UNDERSTANDING AGEING WELL IN CULTURALLY DIVERSE OLDER MALES LIVING IN GREATER SHEPPARTON

This report was prepared by the Healthy Ageing Research Unit (HARU) as part of a collaboration between HARU, Regional Information and Advocacy Council (RIAC), Southern Cross Aged Care Services and Violet Town Bush Nursing Centre.

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This report documents the first stage of a project which seeks to deepen understanding of ageing well in culturally diverse older males living in Greater Shepparton.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

This report presents the findings of a qualitative study concerned with the health and wellbeing of older culturally and linguistically diverse (CALD) men in the Greater Shepparton region of rural Victoria. In particular we were interested in the following questions:

- How do CALD men in rural communities currently perceive their own health and wellbeing?
- What do these men perceive as the factors facilitating or enabling their access to information, support and health services?
- What challenges do service providers face in addressing the health and wellbeing of this group of older men?
- What specific strategies are needed by health professionals to address these men's needs?

Semi-structured interviews were conducted in 2010 with: 13 individuals representing health and service organisations and community leaders; 26 older CALD men (from Albanian, Turkish, Italian and Macedonian backgrounds); and four older women from Albanian and Italian backgrounds.

The qualitative interviews with all the participants generated many insights into the health and wellbeing of older CALD men, only a small part of which could be included in this summary. This data will be reported more comprehensively elsewhere.

The findings of this study indicate that:

- Having good physical health was regarded by the older men as the most important factor for ageing well.

- Different CALD groups have different experiences and perspectives about health and wellbeing.

- Older men reported experiencing a range of physical conditions - high cholesterol and blood pressure, diabetes, arthritis and musculoskeletal issues, work related injuries and back problems, cardiovascular issues, hip replacements and illnesses related to work place practices.

- Significant levels of stress and anxiety were evident among all the groups of older men, however, not all individuals expressed their concerns in the same manner.

- Rural older men are especially vulnerable to a range of risk factors such as social isolation post retirement, increasing economic hardship and the challenge of changing family dynamics.

- Relationships with family members featured prominently in promoting the health and wellbeing of older CALD men.

- Integral to the health and wellbeing of these older men was the connection with and maintenance of their cultural identity.

- The role of work and the impact of retirement are intricately associated with sense of worth and identity and are therefore critical considerations for understanding the health and wellbeing of older CALD men.

- As identified by the service providers, the factors that impede and enhance older men's access to services are little understood.

- Older CALD men living in rural and regional areas are often unlikely to seek professional assistance for health disorders until a crisis intervenes.

- Poor English language skills, illiteracy and low education levels contribute to limited health seeking behaviours and a reluctance to access mainstream community and service organisations.

- Older CALD men have a variable understanding of the current service system and what constitutes health promotion.

Key considerations for the future include:

- The pressing issue of older men being supported by appropriate and timely interpreters and translators (outside of family) in order to access health services and information.

- The need for innovative culturally and linguistically appropriate community based models in order to engage with older CALD men (which acknowledge the role of family, limited English language proficiency and cultural identity).

- The need for the training and education resources for health professionals working with older CALD men throughout Victoria.

- Development of appropriate and responsive health promotion materials and information for older CALD men who do not necessarily have literacy or English language skills.

BACKGROUND TO STUDY

Being a man presents unique risks to both physical and mental health. Being a man who is growing older in an Australian rural community, and is a member of a culturally and linguistically diverse (CALD) group exacerbates these risks. While healthcare and service workers are acutely aware of the unique problems faced by this particular group of men, they have little research-based evidence to draw upon to assist them in designing and delivering culturally appropriate services and support. The experiences of older rural men from CALD communities are grossly under reported and under-researched, both in Australia and internationally. By investigating the perspectives of men from these communities and of service providers, this project will provide a much needed and timely source of data for Australian policy makers and service organisations.

The recent development of a national men's health policy has highlighted the range of health issues confronting men, including those in rural locations (1). However, while it is acknowledged that rural men – when compared to their urban counterparts - have less access to mental health services and are exposed to a range of risk factors such as social isolation, high unemployment, economic hardship and population decline, the factors that impede and enhance their access to support services are little understood. Even less is known about the experiences of older men from minority ethnic communities.

CONTEXT

Demographics

The Australian population is ageing. Thirteen per cent of the population was aged 65 years and over in 2007 and this is projected to increase to 23% by 2026 (2). Thirty percent of men will be over 60 years of age in the year 2040 (3). In 2006, the number of overseas-born Australians reached five million, representing almost a quarter (24%) of the total population (4). While it is difficult to access specific numbers of older CALD men living in regional Victoria, a recent report indicates that the number of people from non-English speaking backgrounds residing in regional areas is 4.4% (5).

Greater Shepparton is an area of rich cultural diversity, with a growing older population. Table 1 provides an overview of the numbers and proportions of older people from five CALD populations, selected as the target groups for this study.

Table 1. Numbers and English proficiency of 5 CALD groups in Greater Shepparton

Country of Birth	Population >55yrs (n, % of Greater Shepparton population >55)	Speaks English not well or not at all (all adults) (n, % of all adults in cultural group)
Italy	885 (6.3%)	288 (17%)
Greece	171 (1.2%)	46 (17%)
FYROM*	47 (0.3%)	34 (16%)
Turkey	66 (0.5%)	188 (31%)
Albania	N/A	N/A

*Based on 2001 ABS data; *FYROM (Former Yugoslavian Republic of Macedonia)*

Migration history[1]

The experience and perspectives about health and wellbeing are very much determined by a person's socioeconomic, educational, historical and cultural background. For this reason, we have briefly described the migration history of each of the four cultural groups included in this study, which will provide a context for the findings that are reported later in this document.

Italians

The Italians are well established and actively contribute to the Greater Shepparton community. Generally, they migrated to Australia post WW2 in the 1950s, looking for work opportunities and to establish a new life. They arrived often from rural Italy with a basic school education, and with skills in the agricultural industry, mostly in fruit production. They speak English to varying degrees, and are very family orientated. They tend to return to Italy and Europe for holidays and visiting relatives.

Macedonians

The Macedonians migrated to Australia post WW2, in the 1950s and 1960s, with little formal education. As with the Italians, they came to Australia in search of a better life, with skills in the agricultural industry, mostly in fruit production. They are well established in Greater Shepparton.

[1] This section is based on information provided by participants in this study, and therefore may be subject to inaccuracies.

Albanians

There are two distinct groups of Albanians living in Greater Shepparton. The first group migrated in the 1920s looking for temporary work opportunities. The iron curtain then came down and they were unable to return to their country. Having been in Australia for nearly a century, this group is well established and speaks English well. The second group migrated via a short-term horticultural program established in the 1980s. Many of this group decided to stay in Greater Shepparton, and some found other employment outside of the agricultural industry. This second group are generally younger, health literate, well supported by services, but have poor English language proficiency. Both groups have strong connections to the mosque. They tend not to return to Albania, due to their previous experiences of the communist regime.

Turks

The Turks migrated to Australia in the 1970s, as part of the 'second wave' of migration, also in search of a better life and work. Generally they have low levels of formal education, have agricultural skills (mainly in vegetable production), and have poor English proficiency skills.

PURPOSE OF THE STUDY

The aim of this project was to investigate the issues faced by ageing men from CALD communities in rural Australia in relation to their physical and mental health and wellbeing. Specifically, we sought to identify the barriers and facilitators to seeking assistance and accessing services perceived by the older men and the challenges faced by service providers in order to address the health and wellbeing of this group of older men. We also sought to inform the development of training resources for health professionals working with older men from different cultural backgrounds.

In particular, we asked the following questions:

- How do CALD men in rural communities currently perceive their own health and wellbeing?
- What do these men perceive as the factors facilitating or enabling their access to information, support and health services?
- What challenges do service providers face in addressing the health and wellbeing of this group of older men?
- What specific strategies are needed by health professionals to address these men's needs?

METHODS

Ethics approval

Ethical approval was obtained for the interviews with service providers, community leaders and older men. Information letters and informed consent materials were produced and, where appropriate, translated by accredited translators.

Study design

This was a qualitative study comprising staged face to face interviews:

Stage 1: Individual/small group interviews with *service providers* and *community leaders*

Stage 2: Small focus group and individual interviews with *older men* and/or their *families*

Data from Stage 1 interviews were used to organise, inform, and guide the Stage 2 interviews.

Sampling and recruitment

Identification and targeted recruitment of participants was coordinated by RIAC, with guidance by the researchers. Information about the study was distributed to potential participants in written form or via presentations to groups. All participants were recruited from the Greater Shepparton region including Shepparton, Cobram and Tatura.

Service providers

We sought to interview general practitioners, allied health workers, and Home and Community Care (HACC) workers, with key expertise and relevant knowledge, who represented both large and small health service providers.

Community leaders

We sought to interview key members of each of the five cultural groups (Greek, Italian, Macedonian, Albanian and Turkish). These community leaders and community representatives were asked to identify potential older men to be interviewed from their community.

Older men and/or family members

We targeted men aged over 60 from each of the five cultural groups. These are the most prevalent cultural groups in the region, and seen to be particularly at risk. In the event that we could not recruit men from a particular group, we sought to interview family members, particularly women and children.

Procedure

All focus groups and individual interviews were co-ordinated and conducted by the researchers. Interviews took place between June and December 2010. The Interviews were generally conducted in local community-based meeting places and centres (e.g. residential aged care centre, local mosque, RSL). Each interview took between 30 to 90 minutes and was audio recorded, and trained bilingual interpreters were present at all the interviews. Refreshments were provided following all the focus groups with the older men.

Interview questions

Service providers /community leaders

Interviews were guided by the following questions: What are the key socio-cultural influences that impact on this group of older rural men's health and well-being? What are the barriers and facilitators for older rural CALD men seeking assistance or support for health issues? What are the barriers and facilitators to the provision of support and services for this group of older men? What training and information do you need in order to better address the health issues of older men?

Older men and/or their families

Interviews were guided by the following questions (and adapted accordingly for family members): What affects how well you live your life now as an older man? What life experiences/ factors/ events impact on your ageing experience/ageing well? With whom do you talk when things are tough? Have you sought assistance for life and health-related issues and from what services? How could current services be improved to be more useful or relevant to you?

Analysis and report writing

Participant information was entered into a statistical software package (SPSS) and analysed using descriptive statistics. The interviews were transcribed. Both the researchers listened to the audio recordings and read the transcripts several times in order to assure the quality of the transcription. The qualitative data were subjected to a systematic thematic analysis to identify major themes and sub-themes. As part of the qualitative thematic data analysis, the interviewers drew together a list of preliminary themes based on their field notes, impressions and direct observations. A thematic map was created and reviewed by all the researchers, with continual rechecking of themes against the transcripts and initial field notes. All data were de-identified to retain anonymity and confidentiality of all participants and their organisations.

Profile of participants

Service providers/community leaders

We conducted 8 interviews, with 13 participants (7 males, 5 females) which included:

- 7 service providers/practitioners. Organisations that participants represented included community health services and centres, HACC services, residential aged care services, community support and advocacy service. Participant's roles included generalist counsellor, HACC cultural diversity worker, nurse practitioner, program coordinator
- 4 community leaders (Albanian, Italian (2) and Macedonian)
- 1 industry employer
- 1 volunteer men's group leader

Older men and/or their families

Initially we conducted 4 focus groups comprising 26 older men from four different cultural backgrounds (Turkish, Albanian, Italian and Macedonian) (See Table 2 for participant characteristics). Participants had an average age of 66 (ranging from 39 to 85 years); the majority of whom were married (n=24), did not have post school qualifications, and all had children. They had a range of health conditions (including heart disease, diabetes, musculoskeletal conditions, high blood pressure and Parkinson's disease), and their current/previous occupations included orchardists, labourers, and farmers.

We conducted one further focus group with 4 women from Albanian and Italian backgrounds.

We were unable to recruit any Greek older men despite employing a range of strategies, including trying to engage with community leaders and older Greek women.

Following the initial focus groups, we returned to interview 6 of the men individually, with their wives, or in smaller groups (2 Italian men and their wives; and 4 Macedonian men).

Table 2. Characteristics of the older male participants (n=26)

		Italian N=6		Macedonian N=8		Albanian N=3		Turkish N=8		Overall N=26	
Age (range)		74.50	(66-85)	72.88	(63-82)	70.33	(65-77)	53.50	(39-70)	66.12	(39-85)
Time in Australia (range)		56.33	(50-72)	55.00	(49-65)	47.00	(7-69)	47.00	(7-69)	44.92	(7-72)
Paid employment		0		2	(Part-time)	2	(Full-time)	2	(Full-time)	6	(23.1%)
Marital Status	**Married**	5	(83.3%)	7	(87.5%)	3	(100.0%)	8	(100.0%)	24	(92.3%)
	Living with a Partner	1	(16.7%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	1	(3.8%)
	Widowed	0	(0.0%)	1	(12.5%)	0	(0.0%)	0	(0.0%)	1	(3.8%)
Education	**Never went to school**	0	(0.0%)	1	(12.5%)	0	(0.0%)	0	(0.0%)	1	(3.8%)
	School	0	(0.0%)	7	(87.5%)	2	(66.7%)	2	(66.7%)	20	(76.9%)
	University	6	(100.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	4	(15.4%)
	Unknown	0	(0.0%)	0	(0.0%)	1	(33.3%)	1	(33.3%)	1	(3.8%)
Children	**No**	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)	0	(0.0%)
	Yes	6	(100.0%)	8	(100.0%)	3	(100.0%)	3	(100.0%)	26	(100.0%)
	Son(s)	4	(66.7%)	8	(100.0%)	3	(100.0%)	3	(100.0%)	22	(84.6%)
	Daughter(s)	5	(83.3%)	6	(75.0%)	3	(100.0%)	3	(100.0%)	21	(80.8%)

FINDINGS

Key issues emerging in interviews with service providers/community leaders

Key health issues experienced by the older men

Participants spoke about a range of health issues experienced by older men from different cultural backgrounds, which included diabetes, musculoskeletal conditions, cardiovascular disease, arthritis, hepatitis B (Albanians), dementia, and depression. Participants highlighted the complexity of needs faced by older men i.e. that they often have to manage a variety of health conditions in unison.

Key health risk factors

The high stress associated with long working hours well into their old age that often involved hard physical labour, was highlighted by the majority of participants. There was a perception that there is a high level of smoking, drinking alcohol, and eating traditional unhealthy food by specific CALD groups, particularly the Italians.

Health maintenance

Some of the service providers perceived that older CALD men do not take care of their health (e.g. regular health check-ups, health promotion etc) or seek services until they face a critical health episode. Participants attributed this to the older men's 'hard-headedness', pride and fear. This was also the perspective of the Italian community leaders.

> The only time you'll see one of these guys do something about their health is at the stage where it is an acute issue…they have to fall over…they have to be in significant pain before they will [go to a doctor]..I'm talking about they've got to go to hospital in pain, they're not going to stop because it hurts they're going to stop because they've actually collapsed. *(Service provider)*

Cultural diversity

All participants emphasised that different CALD groups have different health and wellbeing experiences and issues based on many different factors (e.g. migrant experience, reason for migration, home country politics and values, level of education, religion, health service system in home country, attitudes etc). These differences need to be acknowledged in any health related interventions and promotion.

Work, employment and retirement experience

Employment and retirement were reported to be critical considerations for understanding the health and wellbeing of these older men. Employment is intricately associated with older men's identity, sense of worth, and role in the family, with retirement posing a significant risk for social isolation. These men will work until they drop, often maintaining heavy workloads, with Italians especially not seeking health care until at the acute stage.

The role of family

Family is another critical consideration not only for understanding the health and wellbeing of these older men, but also for thinking about ways in which to engage these men in actively managing their health and wellbeing. The family unit was reported to be central in their lives but family members can also act as gate-keepers in their role as carers. Families often refuse assistance (sometimes due to cultural values). This commonly leads to a burden on the children and a reliance on them to be used as interpreters within the service system. Women and daughters in particular carry a substantial load in this regard.

Low self-awareness/reflection and limited health-seeking behaviour

All participants indicated that in many instances older CALD men had low levels of education and high illiteracy. This was perceived to affect how likely they were to be able to and understand how to improve their health. In particular, the Italians were described as 'hard-headed', in denial of their health issues, and don't readily talk about their health. In addition, participants emphasised that service providers overestimated the men's level of comprehension of the service system and the value of health promotion techniques that aim to address the complex needs of older CALD men.

> They're not aware [older CALD men] because they've never been in the sphere, no one has ever told them about…their health, their health is their heart, their legs, their back." *(Service provider)*

Potential model to engage older men

There were a range of different models offered by participants that might go some way to improving older CALD men's health. For example, participants emphasised the important role of a (trained) trusted lay person to act as a mediator or to assist referral, who speaks their language and is local. Targeting men at work, or their meeting places, may also serve as a useful strategy. The MOIRA model[2] and drought outreach program were also noted to be potentially useful models. The role of pharmacists or a trusted GP were considered effective and successful models for older men's access to information and support. Furthermore, employing community development approaches were noted as being critical to successful strategies.

> You've got to take it to them [older CALD men], I think that's probably the best model. (*Service provider)*

Accessing the service system

Fundamental to any successful service system was the role of available and accredited interpreters and translators (not family members), due to the prevalent poor English language skills. However, while interpreters are available, older men are confused and don't understand how the system works. Stigma was also raised as a barrier for men talking about their health issues and accessing services, particularly mental health issues. Trust was perceived to be vital in older men's decision making about talking about their health needs and using health services.

[2] The Moira Career Pathway Model was developed in response to the nation-wide and widely recognised nurse shortage, particularly among highly trained nurses in local hospitals and aged care. The effect of this shortage has been felt locally with all Moira Healthcare Alliance (MHA) member agencies reporting difficulties in recruiting qualified nurses. For more information see http://www.health.vic.gov.au/__data/assets/pdf_file/0004/387445/MHA-Handbook-1-8.pdf

Key issues emerging in interviews with older men and/or families

Key health issues for the older men

Having good physical health was regarded as the most important factor for ageing well. Despite this, many of the men reported a range of physical conditions which included high cholesterol and blood pressure (particularly the Macedonian group), diabetes, arthritis and musculoskeletal issues, work related injuries and back problems, cardiovascular issues, hip replacements and illnesses related to work place practices (e.g. dangerous chemicals, unprotected machinery). High levels of stress and anxiety were evident among all the groups, however not all groups expressed their concerns in the same manner.

> Everyone, they have stress…if they say "I haven't got stress, I haven't got that" they're just telling a lie." (Macedonian man)

Key health risk factors

A common experience was the reluctance of many of the participants to seek help until they faced a health crisis. The dominant attitude of these men was "I'll be alright". What reinforced this attitude was (1) the perceived expense of the health system, particularly for example for the Macedonians many of whom were ineligible for the old aged pension (due to land assets); (2) lack of information and knowledge about the health and service system; (3) the lack of trust or understanding of the advice and treatment provided by doctors (particularly the Italians and Macedonians).

A major source of stress and worry was related to the experience of migration, hard working conditions and coping with changes particularly within the agricultural industry, government policy, intergenerational relations and widowhood. In all four groups, participants talked about their reluctance to discuss their problems, either with family members, friends or service providers.

For the men who had retired, or were thinking about their post retirement years, they were worried about losing their social connections, becoming less active and having nothing to do.

Health and wellbeing maintenance strategies

The majority of the participants were philosophical in their approach to life and growing older, tending to assume a day by day attitude. In their discussions, the Italians and the Macedonians expressed good humour and enthusiasm when talking about daily life as an older person.

All participants emphasised the central role that family, and the community at large, played in their overall wellbeing and sense of belonging and worth. A high percentage of the men were married and spoke about the important role their wives played in ensuring they ate regular and healthy home cooked meals, as well as encouraging them to seek medical attention when needed.

Maintaining cultural traditions (such as eating traditional foods, living close to family, and adhering to religious practices) was a key factor in the older men's sense of wellbeing.

There was a range of health seeking behaviours and understanding about health promotion. In the Albanian group, for example, the men appeared to be up to date with health promotion, were getting health messages, were fit and healthy and choosing to exercise, not to drink alcohol or smoke.

There were men in all the groups that engaged in hard physical labour, and this was provided as a reason for not engaging in additional physical activity. Some men, however, who had retired did speak of engaging in regular walking, exercise routines, and social activities.

Employment/Finances/Retirement

While only 6 (23%) of the men reported to still be in part-time or full-time paid employment, through discussions with the men it was clear that many of the men were still involved in ongoing unpaid employment (e.g. the Macedonians worked to assist their children on the family farms). For the Turks, paid employment constituted hard physical labour in factories or on orchards. In all instances, paid or unpaid employment appeared to dominate these men's lives.

For those associated with family businesses (particularly the farm owning Macedonians), there was little intention or thoughts of retirement. Particularly in current hard times (e.g. increasing water prices), the men saw it as their ongoing duty to keep the family business going for the next generation. The introduction of new technology in agricultural practices was perceived as a burden for the men – as was having a farm as an asset, which deemed them ineligible for a pension, which they strongly felt they deserved, having worked so hard and paid taxes all their lives.

In contrast, the Italian group were generally enjoying retirement, and participating in family and social activities.

Family and community

The significant role of family in supporting the health and wellbeing of these older men was unanimous. Men from all groups emphasised that the family unit was integral to their cultural traditions. Closely associated with this was the expectation that family members will support one another, and it is these attitudes that have led to hesitations and lack of willingness of families to accept and use formal support services, particularly nursing homes.

For the Italians especially, personal matters are often not talked about outside of the family unit. They talked about not trusting others with personal details, particularly due to the rate at which gossip spreads, and they appeared afraid of being the subject of social judgement and bringing their family name into disrepute.

Whilst the success and ongoing interaction with their children was important, the men's relationships with their wives were deemed central.

Commonly, the men talked about forms of instrumental support (i.e. practical assistance with getting to the doctors, getting access to an interpreter). It was not clear if the men received or requested emotional support from their families, which certainly has implications for their mental health.

Despite high expectations on family for support, there was some acknowledgement that given the increasing pressures on their children (particularly bringing up their own families) that the men's attitudes and expectations are changing. There was also an understanding that their children are more 'Australianised', and they don't necessarily want to take on the family business, marry within the community and live in the same town.

For the Albanians and Turkish men, the role of community was also particularly significant, and this was associated to their religious beliefs (being Muslim). They upheld a strong belief that the strongest members of the community looked after the most vulnerable.

Cultural tradition and identity

Men in all the groups reinforced the important role of their home country's traditions and culture, and agreed that it was also integral to their identity and wellbeing.

The men talked about the expectation that each generation must provide for the next. This was closely associated to the role they played in their families, as boss of their own home, and of being respected.

Service system

Generally, if and when the men talked about using health services (e.g. GPs, hospitals etc) they were happy with the support they received. The men varied in their use of health services, were generally up to date with health promotion messages and understood what it was to be healthy (e.g. eating well, doing exercise, limiting smoking and drinking alcohol).

The cost of services was sometimes perceived as a barrier, particularly with the lack of access to bulk billing. Many of the men reported having health issues, but were reluctant to spend money on their health - but this was not necessarily because they couldn't afford it. A large proportion of the men agreed that they had to be at a crisis point in order for them to seek assistance.

For those men whose English proficiency was limited, the lack of interpreters and information available in their own languages was a problem. The men commonly described taking family members to act as interpreters, but that this was not always desirable or appropriate.

> There are some personal issues that he can't explain to his daughter and have his daughter hearing it. (Interpreter translation of Turkish man)

SUMMARY OF FINDINGS

This timely study confirmed the importance of this project and allowed us to not only connect and engage with the community but also highlighted some key issues perceived to be confronting many older CALD men in relation to ageing, service access and provision.

Specifically this study underlined the health risk factors confronting older rural men associated with high stress related to long working hours under difficult physical circumstances and, in some CALD communities, low levels of reflection and awareness about health and health-seeking behaviours. The study also indicated that service providers may be overestimating men's health literacy and their comprehension of service systems, perceptions about key health risk factors (e.g. smoking, drinking, high stress associated with long working hours), and health promotion techniques. Furthermore, the reported low levels of education and high illiteracy in many older men from CALD backgrounds has key implications for the availability and use of interpreters, as well as developing strategies for health promotion and information dissemination. This study has highlighted that managing a range of health conditions requires quite sophisticated knowledge and access to information about the Australian health system that older men do not necessarily have.

Of significance to the men in this study was the role of work and their ongoing responsibilities and identity as head of the family. There was also a prevalent assumption held by many of the older men that family will be available to provide support and assistance as they age. However, increasing levels of stress was evident amongst the men particularly related to coming to terms with their decreasing levels of capacity to sustain a workload, and the decreasing capacity and willingness from families to provide support.

WHAT ARE THE KEY CONSIDERATIONS FOR THE FUTURE?

- Overall, the findings from this study indicate that there is a need for RIAC and Southern Cross Care (Vic) to continue to work in partnership with service providers to develop strategies for engaging with older CALD men around their health and wellbeing.

- Urgent strategies are required to address the pressing issue of older men being supported by appropriate and timely interpreters and translators (outside of family) in order to access health services and information.

- Consider the need for innovative culturally and linguistically appropriate community based models in order to engage with older CALD men (which acknowledge the role of family, limited English language proficiency and cultural identity).

- The development of training and education resources for health professionals working with older CALD men especially those residing in rural locations.

- The consideration of how to develop appropriate and responsive health promotion materials and information for older CALD men who do not necessarily have literacy or English language skills.

- The expansion of this study to include older CALD men and their families in different locations across Victoria and from other CALD communities in recognition that CALD groups may indeed have different experiences and perspectives about health and wellbeing.

- The inclusion in research and policy of the perspectives of older CALD men who may be widowed, divorced, childless or never married and who do not necessarily have access to family assistance as they grow older.

WHERE TO NOW?

Through this study, we have been able to identify a number of the key issues and areas of concern for older men from CALD backgrounds living in Greater Shepparton. As part of our commitment to those who contributed and supported our project we will work to ensure that we disseminate the findings of the research as widely as possible. In this way we will be able to raise awareness of the issues facing service providers and older men. In so doing, we hope to develop practical strategies to improve service delivery and health outcomes for older CALD men and their families. In collaboration with RIAC and Southern Cross Care, we will co-host a series of stakeholder workshops in different geographic locations across the region; one set for service providers and planners (See Appendix for the program and overview of the first forum for service providers), the other targeting members of the CALD communities. These workshops have the following aims:

- To promote community awareness and interest in the project;
- To present and encourage reflection and discussion of the key findings;
- To encourage health service providers to reflect on their own practice with regard to this new information and knowledge;
- To obtain input from participants about how to develop appropriate health information strategies for health professionals working with older CALD men; and
- To obtain input from practitioners and older CALD men about the most appropriate dissemination process for information and the development of educational and training materials.

The research team with guidance from our community partners will use information and feedback from the community workshops to work with local health and service providers to develop culturally and age appropriate information, educational and training ‘toolkits’. Through this collaborative process, we hope to identify the most appropriate way to proceed with the development of materials and dissemination of the resources. Ongoing engagement with the community of older men and practitioners will also provide the researchers with input and guidance about the proposed strategies. Consumer feedback will be sought on their knowledge and assessment of the materials.

Other activities will include:

- The submission of funding proposals to extend current research to Cobram, Tatura, and Kyabram.

- Replication of this study in other Victorian and national regions.

- Undertaking further research with children and grandchildren in order to better understand the central role of family in the health and wellbeing of older CALD men.

- Ensuring that the findings of this study and the outcomes of the community forums are communicated to the appropriate government policy and planning officers.

- Presentations of the findings via academic journal articles and national and international conferences.

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1. Department of Health and Ageing. Developing a Men's Health Policy for Australia. Canberra: Australian Government 2008.
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3. Council on the Ageing. A Strategic Policy Framework for Older Men's Health 2008.
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5. Howe AL. Cultural diversity, ageing and HACC: Trends in Victoria in the next 15 years. Melbourne, Victoria: Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services; 2006.

APPENDIX

Program of forum for service providers held at Ave Maria, Tuesday 15 February, 2011.

Understanding Ageing Well in Culturally Diverse Older Rural Males

Tuesday 15 February, 10-3pm

CHAIR: Susan Feldman

10 am REGISTRATION (Tea/coffee on arrival)

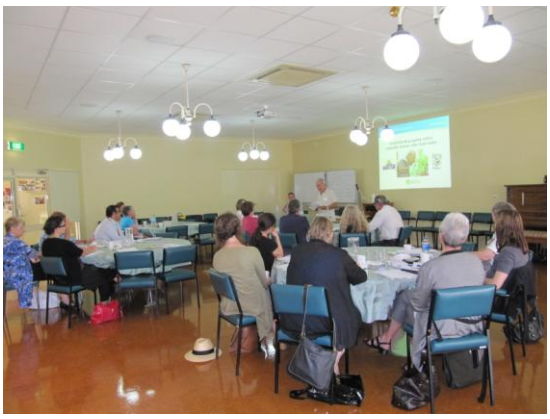
10.15 – 10.25	**All attendees**	**Introductions**
10.25 – 10.45	**Steve Doran (RIAC)**	**Welcome**: Background to project
10.45 – 10.55	**Mario Bettanin (community leader)**	**Presentation**: Key issues for older CALD men – experiences of an Italian community leader
10.55 – 11.20	**Susan Feldman (HARU)**	**Presentation and discussion:** Overview of research and findings
11.20 – 11.35	**Harriet Radermacher (HARU)**	**Presentation:** Models to engage older CALD men (Theme 1)
11.35 – 11.55	**Sam Campi (GVPCP)**	**Presentation and discussion:** Experiences of a service provider
11.55 – 12.00	**Susan /Harriet**	**Close of Morning Session** – overview of afternoon session

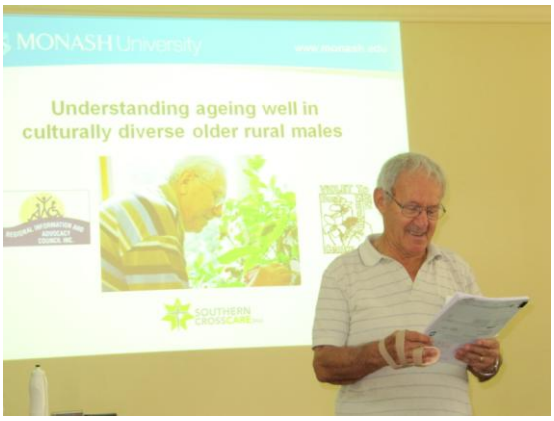
12pm LUNCH

12.45 - 1.05	**All attendees in small groups**	**Small group discussion:** Models to engage older CALD men (Theme 1)
1.05 – 1.30	**All attendees**	**Reporting back:** Each group reports back/summarises discussion
1.30 – 1.45	**Susan Feldman**	**Presentation:** Interpreters and the service system (Theme 2)
1.45 – 1.55	**Nilgun Atalmis (Turkish Interpreter)**	**Presentation:** Experiences of an interpreter
1.55 - 2.25	**All attendees in small groups**	**Small group discussion**: Interpreters and service system (Theme 2)
2.25 – 2.50	**All attendees**	**Reporting back:** Each group reports back/summarises discussion
2.50 – 3.00	**Susan Feldman**	**Closing Remarks**

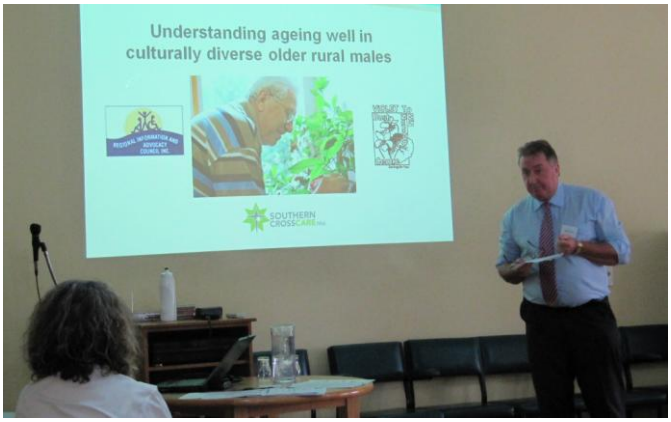
Overview of forum proceedings

Around 30 people attended the forum, and they represented a range of services. It was a successful day and well received by all participants who expressed their appreciation about being involved and having the opportunity to engage with the issues. The combination of presentations and interactive small group work generated some stimulating debates and discussion. Generally participants supported and confirmed the findings of the study, which were highlighted by the researchers.

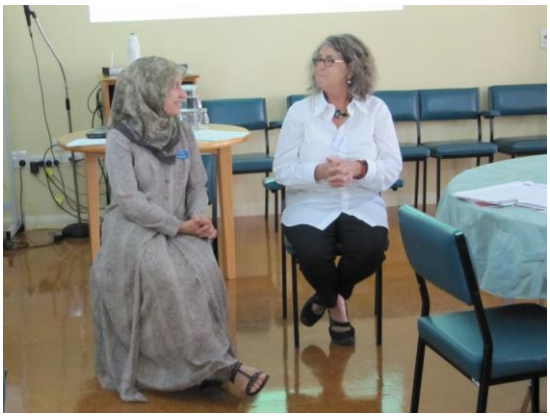




Mario Bettanin (above)



Steve Doran, CEO RIAC (left)



Nilgun Atalmis (Turkish Interpreter) and A. Prof Susan Feldman (above left)
Sam Campi (CEO, GVPCP) (above right)

Feedback from small group work:

Theme 1: Models for engaging older men

General feedback was that you need a range of strategies (a 'toolbox') to draw upon – there were merits in all the strategies highlighted, but some might be more or less appropriate with different groups in different areas in different situations. Some other models were suggested. But groups confirmed the use of those that were proposed. In particular, participants recognised that there was a need for a better understanding of our multicultural community, family culture and traditions – and for agencies to work better together, to coordinate their skills and share information.

Theme 2: Interpreters

In general, it was recognised and confirmed by participants that poor English language proficiency was a key issue for older CALD men. The lack of access to interpreter services and challenges associated with using such services was understood to be a significant problem. In particular, participants highlighted the lack of resources to provide effective interpreter services. It was also noted that interpreters require better remuneration; more incentives would encourage more people to become accredited and choose interpreting as a career. Of note also was that there is little professional and emotional support available for interpreters. The use of technology and innovative communication strategies was raised as having great potential to improve access to interpreter services.