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Paper Title

A model of engagement: Developing action research in diabetes awareness and prevention in culturally and linguistically diverse communities across western Melbourne.

Presenter

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Abstract

This paper presents a model for combining research and program delivery that has been developed among Culturally and Linguistically Diverse (CALD) communities in western metropolitan Melbourne.

Background

Western metropolitan Melbourne is notable for having high rates of type 2 diabetes and a highly culturally and linguistically diverse population. Although a number of migrant and refugee groups are identified as having high rates of diabetes, actual data on diabetes prevalence and incidence within specific CALD communities is limited (Sicree et al, 2007). The lacuna on culturally specific public health and population research is matched by the lack of research on the use and quality of language specific and culturally appropriate information on type 2 diabetes, and the role of lifestyle modification in prevention and management of this increasingly prevalent condition (Bennett, 2009). Existing information largely relies on translations of material developed for English speaking communities, and is often rarely evaluated among consumers, who themselves have limited access to services where such information is made available (Hawthorne et al, 2008).

Rationale/Objectives

The Australian Community Centre for Diabetes (ACCD) has been exploring the lack of 'information flow' between health services and CALD consumers by developing research and health-related community development programs in conjunction with existing community and health service delivery organisations and the development of in-situ community activities (See Barr et al, 2003).

Materials & Methods

The ACCD has been addressing the lack of research and the lack of culturally specific material on type 2 diabetes by developing a research and education program with communities from Vietnam, Serbia, South Asia and the Horn of Africa. Researchers initially

compiled a range of language specific resources on diabetes (produced locally and internationally) and have categorised and evaluated each resource in consultation with CALD community members (Beckham et al, 2008). The community projects have been undertaken in conjunction with capacity building programs among community leaders, which focus on building skills of communities to understand, evaluate and develop their own resources (Lewin et al, 2004). Involving a diverse team of interdisciplinary researchers, the programs have been developed according to a cyclical model of piloting, feedback, review and adaption that emphasises a grounded and transparent relationship between activity and research (Greenwood et al, 2000). Community participants are actively engaged in gathering and evaluating existing language specific materials, and making suggestions for how the materials can be used in order to foster changes in self, family and community (McNiff, 1999).

Results

Through this program, the ACCD has been able to develop an applied research model that encompasses evidence-based research in epidemiology and community health, and promotion of social inclusion and community development (Andersson et al, 2002). The model is flexible and responsive to changing requirements of participating communities and will eventually encompass a number of distinct language and cultural groups (Leung, 2004).

Conclusions

The experience of action research and education among CALD communities in western metropolitan Melbourne has facilitated the development of an interdisciplinary model for participant action research that has enormous potential for understanding consumer engagement and removing barriers to health access among culturally and linguistically diverse groups worldwide.

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