

Introduction

Aboriginal and Torres Strait Islander people continue to experience disparities in cancer outcomes compared to the broader Australian community. Research has shown that improving individual and community knowledge about cancer, treatments and likely survivability is an enabler for improving cancer outcomes for Aboriginal and Torres Strait Islander people (National Cancer Control Indicators, 2021b).

Cancer Australia is developing a national website for Aboriginal and Torres Strait Islander people that provides a central source of current, evidence-based cancer information, awareness messaging, support and guidance material, and resources that are relevant to their communities and health professionals.

The website will provide culturally appropriate information about cancer, increase cancer awareness and knowledge of protective factors, and help to reduce fatalism and stigma related to cancer for Aboriginal and Torres Strait Islander people.

Requirement

In April 2021, Cancer Australia released an Approach to Market (ATM) for the provision of services to focus test website content and creative concepts for the *Cancer in Aboriginal and Torres Strait Islander people website information hub* (Reference ID: F21/104). The main aim of the project is as follows.

- Undertake focus testing of website content and creative concepts with Aboriginal and Torres Strait Islander people (including those affected by cancer).

The contract of work commenced in early May 2021. This document presents the results of the focus testing.

Project Criterion

Participants

Cancer Australia determined the focus testing to be undertaken with Aboriginal and Torres Strait Islander people was to:

- include people who have been affected by cancer, their families and carers, and people who have not been affected by cancer, but are wanting to find information about cancer,
- include a diverse range of ages, genders and geographical locations (including metropolitan, regional and remote settings) with representation across Australia, including the Torres Strait Islands, as agreed upon,
- include a minimum 6 groups of 5-8 participants,
- be held as a mix of face-to-face meetings, teleconference and/or videoconference as culturally appropriate, within budget and agreed upon, and
- appropriately incentivise participation, e.g., a \$50 Coles voucher.

Data

Cancer Australia provided ResearchCrowd with two main data sources. These consisted of a number of hard copy paper pages rather than digital pages on the World Wide Web.

Inserted below are images of these pages which make up the two sets of data that were focus tested by Aboriginal and Torres Strait Islander community focus groups.

1. Content pages, and
2. Creative concepts.

Content Pages (1-12)



See Appendix A for enlarged images of content pages.

Creative Concepts (1-3)

Cancer in Aboriginal and Torres Strait Islander People

Moti leo nua, poti ao conoedatu ai, vesibulum ai ero

What is cancer?

Common Cancer Types

Ways to help protect against cancer

COVID-19 and Cancer

For Community

For Health Professionals

Cancer in Aboriginal and Torres Strait Islander People

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Ethics

ResearchCrowd's approach to focus testing is grounded in strength-based, culturally informed ethics.

We adhere to the Australian Government's guidelines for appropriate conduct in research, and the values published in the Code of Ethics for Aboriginal and Torres Strait Islander Research (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020), as well as our own spirit for cultural respectful practices.

We understand that Aboriginal and Torres Strait Islander health research needs to be driven by priorities set by Aboriginal and Torres Strait Islander people. Accordingly, the project sought guidance from its Reference Group of Aboriginal and Torres Strait Islander cultural leaders. We worked with participating communities through all stages of the project and took advice from community researchers and the team at Cancer Australia.

Informed consent from participants was provided and identifying details were removed from the data to protect and preserve participant anonymity. Data collection primarily involved consultative activities in the form of meetings and get togethers, which were video and/or audio recorded. Data was also collected via observations, which were noted in the field, and photographs and images captured different aspects of focus testing. Data were disposed of following analysis.