Author’s response to reviews

Title: Making progress: the role of Cancer Councils in Australia in Indigenous cancer control

Authors:

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Version: 2 Date: 2 December 2013

Author’s response to reviews: see over
To the Editor

Thank you for the opportunity to respond to the comments raised by the reviewers. We have taken on board their comments (see below) and feel that the manuscript and presentation has been strengthened as a result.

We believe this study adheres to the RATS guidelines on qualitative research.

<table>
<thead>
<tr>
<th>Reviewer Comments</th>
<th>Response</th>
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<tbody>
<tr>
<td>The authors should provide quantitative data where it is available. Phrases like</td>
<td>We agree with the reviewer that it would be good to be more specific with respect to numbers. However, we are also conscious that we were interviewing only a small number of respondents, particularly in the larger organisations and that both corporate knowledge and Aboriginal staff turnover means that it is problematic to quantitate the information. Given differences in the number and proportion of participants interviewed, our aim was to report a jurisdictional response, rather than a response by respondent. It should be noted that the detail of responses is provided by jurisdiction in Table 2.</td>
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<td>“was not widely appreciated”, or “in some” CCs, or “many CCs”, “many of the</td>
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<tr>
<td>respondents”, “many jurisdictions”, “not all respondents” etc. are often used.</td>
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<td>It would be informative if the authors could provide the corresponding numbers</td>
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<td>(e.g. “X out of X CCs”, or “Y out of X respondents”).</td>
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<td>The authors argue several times that resources are dependent on the size of each</td>
<td>Information on number of Indigenous inhabitants, % of the population that is Indigenous and the proportion of the overall population that is Indigenous has now been added to Table 2 for each jurisdiction.</td>
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<td>CC and the share and absolute number of Indigenous people of this jurisdiction.</td>
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<td>To underline this, they should provide the number of inhabitants, share and</td>
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<td>absolute number of Indigenous people for each jurisdiction in table 2.</td>
<td></td>
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<td>Some pieces of the “results” should be shifted to the discussion section, as</td>
<td>We agree with the reviewer. We have taken on board these comments and made appropriate changes to the manuscript.</td>
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<td>they represent the authors’ opinion and not mere results of the study. These</td>
<td></td>
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<td>include (e.g.) last paragraph of section “Human Resource Issues”, last sentence of first paragraph of section “Targeted Programs…”, last sentence of first paragraph of section of “Accessibility/Extent…”, last sentence of first paragraph of section “Advocacy” and others.</td>
<td></td>
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<td>The conclusions drawn seem to be a bit too optimistic. Although there is great</td>
<td>We agree that the changes to date are modest and that we may appear to be overly optimistic. However, we do feel optimistic! All CEOs agreed to participate and they considered the manuscript (which obviously does mean we could not be overly critical) but we see there are changes and a group across the Cancer Councils that helps facilitate advocacy and leadership in this area. We have added the following sentence to the conclusion “Measuring success in both process and outcomes into the future will be important in identifying whether the commitment to make a difference in this area is maintained or accelerated.”</td>
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<td>effort in addressing Indigenous issues, senior management of CCs still seem to</td>
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<td>be quite reluctant to take lead in efforts to improve the situation. In addition,</td>
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<td>although this was already identified as a major issue in 2006, there is still</td>
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<td>Indigenous Board member on CCs in 2010. Pointing out this discrepancy between</td>
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<td>ongoing efforts and measurable success will make the discussion more balanced.</td>
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<td>Reviewer 2</td>
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<td><strong>Paragraph 1</strong>, In the last sentence it is unclear if the authors are referring to disparities in cancer outcomes, healthcare outcomes or both. The preceding sentence would suggest that it is healthcare outcomes, but the opening sentence of the second paragraph in which the authors use the term ‘health disparities’ suggests that it is both.</td>
<td>Issue has been clarified</td>
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</table>

Despite this disparity in cancer outcomes and shortcomings of suitable cancer service delivery, it is only relatively recently that Indigenous cancer issues have received attention.

| **Paragraph 2**, A statement on how social and economic factors contribute to health disparities, in particular those that have the greatest impact upon cancer, are required. Citations to support such a statement should also be provided. Consider rephrasing the next sentence to, ...a broad range of factors related to the needs and preferences of the individual, cultural, policy context, health workforce and health service organisation. | Additions have been made as requested |

Entrenched social and economic factors contribute to these health disparities for Indigenous people with it well established that inequalities in health arise from inequalities in society, with larger differences in society results in larger health inequalities.[3] While differences in access to health care and differences in lifestyle matter, the key determinants of social inequalities in health lie in the circumstances in which people are born, grow, live, work, and age.[4]

Therefore, approaching cancer control requires a keen appreciation of a broad range of factors related to the needs of the individual and cultural, policy, health workforce and health service organisation factors.

I recommend structuring the information in this section under the following subheadings: Ethics, Settings and Participants, Study design, Measures, and Data analysis. An outline of the steps taken to implement the different methods (key informant consultations, interviews and a review of websites and links used in the study), under the heading procedures is also needed. Overall, a major limitation of the methods section is the omission or limited reporting of important information. Information on the following is required:

- What method was used to analyse interview data, and why?
- How was the interview schedule determined?
- Where did the interviews take place? Were interviews transcribed?
- Where did the criteria used to appraise Cancer Council websites come from?

What evidence is there that these criteria are sound indicators of cultural accessibility and appropriateness?

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| - What method was used to analyse interview data, and why?  
- How was the interview schedule determined?  
- Where did the interviews take place? Were interviews transcribed?  
- Where did the criteria used to appraise Cancer Council websites come from?  
What evidence is there that these criteria are sound indicators of cultural accessibility and appropriateness? |

We have added a section on Ethics and participant Recruitment and a section on Analysis. This includes more detail upon the analysis, including that not all interviews were able to be recorded and transcribed. A section heading with Checking and Verification of information has also been added.

The interview schedule is described in the methods and is based upon interviews with those people who we were directed to by the CEO. Further information about the methods (including type of interviews and transcription) and analysis has now been provided.

The source for criteria to appraise website content has been added. The two items represented the themes ‘Creating a welcoming environment’ and ‘Communication and relationships’ assessed on the Health and Community Services Audit (developed as part of the Making Two Worlds Work Project, Mungabareena Aboriginal Corporation, 2008). Because this Audit was not originally designed to assess an online platform, the investigators selected the most relevant elements to adapt to the current investigation. Our intent was to give an indication of cultural appropriateness, inclusion, and access (key features of best practice in engaging Aboriginal and Torres Strait Islander peoples in health services), as superficially apparent via Cancer Council websites.

Methods

In paragraph 1 of the methods section, key informant consultations, interviews and a review... | We have now added a citation to the report which was referred to, but this is not a publically available in |
of websites and links are identified as the main methods. Paragraph 5, however, states that this ‘current paper’ is a summary of a report. However, this report is not cited and the process of summarising it for the purposes of this paper is not described. For example, were only salient findings from the larger report summarised for inclusion in this paper? Were only those findings approved by CEOs and the Aboriginal and Torres Strait Islander Subcommittee included in this paper? Can the authors provide some details on how this report was summarised information from the larger report to clarify the extent to which the information reported in this paper reflects that contained in the original report?

### Results

Overall, the synthesis and presentation of results is inconsistent with the aims stated in the Background section, paragraph 4. That is, programs and practices being undertaken by CCs to improve cancer services and outcomes for Indigenous populations (which are the stated aims) are not clearly identifiable in the results but should be. This suggests that the method of data analysis was inappropriate or poorly applied. But as the method of data analysis was not reported in the methods section, there is no way of determining which of these weaknesses in study methodology is likely to apply.

Additional suggestions for improving the results section:

- Details relating to where interviews occurred would be better placed in the methods section.
- The number of interviews conducted and their average duration should be reported.
- The number of participants interviewed face-to-face, in small groups and over the phone should be reported as the type of interview is likely to influence participant’ responses to questions.
- Paragraph 2 and Table 2, Where do these key criteria come from? They are not mentioned in the methods section. What is the relationship between these key criteria, the aims of the study and the results presented?

- The review of cancer council websites is presented as if it is a theme emerging from interviews when in the methods it is presented as a method of inquiry in itself. Additionally, if the findings of the website review are not to be presented in detail in this paper (as stated in the results section under the heading ‘Review of Cancer Council Websites’), then I recommend terms of being accessible on a website. Initially the report was circulated to respondents for checking and addition of relevant information and then it was checked and approved by the CEOs. The salient points were extracted from the larger report and reported / summarised in the paper which was again circulated for input and checking with the Aboriginal and Torres Strait Islander Committee and with the CEOs. The findings of the original report are reflected in this manuscript.

Table 2 summarises by Cancer Council the key programs and practices being undertaken to improve cancer outcomes and these are elaborated in the text of the results section. This paper is descriptive.

- The number of interviews by jurisdiction is reported in Table 2 and overall in the text. Interview length is now reported.

- More information has been added to the table and in the text regarding interviews including the numbers and whether interviews were undertaken face-to-face or by phone.
that they not be identified as a method used in this study - Implications of findings should be presented in the discussion not the results section. e.g. most of the information in paragraph 3 and 4 under human resources

The key criteria were reported in the methods (human resources and employment of Indigenous staff, engagement with Indigenous communities, policies and strategic directions, physical environment, targeted resources and programs, accessibility and use by Indigenous clients, and support for Indigenous health organisations). As reported, these were the criteria used in the previous environmental scan

An additional heading has been added making it clear that the review of websites was an additional approach to assessing the activity and cultural accessibility of the Cancer Councils for Indigenous people

Discussion

In its current form the discussion is primarily a summary of key findings. Lacking is a discussion of these findings in relation to existing relevant literature (i.e. the contribution of key findings to what is already known about the topic and their potential implications). As a minimum, this is required for the following key findings raised in the discussion:

- Paragraph, 2 and 3, challenges of recruiting and retaining a stable Indigenous workforce;
- Paragraph 7, importance and benefit of quality cancer data collection systems;
- Paragraph 9 and 10, strategies for improved advocacy of and collaboration with Indigenous communities;

The limitations of the study should be reported with respect to those inherent in the specific methods used (e.g. semi-structured interviews) and the manner in which they were applied (a mix of individual, group etc...)

The discussion has been substantially rewritten

Additional information and references have been added to the discussion

Additional information and references added

Further discussion added as requested

This has been included

Minor Essential Revisions

Background section

- Paragraph 3, references to support the statements made in the first half of this paragraph are required.

References have been added

The aims of the paper are now stated.

This paper aimed to document the progress that had occurred over the four year period and highlights opportunities where the organisation could assist further progress in improving cancer control for Indigenous people.

- Paragraph 5, The aims of this paper should be stated, not the aims of the scan.

Results

- There appears to be discrepancy between the number of interviewees reported in text (n=18), Results, paragraph 1 and in Table 2 (total =19).

This has been checked and corrected. There were 19 people interviewed

Yours sincerely,

Sandra Thompson (on behalf of the authors)