informed social media campaign.

On development of the grant proposal, a literature review was conducted to identify and better understand the barriers young women face when accessing cervical screening (Internal FPNSW Report, 2018). The literature review helped to inform the project concept and development of the campaign.

The main barriers identified in the [literature review](#) include:

- Lack of knowledge/understanding of cervical screening and HPV
- Emotional response to cervical screening (e.g., anxiety about screening; fear of pain, embarrassment, or discomfort; fear of negative results)
- Low risk perception
- Practical barriers (e.g., lack of time; not having a regular service provider; male doctors)
- Beliefs and attitudes of cervical cancer, screening and HPV

The campaign that resulted from this project is called 'Test Out West'. The campaign was mostly digital, and therefore disseminated via social media, but it also included several offline initiatives (e.g., posters, bus sides). Social media has become a common medium for public health communication and can be effective in raising awareness of health issues, improving knowledge, and encouraging target audiences to take small, solid actions (Freeman, Potente, Rock & McIver, 2015). FPNSW's previous experience with social media campaigns also supports that digital messages can be effective in reaching the target audience and that they are well received by young people (Adam et al., 2018, Internal FPNSW report, 2019).

This project report will outline the implementation and results of the 'Test Out West' campaign, including digital analytics and the campaign survey evaluation. For the purpose of this report, 'young women' refers

to women aged 25-34 years. The project team would also like to acknowledge that not everyone with a cervix identifies as a woman. The campaign targeted all young women in SWS and WS LHDs to have maximum reach and aimed to be inclusive as possible without directly targeting one sub-group. Where possible, the term 'women and people with a cervix' was used in the campaign materials, however there were challenges which are outlined in the project limitations and recommendations. Throughout this report, the term 'women' will be used, and the term 'women and people with a cervix' in specific contexts.

AIM AND OBJECTIVES

This project aimed to increase the rate of cervical screening among young women aged 25-34 years residing in the SWS and WS LHDs. This aim was achieved by meeting the following objectives:

Objective 1: Engage young women to co-design a consumer-informed and innovative social media campaign.

Objective 2: Implement a social media campaign that increases young women's health literacy, reduces negative attitudes and barriers towards cervical screening, and raises awareness of the need for screening.

Objective 3: Increase rates of young women from SWSLHD and WSLHD participating in cervical screening.

These outcomes were in line with the [NSW Women's Strategy 2018-2022](#) priority area health and wellbeing (2.3), to increase the early detection of breast, bowel and cervical cancers in women. Particularly, to *“develop, implement and evaluate innovative strategies that increase participation in screening programs with a specific emphasis on priority populations with high rates of unscreened and under-screened women”* (Women NSW, 2018, p. 23).

3 IMPLEMENTATION AND DEVELOPMENT

3.1 Project team

The project was coordinated by one part-time Senior Project Officer, whose salary was partially funded by the grant and partially provided as in-kind support from FPNSW. The FPNSW Research Centre were funded to support the project evaluation. Additional in-kind support was provided as required by the Senior Health Promotion Officer (project implementation support), Health Promotion Manager (project management) and Digital Engagement Specialist (campaign advertising).

3.2 Consumer engagement

Consumer engagement was an integral part of this project. From the onset, consumers were involved in discussions and decision-making about the development of the online resources, the campaign, and the evaluation tool. All consumers involved in the project were within the target audience – women aged 25-34 years who live within SWS or WS LHDs. Consumers were also remunerated for their time with a gift voucher for each activity they participated in.

- *Consumer Advisory Group*

A Consumer Advisory Group (CAG) was established to help inform and evaluate the campaign design and online content development. Consumers were recruited via local women's health centres, outreach clinics, women's groups, local community networks, and an online Facebook advertisement.

Consumers participated in the CAG via a combination of online and face-to-face activities and meetings. Group members had the option of attending meetings either face-to-face at one of FPNSW's metro sites (Ashfield, Fairfield or Penrith) or via Zoom online video conferencing. Online surveys were also used as a tool to gain feedback on particular campaign and evaluation design components.

- *Focus Groups*

Focus groups were used to gain valuable feedback from the target demographic on the campaign materials and the evaluation survey questions. Focus group participants were not involved in the CAG, such that their views and opinions were independent from those involved in the campaign development. Women's groups were recruited via local women's health centres (e.g., mums and bubs groups) and focus groups were held on site.

KEY CONSUMER FEEDBACK	KEY COMSUMER RECOMMENDATIONS
<ul style="list-style-type: none">• Facebook and Instagram were the most widely used social media platforms, accessed at least several times a day• Cervical screening was only occasionally discussed with close friends/family due to the perspective that the topic was too private/personal, embarrassing and/or culturally taboo• Short videos and articles were acceptable online mediums for health information delivery• Empowering/uplifting campaigns were preferred over fear-based, scary or sad campaigns, particularly when advertised through social media• The colour orange for the campaign was well supported by all consumers, with several stating it represents harmony	<ul style="list-style-type: none">• Use the word 'doctor' rather than 'health care provider' in the campaign materials, as it is more relatable and less confusing• Ensure 'mums', as well as those from culturally diverse backgrounds, to be represented in the campaign• Use authentic images rather than stock images/photoshopped images• Explore translation of the resources down the track to reach more women

3.3 Stakeholder engagement

To ensure the campaign and online resources were evidence-based, effective and relevant for the community it was critical that key stakeholders had an opportunity to provide input into the planning and development of the project. A Stakeholder Advisory Committee (SAC) was established and comprised of representatives from SWSLHD, WSLHD, CINSW, local women's health centres, and notable researchers in the field of women's health and cervical screening. Their role was to provide advice, guidance and feedback to support the development of the campaign and online resources.

KEY STAKEHOLDER RECOMMENDATIONS

- Ensure key messages align with national cervical screening campaigns
- Ensure messaging acknowledges and addresses the cultural range that is present in SWS and WS
- Consider that expectant and/or new mothers are of particular relevance in the target demographic
- Ensure that the campaign shows body, cultural, gender and sexual diversity
- Avoid the use of colours that are too heteronormative (e.g., pink)
- Focus on reinforcing resources and other existing content rather than duplication

3.4 Campaign concept and theoretical framework

The 'Test Out West' (TOW) campaign aimed to empower women to have Cervical Screening Tests (CST), by driving awareness and knowledge, whilst also celebrating the strong western Sydney community spirit. The campaign materials featured real women from the community discussing their own stories and experiences about cervical screening. This was to create relatable and engaging media that was tailored to the distinct demographic of the geographic market.

The campaign concept was based on several evidence based theoretical frameworks that have been shown to promote behaviour change. For instance, the campaign drew on the Health Belief Model (Rosenstock, 1974), which outlines key factors to include in health messaging (e.g., perceived benefits and barriers to action) that are likely to motivate an individual to uptake preventative health measures. Health literacy and social marketing strategies (Nutbeam, Harris & Wise, 2014) were also consulted to inform the development and success of the campaign.

The design of the campaign was grounded in health literacy to ensure consumers with low literacy were included using health communication strategies not reliant on the written word, such as videos and image based social tiles. Beyond increasing people's knowledge of cervical screening, the campaign focused on breaking down barriers and improving understanding of the health system to facilitate access to screening services.

3.5 Key Messages

A list of campaign key health messages was developed ([Appendix 1](#)), in consultation with the SAC and CAG, and covered the topics of HPV, cervical cancer, and cervical screening. The key messages aimed to address identified barriers, increase health literacy, and were used to inform the messaging of the overall campaign and related resources. These key messages were approved by the FPNSW clinical director and the CINSW to ensure messaging was accurate and consistent across both organisations, as well as at a state and national level.

3.6 Campaign strategy

This section describes the TOW campaign strategy. That is, the tactical steps that were organised and implemented to achieve the overall plan of action: to increase the rate of cervical screening among the target population. The TOW campaign strategy followed a typical social marketing structure, and addressed pain points/barriers and highlighted goals/benefits of cervical screening amongst the target market (e.g., being healthy for their family). This included four main phases: **1)** awareness, **2)** consideration, **3)**

conversion, and **4**) reinforcement. Social media (Facebook and Instagram) was used to deliver the campaign media to the target market as it allowed specific geographic and demographic profiles to be targeted, as well as being platforms frequented by the target market. This also allowed campaign media to be retargeted to individuals so they could progress through the different phases of the campaign and receive multiple key messages. The digital strategy was complimented with out of home media and events to increase touchpoints, generate brand awareness and increase exposure of the campaign's key messages to the target market (Figure 3-1).

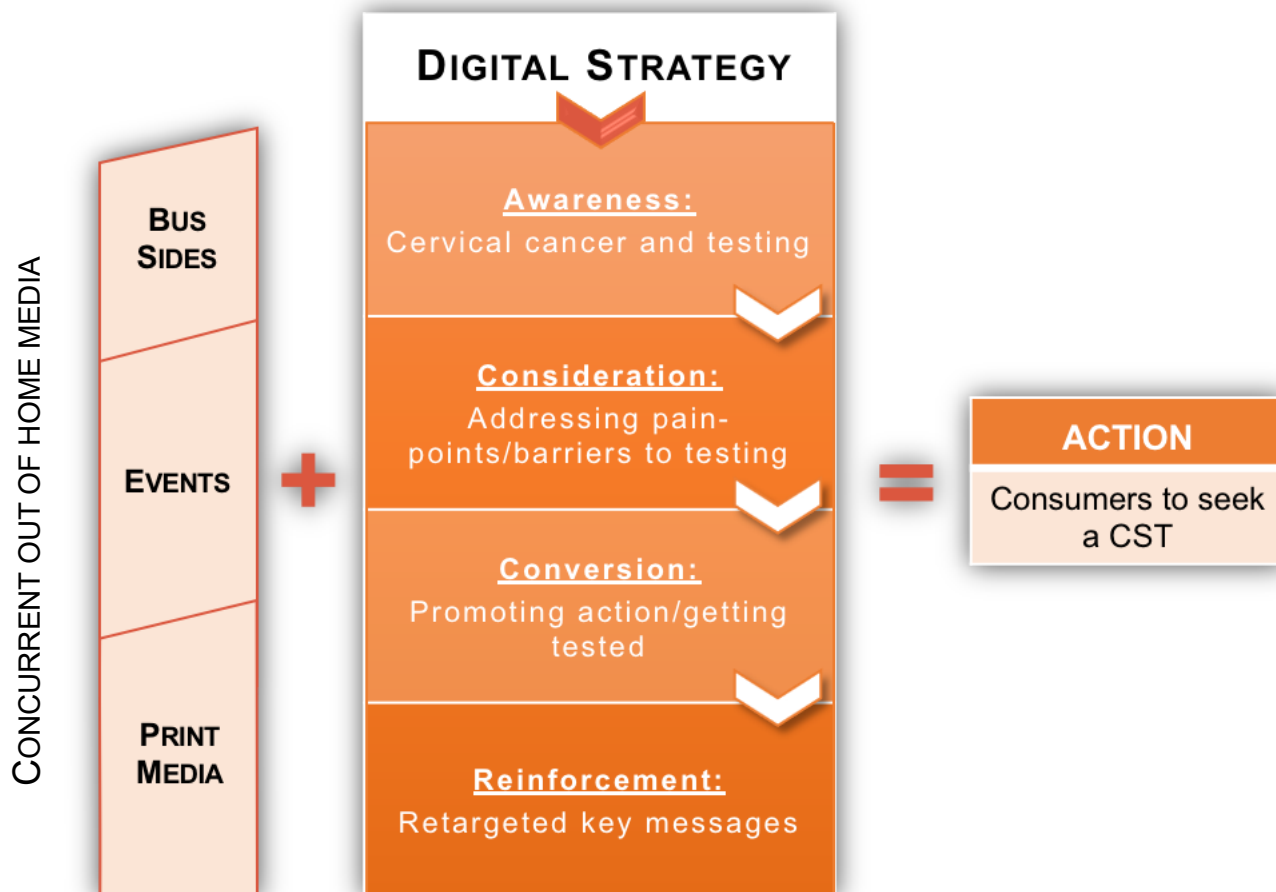


Figure 3-1. Campaign strategy

PHASE 1: AWARENESS

[‘There’s nothing West can’t do’](#) 1 x 15 second video

- The first video promotes strength and a sense of community out west, normalising the topic of cervical screening and encouraging women to incorporate attending to their sexual health as part of their everyday activities.
- The video cuts between each group of women doing different activities (e.g., having a coffee; exercising etc.) and introduces cervical screening as a normal part of life.

PHASE 2: CONSIDERATION

‘West are in this together’ 5 x 90 second videos | ([video A](#); [video B](#); [video C](#); [video D](#); [video E](#))

- This phase comprised of intimate conversations between groups to make the topic of cervical screening colloquial and help demystify myths.
- There are five conversational videos, each one showcasing the diversity of western Sydney. In these peer-to-peer conversations women talk about their lives out West and break down some of

the barriers surrounding cervical screening (e.g., HPV can be treated if found early; you can request to have a female GP etc.).

PHASE 3: CONVERSION

'I'm testing for my...' 5 x 15 second videos | ([video A](#); [video B](#); [video C](#); [video D](#); [video E](#))

- The third phase focuses on arming the West with answers to common questions. This series of videos have the women speaking directly to the camera/audience, encouraging people to test.
- The individuals touch on why they test, "I'm testing for my health/family/future/friends/team" enabling a sense of relatability for people out West.

PHASE 4: REINFORCEMENT

'Test Out West' 1 x 30 second video

- An overview video cutting between all women who speak directly to the camera/audience reinforcing key facts about cervical screening and why they get tested, encouraging other women to do the same.

Social posts

- Social posts served as stand-alone content delivered via social media during Phase 3 of the campaign to further reinforce messaging.

Microsite ([Appendix 2](#)) – Content hub | <https://www.testoutwest.org.au/>

- All advertising of the videos directed viewers to the microsite.
- The microsite allows users to find more information on cervical screening through some frequently asked questions (FAQs), factsheets and a downloadable brochure.
- A clinic/service finder is provided to simplify the process of finding their local specialised health service.
- The site also directs users to the CINSW, FPNSW and other specialised websites to find more information and support related to cervical screening.

3.7 Creative process

- Creative agency

A creative agency was employed to assist with executing the campaign production. A brief was developed outlining the campaign message and scope, and creative agencies were invited to propose their ideas via a tendering process. Four creative agencies responded to the request and pitched their proposals to the project management team. The chosen agency proposed an appropriate and quality method to execute the campaign, demonstrated a strong understanding of FPNSW's requirements, provided a clear ability to achieve the scope of work within the required timelines and budget, and proved relevant experience in the related area.

- Scenarios and Storyboards

Prior to the production of the videos, scenarios and storyboards were developed in collaboration with the creative agency, and in consultation with the CAG and FPNSW clinical staff. Scenarios included the diverse groups of women hoped to be represented in the videos and the key messages to be portrayed. Five scenarios were identified to centre the campaign around: mums/family, best friends, work colleagues, sports team and gym/workout buddies. These categories were established due to relatable interests of the target group.

Storyboards were then developed mapping out each of the 12 videos. Seven of the videos were scripted (Phase 1, 3 and 4) and five were unscripted (Phase 2) with only a general guide of key messages to be outlined to capture real life conversations between the women about their experiences. The storyboards outlined the scenario angle, video length, related key messages, scripts where applicable, and end screen messages. The storyboards were reviewed and approved by both CINSW and FPNSW executive and clinical teams.

- Talent recruitment

As the campaign videos were designed to be relatable to the target audience by featuring the authentic experiences of women in the community, local talent were recruited, rather than actors. These women were engaged via FPNSW professional and community networks. Those interested were asked to submit a photo, short biography and a video introducing themselves. Submissions were reviewed by the project team, and a diverse range of women were selected based on their perspective and experience about cervical screening, as well as their level of confidence talking in front of the camera. The assignment of multiple women to a video was based on friendship pairing, to allow conversations to flow naturally and comfortably.

- Videos

Videos were filmed over two days on location around SWS and WS. Filming within the local community was chosen to capture an environment that was familiar to the target audience. A member of the FPNSW project team was present with the production crew on both days of filming to assist with briefing and support the talent as well as to ensure all relevant content required was accurate and fully captured.

- Supporting media

The core campaign videos were complemented by a microsite, social posts and out of home content. The out of home content comprised of a brochure, posters and bus side advertisements which were developed using the same key messages and imagery as the campaign videos. These were used to increase touchpoints with the target market to generate greater awareness, and further reinforce campaign branding and recognition.

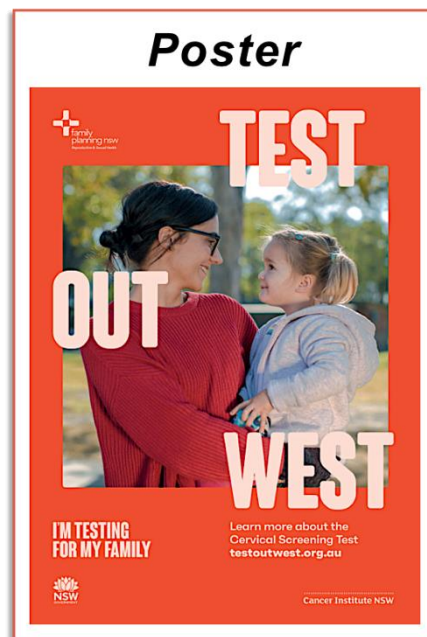
- Additional content

About halfway through the campaign period the content began to reach market saturation. To counterweigh this, the existing videos were repurposed (edited) into new content to then re-promote to the target audience. Fifteen repurposed videos were created in house. Additional static social media posts were also developed.

4 CAMPAIGN ASSETS

In total, 81 pieces of digital content were developed and distributed, exceeding the project grant deliverable of 12. This includes 12 original campaign videos, 15 repurposed videos, 47 static social tiles, two animated social tiles, three downloadable factsheets ([HPV](#), [CST](#), [FAQs](#)), one downloadable [brochure](#), and a [microsite](#).

To support the digital content, the brochure and three of the posters were printed to distribute as physical resources. Ten bus side advertisements were also created to increase exposure of the campaign. A selection of campaign assets are presented below.



5 DISSEMINATION

5.1 Social media advertising

The campaign was advertised on Facebook and Instagram, and was closely monitored and optimised based on live performance. For example, in subsequent advertising rounds, high performing collateral was prioritised for advertising spend to ensure the most impressions were achieved.

The advertising started broad with an awareness campaign video configured to target women aged 25-34 years who are located within SWS and WS LHDs. While the estimated population size for women aged 25-34 years who live in SWS and WS LHDs is approximately 153,652 (NSW Ministry of Health, 2018), Facebook's estimate of the target audience was 330,000, which also includes those in the area for another purpose (e.g., work). In turn, the campaign may have reached a larger audience than the target demographic.

Facebook's algorithms also required the implementation of a traffic and reach strategy. This was to effectively broadcast the TOW campaign to the largest amount of people in the target market. The advertising was then retargeted to the audience with tailored pieces of content containing stronger messages (Campaign strategy: Phase 2 and 3). The targeting of these advertisements was more specific to the user's interests which matched the content (i.e., mums; gym; sport; best friends; work colleagues/café). The target audience was then delivered the reinforcement content (Campaign strategy: Phase 4).

5.2 Digital advertising

Digital advertising is a method of raising awareness by placing messages (advertisements) directly in front of the target audience in places that they are spending their time. This type of digital advertising is outside of the typical Facebook and Instagram advertising, and is incorporated into other forms of media such as online newspapers, magazines, and articles.

The digital advertising ran for one month during March 2020. Advertisements included digital displays (banners), leaderboard (shown below), medrec (videos and social tiles advertised on the right-hand side of webpages), and social display roadblocks (social tiles in between article content). The advertisements were displayed to the target audience on all NewsCorp websites (e.g., news.com.au, The Daily Telegraph, My Body + Soul) via network geo-tagging.



5.3 Events

TOW events were held in local shopping centres and community settings to further promote the campaign and its key messages, as well as provide an opportunity for consumers to ask questions or share their concerns. An example of one of the events is shown in Image 2. To incentivise engagement, increase touchpoints, and leave the target market with a reminder of the brand, branded promotional items including lip balm, confectionery and bags were developed. These promotional items along with the TOW brochure were distributed at events as resource packs.

Seven events were planned during the campaign period, including one major community event. Unfortunately, only three events took place before COVID-19 social distancing restrictions forced the other four events to be cancelled. A summary of outcomes from the three events that took place is presented in Table 5-1.



Table 5-1. Summary of community events

Date	Event	Location	Audience	Engagements	Resource packs disseminated
27/02/20	Westfield Parramatta	Parramatta	Young women	> 150	100
05/03/20	Auburn Diversity Services Inc. International Women's Day	Auburn	CALD women	110	100
07/03/20	International Women's Day: Know Your Body	Canley Heights	Vietnamese women (age 20-40 years)	33	33

5.4 Electronic direct mail

To inform health and community workers of the campaign and promote the brochure and posters as resources that could support their work with young women, two promotional electronic direct mails (EDM) were developed and disseminated. One EDM was sent to almost 1,000 FPNSW external networks including health workers, stakeholders, and CALD networks across SWS and WS. The other EDM was distributed to SWS and WS Primary Health Networks and was received by over 1,000 local health workers.

5.5 Newspaper publications

TOW was featured in two local community publications, the Liverpool Champion which has an average of 107,000 readers, and the Western Weekender who distribute almost 50,000 newspapers per week. The campaign was also featured in an article on the CINSW website and was promoted on their social media.

5.6 Out of home resources

Brochures and posters were distributed to local health and women's centres for display in their waiting rooms as well as being disseminated at community events. A total of 3,158 TOW brochures and 2,910 TOW posters were disseminated during the campaign period. These resources continue to be available on request and the brochure continues to be available to download from the TOW microsite.

Ten bus side advertisements were displayed on 30 buses across WS and SWS for approximately 10 weeks during the campaign period.

6 DIGITAL ANALYTICS

The data that is described in this section has been extracted from Dash This, which is an automated digital marketing reporting platform that collates data from a variety of sources. Digital reports were collated monthly, and an overall summary report was generated at campaign completion. Facebook and Google analytics were also analysed in relation to the campaign and microsite performance.

The key metrics that will be focussed on include:

1. **Impressions** – the number of times content has been delivered to a person with repeated exposure, building brand recognition and promoting the health messages.
2. **Reach** – the number of people in the target demographic who saw the content. Reach is different to impressions as it is the total number of unique people who see the content as opposed to impressions which may include multiple views by the same people.
3. **Engagements** – a measurement of consumer interaction with the digital content quantifiable as comments, likes, shares, saves, video views and clicks. Each engagement is considered a delivery of the health message.

6.1 Social media analytics

The phased campaign ran on social media for eight months during 2019/2020 (August 1, 2019 to April 2, 2020) in SWS and WS LHDs. During that time the digital campaign content received 8,342,093 impressions with a total reach of 412,927. On average those who were exposed to the campaign saw the campaign messages 20 times. A summary of the social media analytics can be seen in Table 6-1.

Facebook and Instagram advertisements received 88,464 engagements (reactions, shares, comments, saves, clicks, video views). This included 72,140 thurplays, with 77% (56,251) of those being completed video views. Click-throughs to the microsite via social media totalled 15,427.

Engagements including reactions, shares, saves and comments totalled 931. The relatively fewer number of these types of engagements in comparison to video view engagements may be associated with a general hesitance to engage publicly online with topics that are considered of private nature, which was also raised during CAG discussions.

There was also evidence that using local talent increased the engagement and sharing of content by a small percent due to talent recognition by friends/family.

Table 6-1. Summary of social media analytics

Metric	Total
Impressions	8,342,093
Reach	412,927
Engagements	88,464

6.2 Facebook comments

The Facebook advertisements generated a total of 71 comments (37 initial comments; 34 comment replies). Due to the number of comments, the project team could conduct a brief analysis to determine the nature of the comments and what prompted people to publicly engage. The comments revealed several topics. These include – friends/family of the talent; tagging a friend (unrelated to the campaign); previous experience of cervical cancer; transgender inclusion; and questions about cervical screening.

Almost half of the comments were by friends or family who tagged the talent and generated some discussion. This suggests that featuring community members in a campaign can be useful to generate awareness among the target audience. Many users tagged a friend who was unrelated to the campaign.

Some users felt comfortable to share their own experience of cervical cancer. For example, *“I wish they had these ads two years ago, (it) would have maybe saved me getting a hysterectomy”*. These types of comments generated further discussion and also reiterated the importance of the campaign. For example, one user stated:

“As someone who had cervical cancer and needed to have an extreme hysterectomy to be cancer free I can’t say how important this issue is and I wish I had the smarts to be screened earlier, this cancer can be caused by the most common sexually transmitted disease out there HPV.”

Other comments emerged regarding the necessity of inclusive language when promoting cervical screening. For example, *“Not everyone who has a cervix is a ‘woman’. That sentence could easily be changed to...‘people with a cervix’...and be a lot more inclusive”*.

Finally, users also used the comment section to ask questions about cervical screening (*“How much?”*, *“Is that just a pap smear?”*), which allowed the project team to provide a direct response to the user.

6.3 Digital advertising analytics

The digital advertising on NewsCorp websites ran for one month during March 2020 and received a total of 260,013 impressions.

6.4 Microsite analytics

During the campaign period, the microsite had 16,788 visits – 16,632 of those from unique users. The total number of microsite page views was 21,884, and the average time a person spent viewing a page was 2 minutes 30 seconds, which is consistent with industry standards (Albright, 2019).

7 CAMPAIGN EVALUATION

This section of the report describes the methodology and results of the campaign evaluation. The evaluation draws on data from two sources: **1)** online surveys, and **2)** FPNSW CST clinic data. In turn, the following evaluation objectives will be addressed:

Evaluation objectives:

1. Determine whether the campaign gained consumer recognition within the target population.
2. Determine whether the campaign increased young women's awareness, knowledge and attitudes regarding cervical screening.
3. Assess the impact the campaign on cervical screening intentions and behaviours of young women (25-34 years) in SWSLHD and WSLHD.

Ethics approval for the evaluation was obtained from the Family Planning NSW Human Research Ethic Committee (approval #R2018-10).

7.1 Methodology

Two online surveys were conducted as part of the campaign evaluation. First, a baseline survey was conducted from 9 April to 28 April 2019, before the release of the TOW campaign. This was followed by an endline survey that was conducted from 17 April to 8 May 2020, after the conclusion of the campaign. Each survey took between 10-15 minutes to complete.

Participation in the surveys was voluntary and all survey responses were non-identifiable. A small incentive was offered to participants upon survey completion, where participants were offered the opportunity to enter a prize draw (baseline: 1 of 12 \$20 gift vouchers; endline: 1 of 10 \$50 gift vouchers).¹ Email addresses for prize draw entries were collected via a separate form on Survey Monkey and were not linked to the survey data.

- Participant recruitment and eligibility

Baseline and endline survey participants were recruited online through paid advertisements on Facebook and Instagram. The advertisements targeted women aged 25-34 years living in SWS and WS LHDs. Participants who clicked on the digital advertisement were directed to the online survey hosted by Survey Monkey, via a new web browser. Prior to commencing the survey participants were provided with an information sheet about the study, including the eligibility requirements. Similar to the advertising strategy, the eligibility requirements for the survey included those who were born female, aged 25-34 years, and live within SWS or WS LHDs.

Those who self-identified as meeting the eligibility criteria and chose to continue to the survey provided informed consent by answering "Yes" the following question: *"Do you understand what this survey is about and agree to participate?"*. Clicking "no" exited the survey.

Several screening questions were also presented to participants to verify eligibility. Automatic exclusion was based on survey responses to age and gender at birth². Survey design limitations required post-survey screening to remove data for participants who did not meet the postcode requirements.

¹ We acknowledge that the incentive differed across surveys. We had originally proposed to remunerate baseline participants with a chance to win 1 of 5 \$50 gift vouchers, however ethical concerns were raised regarding the reimbursement distribution. As it was difficult to recruit participants for the baseline survey, we chose to revise the incentive to 10 x \$50 vouchers, which is in line with other similar FPNSW ethics approved projects.

² Exclusion criteria for both surveys were based on the participant's assigned sex at birth, rather than their current gender identity. This was to be inclusive of those who did not identify as female but had a cervix. For the endline survey we recognised that this should be made more explicit, therefore we amended the wording regarding eligibility on the survey welcome page and information sheet to people with a cervix.

- Survey design and measures

The two cross-sectional surveys (i.e., baseline and endline) were developed with input from young women via the CAG (to verify the suitability and readability of survey questions), clinicians (for clinical accuracy), and the FPNSW Research Centre (survey design support). Most survey questions used a multiple-choice design, however, one open-ended comment box was provided for participants to add further detail, if required. The following sections describe the measures of each online survey:

Baseline

The baseline survey consisted of 41 questions with some questions utilising 'skip logic' depending on participant responses. The survey questions presented to participants all required a response in order to progress to the next survey question, however, an exit button was provided for participants who did not wish to continue. The questions were split into four sections: **1)** demographics (socio-demographic and lifestyle characteristics), **2)** health and cervical screening (experiences and intentions related to cervical screening and importance of own health), **3)** knowledge and attitudes regarding cervical screening, and **4)** familiarity with cervical screening information and resources.

Endline

The endline survey largely consisted of the same questions as the baseline survey (sections 1-3), to allow for a pre and post campaign evaluation.³ An additional set of questions was also added to the endline survey to ask specific questions about participants' perceptions of the campaign. Therefore, the endline survey consisted of 41 questions, but an exit button was also provided for participants who did not wish to continue.

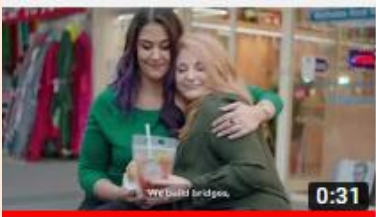



The first three sections of the endline survey included questions covering: **1)** demographics; **2)** health and cervical screening; and **3)** CST knowledge and attitudes, as in the baseline survey. In the last section (**4**) participants were shown a selection of images and videos from the TOW campaign to assess campaign recognition, as well as their perceived relevance of the campaign, and contribution towards increasing their knowledge, awareness, attitudes and behaviours.

Not all campaign materials could be presented in the endline survey as over 80 content pieces were developed. Therefore, a selection was chosen for inclusion, with the aim of presenting a variety of materials that had the greatest exposure according to distribution (posters) or engagement rate (videos). As shown below, these included the TOW logo, four posters, and four videos (Table 7-1).



³ It was difficult to recruit participants for the baseline survey, therefore we revised certain design aspects of the endline survey. This involved amending the participation incentive (as described in section 7.1), not mandating all survey questions, as well as to be mindful of the number of survey questions. To offset the addition of campaign-related questions, several baseline survey questions, which did not directly assess the evaluation objectives, did not appear in the endline survey.

Table 7-1. Highest viewed campaign videos selected for presentation in endline survey.

Video	Description	Key message(s)	Thruplays
<p><i>There's Nothing the West Can't Do</i></p> 	<ul style="list-style-type: none"> - Campaign launch video - 30 seconds (approx.) 	<ul style="list-style-type: none"> - The Cervical Screening Test protects against cervical cancer. 	40, 223
<p><i>For My Health</i></p> 	<ul style="list-style-type: none"> - Best friends - Flashing tiles at start - 15 seconds (approx.) 	<ul style="list-style-type: none"> - The Cervical Screening Test detects HPV before cancer can develop. - Regular cervical screening is the best protection against cervical cancer. 	6, 074
<p><i>For My Future</i></p> 	<ul style="list-style-type: none"> - Gym buddies - Flashing tiles at start - 15 seconds (approx.) 	<ul style="list-style-type: none"> - Over 80% of cervical cancer occurs in women who have never screened or are not up-to-date with their cervical screening. - Regular cervical screening is the best protection against cervical cancer. 	6, 047
<p><i>For My Family</i></p> 	<ul style="list-style-type: none"> - Mums and bubs - Flashing tiles at start - 15 seconds (approx.) 	<ul style="list-style-type: none"> - HPV is the cause of nearly all cervical cancers. - Regular cervical screening is the best protection against cervical cancer. 	5, 235

7.2 Data analysis

- *Survey data*

Quantitative survey results are reported using descriptive statistics, where frequency counts of categorical responses are presented as a percentage. Data processing was completed using Microsoft Excel and cross tabulations were generated using SPSS.

The qualitative responses from the open-ended comment box were reviewed by the authors of the report, to become familiar with the content and to discuss emerging themes. A third person from the FPNSW Health Promotion team then coded each open-ended response in line with the preliminary themes, revising where necessary to allow for more detailed sub-classifications. The authors reviewed the outcome of the coding, and author SF provided further refinement to ensure inter-coder reliability. Quotes are provided verbatim in-text, except where minor grammatical edits were necessary.

- Clinic Data

FPNSW clinic data was processed by the FPNSW Research Centre to produce filtered data according to the type of clinic visit (CST only), gender (female), age at time of visit (25-34), and postcode (SWSLHD; WSLHD). This data was de-identified and provided as monthly frequency counts spanning January 2018 to May 2020, from all FPNSW metro and outreach clinics within SWS and WS LHDs.

Screening rate was calculated as the number of women who were within the ages of 25 to 34 at the time of their CST clinic visit, divided by the number of those women who reported to live in a postcode classified as within SWS or WS LHDs, per calendar month. Percent difference in screening rate is also reported.

7.3 Results

- Participant characteristics

The final sample consisted of 931 women (baseline = 129; endline = 802) between the ages of 25 and 34 from SWS and WS LHDs. Approximately 70% of participants were born in Australia (baseline = 71%; endline = 67%), completed a TAFE or university degree (baseline = 87%; endline = 90%), and were married or in a committed relationship (baseline = 77%; endline = 84%). See Table 7-2 for participant characteristics, including age, residential location, sexual orientation and cultural/ethnic background.

Table 7-2. Participant characteristics.

	Baseline (N = 129)		Endline (N = 802)	
	n	%	n	%
Age group				
25-29	60	47	289	36
30-34	69	53	513	64
Residence				
South Western Sydney	83	64	364	45
Western Sydney	46	36	438	55
Sexual orientation				
Straight or heterosexual	117	91	710	89
Bisexual	8	6	71	9
Lesbian, gay, or homosexual	2	2	10	1
Unsure	1	1	12	1
Queer	0	0	13	2
Other	1	1	6	1
Relationship status				
Married	57	44	474	59
In a committed relationship	43	33	198	25
Dating	10	8	24	3
Single	16	12	94	12
Unsure / it's complicated	2	2	7	1
Other	1	1	5	1
Sexually active				
Yes	121	94	773	96
No	8	6	29	4
Given birth				

Yes	64	50	456	57
No	65	50	346	43
Country of birth				
Australia	91	71	540	67
Other	38	29	262	33
Ethnic and/or cultural background				
Australian	64	50	411	51
European	26	20	160	20
Asian	21	16	120	15
Aboriginal or Torres Strait Islander	9	7	25	3
Indian	9	7	98	12
Middle Eastern	6	5	37	5

- Awareness of cervical screening and previous history

Across the two surveys, nearly all participants (baseline = 96% [116/121]; endline = 98%; [785/802]) were aware of the CST or Pap test, and four in five participants reported that they had been tested before (baseline = 83% [100/121]; endline = 84%, [677/802]). Approximately half of participants had their last CST or Pap test within the last 12 months (see Table 7-3).

Table 7-3. Time since last cervical screening or Pap test

	Baseline (N = 100)		Endline (N = 674)	
	n	%	n	%
Within the last year	56	56	304	45
2 years ago	24	24	214	32
3 years ago	11	11	86	13
5 years ago	2	2	25	4
More than 5 years ago	6	6	35	5
Unsure	1	1	10	1

Of those who had never been tested, the three most common reasons reported were out of embarrassment about the process, because they were scared it would hurt and because their doctor had not suggested it to them (Table 7-4). Seventy-eight per-cent of baseline participants (93/119) and 76% of endline participants (604/797) had heard of the HPV vaccination, and 63% (59/93) and 50% (388/780) indicated that they had received the vaccination, respectively.

Table 7-4. Reason for not getting a cervical screening or Pap test

	Baseline (N = 142)		Endline (N = 113)	
	n	%	n	%
Embarrassed about the process	8	40	10	32
Scared it will hurt	7	35	11	35
Doctor has not suggested it	7	35	13	42
Worried other people will know	1	5	1	3
Don't have time	3	15	8	26
Too expensive	1	5	3	10
Didn't know about them	3	15	3	10

Don't think it's relevant to me	6	30	2	6
Not sure where to get the test	4	20	8	26
Other	2	10	2	6

7.4 Test Out West Campaign

- Recognition of Campaign

On presentation of the TOW campaign materials, 22% (156/716) of participants reported seeing the logo before, and 34% (223/665) and 31% (198/646) reported recognising at least one of the posters or videos, respectively. Of the four presented posters, the most recognised were “I’m testing for my family” (47%) and “I’m testing for my team” (43%). Similar results were also observed for the campaign videos, where “I’m testing for my team” was recognised most (58%), followed by “I’m testing for my family” (56%). The recognition rate for each poster and video are presented in Table 7-5.

Table 7-5. Recognition rate of campaign posters and videos.

	<i>n</i>	%
Posters (N = 223)		
I'm testing for my family	104	47
I'm testing for my team	95	43
I'm testing for myself	76	34
I'm testing for my health	67	30
Videos (N = 198)		
Testing for my team	114	58
Testing for my family	111	56
There's nothing we can't do	89	45
Testing for my health	74	37

The campaign was distributed via various digital and printed forums. As shown in Table 7-6, both the campaign videos and posters were most frequently recognised via Facebook (video = 55%; poster = 51%). However, one in five participants were unsure of where they had previously seen the campaign materials. The forum in which participants were least likely to view the campaign videos or posters was the TOW website (video = 7%; poster = 3%).

Table 7-6. Forums where participants recognised campaign materials.

	Video (N = 198)		Poster (N = 223)	
	<i>n</i>	%	<i>n</i>	%
Facebook	108	55	113	51
Instagram	15	8	22	10
TOW website	13	7	7	3
Unsure	35	18	47	21
Other	7	4	10	4
YouTube	26	13		
Doctor's waiting room	24	12		

On a poster (e.g., in a doctors clinic)		61	27
Advertisement on a bus		20	9
On a flyer (e.g., in a doctors clinic)		18	8

- Evaluation of Campaign

All endline participants, regardless of whether they recognised the TOW campaign, were asked to evaluate the presented TOW materials ($n = 634$). Across all campaign-related questions, the majority of participants regarded the campaign as beneficial to themselves and others within the target demographic. A detailed breakdown of these results is presented in Table 7-7.

Overall, participants viewed the campaign as relevant to them (strongly agreed = 46%; somewhat agreed = 39%), as well as others their age (strongly agreed = 55%; somewhat agreed = 37%). Seventy-three percent (strongly agreed = 30%; somewhat agreed = 43%) of participants agreed that their knowledge about cervical screening had increased as a result of the campaign, and 93% agreed (strongly agreed = 55%; somewhat agreed = 38%) that the campaign would educate other people of a similar age. Participants also reported that the campaign would not only encourage them to think about getting a CST (strongly agreed = 65%; somewhat agreed = 29%), but also to have regular CSTs (strongly agreed = 53%; somewhat agreed = 35%). More generally, the campaign was viewed as a positive contribution towards raising the awareness of cervical screening (strongly agreed = 63%; somewhat agreed = 32%), and increasing testing rates (strongly agreed = 43%; somewhat agreed = 43%).

Table 7-7. Participant's views of the Test out West campaign ($N = 634$).

	Strongly agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Strongly disagree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Would you say that the Test Out West campaign...										
Was relevant to others your age	347	55	232	37	45	7	6	1	4	1
Was relevant to you	292	46	246	39	69	11	11	2	16	3
Increased your awareness about cervical screening	223	35	256	40	97	15	26	4	32	5
Helped you to feel more confident about getting a Cervical Screening Test	195	31	188	30	176	28	40	6	35	6
Increased your knowledge about cervical screening	191	30	272	43	103	16	34	5	34	5
Would you say that the Test Out West campaign encourages you to...										
Think about having a Cervical Screening Test	410	65	182	29	32	5	5	1	5	1
Have regular Cervical Screening Tests	336	53	221	35	56	9	14	2	7	1
Find out more information about cervical screening	301	47	222	35	78	12	23	4	10	2
Talk to your health care provider about cervical screening	300	47	228	36	72	11	23	4	11	2
Talk to your friends about cervical screening	239	38	198	31	123	19	54	9	20	3
Would you say that this campaign will contribute to...										
Raising awareness of cervical screening	398	63	201	32	27	4	5	1	3	0
Educating people your age about cervical screening	346	55	240	38	32	5	12	2	4	1
Increasing the rates of cervical screening among people your age	274	43	270	43	66	10	19	3	5	1

Reducing the barriers associated with cervical screening	262	41	237	37	90	14	37	6	8	1
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Note. Total sum of responses does not equal total sample size (endline = 802) due to missing responses.

7.5 Effectiveness and impact of campaign

To assess the effectiveness and impact of the TOW campaign on participant's CST-related knowledge, awareness, attitudes and behaviours, the responses of endline participants who recognised the campaign materials were compared to the survey responses of baseline participants. Therefore, in the following sections, where the term endline is used, it refers to participants who recognised at least one campaign poster or video, unless otherwise specified.

- Influence of campaign on knowledge and awareness

As described previously, irrespective of the campaign, awareness of the CST and/or Pap test was high across all participants ($\geq 96\%$). Nevertheless, there was a 3% increase in awareness of cervical screening methods when comparing only those endline participants who recognised at least one campaign poster or video to baseline (96% [116/121] vs. 99% [288/291]). Awareness of HPV vaccines was comparable across samples (baseline = 78% [93/119]; endline = 78% [228/291]), however, there was a 7% increase from baseline for endline participants who recognised at least one campaign poster and video (85% [110/130]).

Just over half of the baseline participants reported that they were aware that the Pap Test was replaced with the CST (51% [61/119]), in comparison to 55% [161/291] of endline participants. Awareness of this change was greatest for those endline participants who recognised a campaign poster and video (62% [81/130]), resulting in an 11% increase from baseline. More endline (91% [266/291]) than baseline participants (89% [110/124]) also knew that the CST was more accurate than the Pap test, and knew that HPV causes changes to cervical cells that may lead to cervical cancer (endline = 94% [273/291]; baseline = 91% [113/124]). Fewer endline participants, however, were aware of where to get a CST (endline = 79% [230/291]; baseline = 82% [102/125]).

There was an approximate 20% increase (endline = 54% [156/291]; baseline = 36% [46/127]) between groups regarding participants' knowledge of how often they should get a CST (i.e., every 5 years), but the difference between groups regarding what CSTs screen for (i.e., HPV) was minimal (endline = 76% [220/291] vs. baseline = 75% [95/127]). Again, the campaign benefitted those participants who recognised two sources of campaign materials the most (i.e., poster and video), where 7% more of participants (82% [106/130]) knew that CSTs screen for HPV than baseline participants.

- Influence of campaign on attitudes and behaviours

Sixty-eight per-cent (198/291) of endline participants rated their own health as "very important" in comparison to baseline participants (64% [76/119]). Endline participants were also more likely to report that they had spoken to their friends about cervical screening (endline = 61% [poster and video] [79/130]; baseline = 54% [68/127]). Regardless of the campaign, nearly all participants agreed that women their age should be informed about cervical screening (endline = 99% [289/291]; baseline = 99% [126/127]); talk to their doctor about cervical screening (endline = 98% [285/291]; baseline = 99% [126/127]); and to have regular CSTs (endline = 96% [240/291]; baseline = 95% [121/127]). There was also a general consensus that CSTs are important (endline = 98% [284/291]; baseline = 98% [123/125]).

Despite most participants indicating that they had been sexually active (baseline = 94%; endline = 96%), a third of participants were unsure of whether they were at risk of having HPV (endline = 30% [86/291]; baseline = 34% [42/125]). There were also no differences across groups in relation to the percentage of participants who disagreed with the statement "I'm not at risk of having HPV" (endline = 34% [99/291]; baseline = 34% [42/125]). Exposure to the campaign, however, resulted in a 12% decrease in concern about having the CST procedure (disagree: endline = 42% [122/291]; baseline = 30% [37/125]), a 6% decrease in belief that CSTs are unreliable (disagree: endline = 76% [222/291]; baseline = 70% [87/125]), and a 6% increase in confidence to get a CST (agree: endline = 83% [240/291]; baseline = 77% [96/125]). See Table 7-8 for the distribution of responses across HPV and CST attitude questions.

Table 7-8. Participant’s attitudes towards risk of HPV and CSTs.

		Strongly agree		Somewhat agree		Neither agree nor disagree		Somewhat disagree		Strongly disagree	
		n	%	n	%	n	%	n	%	n	%
To what extent do you agree or disagree with each of the following statements:											
I'm not at risk of having HPV	Baseline	18	14	23	18	42	34	22	18	20	16
	Endline	51	18	55	19	86	30	60	21	39	13
I'm concerned about having Cervical Screening Tests	Baseline	24	19	34	27	30	24	20	16	17	14
	Endline	55	19	71	24	43	15	60	21	62	21
Cervical Screening Tests are unreliable	Baseline	1	1	2	2	35	28	43	34	44	35
	Endline	2	1	12	4	55	19	104	36	118	41
I feel confident to get a Cervical Screening Test	Baseline	65	52	31	25	10	8	12	10	7	6
	Endline	162	56	78	27	23	8	17	6	11	4

The influence of the campaign on participants’ intention to get a CST in the future was also examined (Figure 7-1). The aggregated difference between groups on this survey question was negligible (baseline = 93% [111/119]; endline = 92% [268/291]), even for endline participants who recognised both a campaign poster and video (94% [122/130]). However, there was a shift in the distribution of responses across those who indicated that they “definitely” versus “probably” intend to have a future CST. That is, recognition of at least two sources of campaign materials resulted in a 4% increase in “definitely” responses, compared to baseline (76% [99/130] vs. 72% [86/119]).

Do you intend to have a Cervical Screening Test in the future?

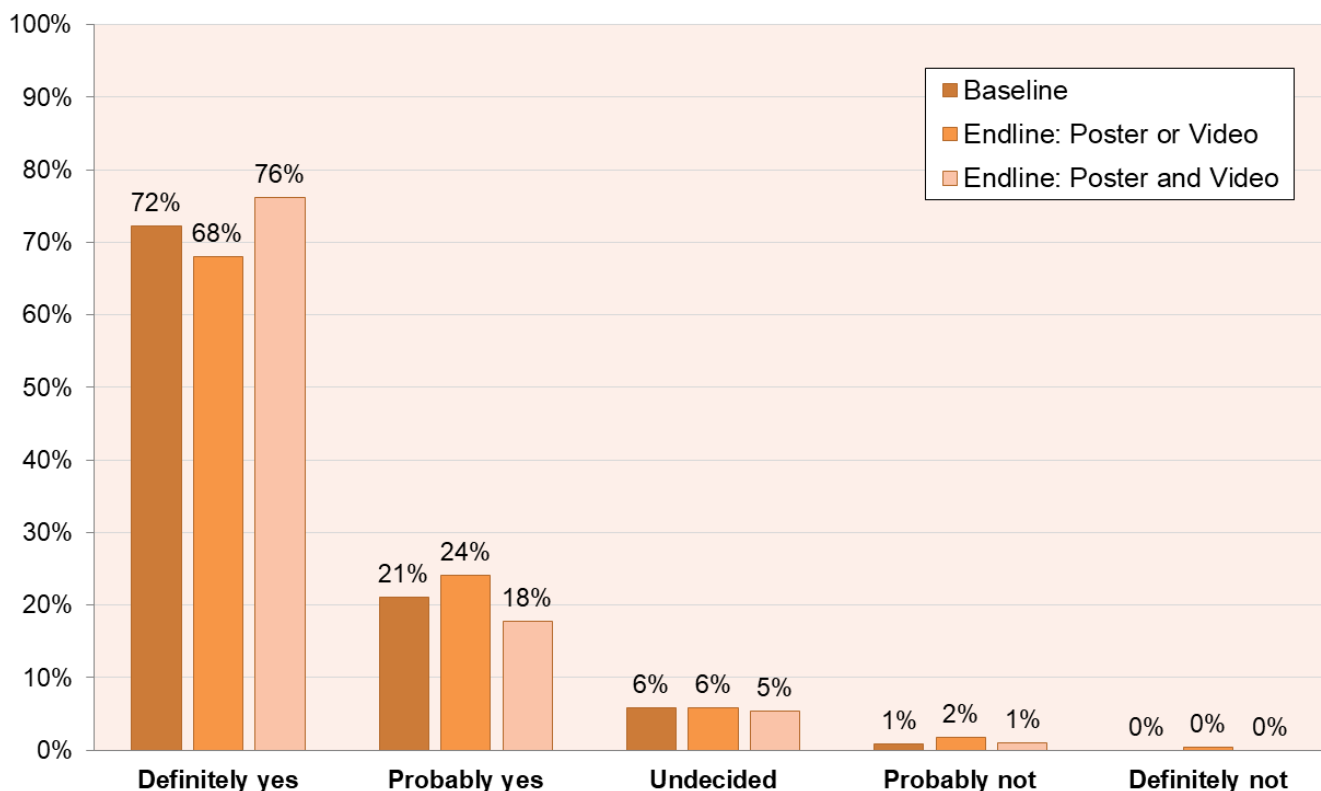


Figure 7-1. Participant’s intention to have a CST in the future.

7.6 Identifying key messages for future campaigns and factors influencing behaviour change

Once participants had reported their intention to have a cervical screening test in the future (as reported in Figure 7-1), they could provide an open-ended response to explain their rating. An analysis of the open-ended responses revealed four broad themes which will be described in this section. These are: **1)** attitudes about getting a CST during the COVID-19 pandemic, **2)** participants' reasons for deferring cervical screening, **3)** CST-related knowledge gaps and misconceptions, and **4)** positive attitudes towards cervical screening. These responses may be beneficial to consider towards estimating the likelihood of behaviour change from intention to action, especially given that the majority are from participants who anticipated a future CST (i.e., definitely yes; probably yes; Figure 7-1).

- *Attitudes about getting a CST during the COVID-19 pandemic*

Data collection for the endline survey coincided with the COVID-19 pandemic in 2020. In turn, many participants' open-ended responses reflected their hesitance to get a CST at that time. For instance, one participant stated: *"I know I should have one, but while COVID is on, I just don't want to go to the GP"*. While all other pandemic-related open-ended responses were of a similar nature (see Table 7-9), reflecting their apprehension to seek a CST, one participant had opposing views, and had a positive experience of getting a CST during the pandemic:

"I have been attending the family planning service in Penrith for a number of years for yearly cervical screening after returning an abnormal result...my recent screening was done last week during the COVID-19 pandemic and I felt safe attending with precautions in place from staff".

Table 7-9. Endline participants' open-ended responses concerning cervical screening during COVID-19.

"Following the recommended testing. The current pandemic has delayed this."
"I want to get it over and done with after the pandemic settles down. I value preventative health screening."
"I will, but not during the lockdown."
"The doctor suggested I should have it done after I have given birth however due to the pandemic it hasn't been possible. It's not so urgent so I will have it done after all this is settled."
"I want to but coronavirus makes me scared to start now."
"I'm due for one but waiting for COVID-19 to finish up."
"I know that cervical screening is important and I am due for the check up this year after having my first baby last year. However in the current pandemic situation I'd rather wait until later in the year."
"Due to have a test, however due to COVID-19 am delaying this."
"After COVID-19 settles I am due for a test."
"I know I'm due for one, I just haven't booked- especially with COVID around."
"Yes I'm due to get one done so after the COVID-19 pandemic finish I want to get it done."
"Was waiting till after I had last baby 6 months ago but now haven't been to doctor because of COVID-19."
"I want to start IVF next year, this year I began all the testing and was scheduled to have the cervical screening but it was cancelled due to COVID."

- Reasons for deferring cervical screening

While the majority of participants reported that they were likely to get a CST in the future (i.e., definitely yes; probably yes; Figure 7-1), many also shared reasons that contributed towards their reluctance or failure to get a CST. These reasons included feeling nervous or embarrassed, a previous experience of pain or discomfort, as well as lack of time, forgetfulness or delaying until a later date. For instance, one participant stated: *“I know it’s importance for my health, I just haven’t gotten around to it”*, while another participant reported that *“I know that I really need to and that it is very important but I have always felt very uncomfortable having them done and I remember it hurt quite a lot last time so I keep putting it off...”*. Further excerpts from participants’ open-ended responses explaining circumstances regarding their intention to get a CST are presented in Table 7-10.

Table 7-10. Selection of participant quotes describing reasons for avoiding cervical screening.

“I know I should have one but haven’t really taken steps to do so yet”
“I continuously put it off but recognise the need for it”
“I know I need to, I just avoid it”
“Know I should but always "too busy" to make it a priority”
“I’ve always intended to have one but haven’t yet - my current doctor is getting very old and I’d like to get a new female doctor but haven’t had the time to look around and build a relationship with a new doctor yet”
“I am conscious that I need to screen for cervical abnormalities but have been deterred by the uncomfortability of the Pap smear in the past”
“They are necessary for ongoing health. I just wish they were less uncomfortable”
“I will because I should. But I will probably avoid it. The last test I had hurt, it made me bleed, it felt undignified and the doctor lectured me on sex, and the HPV vaccine while she was down there”
“I hate having anything done like this it is awkward and confronting”
“I know I’m supposed to. Just feel uncomfortable and need to find the right doctor”
“I know I have to have it but I’m nervous so I will eventually when I build up the courage”
“I have always intended to get one but fear has stopped me. I understand the importance so I am sure I will get one eventually”
“I know how important it is but I’m too embarrassed to ask my doctor about it”

- Knowledge gaps and misconceptions about cervical screening

Several gaps in knowledge, as well as misconceptions about CSTs, emerged from participants’ responses. Many conveyed that they wanted more practical CST-related information (Table 7-11), such as what the procedure involves, as well as what it costs and where they can get one, while others questioned the merit or reliability of the test:

“I don’t like the idea of it being every 5 years instead of 2. Even with advances it seems like a large gap to have in between tests...I question the reliability.”

Table 7-11. Selection of participant quotes expressing need for more CST-related information.

“Nobody has approached me to do (a) cervical screening test and I do not know where can I do the test and what's the cost?”
“I am currently overdue but unsure about costs and efficiency of new test”
“As I am completing this survey, my subconscious knowledge is being aware and would look forward to know about places where I can do this test in South West Sydney”
“(I) know I'm overdue, not sure where to get one without having to see (a) male doctor”
“Need more information on the testing process”
“I'd need to know more information about the process”
“...I (need) more information on where and cost”

Participants' open-ended responses also cited information that contradicted the National Cervical Screening Program guidelines (Table 7-12). These misconceptions were concentrated on when and who should get tested. For instance, some participants assumed that because they were in a monogamous relationship, or had only ever had one sexual partner, that CSTs weren't necessary:

“My husband and I are each other's first and only sexual partners and are observant Muslims. At my last cervical screening test, the GP explained that the abnormalities detected are sexually transmitted. Unless I suspect infidelity or end up in a different relationship, I don't see the need to keep testing”.

Table 7-12. Selection of participant quotes describing CST misconceptions.

When to start screening
“I am married and it's just a year I have been in this marriage and sexually active. So far I knew that if someone is sexually active for 3 years they should have a cervical screening test. So definitely after 2 years I will go for screening test”
“I know that it is supposed to be done at 25 or 2 years after you become sexually active. So I think I am due to have one”
Necessity of testing
“...I am very low risk. Gardasil in high school. One partner; I am his only partner”
“In a monogamous relationship”
Confusion regarding CST interval
“I'm under the impression that a cervical screening test/pap smear is something women my age should get every 3 years or so”
“(I will get a CST) in 3 years when due for next one. Received 5 year clearance”
“Meant to be easier, and only need one every three years”
“My understanding is that it is recommended that sexually active women get a cervical screening test every 2 years. Therefore I intend to get the test every 2 years”.

- *Positive attitudes towards cervical screening*

Despite the mitigating factors participants raised regarding their intention to get a future CST, a substantial proportion of participants held positive views towards cervical screening. As shown in Table 7-13, many participants appreciated the importance of getting a regular CST, and some also highlighted that the benefits outweighed any negatives of the procedure.

Table 7-13. Selection of participant quotes regarding the importance of getting a CST.

“It’s a short feeling of discomfort for peace of mind that my cervix is healthy. Why wouldn’t I do it is more the question!”

“Yes I have never had an issue with the testing. It has always been a good experience. Would like to be screened for peace of mind”

“Tests like this are vitally important. You only get one body and you need to look after it!”

“It is good to be safe and cervical screening is important to rule out any problems down there which can be prevented in time with proper diagnosis. It is also not very painful either”

“It’s a very important that can save your life yes, it’s painful but that 5 seconds of pain can help your future”

“Better to be safe than sorry. A few minutes of being uncomfortable is worth the check for cervical cancer”

7.7 Cervical screening rates

As part of the evaluation, clinic data from Family Planning NSW (including outreach clinics) and the National Cervical Screening Register was to be monitored before, during and after campaign completion, to assess the impact of the campaign on cervical screening rates of young women in SWSLHD and WSLHD. However, we were unable to access the data from the National Register, therefore this section only reports data from the FPNSW clinics. This may pose evaluation limitations given that only a small proportion of women from the target demographic attend FPNSW clinics for CSTs (2018/2019 = 28%). Baseline survey data also highlighted that most women (84%) attend their local GP or gynaecologist for a CST.

- *Family Planning NSW clinic data*

The CST rates of women who reported to live in SWSLHD or WSLHD and attended a Family Planning NSW clinic (Ashfield, Fairfield, Newcastle, Penrith or Out Reach) for a CST are presented in Figure 7-2. Specifically, the figure presents the monthly screening rate across two comparison periods: **1)** 2019/2020, which includes the campaign period (August – March; green overlay), and **2)** 2018/2019, before the TOW campaign. A yellow overlay is also used to represent the presence COVID-19 in Australia. Screening rate is calculated as the number of women who were within the ages of 25 to 34 at the time of their CST clinic visit, divided by the number of those women who reported to live in a postcode classified as within SWSLHD or WSLHD, per calendar month.

Over the duration of the campaign (August 2019 – March 2020), a total of 354 women sought a CST at a FPNSW clinic. In comparison to the same period of the previous year, there was a 9% decrease (August 2018 – March 2019: $n = 388$) in screening. The decrease in screening rate is likely to be related to the onset of COVID-19, which was first reported in January 2020. The steep decline in CST rate across February and April 2020 coincides with the first case of COVID-19 in Australia. The growth in screening rate in May 2020 also overlaps with the release of the Australian Government’s framework to lessen the restrictions imposed during the peak of COVID-19 in Australia.

A more accurate evaluation of the campaign on cervical screening may be attained by examining the screening rates pre-COVID-19. During this five month period (August-December 2019), 235 women sought a CST at a FPNSW or Out Reach clinic, in comparison to 202 women in 2018. Therefore, there was a 16% increase in screening rate over the course of the campaign, relative to the same period in the previous year, which is before the start of the TOW campaign. There was a peak in CSTs during the campaign in November 2019.

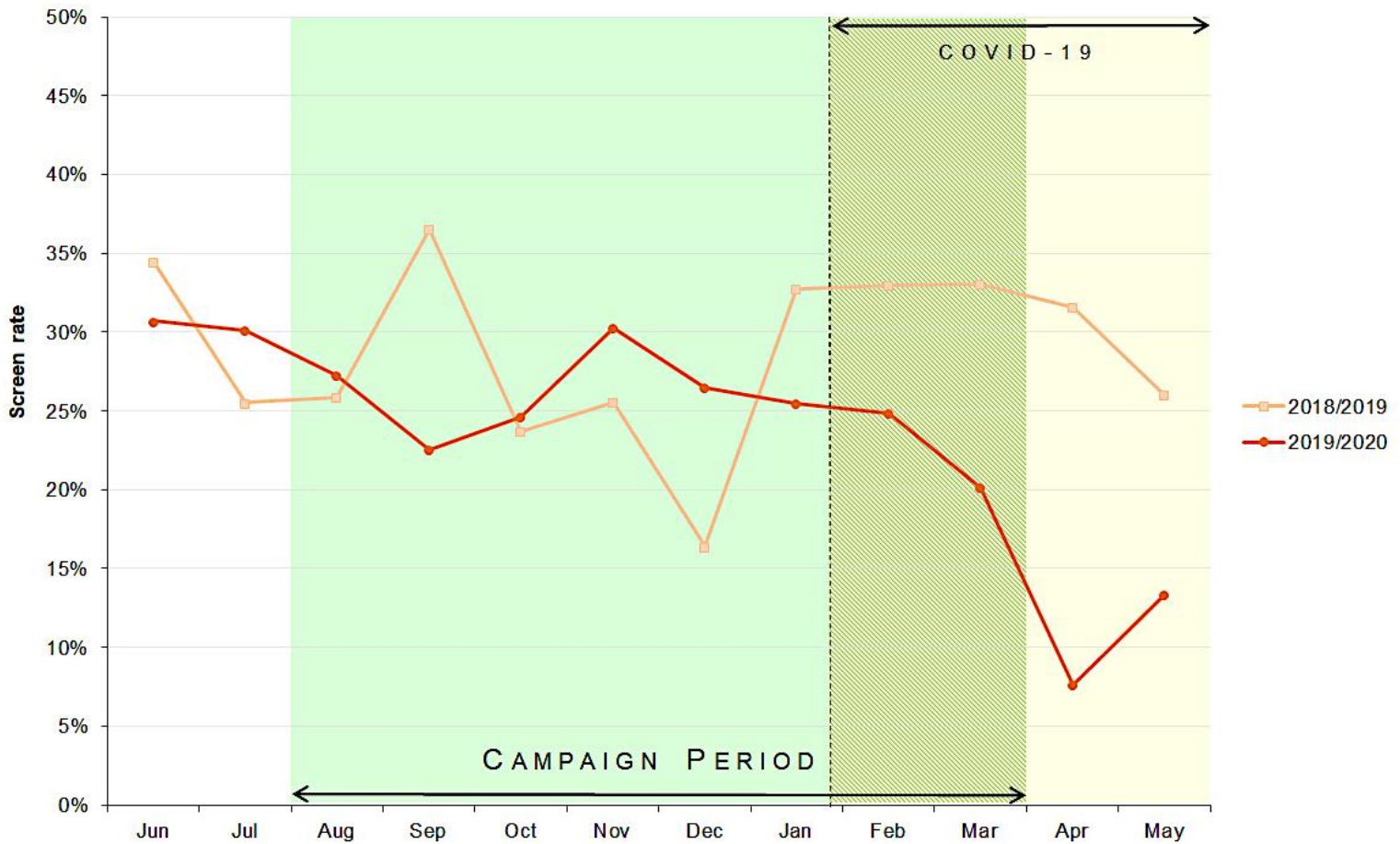


Figure 7-2. FPNSW cervical screening rates of women who live in SWSLHD or WSLHD between the ages of 25-34.

7.8 Summary

The current evaluation surveyed women who were aged between 25 and 34 and lived in SWS and WS LHDs, as well as examined FPNSW CST clinic data for the same demographic. Nearly all of those who participated in the surveys were aware of cervical screening (either the Pap Test or CST), and most had been previously screened. Reasons preventing those who had never been screened included personal factors such as embarrassment and being fearful that it may hurt, although several women also reported that their doctor had not suggested it to them. The TOW campaign was viewed as relevant to the target demographic, as well as beneficial in terms of increasing CST-related awareness, knowledge and overall screening rates. The campaign had the greatest impact on educating women on how often they need to get a CST, as well as lowering concerns and increasing confidence to get a CST. Open-ended responses, however, highlighted that barriers still exist, such as a need for more practical information (e.g., what does the procedure involve, where they can get screened, how much does it cost). The impact of the campaign on cervical screening rates was likely influenced by the global pandemic, however before this time there was a 16% increase in CSTs in comparison to the previous year. Future campaigns could emphasise the prevalence of HPV, as well as the ‘who, what, where, when and how’ aspect of cervical screening. Continuing the advertisement of campaigns on Facebook, which was the most effective forum, may also lead to greater campaign recognition rates.

8 OUTCOMES AND CONCLUSIONS

This project aimed to increase the rate of cervical screening among young women aged 25-34 years residing in the SWS and WS LHDs through a consumer-informed and innovative social media campaign.

As shown by the digital analytics, the social media campaign was very successful in reaching the target demographic, as the total reach exceeded both government and social media target population estimates. The campaign also attracted a strong engagement, by approximately 27-58% of the population.⁴ Interestingly, engagement was largely driven by views, rather than public reactions such as comments, likes or shares. However, this result was somewhat anticipated given the opinions shared during CAG consultations regarding a reluctance to publicly engage with content that is considered a private or embarrassing topic. The contribution of comments, likes and shares towards engagement rate should be considered when assessing the impact of future campaigns with similar target populations and campaign content. Moreover, as we have established that engagement is driven by video views, strategies to address video incompleteness should also be considered. For instance, producing videos that deliver key messages over a short 'bite size' duration will likely increase the percentage of consumers who are delivered the key message in its entirety.

The number of visits to the microsite were fair, which was also expected, as the focus of the campaign dissemination strategy was to deliver the health messages and call to action via social media. The microsite was rather an additional means for the audience to obtain more detailed information. Encouragingly, the average time of those who did visit the microsite was consistent with industry standards (Albright, 2019), particularly for the health industry (Baker, 2017) and a small microsite of only two pages (RankMonsters, 2019).

The involvement of consumers at varying stages of the project was integral towards the success of the campaign and overall project. The feedback received during content development and evaluation survey question testing ensured that all campaign assets were relevant, relatable and easy to understand. Indeed, the endline survey results showed that the campaign was perceived as highly relevant to the target population, and increased their awareness, knowledge, and intention and confidence to get a CST. There was also evidence that including local talent in the campaign contributed positively towards engagement and the sharing of content. Future digital campaigns may benefit from also involving mid/high-profile community members during video production, or possibly as an advocate to share and engage with the campaign content through their social media channels. The endline survey also indicated that knowledge gaps and misconceptions still exist and future campaigns could consider the inclusion of more procedural and practical information.

The consumer recognition results from the campaign evaluation surveys are promising. One third of the endline participants recognised at least one of the presented TOW campaign materials. This is a significant achievement as we only presented a small number of the total campaign materials within the survey, and the campaign itself was only advertised over a relatively short eight-month period. Comparatively, this level of recognition is also higher than other recent health promotion social media campaigns conducted over a similar time frame (Adam et al., 2018a; Adam et al., 2018b).

Despite the many positive outcomes of the project, there were a number of limitations that may be used to guide the design, implementation and evaluation of future campaigns. Firstly, social media advertising constraints made it difficult to accurately target all individuals who require cervical screening within the target age and geographical region. As targeted advertisements use information provided by the user on their profile, those who give inaccurate or insufficient information may have been missed. Furthermore, as

⁴ The estimated population size of women aged 25-34 years who live in SWS and WS LHDs is approximately 153,652 (NSW Ministry of Health, 2018), however, Facebook's estimate of the target audience was 330,000, which also includes those in the area for another purpose (e.g., work).

Facebook profiles do not provide the level of detail required to ascertain whether a person has a cervix, we could not directly target people with a cervix who do not identify as female. We did, however, strive to produce inclusive campaign content. LGBTIQ people were represented in the campaign material, and inclusive language was used where possible.

Project limitations were also imposed by the COVID-19 global pandemic, which affected the country most from February 2020. Due to social distancing measures and lockdowns we had to cancel a number of face-to-face project events. The pandemic also likely impacted the influence of the campaign on the rate of cervical screening. Previous research has indicated that the behavioural change effects of campaigns may last up to two to three months after broadcast ends (Dunlop et al., 2014; Dunlop et al., 2013; Wakefield et al., 2011). However, as evidenced by the FPNSW clinic data, there was a steep decline in testing rates which coincided with the onset of COVID-19 in Australia, such that the true longer-term impact of the campaign could not be assessed. Nevertheless, during the campaign period and pre-COVID-19, there was a 16% increase in CST rate at FPNSW clinics in comparison to the previous year.

The participant characteristics documented by our survey also suggests that the sample of participants who evaluated the campaign may not be considered completely representative of the target population. For instance, although SWS and WS LHDs have the lowest screening rates compared to the other thirteen LHDs in NSW (CINSW, 2017), four in five of survey participants had previously sought cervical screening; three quarters of those being within the last two years. In retrospect, the evaluation tool also required a high level of literacy for completion, and most survey participants held a TAFE or university degree. This may have indirectly excluded people who have learned English as a second language (or subsequent language), such as migrant and refugee women. It would be of value for future projects to investigate alternative methods of evaluation, such as the use of Facebook polls that contain less text and more visuals, in order to effectively reach a greater representative sample of women who under-screen or have never screened.

Overall, the results of the current project are encouraging, given the breadth of content development and implementation, as well as favourable improvements across the majority of evaluation indicators (e.g., intention to get a CST, CST knowledge, relevancy of campaign) among those who had seen the campaign. The findings contribute important evidence regarding the effectiveness of digital marketing, online education resources, and the use of these methods for improving young women's knowledge, attitudes and behaviours around cervical screening. Continued promotion of cervical screening within the community is necessary for a greater impact on cervical screening rates in the long term. This will involve sourcing additional funds to continue the development of content that captures the broader community group. More involvement of GPs and health centres to actively take part in showcasing the campaign materials may also positively contribute to an increase in CSTs.

9 LEARNINGS AND RECOMMENDATIONS

9.1 Learnings

- Establishing concise, repeatable key health messages that are in-line with state and national cervical screening messaging ensures campaigns are evidence based and have a clear direction.
- Ensuring the project is focused towards building referral pathways for consumers by creating awareness, addressing barriers, and linking them to services.
- Exposing health messages to the target audience multiple times through different mediums (videos, social tiles) on social media as well as out of home (posters, brochures, bus side advertisements) increases likelihood of reaching the audience and having an impact.
- Featuring community members within their local environment for content development can assist in forming a connection with the target audience.
- Allowing community members to talk about a topic in their own dialogue can help remove barriers such as medical jargon and support consumer's health literacy.

9.2 Recommendations

CONTENT STRATEGY

- a. Investigate partnering with organisations or people who have a strong social media presence or connection with the community/target audience who could support and promote the campaign.

CONTENT DEVELOPMENT

- a. Continue to utilise talent from the community to obtain an authentic and relatable connection with the target audience.
- b. Work with partner organisations to engage and recruit talent from other community groups (e.g., Aboriginal and Torres Strait Islander, transgender men)
- c. Explore alternative approaches to create dynamic, informal content (e.g., health professionals answering common questions, health professional talking with a client, vox pop with consumers or health professionals).
- d. Develop more 'bite size' pieces of content to allow for quicker user consumption as well as providing a large amount of varied content to avoid reaching market saturation.

CONSUMER ENGAGEMENT

- a. Continue to engage consumers to inform campaigns and co-develop resources.
- b. Utilise online videoconferencing (e.g., Zoom, Webex) to run online consumer groups which enables greater consumer reach and accessibility.

SOCIAL MEDIA AND MICROSITE

- a. Maintain social media as the primary platform for content and message distribution, while maintaining the microsite as an information hub and a source to locate local health services.
- b. Monitor the delivery of content delivered via social media and adjust strategies as needed.
- c. Investigate website platforms that are compatible with Google translate so that content may be easily accessible in a range of languages on the fly.

EVALUATION

- a. Develop campaign specific pre/post surveys after the campaign materials have been developed to reduce survey length and to ensure the survey accurately evaluates the campaign and specific health messages.
- b. Ensure that the monetary incentive matches the effort required to complete the survey (i.e., prize draw for 10 x \$50 gift voucher).
- c. Consider alternative, more accessible, methods for evaluating social media campaigns (e.g., Facebook polls, interviews with members of the target audience).

- d. Disseminate the TOW project evaluation findings at conferences and in peer reviewed journals.

SUSTAINABILITY

- a. Explore avenues to continue promotion of the campaign materials in SWS and WS LHDs (e.g., via FPNSW social media, local services, health centre/GP waiting rooms)
- b. Promote the TOW videos in the FPNSW metro clinic waiting rooms and continue to display TOW posters and brochures.
- c. Seek additional funding or sponsorship to maintain, expand and improve assets and reach.
 - Expand the campaign to other areas west of Sydney and Western NSW.
 - Explore options to translate resources into other community languages.
 - Develop new content to include community groups not previously captured (e.g., Aboriginal and Torres Strait Islander, LGBTIQ and specific CALD groups).

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APPENDIX 1:

HPV, CERVICAL CANCER AND CST KEY HEALTH MESSAGES

HPV

1. Human papillomavirus (HPV) is a common infection that is spread by genital skin-to-skin contact during sexual activity.
2. Up to 80% of people will be infected with HPV at some time in their lives.
3. HPV infection usually has no symptoms.
4. There are many types of HPV and your body's immune system will naturally clear most types within one to two years.
5. If your body does not clear an HPV infection, it can cause the cells in the cervix to change. If left untreated, this may develop into cervical cancer.
6. Most women who have HPV will not develop cervical cancer.
7. It usually takes 10 to 15 years for HPV to develop into cervical cancer.
8. If HPV is detected early, any changes to cells can be monitored and/or treated if necessary, preventing cancer developing.
9. Anyone who engages in genital skin-to-skin contact with a person of any gender can get a HPV infection.
10. Condoms and other barriers may provide some protection from HPV, but they do not cover all the genital skin.
11. The HPV vaccine protects against the most common high-risk HPV types (HPV 16 and HPV 18), one or both of which are responsible for 70% of all cervical cancers in Australia.

Cervical cancer

12. Cervical cancer is one of the most preventable cancers.
13. HPV is a common infection that is usually cleared by the body's immune system. In a small number of cases, HPV can cause cervical cell changes that may lead to cervical cancer.
14. Over 99% of cervical cancers are caused by HPV infection that does not clear up.
15. Regular cervical screening is the best protection against cervical cancer.
16. Cervical screening allows for cervical cell changes and abnormalities to be detected before cancer develops.
17. Over 80% of cervical cancer occurs in women who have never screened or are not up-to-date with their cervical screening.
18. See your healthcare provider as soon as possible if at any age you have symptoms such as unusual vaginal bleeding, discharge or pain during sex. Don't wait until your next cervical screening.

Cervical screening

19. The Cervical Screening Test replaced the Pap test as the method of screening for changes that can lead to cervical cancer.
20. The Cervical Screening Test is a simple procedure to check the health of your cervix.
21. The Cervical Screening Test looks for HPV, an infection that can cause cervical cell changes that may lead to cancer.

22. The Cervical Screening Test prevents cervical cancer by detecting a HPV infection before any cell changes occur and treating any abnormal cervical cell changes before it develops into cervical cancer.
23. Women aged between 25 and 74 should have the Cervical Screening Test.
24. For most women aged 25 to 74 their first Cervical Screening Test is due two years after their last Pap test.
25. After you have been screened you will only need to have the test every five years if your result is normal.
26. Even if you are vaccinated against HPV you need to have regular cervical screening, as the HPV vaccination does not protect against all types of HPV that can cause cervical cancer.
27. Anyone with a cervix should have a Cervical Screening Test every five years, including intersex people and transgender people who have changed their gender from female to male.
28. Even if you've only had one sexual partner, you still need to have regular Cervical Screening Tests.
29. You should continue having your Cervical Screening Tests every 5 years even if you are no longer having sex.
30. The Cervical Screening Test is available at General Practices (GPs), Family Planning clinics, Aboriginal Medical Services, Aboriginal Community Controlled Health Services, Women's Health Centres and specialists (gynaecologist).
31. The Cervical Screening Test is confidential, and free or low cost.
32. Health professionals are non-judgmental and confidential.
33. You can ask to have the Cervical Screening Test done by a female doctor or nurse if you want to.

**APPENDIX 2:
TEST OUT WEST MICROSITE
HOMEPAGE**

TEST OUT WEST
GET TESTED

NSW Cancer Institute NSW

ABOUT

TEST OUT WEST WANTS TO EMPOWER WOMEN TO HAVE CERVICAL SCREENING TESTS, WHILST CELEBRATING THE STRONG COMMUNITY SPIRIT OUT WEST.
LEARN MORE

OUR STORIES

WEST ARE IN THIS TOGETHER
"It's worth going for that check-up if you can avoid cervical cancer."
— ANTRA

PREV / NEXT

KNOW THE FACTS

INTRODUCING THE CERVICAL SCREENING TEST +

ABOUT THE TEST +

DO I NEED TO GET TESTED? +

HOW MUCH DOES IT COST? +

STILL HAVE QUESTIONS? LEARN MORE ABOUT THE CERVICAL SCREENING TEST AND GET IN CONTACT WITH US. [LEARN MORE](#)

FIND CLINICS

GET TESTED NEAR YOU

Use our directory to find your closest specialised service.

ENTER YOUR SUBURB/TOWN

OR SPEAK WITH ONE OF OUR FRIENDLY STAFF ON 1300 658 886 OR TALKLINES@FNNSW.ORG.AU

YOU CAN ALSO VISIT YOUR LOCAL GP OR MEDICAL CENTRE —

FIND YOUR CLOSEST SERVICE HERE

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