Content Audit Insights

National Site	NSW Site	Victoria Site	SA Site	All Sites
244	121	90	50	~130
Nav Menu Items	Nav Menu Items	Nav Menu Items	Nav Menu Items	Microsites

What's being done well

- The NSW site has the most comprehensive list of cancers and cancer sub-types. However the National site has a better way of breaking down the information by splitting it into the following sections:
 - o What is it?
 - o Diagnosis
 - o Symptoms
 - o Treatment
 - o Causes
 - o Prognosis
 - Screening
 - o Prevention
- The national site does a good job of listing out treatments into all the available types including chemotherapy, surgery and so on. Whereas the NSW site simply has one page for "Treatments"

What's not being done well

- The national site has confusing navigation for Jobs, it goes from "Jobs" to "How to apply". Instructions to apply are listed on both pages and there are no separate pages for each role, rather, the "Jobs" page has a full description of the role straight away causing the user to scroll significantly through job descriptions rather than job titles.
 - The Victoria site does a better job of this by having a "Careers" page with separate sub-pages for each available role.
- The national site has confusing/incomplete "After a diagnosis" information. The navigation for this section goes as follows:
 - o "Coping with a cancer diagnosis"
 - o "After a diagnosis of <Type of Cancer>" (Only done for breast, bowel, ovarian and prostate cancer)
 - o The NSW site has one simple link; "When you are first diagnosed". This covers all cancers and can reduce 5 pages to 1.
- The national site's "About us" section lists a different sub-nav item for each "type" of council governance. The Victoria site is much simpler as it only has a link for "Governance". This could simplify the navigation if emulated.
- The first navigation menu on the national site is "About us". It is a very administrative and sterile set of pages that doesn't serve any of the primary user groups. Its position is not justified and could be moved to the footer or end of the top navigation.
- To cater for scalability, the national site should not list a sub-menu item for each event. There should simply be the primary navigation menu "Events" which leads to a page that lists sub-pages for each individual type of event.

What needs to be added

- The following cancer types need to be added to the national site:
 - o Blood cancer, Colorectal cancer, Non-Hodgekin Lymphoma, Melanoma, Spinal cord tumors.
- The Victoria site has the best content for Researchers & Health Professionals, very rich from a content standpoint.

Research

- Biomedical grants
- Registry & statistics
- Clinical trials
- Epidemiology
- Behavioural research
- Tobacco control
- Our Forgotten Cancers Program
- Research ethics
- Search our research

Health Professionals

- Order free publications
- Education & training
- General practice
- Community health
- Resources for dietitians
- Clinical Network
- Optimal Care Pathways
- The SA site has the following pages which would be good additions to the national site:
 - o "Guide to cancer services"
 - o "Legal and financial assistance"
 - o "Hold you own fundraiser"
- The NSW site has a link for "Caring for someone with cancer". The national site lacks this, it would be a good addition to meet user content requirements for the "Carers" group.
- The national site does not have a link to "Services", this would be a good addition to the site. A "Local Services" link that then links to the services of each state.
- The national site lacks a "Treatment Centres" page, this would be a good addition as a directory.

Supporting Research (Cutting Edge)

The following is notes collated from the Cutting Edge research, its includes a hypothesis on how navigation could be organised. It places priority on the needs of Patients & Carers first, then follows up by catering to those looking for general information around cancer, prevention & research, while deprioritising the more analytical/sterile menus such as About us.

It asserts that there are 3 core pillars of information that need to be catered for; general cancer information, information around supporting the Cancer Council and information for health professionals & researchers.

Cutting Edge navigation hypothesis

- Primary navigation needs to be reconstituted around the audience's values, not simply content groupings. Our proposed revised primary options are presented as:
 - o <u>Patient Support</u> made of support information incorporating family support, lodges, patient grants, programs, cross pollinated with education information including types of cancer and treatments
 - o <u>Prevention</u> made of awareness around skin, lung and other cancers where prevention is key, as well as family history
 - o <u>Education</u> Main cancer types by category and search filters, fact sheets and educational events
 - o Support Us Fundraising, volunteer programs, donation options, wills and corporate involvement
 - o <u>Health Professionals</u> Professionally focused information cancer types, research, grants and projects
 - o **About Us** Corporation information

Cutting Edge Homepage content structure hypothesis

- The homepage needs to be reconstituted to offer the major audience types a clear understanding that this website caters for them. Therefore, we envisage offering three sections that present the larger audience groups a clear understanding of what is available for them. These include:
 - Dealing with Cancer
 - Prevention
 - Education
 - Patient Support
 - Health Professionals
 - Knowledge Centre
 - Research Centre
 - Projects
 - Grants and Funding
 - Support us
 - Fundraising
 - Volunteer
 - Donation options
 - SunSmart Shop
 - Gifts for will
 - Corporate Partnership
- The nature of the Cancer Council's role in the community requires empathy and understanding due to the areas they focus on. Visitors can be vulnerable and want the Cancer Council to not only offers accurate information, but do so in an understanding matter. They do this with great skill at their offices and on the phone, and the website should be no different.
 - o Humanising the digital experience is about offering content and tools in a format that the visitor feels is not sterile and very user friendly. We can achieve this with content tone and functions.