

EXECUTIVE SUMMARY

The Continence Management Strategies for Diversity Project is a Best Practice Model funded by the National Continence Management Strategy (NCMS) to address the continence awareness and continence education needs of culturally and linguistically diverse background (CLDB) people living in non metropolitan and rural areas. The Project addressed the following priorities:-

1. Collaboration with a range of agencies and stakeholders at the service delivery level.
2. Innovative culturally relevant model for continence promotion and continence education.
3. Trial of the model to targeted at risk population especially in ethnic communities.
4. Education and information needs of bilingual community care workers in non metropolitan and rural Queensland.

The Project was designed to reach 500 individuals from 32 different backgrounds in the Hinchinbrook and Townsville/Thuringowa areas. The at risk groups included older Australians from NESB and their families, newly arrived immigrants and refugee families and women of child bearing age.

To address the expected outcomes, bilingual /bicultural facilitators currently employed by ECCLI, TMSG and the local ethnic communities were trained by an experienced continence nurse educator.

The continence material contained in the 15 fact sheets prepared by the Commonwealth NCMS was used as a basis for delivery of information back to communities and individuals in a small group, non threatening familiar setting or in a one on one (at home) situation. The small group (up to 10) approach was used to deliver information/education to those below 60 years of age and especially to the younger groups. The one on one approach was selected for overseas born older Australians to give due consideration to privacy, re-assurance and cultural issues.

The Project was administered and managed by ECCLI and steered by a reference group to monitor progress and support the Project team.

The results suggests that the Project has addressed the priorities it sets out to achieve. The total number of participants in the one on one information delivery

session was 200. The group information sessions were attended by 258 people and a total of 47 bilingual/bicultural community care workers/individuals facilitated the delivery of continence information to the target group.

People from 36 different cultural backgrounds, including indigenous Australians, registered their attendance. The largest groups represented are those from Italian background followed by Filipinos, Papua New Guineans, Greeks, Chinese and Spanish speaking groups (Spanish and Salvadoreans).

Female participants outnumbered males and the higher concentration of attendants was recorded in the 60 and over age bracket (44%), followed by the 30 - 39 age groups (17%).

Evidence from the evaluation indicates that the intended target group has reported increased awareness on continence prevention and management and that collaboration with a range of agencies, stake holders and continence service providers have been established.

The trial of the model at the small group level suggests that the age groups to target in future campaigns are those below 40 years of age, who reported no previous knowledge of continence issues.

The one on one information session approach proved to be the most sensitive and culturally relevant way of delivering information to older Australians and their families.

An important component to be considered in the education and information needs of bilingual community care workers in non metropolitan and rural Qld is the mentoring support from sensitive and skilled supervisors to guide the less experienced workers or those with language barriers to achieve the desired outcomes.

This project also highlighted the pivotal role multicultural health and community service providers play in bridging gaps and facilitating access to mainstream services for people from CLDB.

Recommendation 1: That the Continence Promotion Model - group facilitation to ethnic communities and groups trialled by ECCLI is adopted as Best Practice in future Continence Awareness campaigns funded by State or Commonwealth Departments with responsibility for health promotion/education.

- Recommendation 2: That the Continence Promotion Model one on one facilitation to older Australians from NESB backgrounds and their carers trialled by ECCLI is adopted as Best Practice where conditions required for the success of this model are met.
- Recommendation 3: That the Home and Community Care Program supports the appointment of a Continence Nurse as part of the Allied Health Team. The position should include responsibility for home visits and education of home care workers of the community care sector.
- Recommendation 4: That Continence Prevention campaigns for ethnic communities are given priority. Target groups should include younger age groups, 20 to 40 years old.
- Recommendation 5: That health promotion and wellness prevention strategies identified as a priority by participants is considered for government funding using the above mentioned Best Practice Model.
- Recommendation 6: That Division of General Practitioners are given access to funds to actively involve them in the promotion and education of continence. Distribution of fact sheets on continence produced by the NCMS through medical centres should be part of the full strategy of targeting GPs.
- Recommendation 7: That the pivotal role of multicultural health and community service providers is recognised and utilised as a means to bridging gaps and providing access to health promotion and health education to people from CLDB.
- Recommendation 8: That the Department of Health and Ageing, in conjunction with the Continence Foundation of Australia, disseminate the results of the Continence Management Strategies for Diversity Project at a national level.