Continence Awareness and Support Project

End of Contract Report

1 July 2010 – 31 December 2010

Submitted by the Continence Foundation of Australia

14 January 2011
# Table of contents

1 Introduction .................................................................................................................. 11  
   1.1 Background ........................................................................................................ 11  
   1.2 CASP target audiences ..................................................................................... 12  
   1.3 CASP governance .............................................................................................. 13  

2 Operate the National Continence Helpline .................................................................. 15  
   2.1 Introduction ....................................................................................................... 15  
   2.2 NCHL reporting ............................................................................................... 16  

3 Interaction with continence related groups and agencies ............................................ 31  
   3.1 Consumer Advisory Committee ........................................................................ 31  
   3.2 Relationship management with other organisations .......................................... 31  
   3.3 Bridge ............................................................................................................. 33  
   3.4 National articles program .................................................................................. 34  
   3.5 Representation at conferences ......................................................................... 37  

4 Awareness raising activities in States and Territories .................................................. 40  
   4.1 Every Body’s Business education forums ......................................................... 40  
   4.2 Accredited continence education ..................................................................... 43  
   4.3 Paediatric continence education ..................................................................... 45  

5 Continence education and training .............................................................................. 48  
   5.1 Australian and New Zealand Continence Journal ............................................. 48  
   5.2 National Conference on Incontinence ............................................................... 49  
   5.3 Annual Stakeholder Forum 2009 ....................................................................... 52  
   5.4 Annual Stakeholder Forum 2010 ....................................................................... 54  
   5.5 National Continence Scholarships Program .................................................... 55  

6 Health promotion ....................................................................................................... 59  
   6.1 Continence Awareness Week 2010 ................................................................... 59  
   6.2 CFA website .................................................................................................... 61  

7 Project evaluation ....................................................................................................... 65  
   7.1 Quality ............................................................................................................ 65  
   7.2 Accessibility .................................................................................................... 65  
   7.3 Collaboration/linkages .................................................................................... 65  
   7.4 Efficiency ........................................................................................................ 66  
   7.5 Appropriateness .............................................................................................. 66  
   7.6 Effectiveness/Impact ....................................................................................... 66  
   7.7 Sustainability .................................................................................................. 67  
   7.8 Outcomes ...................................................................................................... 67  

8 Conclusions and key learning’s .................................................................................. 68  
   8.1 National Continence Helpline ........................................................................... 68  
   8.2 Collaboration ................................................................................................... 68  
   8.3 Education and training .................................................................................... 69  
   8.4 Awareness raising ............................................................................................ 69  
   8.5 Health promotion ............................................................................................. 69  
   8.6 Conclusion ...................................................................................................... 69  

9 Financial statement .................................................................................................... 70
## Glossary of terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEST</td>
<td>Australian Eastern Standard Time</td>
</tr>
<tr>
<td>ANZCJ</td>
<td>Australian New Zealand Continence Journal</td>
</tr>
<tr>
<td>ASF</td>
<td>Annual Stakeholder Forum</td>
</tr>
<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
</tr>
<tr>
<td>CAAS</td>
<td>Continence Aids Assistance Scheme</td>
</tr>
<tr>
<td>CAC</td>
<td>Consumer Advisory Committee</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse Communities</td>
</tr>
<tr>
<td>CAPS</td>
<td>Continence Aids Payment Scheme</td>
</tr>
<tr>
<td>CASP</td>
<td>Continence Awareness and Support Project</td>
</tr>
<tr>
<td>CAW</td>
<td>Continence Awareness Week</td>
</tr>
<tr>
<td>CERAP</td>
<td>Continence Education in Remote Australia Project</td>
</tr>
<tr>
<td>CFA</td>
<td>Continence Foundation of Australia</td>
</tr>
<tr>
<td>CINAHL</td>
<td>Cumulative Index of Nursing and Allied Health Literature</td>
</tr>
<tr>
<td>CMAC</td>
<td>Continence Management Advisory Committee</td>
</tr>
<tr>
<td>CNA</td>
<td>Continence Nurse Advisor</td>
</tr>
<tr>
<td>CSE</td>
<td>Council of Science Editors</td>
</tr>
<tr>
<td>CSS</td>
<td>Customer Satisfaction Survey</td>
</tr>
<tr>
<td>DoHA</td>
<td>Department of Health and Ageing</td>
</tr>
<tr>
<td>EQIP</td>
<td>Ensuring Quality Information for Patients</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HACC / MASS</td>
<td>Home and Community Care/Medical Aids Subsidy Scheme</td>
</tr>
<tr>
<td>ICS</td>
<td>International Continence Society</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>IVR</td>
<td>Interactive Voice Response</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>LOTE</td>
<td>Language Other Than English</td>
</tr>
<tr>
<td>NCHL</td>
<td>National Continence Helpline</td>
</tr>
<tr>
<td>NCMS</td>
<td>National Continence Management Strategy</td>
</tr>
<tr>
<td>NM&amp;M</td>
<td>National Mail and Marketing</td>
</tr>
<tr>
<td>NFITP</td>
<td>National Fitness Industry Training Package</td>
</tr>
<tr>
<td>NZCA</td>
<td>New Zealand Continence Association</td>
</tr>
<tr>
<td>RTO</td>
<td>Registered Training Organisation</td>
</tr>
<tr>
<td>TIS</td>
<td>Translator Information Service</td>
</tr>
</tbody>
</table>
Graphs

Graph 1: NCHL episodes 1998 to 2010 (calendar year)
Graph 2: NCHL episodes per month 2006 to 2010 (calendar year)
Graph 3: NCHL caller types 2007 to 2010 (calendar year)
Graph 4: NCHL episodes by State of origin 2006 to 2010 (calendar year) compared to ABS population data
Tables

Table 1: NCHL glossary of terms
Table 2: NCHL episode types, 18 September to 31 December 2010
Table 3: NCHL caller types 2007 to 2010 (calendar year)
Table 4: NCHL consumer and carer gender, 18 September to 31 December 2010
Table 5: NCHL consumer and carer age groups, 18 September to 31 December 2010
Table 6: How did you hear about us? 1 January to 17 September 2010
Table 7: How did you hear about us? 18 September to 31 December 2010
Table 8: Reason for call, 18 September to 31 December 2010
Table 9: Advice given, 18 September to 31 December 2010
Table 10: Total number of resources ordered via the NCHL 2007 to 2010 (calendar year)
Table 11: The ten most popular resources ordered via the NCHL in 2010
Table 12: Communication channels for the order of resources via the NCHL, 18 September to 31 December 2010
Table 13: NCHL orders by source of origin, 18 September to 31 December 2010
Table 14: Bridge magazine 1 July – 31 December 2010
Table 15: The national articles program 1 July – 31 December 2010
Table 16: Representation at conferences 1 January 2010 – 31 July 2010
Table 17: Overview of Every Body’s Business Brisbane and Launceston
Table 18: Overview of accredited continence courses delivered between 1 July – 31 December 2010
Table 19: Breakdown of delegates by professional type
Table 20: Breakdown of delegates by State/Territory
Table 21: Delegates by professional type at the 19th National Conference on Incontinence
Table 22: Workshop topics and delegates at the 19th National Conference on Incontinence
Table 23: Respondents by professional type at the 19th National Conference on Incontinence
Table 24: Respondents by field of work
Table 25: 2010 National Continence Scholarships Program breakdown of applicant’s by professional type
Table 26: 2010 National Continence Scholarships Program breakdown of applicant’s by State/Territory
Table 27: 2010 National Continence Scholarships Program effectiveness of communication mediums
Table 28: Evaluation of the 2010 National Continence Scholarships Program
Table 29: Total media coverage in response to CAW 2010
Table 30: CFA website glossary of terms
Table 31: Overview of traffic sources to the CFA website in 2010
Table 32: The top 5 most frequently accessed content on the CFA website in 2010
Table 33: Visitors per Australian State/Territory, 1 July – 31 December 2010
Table 34: Top 10 visitors by country of origin, 1 July – 31 December 2010
Executive summary

Background

The Continence Awareness and Support Project (CASP) was a key initiative of the Australian Government’s National Continence Management Strategy (NCMS), and was managed by the Continence Foundation of Australia (CFA) from 1 February 2007 to 31 December 2010.

The key aims of CASP were to:

- promote continence awareness
- increase education and awareness of the treatment and management options available to people affected by incontinence, and
- facilitate access to a range of information and support services.

These aims were supported by the following activities under the CASP:

- operation of the National Continence Helpline (NCHL)
- collaboration with continence related agencies and groups
- the coordination of local activities through State and Territory based organisations
- coordination of a range of continence education and training activities
- coordination of limited health promotion and awareness raising activities, and
- performance evaluation and continual improvement.

The effectiveness of the CASP was measured against the following key performance indicators:

- quality
- accessibility
- collaboration/linkages
- efficiency
- appropriateness
- effectiveness/impact
- sustainability, and
- outcomes.

These underpin the NCMS Evaluation Framework, which was used to measure the success of NCMS funded projects.

Report overview

This report presents an overview of the key outcomes of the CASP between 1 July 2010 and 31 December 2010. Please note that the data presented in Section 2 of the report, pertaining to the operation of the National Continence Helpline, is subject to some variability due to the changeover to a new data
management system. This changeover, which occurred in mid September 2010, may result in some discrepancies which will only be subject to this report.

All of the activities conducted under the CASP were overseen by a Steering Committee and guided by an annual operational plan. This ensured that adequate stakeholder involvement was maintained throughout the life of the project, and that the project was aligned with the overall aims of the NCMS, with processes in place to implement, evaluate and report on these activities and outcomes.

Key outcomes

The key outcomes of the CASP during the six month reporting period included:

*National Continence Helpline*

- the successful administration of 29,452 episodes compared to 21,792 episodes in 2009, representing a 35% increase in workload
- the successful transition to a new data management system, which has increased the reporting capabilities of the NCHL
- the support of Medicare and the Department of Health and Ageing (DoHA) in transitioning from the Continence Aids Assistance Scheme (CAAS) to the Continence Aids Payment Scheme (CAPS)
- the establishment of three customer service representatives to support the CAAS to CAPS transition
- the integration of the NCHL Service Directory with the CFA website www.continence.org.au, and
- the establishment of three online directories that allow the general public to search for a service provider, continence product supplier or continence product manufacturer.

*Collaboration*

- the establishment and/or maintenance of ongoing relationships with consumer, professional and industry groups
- maintenance of the CFA Consumer Advisory Committee (CAC)
- the production of two issues of *Bridge* magazine, which was distributed to 20,000 people in hard copy and over 1,500 people in electronic copy per edition
- the coordination of 36 articles in newsletters, magazines, newspapers or websites, reaching over 3.5 million consumers, carers and health professionals, as part of the national articles program, and
- attendance at over 13 conferences, reaching an estimated 6,698 consumers, carers and health professionals.

*Education and training*

- the production of 2,400 copies of the *Australian and New Zealand Continence Journal* (ANCJ) that was distributed to over 1,200 health professionals in Australia and New Zealand on a quarterly basis
- the coordination of the 19th *National Conference on Incontinence* that was attended by 422 delegates, and
• coordination of the National Continence Scholarship Program which supported six nurses and four physiotherapists from rural/regional Australia to attend the 19th National Conference on Incontinence.

Awareness raising

• the coordination of two Every Body’s Business forums, which were held in Brisbane (Queensland) and Launceston (Tasmania) and were attended by a combined total of 273 health professionals, 67 consumers, 23 peak bodies and 28 industry groups
• the coordination of an accredited course in Goondiwindi (Queensland) and Atherton (Queensland) that supported a combined total of 39 Indigenous health workers to complete the Benchmarque/CFA Certificate II in Continence Promotion and Care
• the coordination of an accredited course in Perth (Western Australia) that supported 20 practice nurses to complete the Benchmarque/CFA Certificate II in Continence Promotion and Care, and
• the coordination of an accredited course in Canberra (Australian Capital Territory) that supported 19 residential aged care workers to complete the Benchmarque/CFA Certificate II in Continence Promotion and Care.

Health promotion

• coordination of Continence Awareness Week (CAW) 2010 which focussed on bowel health and generated a combined audience reach of 2,273,157 people in response to a national media campaign
• coordination of the Pelvic floor fitness project, and
• coordination of the 2010 Annual Stakeholder Forum which focussed on supporting the continence needs of school aged children.

Learning’s

The key learning’s from CASP during the previous reporting period and the actions in response to these learning’s are summarised below.

National Continence Helpline

• the need to report on inbound and outbound calls (including voicemail), and online and fax orders, when reporting the total number of episodes generated to the NCHL, which is currently being established via the new telephone and CRM system – in progress
• the need to monitor the impact of day to day activities in generating NCHL episodes, so that the most effective communication strategies can be isolated and used in a more strategic manner – in progress
• the need to invest in strategic communications campaigns such as Continence Awareness Week in increasing episodes to the NCHL – to be implemented from 1 January 2011 to 30 June 2014
• the need to introduce a NCHL customer satisfaction survey (CSS) targeting health professionals, which is currently being explored – currently being finalised, and
• the need to invest in an integrated communications strategy, including paid advertising in mainstream media such as television and radio, to promote the key initiatives of the NCMS
including the NCHL, the National Public Toilet Map (NPTM) and the bladder and bowel website (www.bladderbowel.gov.au) – to be implemented from 1 January 2011 to 30 June 2014.

Collaboration

- the ability to reduce the stigma associated with incontinence by targeting individuals at risk of, or affected by the condition, through collaboration with consumer groups – on going
- the ability to increase the credibility of activities and projects by working in collaboration with multidisciplinary professionals groups – on ongoing
- the ability to promote the NCHL by providing input into the communications strategies of corporate groups – on going, and
- the opportunity to increase continence awareness amongst consumers, carers and health professionals by presenting at health promotion and scientific conferences – on going.

Education and training

Education and training remains an invaluable portfolio under the CASP contract, as it intrinsically linked to workforce development and support and the overall sustainability of CASP. No key learning’s related to education and training were noted during the reporting period.

Awareness raising

- the need to trial a range of consumer forum models, to identify the most effective way to attract consumers to attend Every Body’s Business events - Every Body’s Business consumer forums to be trialled at a grass roots level in association with the local continence resource centre from 1 January 2011 to 30 June 2014
- the need to target large regional centres, lacking in continence support services with Every Body’s Business health professional forums – planned, and
- the need to explore alternative modes of education delivery to health professionals in remote Australia, due to the high costs associated with coordinating face to face programs, such as Every Body’s Business Darwin – webinars to be trialled as an alternative method of reaching health professionals in rural/remote Australia.

Health promotion

- The need to tackle unglamorous – yet prevalent issues - such as bowel health during CAW – to be incorporated in to future CAW planning.
1 Introduction

1.1 Background

Incontinence is a significant health issue that has physical, social and economic implications for the individual, their carers and the community. Almost four million Australians are estimated to have some degree of incontinence with the prevalence of incontinence increasing with age in both men and women.

In 1998, the Australian Government’s DoHA established the NCMS to provide funding to support research and service development initiatives aimed at the prevention and treatment of incontinence. This funding has continued over four consecutive phases, with each phase dedicated to achieving specific objectives.

CASP was a key project under Phase 3 of the NCMS, which was managed by the CFA, the peak body for continence management, promotion and advocacy from 1 February 2007 to 30 June 2010. The CASP was extended from 1 July 2010 to 31 December 2010 under Phase 4 of the NCMS. This report relates to this six month period.

The key aims of CASP are to:

- promote continence awareness
- increase education and awareness of the treatment and management options available to people affected by incontinence, and
- facilitate access to a range of information and support services.

These are supported by the six service areas of the project, which comprise:

- the operation of the NCHL, which provides clinical advice to people at risk of and affected by incontinence, their carers, family, friends, health professionals and the general public
- the facilitation of relationships with continence related groups including professional groups, peak bodies and the corporate sector
- activities with relevant State and Territory based organisations
- continence education and training activities
- the management of health promotion programs, and
- performance evaluation and continual improvement.

These support the overall objectives of the NCMS which are to:

- promote bladder and bowel health across the lifespan
- increase awareness of bladder and bowel health within the population, and
- improve access to quality continence care.

They also aligned with the key activities of Phase 3 of the NCMS which were to:

- improve the information and evidence base
• raise awareness of incontinence
• support the continence workforce, and
• improve access to continence intervention and management.

The outcomes of CASP were measured against each of these in order to assess the overall value of the project, and its effectiveness in supporting the NCMS.

1.2 CASP target audiences

The CASP targets three primary audiences:

• consumers
• carers, and
• health professionals.

These audiences comprise a number of market segments, who are targeted with specific key messages, which were informed by the NCMS needs analysis projects. These projects identified that people with incontinence or caring for someone with incontinence were particularly interested in information pertaining to:

• the prevalence of incontinence
• the different types of incontinence
• education about what is ‘normal’ with respect to bladder and bowel function and control
• education that incontinence is not an inevitable part of ageing
• education that incontinence can be treated
• information about the diagnosis, treatment and management of incontinence (including information about continence products and aids)
• information about how and where to get help
• information about support services, and
• information about the prevention of incontinence through diet and lifestyle modification.

Examples of specific market segments targeted under the CASP including the key messages used to target these groups include:

<table>
<thead>
<tr>
<th>Market segment:</th>
<th>The general public.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key message:</td>
<td>A healthy diet and regular exercise promotes bladder and bowel health.</td>
</tr>
<tr>
<td>Aim:</td>
<td>Encourage information seeking about the prevention of incontinence through simple diet and lifestyle measures.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Market segment:</th>
<th>People at risk of developing incontinence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key message:</td>
<td>Bladder and bowel control problems can be prevented, treated, better managed and cured.</td>
</tr>
<tr>
<td>Aim:</td>
<td>Encourage information seeking about the prevention of incontinence and early intervention and treatment of incontinence from a qualified health care professional.</td>
</tr>
</tbody>
</table>
Market segment: People with incontinence.
Key message: Bladder and bowel control problems are common, and can be effectively treated, managed and cured.
Aim: Encourage information seeking about the diagnosis, treatment and management of incontinence from a qualified health professional.

Market segment: People from special needs groups, with incontinence, or at risk of developing incontinence.
Key message: Bladder and bowel control problems can be prevented, treated, better managed and cured. There are a range of support services available to support people with incontinence and their carers.
Aim: Encourage information seeking about the diagnosis, treatment and management of incontinence from a qualified health professional and facilitate access to the wide range of support services available.

Market segment: Carers, family and friends of people with incontinence.
Key message: Bladder and bowel control problems can be prevented, treated, better managed and cured. There are a range of support services available to support people with incontinence and their carers.
Aim: Encourage information seeking about the diagnosis, treatment and management of incontinence from a qualified health professional and facilitate access to the wide range of support services available.

Market segment: Health professionals.
Key message: Incontinence is a common condition that can have a significant impact on a person’s quality of life, however it can be effectively treated, managed, and in many cases cured.
Aim: Encourage health professionals to promote bladder and bowel health and screen people at risk of developing the condition and educate them about the first line management of incontinence.

The NCHL, NCMS website www.bladderbowel.gov.au and CFA website www.continence.org.au are promoted in all activities and projects conducted under the CASP.

1.3 CASP governance

The CASP funding agreement requires the CFA to:

- provide specialised information and clinical advice to people with and at risk of incontinence, their carers, family, friends, health professionals and the general public via the NCHL
- promote interaction and cooperation between continence related agencies and groups
- provide for the performance evaluation of those elements of CASP that are undertaken including measures, standards and action plans for continued improvement
- ensure that a majority of the activities undertaken within CASP have a national focus
• appropriately acknowledge Commonwealth funding in all products, services and initiatives undertaken, in line with the CASP Agreement
• establish and maintain a Steering Committee to guide initiatives under CASP
• develop relationships with relevant stakeholders and facilitate joint ventures
• consult and liaise with the Continence Management Advisory Committee (CMAC) on initiatives undertaken under CASP
• ensure that appropriate action is undertaken, resulting from the evaluation of CASP by the NCMS Independent Evaluation Advisor
• ensure that funds provided by the Commonwealth are expended for the purpose for which they were given and are used in a commercially responsible manner
• develop a protocol for handling emergency calls which come to the NCHL via the 1800 network
• provide progress reports to the Commonwealth in accordance with CASP Agreement
• submit financial statements in accordance with CASP Agreement, including a statement that funds continue to be needed
• provide information or clarification on issues relating to CASP in writing, and
• engage the services of a person to evaluate CASP and ensure quality assurance throughout the life of CASP against agreed outcomes.

Progress in meeting these requirements is captured in bi-annual reporting, which is managed by the CFA Senior Management Team and governed by the CFA Board of Directors.

CASP is further governed by the CASP Steering Committee, which comprises representation from key stakeholder groups, including Australian Nurses for Continence, the Australian Physiotherapy Association and the DoHA. The primary purpose of the CASP Steering Committee is to advise and guide the CFA in administering the project. This process is facilitated by an annual operational plan, against which the project is planned, implemented, and monitored.

CASP is further supported by the CFA Consumer Advisory Committee, who individually or collectively inform the activities undertaken as part of the project. This process ensures that consumer input is established and maintained across all activities targeting the general public.

The quality assurance of individual activities is further supported by tailored working groups who comprise representation from key stakeholders relevant to the activity.

Working groups enabled the CFA to strengthen existing and new relationships with continence related agencies and groups, whilst ensuring multidisciplinary input is maintained across the project. Clinical input is also provided by the staff of the NCHL as required. This focus on stakeholder involvement across the life of the project ensures the diversity of stakeholders and the different positions of different interest groups are adequately managed. Conflicts of interest are identified and managed throughout this process.
2 Operate the National Continence Helpline

2.1 Introduction

2.1.1 Background and purpose

The NCHL is a key initiative under the NCMS, and was established in 1998 to provide free and confidential advice to people at risk of, affected by, or caring for someone with incontinence. The service is staffed by a team of qualified Continence Nurse Advisors (CNA) and Customer Service Representatives (CSR) and operates from Monday to Friday, between the hours of 8am to 8pm Australian Eastern Standard Time (AEST). The NCHL can be accessed from anywhere within Australia.

The key activities and performance measures for the NCHL under the CASP are as follows:

- answer 90% of calls within three rings of the phone
- ensure out-of-hours and busy calls are diverted to an answering service and are responded to promptly
- employ CNAs or related health professionals with appropriate continence qualifications
- advertise the NCHL in selected national directories and with all CFA activities
- operate a data collection system that captures a minimum data set of
  - number and type of NCHL episodes
  - number of calls responded to within three rings, over three rings and by voicemail
  - client satisfaction including feedback management
- maintain a directory of continence services
- maintain a list of appropriate education and training courses and programs, and
- evaluate the performance of the NCHL annually and report on strategies for service improvement.

The CASP funding agreement also requires that the CFA conduct comparative analysis of the data it collects in order to enable evaluation of the NCHL. The agreed key performance areas for evaluation are:

- success in delivering continence advisory services
- level of demand for and availability of continence advisory services
- quality and quantity of information provided
- type and degree of referral/coordination activities undertaken
- client satisfaction with its services, and
- outputs achieved.

This section of the report will use the first five key performance areas as headings, under which the evaluation of the NCHL for the reporting period will be detailed. The sixth key performance area will be captured within each of these.

Please note that for the purposes of this section of the report the following terms and definitions apply:
Table 1: NCHL glossary of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode</td>
<td>An interaction with the NCHL, regardless of the mode of interaction (e.g. phone call, email, on-line order or fax)</td>
</tr>
<tr>
<td>Answered call</td>
<td>A caller is connected to a staff member or voicemail</td>
</tr>
<tr>
<td>Abandoned call</td>
<td>A caller hangs up prior to or during the preliminary greeting on the NCHL</td>
</tr>
<tr>
<td>Consumer</td>
<td>A person with, or at risk of, incontinence</td>
</tr>
<tr>
<td>Carer</td>
<td>A person that provides informal, unpaid care for a relative or friend with incontinence</td>
</tr>
<tr>
<td>Professional</td>
<td>A paid professional that is in contact with people with, or at risk of incontinence (e.g. fitness professional) or that provides care to people, or at risk of, incontinence (e.g. continence nurse advisor)</td>
</tr>
<tr>
<td>Referral</td>
<td>A form of advice provided to callers to assist in the diagnosis, treatment and management of their incontinence</td>
</tr>
</tbody>
</table>

2.2 NCHL reporting

2.2.1 Success in delivering continence advisory services

2.2.1.1 Number and type of NCHL episodes

The NCHL administered 29,452 episodes in the 2010 calendar year, compared to 21,792 episodes in 2009 and 21,235 episodes in 2008 (Graph 1). These episodes include completed calls, faxes, and online orders, representing a 35% increase in workload from the previous year.

NCHL staff spent a significant proportion of the reporting period supporting clients through the CAAS to CAPS transition. This created a significant amount of work that is not reflected in this report, which included:

- guiding clients through the transfer process on a step by step basis
- following up complex cases with Medicare and/or DoHA
- following up Medicare/DoHA on behalf of clients with physical or cognitive difficulties
- researching and assisting clients with information and advice about guardianship and other complex inquiries
- keeping a log of recently deceased clients
- keeping a log of clients recently transferred to a high care facility, and
- acquiring the CAAS Information Line in November 2010 (please note that CAAS data is not included in this report).
It should be noted that a change in data collection systems was enacted in September 2010, and as such the per annum total for 2010 may be a slight underestimation. Staff training took place over a number of weeks prior to the new system commencing, however a greater level of data collection is now possible and not all data items were fully captured during the initial implementation period. It should also be noted that not all data provided above was available from the previous database and therefore information pertains only to episodes since the changeover to the Salesforce data base in September 2010.

The increase in activity in 2010 was consistent across all months. This increase is attributed to the increased awareness of the NCHL in response to the education and awareness raising activities conducted under the CASP and the extensive advertising and promotion of the NCHL by the DoHA and industry groups in the lead up to the introduction of the CAPS. Graph 2 illustrates the impact of CAPS promotional activities on the NCHL, with the peaks in March and July 2010 clearly corresponding with CAPS mailouts undertaken by the DoHA during this time. The peak in July was also affected by the promotion of CAW 2010 which traditionally results in a peak between June – August of each year.
97% of episodes to the NCHL between September and December 2010 are telephone calls, with the additional 3% of episodes comprising faxes and online orders. The availability of alternative communication channels – whilst low in uptake – allows frequent users of the NCHL to select the most efficient channel to suit their needs, as demonstrated by repeat orders received via faxes and online orders. This is a positive trend as it ensures that the clinical skills of the NCHL staff are used in the most appropriate manner.

The review of data between September and December 2010 indicates that 97.9% of calls to the NCHL are answered by a NCHL staff member or diverted to voicemail, whilst 2% of calls are abandoned during the preliminary greeting message. This could be the result of several possibilities including:

- the caller realising that they have rung the wrong number
- callers changing their mind (e.g. getting ‘cold feet’ as frequently cited by NCHL staff)
- callers lacking the knowledge or confidence to choose an option from the greeting menu, or
- callers deciding that the timing of their call is no longer suitable – particularly in the case of health professionals, who ring in between clients, or during their breaks.

Whilst the CFA is unable to measure the reason for abandoned calls, it should be noted that it is well below the commercial industry standard of 3-5%. It also demonstrates that the introduction of Interactive Voice Response (IVR) has not impacted the overall performance of the NCHL.
Table 2: NCHL episode types, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th></th>
<th>From 18 September 2010</th>
<th>October 2010</th>
<th>November 2010</th>
<th>December 2010</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>601</td>
<td>1,801</td>
<td>1,998</td>
<td>1,470</td>
<td>5,870</td>
</tr>
<tr>
<td>Fax</td>
<td>19</td>
<td>78</td>
<td>52</td>
<td>37</td>
<td>186</td>
</tr>
<tr>
<td>Email</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>621</td>
<td>1,880</td>
<td>2,057</td>
<td>1,510</td>
<td>6,068</td>
</tr>
</tbody>
</table>

2.2.1.2 Caller demographics

Table 3 demonstrates a significant increase in the total number of calls from consumers and carers (69.8% compared to 38.6% in 2009) compared to professionals (28.3% compared to 40.3% in 2009) in 2010.

This can be directly attributed to the introduction of the CAPS scheme, which has also increased the total number of ‘Unknown’ callers, as many callers were directed to Medicare or the DoHA with a need for little to no information exchange (Graph 3). Please note that faxes and online orders also contribute to the ‘Unknown’ caller category.

94% (N=6,456) of calls received from carers were from unpaid carers, whilst 6% were from paid carers. Of these carers:

- 38% were caring for a parent
- 27% were caring for a child, and
- 25% were caring for a spouse.

Of these 54% were identified as female and 46% as male. The increased incidence of males in this category may be attributed to calls related to children or young adolescents - as continence issues are more prevalent in males in this category.

Table 3: NCHL caller types 2007 to 2010 (calendar year)

<table>
<thead>
<tr>
<th>Caller type</th>
<th>2007</th>
<th>% total</th>
<th>2008</th>
<th>% total</th>
<th>2009</th>
<th>% total</th>
<th>2010</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer</td>
<td>5,594</td>
<td>31.2%</td>
<td>6,627</td>
<td>31.2%</td>
<td>7,250</td>
<td>33.3%</td>
<td>11,974</td>
<td>40.7%</td>
</tr>
<tr>
<td>Carer</td>
<td>4,243</td>
<td>23.6%</td>
<td>5,063</td>
<td>23.8%</td>
<td>5,504</td>
<td>25.3%</td>
<td>8,557</td>
<td>29.1%</td>
</tr>
<tr>
<td>Professional</td>
<td>6,918</td>
<td>38.5%</td>
<td>8,867</td>
<td>41.8%</td>
<td>8,774</td>
<td>40.3%</td>
<td>8,344</td>
<td>28.3%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>1,191</td>
<td>6.6%</td>
<td>677</td>
<td>3.2%</td>
<td>265</td>
<td>1.2%</td>
<td>550</td>
<td>1.9%</td>
</tr>
<tr>
<td>Total</td>
<td>17,946</td>
<td>100.0%</td>
<td>21,234</td>
<td>100.0%</td>
<td>21,793</td>
<td>100%</td>
<td>29,445</td>
<td>100%</td>
</tr>
</tbody>
</table>
Of the total number of calls from ‘Professionals between September and December 2010:

- 43% (n=3,379) were from nursing professionals
- 28% (n=2,187) were from allied health professionals
- 12% (n=948) were from medical professionals, and
- 14% (n=1,072) were from ‘Other’ groups such as academics, fitness professionals, health administrators, and health promotion officers.

Graph 3: NCHL caller types 2007 to 2010 (calendar year)

 Caller gender

The review of data between September and December 2010 indicates that nearly three quarters (74%) of consumer and carer calls to the NCHL are from women, compared to approximately a quarter from men (26%).

Caller gender was a non compulsory field in the previous NCHL data management system, therefore the CFA is unable to provide comparative data to further analyse this finding. As women comprise nearly 70% of the total number of people affected by incontinence it is expected that this finding would align with previous years however.

Please note that the gender of professionals is not captured on the NCHL.
Table 4: NCHL consumer and carer gender, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>Gender</th>
<th>Carer</th>
<th>Consumer</th>
<th>Total</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1,402</td>
<td>1,578</td>
<td>2,980</td>
<td>69.0%</td>
</tr>
<tr>
<td>Male</td>
<td>301</td>
<td>768</td>
<td>1,069</td>
<td>24.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>113</td>
<td>159</td>
<td>272</td>
<td>6.3%</td>
</tr>
<tr>
<td>Total</td>
<td>1,816</td>
<td>2,505</td>
<td>4,321</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Caller age**

Where possible, the CFA attempts to capture the age of consumer and carer calls to the NCHL (66.6% between September and December 2010). The data captured within the current reporting period shows that nearly two thirds of callers to the NCHL are over 60 years of age, whilst one fifth of callers are 80 years or older (Table 5).

As with the ‘gender’ analysis in the previous section of this report, age was a non-compulsory field in the previous NCHL data management system, therefore the CFA is unable to provide comparative data to further analyse this finding. Despite this, the following factors are thought to explain this trend:

- the incidence on incontinence increases with age, with the highest prevalence rate in the 60 years or older age bracket, and
- the increase in CAPS calls has resulted in an older demographic accessing the NCHL, with NCHL staff reporting an increased number of calls from the frail elderly.

The increased number of ‘Unknown’ (30.4%) age groups in this category can be attributed to the request for anonymity on the NCHL.

Please note that the age group of professional callers is not captured on the NCHL.
Table 5: NCHL consumer and carer age groups, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>Age group</th>
<th>Consumers Sep-Dec 2010</th>
<th>% of total consumers</th>
<th>Carers Sep-Dec 2010</th>
<th>% of total carers</th>
<th>Grand Total</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>521</td>
<td>20.8%</td>
<td>793</td>
<td>43.7%</td>
<td>1,134</td>
<td>30.4%</td>
</tr>
<tr>
<td>0 – 16 yrs</td>
<td>2</td>
<td>0.1%</td>
<td>1</td>
<td>0.1%</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td>17 – 29 yrs</td>
<td>27</td>
<td>1.1%</td>
<td>22</td>
<td>1.2%</td>
<td>49</td>
<td>1.1%</td>
</tr>
<tr>
<td>30 – 39 yrs</td>
<td>94</td>
<td>3.8%</td>
<td>180</td>
<td>9.9%</td>
<td>274</td>
<td>6.3%</td>
</tr>
<tr>
<td>40 – 49 yrs</td>
<td>119</td>
<td>4.8%</td>
<td>204</td>
<td>11.2%</td>
<td>323</td>
<td>7.5%</td>
</tr>
<tr>
<td>50 – 59 yrs</td>
<td>240</td>
<td>9.6%</td>
<td>178</td>
<td>9.8%</td>
<td>418</td>
<td>9.7%</td>
</tr>
<tr>
<td>60 – 69 yrs</td>
<td>403</td>
<td>16.1%</td>
<td>206</td>
<td>11.3%</td>
<td>609</td>
<td>14.1%</td>
</tr>
<tr>
<td>70 – 79 yrs</td>
<td>532</td>
<td>21.2%</td>
<td>155</td>
<td>8.5%</td>
<td>687</td>
<td>15.9%</td>
</tr>
<tr>
<td>80 – 89 yrs</td>
<td>567</td>
<td>22.6%</td>
<td>77</td>
<td>4.2%</td>
<td>644</td>
<td>14.9%</td>
</tr>
<tr>
<td>Total</td>
<td>2,505</td>
<td>100.0%</td>
<td>1,816</td>
<td>100.0%</td>
<td>4,321</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Caller State of origin**

Graph 4 illustrates that the State of origin of episodes to the NCHL has remained fairly stable since 2006. When compared to ABS population distribution data it can be seen that the proportional alignment has improved in 2010, with NCHL episodes more closely aligned with population distribution. This may be a result of the national awareness raising/promotional events that were undertaken prior to the introduction of CAPS.

Graph 4: NCHL episodes by State of origin 2006 to 2010 (calendar year) compared to ABS population data*

2.2.2 Awareness of NCHL

Awareness of the NCHL has been presented in two parts in this section of the report due to the introduction of the new data management system, which saw a complete revamp of the previous categories. Please note that this will be rectified in the next report, where the data will be aligned with the categories presented in Table 7.

Table 6 demonstrates that ‘Print’ (e.g. resources, newspapers, magazines, etc.) remains the key driver of calls to the NCHL, followed by word of mouth (e.g. by a health professional, family, friend, etc.) and the Internet. Whilst the impact of websites (e.g. CFA website www.continence.org.au, NCMS website www.bladderbowel.gov.au, etc.) has decreased, this has been partly offset by an increase in online orders and fax orders from frequent users. This drop may also be a result of the launch of a new CFA website in July 2010.

Table 6: How did you hear about us? 1 January to 17 September 2010

<table>
<thead>
<tr>
<th>How did you hear about us?</th>
<th>2008</th>
<th>2009</th>
<th>2010 (Jan to 17 Sep)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% total</td>
<td>Total</td>
</tr>
<tr>
<td>Print</td>
<td>9,651</td>
<td>46.5%</td>
<td>10,109</td>
</tr>
<tr>
<td>Referral</td>
<td>4,365</td>
<td>21.0%</td>
<td>3,518</td>
</tr>
<tr>
<td>Online orders</td>
<td>0.0%</td>
<td>0.0%</td>
<td>960</td>
</tr>
<tr>
<td>Internet</td>
<td>2,465</td>
<td>11.9%</td>
<td>4,101</td>
</tr>
<tr>
<td>Directory</td>
<td>1,683</td>
<td>8.1%</td>
<td>1,603</td>
</tr>
<tr>
<td>Mailouts</td>
<td>633</td>
<td>3.0%</td>
<td>153</td>
</tr>
<tr>
<td>Special projects</td>
<td>727</td>
<td>3.5%</td>
<td>1,197</td>
</tr>
<tr>
<td>Radio</td>
<td>88</td>
<td>0.4%</td>
<td>69</td>
</tr>
<tr>
<td>Conference/expo</td>
<td>167</td>
<td>0.8%</td>
<td>90</td>
</tr>
<tr>
<td>Television</td>
<td>987</td>
<td>4.8%</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>20,766</td>
<td>100.0%</td>
<td>21,847</td>
</tr>
</tbody>
</table>

Similar to Table 6, Table 7 demonstrates that word of mouth and continence information resources (e.g. print – excluding newspapers, magazines, etc.) remain the key way in which callers heard about the NCHL. This is followed by government (previously captured under ‘Referral’) and the Internet (e.g. websites).
Table 7: How did you hear about us? 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>How did you hear about us?</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Total</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth</td>
<td>29</td>
<td>431</td>
<td>498</td>
<td>364</td>
<td>1322</td>
<td>26.4%</td>
</tr>
<tr>
<td>Continence information resource</td>
<td>28</td>
<td>332</td>
<td>385</td>
<td>354</td>
<td>1099</td>
<td>21.9%</td>
</tr>
<tr>
<td>Government</td>
<td>0</td>
<td>367</td>
<td>291</td>
<td>272</td>
<td>930</td>
<td>18.6%</td>
</tr>
<tr>
<td>Website</td>
<td>5</td>
<td>141</td>
<td>136</td>
<td>114</td>
<td>396</td>
<td>7.9%</td>
</tr>
<tr>
<td>Trade promotion</td>
<td>0</td>
<td>80</td>
<td>123</td>
<td>108</td>
<td>311</td>
<td>6.2%</td>
</tr>
<tr>
<td>Media</td>
<td>4</td>
<td>115</td>
<td>129</td>
<td>25</td>
<td>273</td>
<td>5.4%</td>
</tr>
<tr>
<td>Directories</td>
<td>2</td>
<td>84</td>
<td>66</td>
<td>71</td>
<td>223</td>
<td>4.4%</td>
</tr>
<tr>
<td>Previous CAAS client</td>
<td>0</td>
<td>0</td>
<td>129</td>
<td>68</td>
<td>197</td>
<td>3.9%</td>
</tr>
<tr>
<td>Mailout</td>
<td>1</td>
<td>49</td>
<td>37</td>
<td>24</td>
<td>111</td>
<td>2.2%</td>
</tr>
<tr>
<td>Not able to recall</td>
<td>0</td>
<td>13</td>
<td>20</td>
<td>11</td>
<td>44</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other helpline</td>
<td>3</td>
<td>23</td>
<td>5</td>
<td>10</td>
<td>41</td>
<td>0.8%</td>
</tr>
<tr>
<td>Nil</td>
<td>1</td>
<td>18</td>
<td>16</td>
<td>4</td>
<td>39</td>
<td>0.8%</td>
</tr>
<tr>
<td>Conference/expo</td>
<td>0</td>
<td>13</td>
<td>8</td>
<td>2</td>
<td>23</td>
<td>0.5%</td>
</tr>
<tr>
<td>NCMS project</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td>University</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>73</td>
<td>1669</td>
<td>1843</td>
<td>1428</td>
<td>5013</td>
<td>100%</td>
</tr>
</tbody>
</table>

2.2.3 Reason for call

‘Reason for call’ is a new category captured under the NCHL. Table 8 demonstrates that over one third of callers (36.2%) contacted the NCHL for information or clarification related to financial assistance. 44% of these calls were from carers, 33% from consumers and 31% from health professionals.

NCHL staff were exposed to increasingly aggressive callers during the CAAS to CAPS transition period. This significantly affected the morale of the team, who were supported through fortnightly de-brief meetings and ‘chocolate’ - upon their request. NCHL staff were also required to relocate offices, upgrade to a new telephone system and learn a new data management system in preparation for the CAPS. The staff demonstrated incredible resilience over this period, whilst continuing to provide callers with prompt and efficient service.

The other reasons people contacted the NCHL were to:

- order resources (14.3%)
- seek advice about a continence issue (14.2%)
- get the contact details for a health professional or product supplier (11%), or
- get treatment and management advice (9.9%).
Further analysis of this data demonstrates that the majority of calls to the NCHL require clinical expertise in order to maintain the quality and accuracy of the information and advice provided.

Table 8: Reason for call, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>Reason for call</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Total</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial assistance</td>
<td>257</td>
<td>615</td>
<td>695</td>
<td>569</td>
<td>2136</td>
<td>36.2%</td>
</tr>
<tr>
<td>Resources</td>
<td>59</td>
<td>342</td>
<td>257</td>
<td>179</td>
<td>837</td>
<td>14.2%</td>
</tr>
<tr>
<td>Continence issue</td>
<td>122</td>
<td>304</td>
<td>241</td>
<td>174</td>
<td>841</td>
<td>14.3%</td>
</tr>
<tr>
<td>Referral</td>
<td>91</td>
<td>188</td>
<td>231</td>
<td>140</td>
<td>650</td>
<td>11.0%</td>
</tr>
<tr>
<td>Treatment/management</td>
<td>58</td>
<td>269</td>
<td>151</td>
<td>107</td>
<td>585</td>
<td>9.9%</td>
</tr>
<tr>
<td>Product advice*</td>
<td>0</td>
<td>0</td>
<td>178</td>
<td>168</td>
<td>346</td>
<td>5.9%</td>
</tr>
<tr>
<td>Thought we were Intouch**</td>
<td>0</td>
<td>0</td>
<td>112</td>
<td>44</td>
<td>156</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>34</td>
<td>72</td>
<td>34</td>
<td>147</td>
<td>2.5%</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>2</td>
<td>35</td>
<td>35</td>
<td>37</td>
<td>109</td>
<td>1.8%</td>
</tr>
<tr>
<td>Inappropriate/irate</td>
<td>4</td>
<td>8</td>
<td>13</td>
<td>7</td>
<td>32</td>
<td>0.5%</td>
</tr>
<tr>
<td>Toilet map</td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td>25</td>
<td>0.4%</td>
</tr>
<tr>
<td>Feedback</td>
<td>1</td>
<td>10</td>
<td>9</td>
<td>3</td>
<td>23</td>
<td>0.4%</td>
</tr>
<tr>
<td>Continence courses</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total</td>
<td>603</td>
<td>1815</td>
<td>2006</td>
<td>1470</td>
<td>5894</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*New category added in November 2010. Product information previously captured under Treatment/management.

*New category added in November 2010 following the acquisition of the CAAS Information Line.

2.2.4 Advice given

In 2010, 63% of callers to the NCHL were referred to a health professional in response to their call (Table 9). Additionally, 15.6% of callers were provided with product advice, whilst 12.9% of callers were provided with information regarding the CAAS to CAPS transition. 92% (n=2,211) of the CAAS to CAPS transition advice was provided between March to August 2010 which aligns with the lead up to the introduction of the CAPS.

Of the advice provided about financial assistance schemes, 1,328 of callers (83% of the total for this category) were referred to Medicare. The majority of these referrals were made between October and December 2010, which may indicate that an outstanding number of people eligible for CAPS are still not registered for the scheme.

Please note that NCHL staff can select multiple categories of advice given for one episode.
Table 9: Advice given, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>Advice given</th>
<th>Total referrals</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advised to see nursing</td>
<td>3,954</td>
<td>21.4%</td>
</tr>
<tr>
<td>Product advice*</td>
<td>2,881</td>
<td>15.6%</td>
</tr>
<tr>
<td>Continence clinic**</td>
<td>2,681</td>
<td>14.5%</td>
</tr>
<tr>
<td>CAAS to CAPS transition</td>
<td>2,393</td>
<td>12.9%</td>
</tr>
<tr>
<td>Advised to see other</td>
<td>1,736</td>
<td>9.4%</td>
</tr>
<tr>
<td>Financial assistance scheme</td>
<td>1,599</td>
<td>8.6%</td>
</tr>
<tr>
<td>Other</td>
<td>964</td>
<td>5.2%</td>
</tr>
<tr>
<td>Advised to see medical</td>
<td>941</td>
<td>5.1%</td>
</tr>
<tr>
<td>Advised to see allied health</td>
<td>903</td>
<td>4.9%</td>
</tr>
<tr>
<td>Lifestyle advice</td>
<td>177</td>
<td>1.0%</td>
</tr>
<tr>
<td>Referred to Intouch</td>
<td>147</td>
<td>0.8%</td>
</tr>
<tr>
<td>Advice</td>
<td>105</td>
<td>0.6%</td>
</tr>
<tr>
<td>Surgical advice</td>
<td>22</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total referrals</strong></td>
<td><strong>18,503</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*New category added in November 2010 following the acquisition of the CAAS Information Line.

**Old option. Not available in new data management system.

2.2.5 Quality and quantity of information provided

2.2.5.1 Printed materials

Despite numerous attempts, the amalgamation of two vastly different data sets from two vastly different data management systems has resulted in a significant understatement of the total number of resources ordered via the NCHL between 1 July – 17 September 2010 (Table 10) – with almost no data included for these three months. Based on this, the CFA recommends that the 15.8% decrease in the total number of resources ordered in 2010 compared to 2009 be discounted during this reporting period, particularly as June – August traditionally represents the highest number of resources ordered via the NCHL due to CAW.

Table 10: Total number of resources ordered via the NCHL 2007 to 2010 (calendar year)

<table>
<thead>
<tr>
<th>Resource category</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>English (including CFA and Indigenous resources)</td>
<td>968,342</td>
<td>1,374,904</td>
<td>1,234,248</td>
<td>1,059,263</td>
</tr>
<tr>
<td>Language other than English</td>
<td>50,536</td>
<td>30,337</td>
<td>39,468</td>
<td>18,325</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,018,878</strong></td>
<td><strong>1,405,241</strong></td>
<td><strong>1,273,716</strong></td>
<td><strong>1,077,588</strong></td>
</tr>
</tbody>
</table>
Table 11 outlines the top 10 resources ordered via the NCHL in 2010. These resources align with those ordered in previous years and demonstrate an even spread across women, men and children.

Table 11: The ten most popular resources ordered via the NCHL in 2010

<table>
<thead>
<tr>
<th>Resource name</th>
<th>Total number ordered in 2010</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 Pelvic Floor Muscle Training for Women</td>
<td>149,622</td>
<td>14.1%</td>
</tr>
<tr>
<td>08 1 in 3 Women Who Have Ever Had a Baby Wet Themselves</td>
<td>63,286</td>
<td>6%</td>
</tr>
<tr>
<td>05 Pelvic Floor Muscle Training for Men</td>
<td>55,184</td>
<td>5.2%</td>
</tr>
<tr>
<td>02 Good Bladder Habits For Everyone</td>
<td>54,477</td>
<td>5.1%</td>
</tr>
<tr>
<td>11 Expecting a Baby?</td>
<td>46,669</td>
<td>4.4%</td>
</tr>
<tr>
<td>1 in 3 Women Who Have Ever Had a Baby Wet Themselves Booklet</td>
<td>43,579</td>
<td>4.1%</td>
</tr>
<tr>
<td>Healthy Bladder and Bowel Habits</td>
<td>39,497</td>
<td>3.7%</td>
</tr>
<tr>
<td>17 Bladder Training</td>
<td>28,53</td>
<td>2.7%</td>
</tr>
<tr>
<td>14 Nocturia - Going to the Toilet at Night</td>
<td>26,668</td>
<td>2.5%</td>
</tr>
<tr>
<td>13 The Prostate and Bladder Problems</td>
<td>23,638</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Table 12 provides a breakdown of the communication channels used to place orders between 18 September to 31 December 2010. This data demonstrates that phone calls (74.4%) remain the most popular communication channel, followed by the CFA website www.continence.org.au (18.8%) and faxes (6.4%).

Please note that access to NM&M and the NCMS website www.bladderbowel.gov.au distribution rates would be an invaluable contributor to this analysis, as it would allow the CFA to identify trends in the uptake of alternative communication channels.

Table 12: Communication channels for the order of resources via the NCHL, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>Order source</th>
<th>Jul-10*</th>
<th>Aug-10*</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Total</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone call</td>
<td>0</td>
<td>9</td>
<td>227</td>
<td>761</td>
<td>696</td>
<td>516</td>
<td>2,209</td>
<td>74.4%</td>
</tr>
<tr>
<td>CFA website</td>
<td>70</td>
<td>82</td>
<td>125</td>
<td>107</td>
<td>107</td>
<td>66</td>
<td>557</td>
<td>18.8%</td>
</tr>
<tr>
<td>Faxes</td>
<td>0</td>
<td>0</td>
<td>22</td>
<td>79</td>
<td>52</td>
<td>37</td>
<td>190</td>
<td>6.4%</td>
</tr>
<tr>
<td>Email</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>12</td>
<td>0.4%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>70</td>
<td>91</td>
<td>375</td>
<td>948</td>
<td>862</td>
<td>622</td>
<td>2968</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Orders placed during the testing phase of the new data management system

These orders resulted in the distribution of 3,033,331 individual resources. Additionally, further analysis of the orders show that the CFA website is accessed to place large orders, with 20% of online orders
accounting for 38% of the total number of resources ordered. This reinforces the effectiveness of the new online ordering system, which encourages repeat users – who generally tend to be health professionals - placing orders for continence clinics.

Table 13 provides a breakdown of resources between September and December 2010 by source of origin. This data demonstrates that 70% of the total number of resources ordered originate from NM&M (English resources) followed by 21% from the CFA (English resources). The combined total of Indigenous and non English languages comprise 9% of the total number of resources ordered, which is significantly less that the total ordered in previous years. It should be noted that this data is limited to four months however, and excludes the months that traditionally result in above average orders for resources due to CAW.

Table 13: NCHL orders by source of origin, 18 September to 31 December 2010

<table>
<thead>
<tr>
<th>Resource category</th>
<th>Jul-10*</th>
<th>Aug-10*</th>
<th>Sep-10*</th>
<th>Oct-10</th>
<th>Nov-10</th>
<th>Dec-10</th>
<th>Dec-10</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>9,390</td>
<td>13,739</td>
<td>34,362</td>
<td>54,309</td>
<td>49,178</td>
<td>50,148</td>
<td>2,11,126</td>
<td>70%</td>
</tr>
<tr>
<td>Indigenous</td>
<td>246</td>
<td>-</td>
<td>893</td>
<td>2,706</td>
<td>10,287</td>
<td>9,945</td>
<td>24,077</td>
<td>8%</td>
</tr>
<tr>
<td>LOTE</td>
<td>145</td>
<td>87</td>
<td>322</td>
<td>1,201</td>
<td>1,581</td>
<td>95</td>
<td>3,431</td>
<td>1%</td>
</tr>
<tr>
<td>CFA English</td>
<td>5,106</td>
<td>4,626</td>
<td>10,076</td>
<td>16,654</td>
<td>17,722</td>
<td>10,459</td>
<td>64,643</td>
<td>21%</td>
</tr>
<tr>
<td>Other** English</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>53</td>
<td>1</td>
<td>54</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>14,887</td>
<td>18,452</td>
<td>45,653</td>
<td>74,870</td>
<td>78,821</td>
<td>70,648</td>
<td>3,03,331</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Significant data discrepancy
**’Other’ resources indicate resources from partner organisations

2.2.5.2 Human resources

The NCHL is staffed by a team of experienced CNAs with appropriate continence qualifications who come from diverse backgrounds and provide a breadth and depth of continence management experience.

NCHL staff are supported to participate in a wide range of professional development opportunities including the CFA’s annual National Conference on Incontinence and where appropriate, the International Continence Society’s annual meeting. This ensures that the CNAs knowledge and skills are aligned with current best practice, which is transferred to specialist and non specialist continence clinicians, who comprise nearly 30% of the total number of episodes to the NCHL.

In mid 2010, the CFA introduced a team of CSRs to the NCHL to support the CAAS to CAPS transition. This initiative, in combination with the introduction of IVR on the newly implemented telephone system, has resulted in the following outcomes:

- appropriate skills based routing between clinical and non clinical staff
- increased efficiency in handling incoming and outbound calls to the NCHL
- decreased calls diverted to voicemail
- the ability for clinical staff to continue to dedicate unlimited time to callers requiring clinical advice, and
- the ability for non clinical staff to follow up complex CAAS/CAPS calls by contacting Medicare directly.

This initiative, which has significantly increased the capacity and flexibility of the NCHL, will support the CFA to better manage periods of high demand, which is expected to be a more common occurrence under phase 4 of the NCMS, which will be supported by a national communications campaign.

2.2.5.3 Maintain an NCHL directory of continence services

The NCHL maintains a directory of continence services (Service Directory) to refer callers to local continence services. The maintenance of the Service Directory is a critical success factor in enabling NCHL staff to provide quality information and advice to the general public and health professionals. This directory is continuously reviewed and updated to ensure the validity and accuracy of services, and new services are added to it where identified by a CNA.

In November 2009, the CFA conducted a thorough review of the NCHL Service Directory, which included data cleansing and the deletion of duplicate services. The CFA also commenced the development of a NCHL Products Directory, which provides a comprehensive listing of continence product suppliers and manufacturers, to support the CAAS to CAPS transition.

The NCHL Products Directory was launched in May 2010, and contains approximately 70 continence product suppliers and 44 continence product manufacturers. The NCHL Service Directory contains approximately 741 services. The effectiveness of these directories is wholly dependent on the ongoing review of data, which is overseen by a NCHL customer service representative. This role is critical to the quality and accuracy of the service provided by the NCHL and will thus be continued beyond the CAAS to CAPS transition period.

In July 2010, the CFA launched an online version of the NCHL Service Directory and Products Directory. The Service Directory allows clients to search for a continence service provider by location, specialty or professional type, whilst the Products Directory allows clients to search for a continence supplier or manufacturer by location or product type. This information is located under the ‘Where to get help’ section of the home page.

2.2.5.4 Maintain a list of appropriate education and training courses and programs

The CFA website www.continence.org.au promotes continence education and training courses for health professionals and consumers. This information is located under the ‘Continence courses’ section of the home page and includes short courses, certificates and post graduate diplomas.

2.2.6 Client satisfaction with its services

2.2.6.1 Comments and complaints to the National Continence Helpline

The NCHL received 20 comments and complaints during the reporting period. Of these:
• four compliments related to the quality of service provided by NCHL staff
• five complaints related to the ‘Resource order’ section of the new CFA website (which were explained and resolved)
• three complaints related to NM&M resources not being delivered (which was fed back to NM&M)
• three complaints related to outdated service directory details (which were last updated in 2009 - but had since changed - and have consequently been updated)
• three complaints related to the prices being charged by product suppliers (no action taken, except to refer the callers to alternative suppliers)
• one complaint was about Medicare not returning a call (which was fed back to Medicare), and
• one comment was in response to an article in Bridge magazine (no action required).

The CFA anticipated a significant increase in complaints during the reporting period due to the stress and anxiety that surrounded the introduction of the CAPS. Despite this, no noticeable increase in either the quantity or type of complaints has been noted, which is a testament to the quality of service provided by the NCHL.

2.2.6.2 National Continence Helpline Client Satisfaction Survey

The CFA coordinates an annual Client Satisfaction Survey (CSS) to evaluate the NCHL’s effectiveness in delivering continence services. This survey is facilitated via a written questionnaire that was developed for both the general public and health professionals, by Deakin University, under Phase 2 of the NCMS.

The CFA is currently finalising a separate questionnaire for health professionals, in response to its evaluation of the appropriateness of the survey for this target group. This has included a review of the existing questionnaire for the general public.

The CSS scheduled for the 2010-2011 calendar year will consequently take place between 1 January 2010 and 30 June 2011, deviating from the usual time frame of October.
3 Interaction with continence related groups and agencies

3.1 Consumer Advisory Committee

The CFA Consumer Advisory Committee (CAC) is dedicated to advising the CFA on strategies to enhance and promote consumer and community participation in the development, implementation and evaluation of the CASP. The CAC comprises eight members representing:

- Alzheimer’s Australia
- Carers Australia
- Consumer Health Forum
- MS Australia
- ParaQuad Australia
- The Disability Council of Australia, and
- The Prostate Cancer Foundation of Australia.

The CFA coordinated one meeting with its CAC during the reporting period. CAC input was also sought through representation on the CASP Steering Committee, Bridge Editorial Committee, and in planning for ad hoc activities and events such as CAW.

In 2011 the CFA will review the Terms of Reference of its CAC. This will ensure all of the target audiences of the CASP are represented and the committee is engaged and supported to its fullest potential.

3.2 Relationship management with other organisations

The CFA successfully established or maintained its multiple relationships with continence related agencies and groups during the contract period. This ensured that the CASP was responsive to the diverse needs of its stakeholders, and that stakeholder input was maintained for the duration of the reporting period.

The CFA prioritises these relationships based on their reach of the target audiences for the CASP and their receptiveness to working in a collaborative manner. It is important to note that many of these relationships result in an on-going working relationship, which support the long term objectives of the NCMS. It also increases accessibility to the NCHL and other initiatives of the NCMS to people with or at risk of developing incontinence and their carers.

Examples of activities conducted in collaboration with these groups include:

- the development of information resources
- reciprocal articles in newsletters, magazines or websites
- attendance at Every Body’s Business forums or other events, and
- input into policy and advocacy activities.

Examples of consumer organisations the CFA worked in collaboration with during this period included:
• Asthma Foundation
• Beyondblue
• Bowel Cancer Screening Program
• Cancer Council
• Carers Australia
• Crohn’s and Colitis Australia
• Dementia and Alzheimer’s Association
• Jean Hailes Foundation
• Kidney Health Australia
• National Stroke Foundation
• Parkinson’s Australia
• Prostate Cancer Foundation of Australia, and
• Scleroderma Australia.

Examples of professional groups the CFA worked in collaboration with during this period included:

• Australian Physiotherapy Association
• Australian Practice Nurses Association
• Council Remote Area Nurses Australia
• Department of Education, New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania and Northern Territory
• Education and Resources for Improving Childhood Continence (ERIC), United Kingdom
• Independent Living Centre
• Queensland Health
• Pharmacy Guild of Australia
• Pharmaceutical Society of Australia
• PromoCon, United Kingdom
• The Australian Fitness Network
• The Benchmarque Group, and
• Western Australian General Practice Network.

Examples of industry groups the CFA worked in collaboration with during this period included:

• GlaxoSmithKline Australia
• Hartmann Pty Ltd
• Hospira Australia
• Independence Australia
• Intouch Direct
• Key Pharmaceuticals
• Kimberly Clark Australia
• Lil Healthcare
• Medtronic
• Norgine Pharmaceuticals
• Paul Hartmann
• Sayco
The majority of activities conducted under the CASP are carried out in collaboration with continence related agencies and groups. Examples of key achievements during the reporting period include:

- articles in *Prostate News* (the newsletter of the Prostate Cancer Foundation of Australia) and *Insight* (the newsletter of Crohn’s and Colitis Australia)
- presentation at GlaxoSmithKline Australia’s prostate forum
- the mailout of 2,500 NCHL business cards as part of Hospira Australia’s sampling campaign for its overactive bladder treatment Oxytrol™
- inclusion of the NCHL as part of SCA Hygiene’s (TENA) sampling campaign, an ongoing national initiative
- review and co-branding of the brochure *Bowel and Bladder Problems in Scleroderma*, developed by Scleroderma Australia.

### 3.3 Bridge

*Bridge* is the quarterly consumer magazine of the CFA. *Bridge* is written and managed by the *Bridge* Editor and overseen by the *Bridge* Editorial Committee, which comprises a multidisciplinary group of health professionals, consumers and carers.

*Bridge* supports many of the activities undertaken under CASP, particularly relationship building with continence related agencies and groups and CAW. *Bridge* is also used to promote consumer focussed initiatives of the NCMS including the NCHL, National Public Toilet Map and NCMS website www.bladderbowel.gov.au.

The CFA produced two editions of *Bridge* during the contract period (40,000 hard copies / 3000 electronic copies), which targeted a wide range of audiences of the CASP. Each edition of *Bridge* was dedicated to a specific topic and promoted the continence related agencies and groups relevant to the topic. An outline of the two editions produced during the reporting period is presented in Table 14.

| Table 14: *Bridge* magazine 1 July – 31 December 2010 |
|-----------|-----------|-----------|-----------------|
| **Edition** | **Topic** | **Quantity** | **Overview of content** |
| Spring edition | Children | 20,000 | • Talking to kids about how bladders and bowels work  
• Getting children into good habits early  
• Toilet training made easier  
• Soiling and constipation in children  
• Healthy bowels for children (and adults)  
• Where to find help and information |
| September 2010 | | | |
| Summer edition | Out and about | 20,000 | • Choosing products |
In December 2009, the CFA evaluated the effectiveness of *Bridge* by including a one page reply paid questionnaire in the magazine. The key learning’s elicited from this survey was as follows:

- focus the promotion of the magazine through medical clinics/pharmacies
- explore a health professional version of the magazine – or dedicate a section of the magazine to health professionals, and
- promote seeking help and improving diet and lifestyle habits in order to facilitate behavioural change in people affected by or caring for a person with incontinence.

The CFA has implemented a number of changes in response to these learning’s. These are as follows:

- the CAW edition of *Bridge* was specifically targeted at pharmacies and GP clinics, demonstrating a low to moderate update. Future editions of the publication will be complimented by a dedicated distribution strategy ensuring that continence related agencies and groups such as the Pharmacy Guild of Australia and the Australian Practice Nurses Association are engaged where relevant
- in 2010-2011 the CFA will introduce an e-newsletter targeting health professionals, that will be positioned at an information level between *Bridge* and the ANZCJ. Targeting the newsletter at this level will ensure that non specialist health professionals such as community nurses, practice nurses and occupational therapists are reached at an appropriate level, and
- *Bridge* will continue to promote lifestyle modification and help seeking in order to facilitate behavioural change amongst people affected by incontinence. ‘Real life stories’ will be used to highlight the importance of this in future editions of the publication.

### 3.4 National articles program

The national articles program is a key awareness raising activity under the CASP, and involves securing articles about incontinence and bladder and bowel health in a mix of publications. These range from the highest circulating newspapers in Australia, to glossy health magazines, to local newspapers, and newsletters.

The national articles program generated over 36 printed articles during the reporting period, reaching over 3.5 million Australians (Table 15). These were supported by a range of key stakeholders, which ensured that the information communicated was evidence informed and relevant to the needs of each target audience.
Table 15: The national articles program 1 July – 31 December 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Publication</th>
<th>Organisation</th>
<th>Target group</th>
<th>Topic</th>
<th>Circulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010</td>
<td>Hartmann pharmacy mailout</td>
<td>Hartmann Pty Ltd</td>
<td>Pharmacists • Pharmacy assistants</td>
<td>Overview of bowel issues</td>
<td>600</td>
</tr>
<tr>
<td>July 2010</td>
<td>Woman’s Weekly</td>
<td>ACP Magazines</td>
<td>Women</td>
<td>Waterworks</td>
<td>502,441</td>
</tr>
<tr>
<td>July 2010</td>
<td>Medical Observer</td>
<td>UBM Medica</td>
<td>General practitioners • Specialists</td>
<td>Female Urinary Incontinence</td>
<td>22,000</td>
</tr>
<tr>
<td>July 2010</td>
<td>Australian Doctor</td>
<td>Reed Business Information</td>
<td>General practitioners • Specialists</td>
<td>Pelvic organ prolapse</td>
<td>21,984</td>
</tr>
<tr>
<td>July 2010</td>
<td>Health Watch magazine</td>
<td>Health Watch Australia</td>
<td>General public</td>
<td>Bowel health</td>
<td>N/A</td>
</tr>
<tr>
<td>July 2010</td>
<td>Independent Living</td>
<td>Independent Living Centres of Australia</td>
<td>Health professionals working with people with a disability</td>
<td>Continence products</td>
<td>22,400</td>
</tr>
<tr>
<td>August 2010</td>
<td>Guild Digest</td>
<td>War Widow’s Guild of Australia</td>
<td>Women</td>
<td>Overview of continence issues</td>
<td>10,000</td>
</tr>
<tr>
<td>August 2010</td>
<td>Rainbow Argus</td>
<td>Fairfax Media</td>
<td>General public</td>
<td>Bowel health</td>
<td>650</td>
</tr>
<tr>
<td>August 2010</td>
<td>The Westerner</td>
<td>The Westerner</td>
<td>General public</td>
<td>Bowel health</td>
<td>17,000</td>
</tr>
<tr>
<td>August 2010</td>
<td>Times Victor Harbour</td>
<td>Fairfax Media</td>
<td>General public</td>
<td>Bowel health</td>
<td>7,304</td>
</tr>
<tr>
<td>August 2010</td>
<td>West Wimmera Messenger</td>
<td>Nhill Free Press</td>
<td>General public</td>
<td>Bowel health</td>
<td>800</td>
</tr>
<tr>
<td>August 2010</td>
<td>Wimmera Messenger</td>
<td>Nhill Free Press</td>
<td>General public</td>
<td>Bowel health</td>
<td>1,900</td>
</tr>
<tr>
<td>August 2010</td>
<td>Newcastle Herald</td>
<td>Fairfax Media</td>
<td>General public</td>
<td>Bowel health</td>
<td>48,500</td>
</tr>
<tr>
<td>August 2010</td>
<td>Morning Bulletin</td>
<td>APN News and Media</td>
<td>General public</td>
<td>Bowel health</td>
<td>23,337</td>
</tr>
<tr>
<td>August 2010</td>
<td>North Lakes Messenger</td>
<td>Magnum Pty Ltd</td>
<td>General public</td>
<td>Bowel health</td>
<td>n/a</td>
</tr>
<tr>
<td>August</td>
<td>Independent Solstice Media</td>
<td></td>
<td>General public</td>
<td>Bowel health</td>
<td>5,894</td>
</tr>
<tr>
<td>Date</td>
<td>Publication</td>
<td>Organisation</td>
<td>Target group</td>
<td>Topic</td>
<td>Circulation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
<td>-------------------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>August 2010</td>
<td>Wimmera Mail Times</td>
<td>Fairfax Media</td>
<td>General public</td>
<td>Bowel health</td>
<td>9,038</td>
</tr>
<tr>
<td>August 2010</td>
<td>Tamworth City News</td>
<td>Evans Publishing</td>
<td>General public</td>
<td>Bowel health</td>
<td>16,507</td>
</tr>
<tr>
<td>August 2010</td>
<td>Narrogin Observer</td>
<td>The West Australian</td>
<td>General public</td>
<td>Bowel health</td>
<td>2,523</td>
</tr>
<tr>
<td>August 2010</td>
<td>Weekly Times Messenger</td>
<td>News Limited</td>
<td>General public</td>
<td>Bowel health</td>
<td>62,952</td>
</tr>
<tr>
<td>August 2010</td>
<td>Northside Chronicle</td>
<td>News Limited</td>
<td>General public</td>
<td>Bowel health</td>
<td>60,100</td>
</tr>
<tr>
<td>August 2010</td>
<td>Warialda Standard</td>
<td>The Warialda Standard</td>
<td>General public</td>
<td>Bowel health</td>
<td>1,050</td>
</tr>
<tr>
<td>August 2010</td>
<td>Armidale Express Extra</td>
<td>Fairfax Media</td>
<td>General public</td>
<td>Bowel health</td>
<td>12,196</td>
</tr>
<tr>
<td>August 2010</td>
<td>Barrier Daily Truth</td>
<td>Barrier Industrial Council</td>
<td>General public</td>
<td>Bowel health</td>
<td>5,928</td>
</tr>
<tr>
<td>August 2010</td>
<td>Northern Territory News</td>
<td>News Limited</td>
<td>General public</td>
<td>Bowel health</td>
<td>20,553</td>
</tr>
<tr>
<td>August 2010</td>
<td>Temora Independent</td>
<td>n/a</td>
<td>General public</td>
<td>Bowel health</td>
<td>1,906</td>
</tr>
<tr>
<td>September 2010</td>
<td>Hamilton Spectator</td>
<td>n/a</td>
<td>General public</td>
<td>Bowel health</td>
<td>5,490</td>
</tr>
<tr>
<td>September 2010</td>
<td>Western Australian Practice Nurses Association</td>
<td>member newsletter</td>
<td>Practice nurses</td>
<td>Bowel health</td>
<td>200</td>
</tr>
<tr>
<td>October 2010</td>
<td>Australian Women's Health</td>
<td>Pacific Magazines</td>
<td>General public</td>
<td>Bowel health</td>
<td>92,666</td>
</tr>
<tr>
<td>October 2010</td>
<td>Independence Australia customer newsletter</td>
<td>Independence Australia</td>
<td>People affected by incontinence</td>
<td>Travel tips</td>
<td>500,000</td>
</tr>
<tr>
<td>November 2010</td>
<td>Australian Ageing Agenda Group</td>
<td>The Intermedia Group</td>
<td>Health professionals</td>
<td>Bowel health</td>
<td>10,954</td>
</tr>
<tr>
<td>Date</td>
<td>Publication</td>
<td>Organisation</td>
<td>Target group</td>
<td>Topic</td>
<td>Circulation</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>November</td>
<td>In Motion</td>
<td>Australian Physiotherapy Association</td>
<td>Physiotherapists</td>
<td>Pelvic floor first project</td>
<td>607</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Aboriginal and Torres Strait Islander Health</td>
<td>Health and Community Care Services</td>
<td>Indigenous health workers</td>
<td>Indigenous health</td>
<td>14,000</td>
</tr>
<tr>
<td>2010</td>
<td>Worker newsletter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>The Herald Sun</td>
<td>News Limited</td>
<td>General public</td>
<td>School toilets</td>
<td>1,500,000</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Prostate News</td>
<td>Prostate Cancer Foundation of Australia</td>
<td>Men affected by prostate cancer</td>
<td>CAPS</td>
<td>17,000</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Vision Australia Radio (an alternative to</td>
<td>Vision Australia</td>
<td>People with visual impairment</td>
<td>Overview of continence issues</td>
<td>555,000</td>
</tr>
<tr>
<td>2010</td>
<td>print for the vision impaired)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>Prostate of the Nation newsletter</td>
<td>GlaxoSmithKline</td>
<td>General practitioners</td>
<td>Benign prostatic hyperplasia</td>
<td>10,000</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td>Practice nurses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Calls to the NCHL are a key measure of the effectiveness of the national articles program. These are captured under the ‘Print’ intermedium, which generated 9,651 calls (46.5% of the total number of calls) calls during the contract period.

3.5 Representation at conferences

Conferences present an ideal environment in which to raise awareness about incontinence as they provided a captive target audience that are more receptive to health messages. They also enable the CFA to tailor their representation, so that conferences attended by high priority target groups are supported by a presentation or booth, whilst conferences attended by medium to low priority target groups are supported by sponsorship of a workshop or satchel inserts.

The CFA attended 13 conferences during the reporting period reaching an estimated audience of 6,698 health professionals. An overview of these conferences is presented in Table 16.

Representation at conferences is supported by CFA members, State Resource Centres and State/Territory Branches, who volunteered their time to attend, present and/or staff conference booths on behalf of the
CFA. This enables the CFA to raise awareness about continence issues amongst people affected by or at risk of developing incontinence, carers, and health professionals.

Table 16: Representation at conferences 1 January 2010 – 31 July 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Organisation</th>
<th>Location</th>
<th>Target group</th>
<th>Delegates</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010</td>
<td>Women’s and Children’s Update</td>
<td>HealthEd</td>
<td>Brisbane, Queensland</td>
<td>Health professionals</td>
<td>400</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Booth</td>
</tr>
<tr>
<td>August 2010</td>
<td>Women’s and Children’s Update</td>
<td>HealthEd</td>
<td>Melbourne, Victoria</td>
<td>Health professionals</td>
<td>400</td>
<td>Satchel Insert</td>
</tr>
<tr>
<td>August 2010</td>
<td>Australian Medical Writers Association Annual Conference</td>
<td>Australian Medical Writers Association</td>
<td>Melbourne, Victoria</td>
<td>Writers</td>
<td>118</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Booth and Silver Sponsor</td>
</tr>
<tr>
<td>August 2010</td>
<td>International Continence Society/ International Urogynaecologic Association Joint Annual Conference</td>
<td>International Continence Society/ International Urogynaecologic Association Joint Annual Conference</td>
<td>Toronto, Canada</td>
<td>Health professionals</td>
<td>3528</td>
<td>Attendance</td>
</tr>
<tr>
<td>August 2010</td>
<td>Advancing Quality of Life</td>
<td>Prostate Cancer Foundation of Australia</td>
<td>Gold Coast, Queensland</td>
<td>Health professionals</td>
<td>NA</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>General public</td>
<td></td>
<td>Booth</td>
</tr>
<tr>
<td>September 2010</td>
<td>Women’s and Children’s Update</td>
<td>HealthEd</td>
<td>Sydney, New South Wales</td>
<td>Health professionals</td>
<td>400</td>
<td>Satchel Insert</td>
</tr>
<tr>
<td>September 2010</td>
<td>Australian &amp; New Zealand Spinal Cord Society Meeting</td>
<td>SAPMEA</td>
<td>Adelaide, South Australia</td>
<td>Health professionals</td>
<td>180</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Booth</td>
</tr>
<tr>
<td>October 2010</td>
<td>Birth, Bump and Beyond</td>
<td>National Association of Childbirth Educators</td>
<td>Brisbane, Queensland</td>
<td>Health professionals</td>
<td>250</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Booth</td>
</tr>
<tr>
<td>October 2010</td>
<td>Pregnancy, Babies and Children’s Expo</td>
<td>Melbourne, Victoria</td>
<td></td>
<td>General public</td>
<td>NA</td>
<td>Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Booth</td>
</tr>
<tr>
<td>Date</td>
<td>Title</td>
<td>Organisation</td>
<td>Location</td>
<td>Target group</td>
<td>Delegates</td>
<td>Activity</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------</td>
<td>---------------------------------------</td>
<td>---------------------------</td>
<td>--------------------------</td>
<td>-----------</td>
<td>---------------</td>
</tr>
<tr>
<td>November 2010</td>
<td>43rd Australian Association of Gerontology National Conference</td>
<td>Australian Association of Gerontology</td>
<td>Hobart, Tasmania</td>
<td>• Health professionals</td>
<td>350</td>
<td>• Satchel insert</td>
</tr>
</tbody>
</table>
| October 2010 | Moving Mountains                   | National Enrolled Nurses Association  | Hobart, Tasmania          | • Health professionals   | 172       | • Attendance  
|              |                                    |                                       |                           |                          |           |   • Booth     |
| October 2010 | APA Congress 2010                  | Australia Physiotherapy Association   | Surfers Paradise, New South Wales | • Health professionals   | 500       | • Satchel insert |

Calls to the NCHL are a key measure of the effectiveness of representation at conferences. These were captured under the ‘Conference/Expo’ intermedium, which generated 167 calls (0.8% of the total number of calls) during the contract period.
4 Awareness raising activities in States and Territories

4.1 Every Body’s Business education forums

Every Body’s Business forums are a key education and awareness raising activity under CASP. These forums are built on a model that targets both health professionals and consumers in order to raise awareness about incontinence and bladder and bowel health.

The CFA successfully coordinated two Every Body’s Business forums across Australia during the reporting period. These were held in Brisbane (Queensland) and Launceston (Tasmania) and were attended by a combined total of 273 health professionals, 67 consumers, 23 peak bodies and 28 industry groups.

Every Body’s Business Brisbane was held between 5-6 August 2010 to coincide with CAW 2010. The theme of the forum tied into the CAW theme of ‘bowel health’ and covered the following topics:

- Healthy Bowels - What’s normal and what’s not?
- Life with faecal incontinence – a consumer perspective
- Constipation – the do’s and don’ts
- Defaecation dynamics
- Irritable bowel syndrome: food sensitivities and pelvic floor rehabilitation
- Management of the neurogenic bowel
- Common bowel problems in gastroenterology practice
- Quality of life after colorectal surgery
- The impact of radiation therapy and chemotherapy on bowel health
- Drugs and the bowel: Treatments and culprits
- Bowel Screening, Assessment and Management- Practical tools for practice

The consumer forum provided an overview of bowel health, presented by a continence nurse advisor and continence and women’s health physiotherapist, covering the importance of diet, fluids and exercise.

The ‘bowel health’ theme proved to be moderately successful with the consumer forum, which was attended by 41 delegates. This was an expected outcome, as bowel health was anticipated to be a challenging topic to promote to the general public due to the increased stigma attached to it.

Unlike the consumer forum, the health professional forum proved highly successful, attended by 208 delegates. This reinforced the need for bowel health education, which has been requested by continence health professionals for many years, and highlighted the growing issue of bowel conditions such as constipation, irritable bowel syndrome and coeliac disease.

Based on the positive feedback received from Every Body’s Business Brisbane, Every Body’s Business Launceston was also dedicated to the topic of ‘bowel health’. As with Brisbane, the consumer forum proved less successful compared to previous topics, attended by a total of 26 delegates, whilst the health professional forum proved highly successful, attended by 123 health professionals (including CFA staff and speakers).
An overview of these two forums is presented in Table 17.

### Table 17: Overview of Every Body’s Business Brisbane and Launceston

<table>
<thead>
<tr>
<th>Location</th>
<th>Health professionals</th>
<th>Consumers</th>
<th>Peak Bodies</th>
<th>Industry</th>
<th>Total Delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brisbane</td>
<td>180</td>
<td>41</td>
<td>14</td>
<td>14</td>
<td>208</td>
</tr>
<tr>
<td>Launceston</td>
<td>93</td>
<td>26</td>
<td>9</td>
<td>14</td>
<td>123</td>
</tr>
<tr>
<td>Total</td>
<td>273</td>
<td>67</td>
<td>23</td>
<td>28</td>
<td>331</td>
</tr>
</tbody>
</table>

#### 4.1.1 Evaluation

**Every Body’s Business Brisbane consumer forum**

The majority of delegates at the Every Body’s Business Brisbane consumer forum were aged 46-55 years (29%) followed by 30 years or below (21%), 30-45 years (21%) and 56-65 years (21%).

Of these delegates over 50% found out about the event through word of mouth advertising (family or friends or a health professional).

Nearly 75% of delegates reported finding the forum useful, with presentations (75%) rated the most useful aspect of the forum. Verbatim feedback in response to the forum included comments such as:

- exceptionally informative
- I’m very pleased to [have] attend this forum, and
- I learnt and understood about the topic bowel health.

57% of delegates reported having previously received information about bladder and bowel health (primarily through a health professional) and 54% reported having previously received information about pelvic floor muscle exercises (primarily through a physiotherapist). The majority of delegates (44%) reported seeking help from their general practitioner for bladder or bowel health problems whilst 54% had previously heard of the National Continence Helpline.

**Every Body’s Business Brisbane health professional forum**

The Every Body’s Business Brisbane health professional forum was attended by a multidisciplinary group of health professionals comprising registered nurses (51%), continence nurse advisors (12%), physiotherapists (10%) and a combination of other nursing and allied health professionals (27%). The majority of these professionals worked in acute care (33%), community health (27%) and aged care (22%).

The knowledge, skill and confidence levels of these professionals were evaluated using a pre (56% response rate), post (60% response rate) and follow up survey (9% response rate), which was distributed prior to the forum, immediately after the forum, and one month after the forum.
Analysis of the pre and post evaluation results has shown an increase in knowledge, skill and confidence in response to attending the forum, with nearly all topics scoring a ‘high’ rating in terms of their overall value.

Verbatim feedback received by delegates demonstrated the following ways in which the forum was going to influence their current practice:

- incorporate learning’s into education programs
- assist me to complete “bowel management guidelines”
- review current procedures
- establish consistent treatment for constipation
- review medications and effects on bowel habits
- in service education
- input in to case management
- sharing of resources
- assessment and planning of care for clients in community
- presentation to colleagues to encourage discussion for quality activities for service delivery
- provide information pamphlets and knowledge to work colleagues and patients
- educate other staff with knowledge gained and resources gained
- provide increased written information to clients
- update resource folder
- new contacts and resources to review
- better assessment for bowel conditions, and
- compile a resource folder.

4.1.1.3 Every Body’s Business Launceston consumer forum

The majority of delegates at the Every Body’s Business Launceston consumer forum were aged 46-55 years or 65 years or above (33% respectively) followed by 30-45 years (20%) and 56-65 years or 30 years or below (7% respectively).

Of these delegates nearly 50% found out about the event through word of mouth advertising (family or friends or a health professional).

100% of delegates reported finding the forum useful, with presentations (93%) rated the most useful aspect of the forum. Verbatim feedback in response to the forum included comments such as:

- have one in Hobart next year please
- very informative and practical information, and
- well presented.

Only 40% of delegates reported having previously received information about bladder and bowel health (primarily through a health professional), whilst 60% reported having previously received information about pelvic floor muscle exercises (primarily through a physiotherapist). 33% of delegates reported seeking help from ‘no one’ for their bladder and bowel problems, followed by 28% from their general practitioner. 75% of delegates had previously heard of the National Continence Helpline.
4.1.1.4 Every Body’s Business Launceston health professional forum

The Every Body’s Business Launceston health professional forum was attended by a multidisciplinary group of health professionals comprising registered nurses (53%), continence nurse advisors (15%), enrolled nurses (11%) and a combination of other nursing and allied health professionals (21%). The majority of these professionals worked in community health (47%), acute care (33%) and aged care (27%).

The knowledge, skill and confidence levels of these professionals were evaluated using a pre, post and follow up survey, which was distributed prior to the forum, immediately after the forum, and one month after the forum.

Analysis of the pre and post evaluation results has shown an increase in knowledge, skill and confidence from ‘medium’ to ‘high’ in response to attending the forum, with nearly all topics scoring a ‘medium’ to ‘high’ rating in terms of their overall value.

Verbatim feedback received by delegates demonstrated the following ways in which the forum was going to influence their current practice:

- assist with planning care and support guidelines for workers supporting clients
- discussion around bowel health and healthy eating
- literature that was available will be kept on ward for info
- plan to make display board and talk to staff at a staff meeting
- information folder
- discuss with staff on ward, identify patients who can benefit from information
- I hope to be able to inform my clients of services and aids available
- take information back to GPs and staff
- assist clients with continence issues
- reflect on information presented and use it in my daily work and home life
- file the brochures and notes to use when a client is in need, and
- trial different continence products to best suit client needs.

4.2 Accredited continence education

The CFA coordinated four CFA/Benchmarque Certificate II in Continence Promotion and Care courses over the reporting period, which targeted:

- Indigenous health workers / health professionals who work with Indigenous communities
- residential aged care nurses; and
- practice nurses.

These courses were attended by 78 health professionals, which resulted in 78 non specialist continence professionals being up skilled in continence promotion and care. An overview of the location of these courses, target groups, and total number of delegates is outlined in Table 18.
Table 18: Overview of accredited continence courses delivered between 1 July – 31 December 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Target group</th>
<th>Total delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2010</td>
<td>Goondiwindi, Queensland</td>
<td>Indigenous health workers or health workers working with Indigenous people</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(1 male, 22 female)</td>
</tr>
<tr>
<td>November 2010</td>
<td>Atherton, Queensland</td>
<td>Indigenous health workers or health workers working with Indigenous people</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(2 male, 14 female)</td>
</tr>
<tr>
<td>November 2010</td>
<td>Perth, Western Australia</td>
<td>Practice nurses</td>
<td>20</td>
</tr>
<tr>
<td>December 2010</td>
<td>Canberra, Australian Capital Territory</td>
<td>Residential aged care workers</td>
<td>19</td>
</tr>
</tbody>
</table>

4.2.1 Indigenous health workers

The delivery of accredited continence education to Indigenous health workers was based on the course developed as part of the Continence Education in Remote Australia Project (CERAP), funded under the DoHA’s National Rural Primary Health Project Initiative in 2008-09. This project successfully engaged Indigenous health workers (and health professionals who work with Indigenous communities) to promote what is considered to be a ‘shame’ topic amongst Indigenous communities, who experience a higher incidence of chronic disease which is closely linked to incontinence.

The CFA successfully educated 39 Indigenous health workers or health workers working with Indigenous people during the reporting period. Evaluation of these courses revealed a reported increase in the attendees’ continence knowledge at the conclusion of the course, with attendees feeling more comfortable raising the topic and talking to Indigenous people about continence issues.

To date, the CFA has concentrated the delivery of accredited continence courses in Queensland, in response to the continuously expressed need in this area, and the support of Queensland Health in supporting these courses with appropriately skilled trainers. In 2010-2011 the CFA will expand the delivery of these courses nationally, with the aim of creating a network of continence professionals with a special interest in delivering continence education to Indigenous communities. At present, negotiations are underway for a course in New South Wales and South Australia for the final two quarters of 2010-11.

4.2.2 Residential aged care nurses

Anecdotal evidence shows that the majority of continence education for aged care staff is provided by continence product manufacturers, who are more focussed on continence products than the prevention, treatment and management of incontinence. This reinforces the myth that incontinence is a normal part of ageing rather than a distressing condition that warrants treatment, creating a cycle of complacency and acceptance of incontinence amongst residential aged care facilities.

The CFA successfully educated 19 residential aged care workers during the reporting period. This course content was tailored to the unique needs of aged care, covering topics such as constipation, functional...
incontinence and neurological conditions such as stroke or Parkinson’s disease. The 20 places offered as part of the course were promoted via 23 Aged Care facilities in Canberra, and highlighted the need for promotion of the course to be conducted well in advance, allowing attendees to coordinate their rosters.

Evaluation of the course revealed an increase in the attendees’ continence knowledge, skill and promotion from a ‘medium’ to ‘high’ rating, and their awareness of continence resources and support services (e.g. NCHL) from ‘unaware’ to ‘completely aware’.

100% of attendees said they were more likely to raise continence issues with their residents as a result of attending the course, whilst 89% of attendees indicated that they intend to change the way they manage their residents’ continence issues. Attendees revealed that prior to attending the course, they considered a residents’ fluids, cognitive and motor function and diet with respect to continence management. However following attending the course, they were more likely to consider a residents’ continence aids, bowel management, fluid and fibre intake, medication, and mobility and exercise. This demonstrated the broadening of the knowledge and skills of attendees.

4.2.3 Practice nurses

Practice nursing is a rapidly growing specialisation, with over 8000 nurses estimated to be working in over 60% of general practices across Australia. Practice nurses are also closely involved with the management of chronic diseases (e.g. cardiovascular disease, diabetes, cancer, asthma, mental health, etc.), maternal and child health, women’s health, men’s health and aged care, which are all high risk groups for the incidence of incontinence.

The CFA successfully educated 20 practice nurses during the reporting period, with the promotion of the course coordinated in partnership with the Western Australian General Practice Network and the Western Australia Practice Nurses Association. This course content was tailored to the unique needs of general practice, covering topics such as chronic disease management and how to raise continence issues when carrying out routine health checks and assessments with patients. The 20 places offered as part of the course were filled in less than two days. Of these, 72% of attendees had not attended continence education or training previously, highlighting the ongoing need to upskill this group.

Completion of a pre and post evaluation survey was a compulsory component of the course, in order to measure attendees’ knowledge, skill and confidence prior to and following their completion of the course. As expected, evaluation results demonstrated a significant increase in each of these areas, as well as an increase in their knowledge of the continence resources and support services (e.g. the NCHL) available to meet their own – and their clients’ – needs.

Feedback from attendees revealed that the course was extremely relevant to practice nursing, particularly with respect to the referral process and providing information about products and aids.

4.3 Paediatric continence education

In November 2010, the CFA Paediatric Sub-Committee in partnership with the New South Wales Continence Promotions Centre, piloted a paediatric education forum targeting health professionals working in, or with an interest in, child and adolescent incontinence. This forum was piloted in response to the severe lack of paediatric services in NSW, which is mirrored across the rest of Australia. The aim of the
The forum was to measure health professionals’ interest in the area and upskill health professionals to assess, treat and manage children and adolescents within their scope of practice, whilst waiting to be seen by a specialist paediatric service - which can take up to 12 months, due to the lack of appropriate services.

The NSW forum was held over 1½ days, and attended by a total of 49 delegates. The majority of delegates comprised continence nurses advisors (49%) and physiotherapists (33%) followed by a combination of paediatricians, psychologists, registered nurses and health administrators (Table 19).

Table 19: Breakdown of delegates by professional type

<table>
<thead>
<tr>
<th>Delegate type</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continence nurse advisor</td>
<td>24</td>
<td>48.9%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>16</td>
<td>32.6%</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>3</td>
<td>6.1%</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>12.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Other: psychologist, public health nurse, stomal therapist, DoHA representative, health promotion officer, clinical nurse consultant

The national demand for paediatric education was reflected by the state of origin of delegates which spanned NSW, QLD, VIC, SA, ACT and New Zealand (Table 20). This demonstrates an ongoing need for paediatric education across Australia.

Table 20: Breakdown of delegates by State/Territory

<table>
<thead>
<tr>
<th>Delegate type</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>36</td>
<td>73.4%</td>
</tr>
<tr>
<td>QLD</td>
<td>5</td>
<td>10.2%</td>
</tr>
<tr>
<td>VIC</td>
<td>5</td>
<td>10.2%</td>
</tr>
<tr>
<td>SA</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>ACT</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Delegates attending the paediatric continence education forum were required to complete a pre and post evaluation survey. The aim of the survey was to explore recipients’ knowledge, skill and confidence levels, with regards to continence management, prior to and following their attendance at the conference. This allows the CFA to measure the effectiveness of the program in supporting workforce development.
The evaluation results of the pilot program demonstrated an overall increase in recipients’ knowledge, skill and confidence levels following their attendance at the forum. The key learning’s from the forum that will be integrated into future planning include the need for:

- increased diversity of presenters
- interactivity during sessions
- case studies, and
- limiting the forum to one day.
5  Continence education and training

5.1  *Australian and New Zealand Continence Journal*

The *Australian and New Zealand Continence Journal* (ANZCJ) is a quarterly publication produced under the auspice of the Continence Foundation of Australia and the New Zealand Continence Association (NZCA). This scientific, partially peer reviewed journal, is a key education activity under CASP, which increases the information and evidence base of the continence workforce, and provides the foundation for best practice.

The ANZCJ is the only multidisciplinary journal dedicated to researching the diagnosis, treatment and management of incontinence, bringing together the medical, nursing and allied health specialties of:

- nursing
- gastroenterology
- gerontology
- paediatrics
- physiotherapy
- urogynaecology, and
- urology.

The ANZCJ is overseen by a Journal Editorial Committee and supported by a Production Editor. The committee sought to increase its expertise during the reporting period, successfully recruiting a nursing and pharmacy representative which will increased its depth and expertise.

The committee meets quarterly to oversee the production and quality of the journal. While the journal is primarily dedicated to Australian and New Zealand research, it also accepts international research studies and published a paper from India in the Spring 2010 edition.

All manuscripts submitted for peer review are blind reviewed by two members of the Peer Review Board, or those persons with the expertise and academic qualifications that they may be deemed as peers by the Editor. Whilst the journal is primarily dedicated to Australian and New Zealand research, it also accepts international research studies.

The ANZCJ is distributed to CFA and NZCA members. It is also listed on a number of medical databases, including:

- Cumulative Index of Nursing and Allied Health Literature (CINAHL)
- InfoRMIT
- Ebsco, and
- Australian Medical Index.

A full index of the journal is available on the CFA website www.continence.org.au and is updated annually. The Journal Editorial Committee is currently discussing the development of an e-journal version with the Cambridge Publishing.
The CFA produced two editions of the ANZCJ during the reporting period. These were distributed to 2,400 CFA members and 357 NZCA members.

The ANZCJ is a member of the World Association of Medical Editors and follows the recommendations of the International Council of Medical Journal Editors. The Production Editor is a member of the Council of Science Editors (CSE) and is the current Secretary of the Australasian Medical Writers Association.

5.2 National Conference on Incontinence

The National Conference on Incontinence is the largest continence education event in Australia. Hosted by the CFA on an annual basis, this multidisciplinary conference provides a platform for the latest research in the field of incontinence, featuring both national and international speakers.

The 19th National Conference on Incontinence was held at the Alice Springs Convention Centre, Alice Springs, in the Northern Territory from 27-30 October 2010. The conference was attended by a total of 422 delegates, which included 15 day workshop only delegates. Table 21 provides a breakdown of the delegates by professional type, which is limited to the number of completed registration forms received.

Table 21: Delegates by professional type at the 19th National Conference on Incontinence

<table>
<thead>
<tr>
<th>Delegate type</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>140</td>
<td>33.2%</td>
</tr>
<tr>
<td>Medical</td>
<td>9</td>
<td>2.1%</td>
</tr>
<tr>
<td>Allied health</td>
<td>51</td>
<td>12.1%</td>
</tr>
<tr>
<td>Other</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>No answer</td>
<td>222</td>
<td>52.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>422</td>
<td>100%</td>
</tr>
</tbody>
</table>

Planning for the conference was overseen by a multidisciplinary Scientific Committee, with the program featuring a range of national and international guest speakers covering the following topic areas:

- the ageing bladder and bowel
- nocturnal enuresis
- pelvic pain
- dermatological advances in continence care, and
- meeting the needs of Indigenous clients in English-dominant health services.

International guest speakers at the conferences include:

- Catherine DuBeau, Professor of Medicine and Clinical Chief of Geriatrics at the University of Massachusetts, United States of America
- Hans Smola, Professor of Dermatology at the University of Cologne, Germany
• Tryggve Neveus, Secretary General of the International Children’s Continence Society, Sweden,
  and
• Wendy Bower, Chairperson of the International Continence Society’s Paediatric Sub-Committee,
  Hong Kong.

The CFA hosted seven workshops at the conference which were attended by a total of 457 delegates. A summary of the workshop topics and delegate numbers is outlined in Table 22.

Table 22: Workshop topics and delegates at the 19th National Conference on Incontinence

<table>
<thead>
<tr>
<th>Workshop topic</th>
<th>Total no of delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>The challenges of adolescents with incontinence</td>
<td>45</td>
</tr>
<tr>
<td>Pelvic floor exercises</td>
<td>106</td>
</tr>
<tr>
<td>Pessaries (general session)</td>
<td>49</td>
</tr>
<tr>
<td>Pessaries (practical fitting)</td>
<td>37</td>
</tr>
<tr>
<td>Continence and prostatectomy</td>
<td>104</td>
</tr>
<tr>
<td>Publishing</td>
<td>20</td>
</tr>
<tr>
<td>IMPACT guidelines: bowel care for the older adult</td>
<td>96</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>457</strong></td>
</tr>
</tbody>
</table>

Evaluation of the conference was facilitated through a two page questionnaire that was circulated to delegates on the second last day of the conference. This resulted in a 38% response rate (n=160) making the feedback statistically significant. A breakdown of the respondents by professional type is presented in Table 23.

Table 23: Respondents by professional type at the 19th National Conference on Incontinence

<table>
<thead>
<tr>
<th>Respondent type</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>98</td>
<td>61.3%</td>
</tr>
<tr>
<td>Medical</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Allied health</td>
<td>37</td>
<td>23.1%</td>
</tr>
<tr>
<td>Other</td>
<td>22</td>
<td>13.8%</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>160</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

A breakdown of respondents by their field of work is presented in Table 24.

Table 24: Respondents by field of work
Respondents’ field of work | % of total
---|---
Community | 34.3%
Hospital | 18.8%
State | 12.7%
General practice | 7.2%
Other | 7.2%
Industry | 6.6%
Domiciliary | 4.4%
Residential aged care | 3.3%
Federal | 2.8%
Peak Body | 1.7%
No answer | 1.1%
Total | 100.1%

89% of evaluation respondents rated the conference as 8 or above on a Likert scale of 1-10 where 1 indicated poor and 10 indicated very good. The highlights of the conference included the:

- opportunity to network (24.4%)
- location of the conference (23.7%)
- scientific program (22.0%)
- social events (13.6%), and
- industry displays (13.4%).

Topics that were particularly well received at the conference included:

- aged care
- women’s health
- bowel health
- pelvic pain, and
- men’s health

The top 10 topics recommended for the 20th National Conference on Incontinence included:

- bowel health (including faecal Incontinence and constipation)
- pain
- paediatrics (including bedwetting)
- prolapse
- neurological conditions
- pelvic floor
- surgery
• catheters
• bladder dysfunction, and
• men’s health.

These recommendations will inform planning for the 2011 conference which is currently underway.

5.3 Annual Stakeholder Forum 2009

*Pelvic Floor First* is an outcome of the 2009 Annual Stakeholder Forum, which explored the link between exercise and the pelvic floor.

The aim of the forum was to facilitate discussion between the continence and fitness sectors about the link between exercise and pelvic floor dysfunction in women, in order to identify strategies to educate fitness professionals about the issue, and encourage tailored exercise programs and referral to a health professional where appropriate.

The forum brought together key stakeholders from the continence and fitness sectors, whose roles were identified as vital in influencing the issue at a strategic level. These stakeholders represented professional organisations, registration bodies, registered training organisations (RTO) and national fitness chains.

The forum was facilitated by an independent consultant, in order to ensure balanced and unbiased discussion. The forum was also supported by two presenters, a leading continence and women’s health physiotherapist/academic and a leading fitness educator/trainer/author, who helped set the scene for the day, by outlining the evidence about the link between exercise and pelvic floor dysfunction and providing an overview of the training, registration and continued professional development requirements for fitness professionals.

The presentations were a powerful tool in highlighting:

- the wide range of women at risk of pelvic floor dysfunction/incontinence due to inappropriate exercise, and
- the significant gap in fitness professional education and training that explores the area of pelvic floor and women’s health, which results in low awareness of this issue amongst fitness professionals.

This led to a series of constructive discussions about where the issues lay, what gaps need to be addressed and how the continence and fitness sectors could work in collaboration to address these gaps. At the conclusion of the forum, general consensus was achieved amongst attendees that there was an important and urgent need for the groups to work together, to address the issue of exercise and pelvic floor dysfunction.

The CFA was identified as the lead organisation in evaluating the feasibility of actions suggested at the forum, which included:

- lobbying for pelvic floor and women’s health issues to be included in the National Fitness Industry Training Package (NFITP)
• developing an online education program for fitness professionals
• developing an information resource for fitness professionals to identify women who may be at risk of developing incontinence and providing an overview of how exercise programs may be tailored to suit these women’s needs
• developing an information resource for consumers
• facilitating links between the fitness sector and continence sector at a local level, so that fitness professionals can refer women with or at risk of developing incontinence to health professionals where appropriate and visa versa, and
• increasing awareness of resources such as the National Continence Helpline amongst the fitness sector, so that fitness professionals can refer clients to the service or use the service to access information and advice (including free information resources) for their clients.

The CFA worked in close collaboration with key representatives at the Annual Stakeholder Forum to devise a strategy to address the issue of exercise and pelvic floor dysfunction. This project, titled Pelvic Floor First is currently in progress, and being lead by a leading physiotherapist with an interest in continence and women’s health issues, based in regional Western Australia.

Pelvic Floor First will be implemented over three phases. The activities corresponding with each of these phases is as follows:

- Phase one (1 January 2009 – 30 June 2010)
  - stakeholder consultation and engagement
  - strategy development, and
  - commencement of the development of the fitness professionals and consumer resource.
- Phase two (1 July 2010 – 31 December 2010)
  - completion of the fitness professional and consumer resource
  - commencement of the development of a health professional speakers kit, to support health professionals to raise awareness of the link between exercise and pelvic floor dysfunction amongst fitness professionals
  - pilot testing the speakers kit using the action learning methodology
  - commencement of the development of an e-learning package with the Australian Fitness Network, and
  - commencement of the development of a communications plan to support the launch of the project materials.
- Phase three (1 January 2011 – 30 June 2011)
  - completion of the e-learning package with the Australian Fitness Network
  - launch of the project materials at the 2011 Filex Conference (April), and
  - launch of the project at World Continence Week 2011 (June), including the implementation of the communications plan.

To date, the CFA has achieved the following milestones in relation to the Pelvic Floor First project:

- successful stakeholder engagement and support
- presentation of the project at Filex 2010
• attendance at multiple fitness conferences to promote the project and continue to strengthen the CFAs relationship with the fitness industry
• media coverage relating to the project in the Australian Fitness Network magazine, the Australian Physiotherapy Association newsletter and The Australian newspaper
• an in-service with the staff of the NCHL to upskill them about the project and present them with the evidence behind the project
• a pilot presentation of the *pelvic floor first* e-resource/speakers kit to a group of multidisciplinary health and fitness professionals in Kalgoorlie, Western Australia
• presentation of the project at the 19th National Conference on Incontinence
• completion of the consumer and fitness professional resource
• development of a communications strategy to launch the project during World Continence Week (WCW) 2011, and
• commencement of the development of an e-learning package.

5.4 Annual Stakeholder Forum 2010

In 2008, the CFA, in partnership with Dr Jennifer Fereday from the Women’s and Children’s Hospital in Adelaide, South Australia, undertook a series of national forums to identify the impact of day wetting on school aged children. The aim of the forums were to:

• explore issues relating to incontinence within the school system, and
• identify areas for service improvement in order to increase the supports available to school staff and children.

These forums identified four main issues with respect to children with continence problems:

• being different - children with continence issues reported feeling different to their siblings and peers, which made them self conscious and impacted their self esteem
• social acceptance - children with continence issues reported feeling uncomfortable participating in social activities such as sports, school excursions and camps
• access to support – parents reported receiving varying levels of support for their children, from outstanding to non existent, they also reported the need to ‘fight’ for their children to ensure they received an appropriate level of support and care, and
• a lack of awareness and understanding – parents reported a lack of awareness about incontinence amongst school staff, which often created a barrier for understanding and support.

In December 2010, the CFA hosted a ½ day forum that built on the findings of the 2008 forum. The aim of the forum was to facilitate discussion between the health and education sectors in order to identify strategies to support children with continence issues within the school system.

The forum brought together key stakeholders from the health and education sectors, whose roles were identified as vital in influencing the issue at a strategic level. These stakeholders represented professional bodies, parenting bodies, public and private schools, and federal and state government organisations.

The forum was facilitated by an independent consultant, in order to ensure balanced and unbiased discussion. The forum was also supported by two presenters, a leading paediatric physiotherapist and a
A key learning of the forum was the fact that addressing this issue will require a multifaceted approach due to the fragmented nature of the education system across the various States and Territories of Australia. The uneven playing field that this structure presents will require a long term sustained strategy to induce change.

The CFA is currently reviewing the outcomes of the forum, which will be used to devise a series of short and long term strategies for moving forward. The implementation of these strategies will be overseen by a multidisciplinary working group, with collaboration identified as a key priority of the project.

5.5 National Continence Scholarships Program

The National Continence Scholarships Program is an annual program supported under the CASP. The aim of the program is to up skill 10 health professionals working in the field of incontinence, or with an interest in the field of incontinence, by supporting them to attend the National Conference on Incontinence.

Scholarship recipients have all costs associated with travel, accommodation and registration for the conference covered as well as receiving a complimentary one year professional membership to the CFA.

The 2010 National Continence Scholarships Program underwent significant changes in response to its learning’s from previous years. This included limiting the focus of the program to nurses and physiotherapists working in rural and remote areas of Australia to acknowledge the challenges of working in an often isolated location and with less access to professional development.

Although it was anticipated that the changes to the 2010 program would result in a significant reduction in applications, a total of 57 applications was received, compared to 67 in 2009. Table 25 demonstrates that the majority of applications for the 2010 program were received from nurses (63.4%), which is reflective of the relative size of the nursing workforce compared to physiotherapy. These applications were received from every State and Territory in Australia (excluding the ACT), with QLD (30%), NSW (23%) and WA (16%) attracting the largest number of applicants (Table 26). This is reflective of the geographical distribution of the rural/remote population of these three States.
Table 25: 2010 National Continence Scholarships Program breakdown of applicant’s by professional type

<table>
<thead>
<tr>
<th>Applicant type</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continence nurse advisor</td>
<td>24</td>
<td>42%</td>
</tr>
<tr>
<td>Physiotherapist with an interest in continence and women’s health</td>
<td>14</td>
<td>24%</td>
</tr>
<tr>
<td>Community health nurse</td>
<td>8</td>
<td>14%</td>
</tr>
<tr>
<td>Continence and women’s health physiotherapist</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td>Other*</td>
<td>5</td>
<td>9%</td>
</tr>
<tr>
<td>Women’s health nurse</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>57</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Other: occupational therapist, midwife, assistant director of nursing, registered nurse, continence coordinator

Table 26: 2010 National Continence Scholarships Program breakdown of applicant’s by State/Territory

<table>
<thead>
<tr>
<th>Applicants by state</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD</td>
<td>17</td>
<td>30%</td>
</tr>
<tr>
<td>NSW</td>
<td>13</td>
<td>23%</td>
</tr>
<tr>
<td>WA</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>VIC</td>
<td>8</td>
<td>14%</td>
</tr>
<tr>
<td>SA</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>TAS</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>NT</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>ACT</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>57</td>
<td>100%</td>
</tr>
</tbody>
</table>

The 2010 National Continence Scholarships Program was promoted through a number of communication channels including:

- the CFA website [www.continence.org.au](http://www.continence.org.au)
- the CFA e-database
- education and awareness raising events such as Every Body’s Business and Meeting of the Waters (coordinated by the Victorian Nurses for Continence and Victorian Urological Nurses Society), and
- the e-newsletters of the National Rural Health Alliance, Australian Physiotherapy Association, Australian Nurses for Continence and Council Remote Area Nurses Australia.

Table 27 demonstrates that the CFA e-database and website were the most successful communication channels in promoting the program.
Table 27: 2010 National Continence Scholarships Program effectiveness of communication mediums

<table>
<thead>
<tr>
<th>How did you hear about the scholarship program? (multi-choice)</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email from the CFA</td>
<td>33</td>
<td>41%</td>
</tr>
<tr>
<td>CFA website</td>
<td>22</td>
<td>28%</td>
</tr>
<tr>
<td>Other*</td>
<td>12</td>
<td>15%</td>
</tr>
<tr>
<td>Australian Nurses for Continence</td>
<td>11</td>
<td>14%</td>
</tr>
<tr>
<td>National Rural Health Alliance</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Australian Physiotherapy Association</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Cranaplus</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Work colleague, email from HACC/MASS, Everybody’s Business Brisbane, Continence and Women’s Health Network

The application and selection process of the 2010 National Continence Scholarships Program was overseen by a multidisciplinary Selection Committee, which comprised representation from Australian Nurses for Continence and the Australian Physiotherapy Association. The CFA also developed a set of application and selection guidelines to ensure a transparent process.

Limiting applications to nurses and physiotherapists from rural and regional areas resulted in a significant increase in the calibre of applications, making the selection process more challenging than previous years. The revised selection process limited the risk of subjectiveness however, which resulted in a clearer and more equitable process.

The 2010 National Continence Scholarships Program was awarded to six nurses and four physiotherapists, supporting them to attend the 19th National Conference on Incontinence in Alice Springs. The recipients of the scholarships were:

- Emily Coman, physiotherapist (QLD)
- Ruth Crawford, continence nurse advisor (WA)
- Ann Doyle, continence nurse advisor (NSW)
- Bronwyn Hughes, continence nurse advisor (VIC)
- Bernie Kennedy, continence and women’s health physiotherapist (TAS)
- Judith Mays, continence nurse advisor (VIC)
- Fiona O’Meara, physiotherapist (NSW)
- Gillian Pearce, continence nurse advisor (NSW)
- Emma Schultz, continence and women’s health physiotherapist (SA)
- Julie Westaway, continence nurse advisor (QLD)
5.5.1 Evaluation

Recipients of the 2010 National Continence Scholarships Program were required to complete a pre and post evaluation survey. The aim of the survey was to explore recipients’ knowledge, skill and confidence levels, with regards to continence management, prior to and following their attendance at the conference. This allows the CFA to measure the effectiveness of the program in supporting workforce development.

The evaluation results of the 2010 program demonstrated an overall increase in recipients’ knowledge, skill and confidence levels following their attendance at the conference. These attributes were rated higher in the pre evaluation survey compared to previous years, which is reflective of the changes to the target group of the program. Please note that the attributes were measured using a Likert scale of 0 to 10, where 0 indicated low and 10 indicated high.

Table 28: Evaluation of the 2010 National Continence Scholarships Program

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>7.2</td>
<td>8</td>
</tr>
<tr>
<td>Skill</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Confidence</td>
<td>6.9</td>
<td>7.9</td>
</tr>
<tr>
<td>Overall capacity</td>
<td>7.1</td>
<td>7.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28.2</strong></td>
<td><strong>31.8</strong></td>
</tr>
</tbody>
</table>

The top three reasons that the successful applicants wanted to attend the conference was as follows:

- the ability to meet and network with other clinicians
- the ability to increase their knowledge and skills, and
- the opportunity to find out about the latest research and developments in continence care.

The achievement of these goals was rated as 9.3/10 in the post evaluation survey, demonstrating the effectiveness of the program in meeting their needs.

The 2011 National Continence Scholarships Program will build on the successors of the 2010 program. A key learning from 2010 is the need to review the rural/remote classification system used, which excludes a number of areas that were deemed eligible by the Selection Committee. This also highlights the need to be flexible in assessing the applications received.
6 Health promotion

6.1 Continence Awareness Week 2010

CAW is the largest health promotion activity managed by the CFA. The aim of CAW is to:

- increase education and awareness of incontinence, focusing on a specific topic each year;
- promote bladder and bowel health;
- increase awareness of the treatment and management options available to people at risk of incontinence, affected by incontinence or caring for people with incontinence; and
- promote the accessibility of continence services, including the NCHL, CFA website (www.continence.org.au) and NCMS website (www.bladderbowel.gov.au).

CAW 2010 was held between 1 to 7 August. This year’s topic was dedicated to ‘bowel health’ and a comprehensive overview of the activities and events conducted during the week were provided in the CASP Interim Report.

As with previous years, CAW 2010 resulted in a significant increase in episodes to the NCHL. This is demonstrated in Graph 2 which shows a dramatic increase in episodes between June – August 2010. This increase is also attributed to the introduction of the CAPS, which has steadily increased calls to the NCHL since February 2010.

Graph 2: NCHL episodes per month by calendar year 2006 to 2010

The capacity planning undertaken in preparation for the introduction of CAPS enabled the NCHL to successfully manage peak periods between June – August 2010. This is a significant improvement compared to previous years, where demand to the NCHL vastly exceeded its supply.
The CFA limited media outreach in support of CAW 2010 due to the anticipated introduction of the CAPS. Despite this, Table 29 illustrates that the total media coverage achieved compares to that in 2009, which was actively promoted through multiple communication channels.

Table 29: Total media coverage in response to CAW 2010

<table>
<thead>
<tr>
<th>Communication channel</th>
<th>Coverage</th>
<th>Total audience reach*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2009</td>
</tr>
<tr>
<td>Television</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Radio</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Print</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Trade</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Online</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>50</td>
</tr>
</tbody>
</table>

*It is important to note that these are approximate figures based on available data. As a guide, the actual audience reach would be higher than stated in this report, as figures for some media outlets, primarily online media and radio, are not available.

An additional introduction in 2010 was the use of *YouTube* to promote the television segment recorded on *Morning’s with Kerri Anne*. This segment was uploaded on *YouTube* in November 2010 and has been viewed 118 times during the period to 31 December 2010. This is an invaluable learning for the sustainability of future television segments coordinated by the CFA.

### 6.1.1 World Continence Week 2011

In 2011, CAW will be aligned with the ICS’s WCW. This decision was voted in at the CFAs 2010 Annual General Meeting and is expected to increase the global profile of the work being done in Australia, as well as support the international efforts of our colleagues.

WCW 2011 will take place between 20-26 July, with this year’s theme dedicated to ‘exercise and the pelvic floor’. This topic was selected to support the launch of the *Pelvic Floor First* project and will be supported by its communication plan.

Planning for WCW 2011 is currently underway. The key aims of week are to:

- raise awareness of the risk factors for pelvic floor dysfunction among consumers and fitness professionals
- educate consumers and fitness professionals about pelvic floor safe exercises
- raise awareness of the support services available for people affected by incontinence, and
- reinforce the role of fitness professionals in screening and referring people with, or at risk of, pelvic floor dysfunction to health professionals for diagnosis, treatment and management.
The CFA will prioritise the education and up skilling of health and fitness professional in the lead up to WCW. This will be facilitated through the launch of the project materials at Filex – which will ensure the industry is kept engaged and informed prior to launching the project to the general public during WCW.

The CFA is developing a brand identity for the Pelvic Floor First project, which will be featured across all of the materials developed for WCW. The rationale for a separate brand identity is to develop a fresh and contemporary image for the project that is removed from the CFA brand – and thus less likely to be stigmatized. As health professionals remain a key target group of WCW, the CFA will also develop a series of CFA branded (or CFA/Pelvic Floor First co-branded) materials that will continue to establish the identity and credibility of the organisation.

The CFA will launch a Pelvic Floor First website during WCW which will be used as a key evaluation measure for the event. Media outreach will play a key role in driving traffic to the website and the NCHL during this time. Media planning is currently underway, with a variety of co-promotion opportunities being explored with partner organisations.

6.2 CFA website

Please note that for the purposes of this section of the report the following terms and definitions apply:

Table 30: CFA website glossary of terms*

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>The number of individual sessions initiated by visitors to the website. If a user is inactive on the site for 30 minutes or more, any future activity will be attributed to a new session. Users that leave the site and return within 30 minutes will be counted as part of the original session. The initial session by a user during any given date range is considered to be an additional visit and an additional visitor. Any future sessions from the same user during the selected time period are counted as additional visits, but not as additional visitors.</td>
</tr>
<tr>
<td>Unique visitors</td>
<td>Number of individual visitors to the website within a selected date range regardless of how many times they access the site in that date range. The first time someone visits the website a first party persistent cookie is set in their browser. This cookie lasts anywhere from several months to several years. Each time that person visits the website the cookie identifies them as the same browser.</td>
</tr>
<tr>
<td>Page views</td>
<td>A view of a page on the site that is being tracked by the Analytics tracking code. If a visitor hits reload after reaching the page, this will be counted as an additional page view. If a user navigates to a different page and then returns to the original page, a second page view will be recorded as well.</td>
</tr>
</tbody>
</table>

*Definitions derived from Google analytics

In July 2010, the CFA launched its new website www.continence.org.au. The data provided below is an amalgamation of statistics from both websites and as such should be treated with some caution. The use of website hits as a measurement of use has been discarded as this can be falsely inflated through
An overview of the site indicates that almost 90,000 visitors accessed the site in 2010. Of these, two thirds were new visitors. Visitors spent an average of almost 4 minutes on the site and visited approximately 4 pages. More than one fifth (21.96%) of visitors were frequent users, having visited the new website 3 or more times since July 2010.

The origin of traffic to the website was split between search engines, direct traffic via the domain name, and referral through other sites including the NCMS website www.bladderbowel.gov.au (Table 31).

Table 31: Overview of traffic sources to the CFA website in 2010

<table>
<thead>
<tr>
<th>Traffic sources</th>
<th>% of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search engine</td>
<td>67.67%</td>
</tr>
<tr>
<td>Direct traffic</td>
<td>19.48%</td>
</tr>
<tr>
<td>Referring sites</td>
<td>12.17%</td>
</tr>
<tr>
<td>Other</td>
<td>0.69%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

The top five key words used to search for the CFA website included:

- incontinence
- Continence Foundation of Australia
- incontinence Australia
- continence, and
- bristol stool chart.

The most frequently accessed web pages on the CFA website are the resources order page and services/products directories, which account for over 40% of all pages viewed. Of these, more than a quarter was for the purposes of downloading or ordering resources.

The distribution of information resources via online orders is a significant function of the website. This provides users with an efficient and effective way to order resources, and early results indicate that it is being used by a core group of high use users, such as health professionals with an interest in continence issues.

Table 31 outlines the top 10 most frequently accessed content on the CFA website in 2010. The Bristol Stool Chart is a surprising newcomer to this list, which may have been induced by the promotional activities undertaken during CAW 2010.
Table 32: The top 5 most frequently accessed content on the CFA website in 2010

<table>
<thead>
<tr>
<th>Top 5 visited content</th>
<th>Total page views</th>
<th>Unique page views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pelvic floor muscle exercise</td>
<td>13935</td>
<td>8153</td>
</tr>
<tr>
<td>CAAS/CAPS scheme</td>
<td>8010</td>
<td>2966</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>9792</td>
<td>3322</td>
</tr>
<tr>
<td>Living with incontinence</td>
<td>4980</td>
<td>1883</td>
</tr>
<tr>
<td>Bristol stool chart</td>
<td>4639</td>
<td>1911</td>
</tr>
</tbody>
</table>

Almost 90% of visitors to the CFA website originated from Australia with the remaining visitors originating from a total of 116 other countries. Of the Australian visitors, the majority were from NSW and Victoria (Table 33).

Table 33: Visitors per Australian State/Territory, 1 July – 31 December 2010

<table>
<thead>
<tr>
<th>State</th>
<th>Proportion of total Australian visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIC</td>
<td>34%</td>
</tr>
<tr>
<td>NSW</td>
<td>29%</td>
</tr>
<tr>
<td>QLD</td>
<td>15%</td>
</tr>
<tr>
<td>SA</td>
<td>8%</td>
</tr>
<tr>
<td>WA</td>
<td>8%</td>
</tr>
<tr>
<td>ACT</td>
<td>3%</td>
</tr>
<tr>
<td>TAS</td>
<td>3%</td>
</tr>
<tr>
<td>NT</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

A review of the top 10 countries indicates that the UK and USA were the most frequent sources of traffic into the site following Australia (Table 34). Combined, the top 3 countries Australia, United Kingdom and United States accounted for over 94% visitors per month between 1 July and 31 December 2010.
Table 34: Top 10 visitors by country of origin, 1 July – 31 December 2010

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>% new visits</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>64.01%</td>
<td>89.14%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>76.60%</td>
<td>2.77%</td>
</tr>
<tr>
<td>United States</td>
<td>87.76%</td>
<td>2.47%</td>
</tr>
<tr>
<td>New Zealand</td>
<td>55.73%</td>
<td>1.11%</td>
</tr>
<tr>
<td>Canada</td>
<td>86.31%</td>
<td>0.71%</td>
</tr>
<tr>
<td>India</td>
<td>80.47%</td>
<td>0.38%</td>
</tr>
<tr>
<td>Ireland</td>
<td>89.11%</td>
<td>0.30%</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>64.94%</td>
<td>0.23%</td>
</tr>
<tr>
<td>Singapore</td>
<td>77.14%</td>
<td>0.21%</td>
</tr>
<tr>
<td>Germany</td>
<td>86.79%</td>
<td>0.16%</td>
</tr>
</tbody>
</table>

Interestingly, the majority of the countries listed above are represented on the ICS Continence Promotions Committee alongside the CFA. This may be an indication that Australia’s standing at the leader in continence promotion and care is being promoted through international collaboration.

Completion of the new website is currently in progress with a number of additional features being finalised. These include:

- the ability to request a call from the NCHL which will be seamless integrated into the NCHL telephone system
- the ability for service directory and product directory members to log in and update their contact details, and
- a new and improved discussion forum that will be moderated by a consumer/health professional representative of the CFA.
7 Project evaluation

The effectiveness of the CASP during this reporting period was measured against the following key performance indicators that underpin the NCMS Evaluation Framework:

- quality;
- accessibility;
- collaboration/Linkages;
- efficiency;
- appropriateness;
- effectiveness/Impact;
- sustainability; and
- outcomes.

This section of the report outlines CASPs performance against each of these KPIs.

7.1 Quality

Evaluation of the outcomes of the CASP demonstrates that the project is of a high standard as demonstrated by:

- the sustained growth in NCHL episodes, and
- the establishment of new and sustained relationships with continence related agencies and groups.

Ongoing stakeholder involvement - particularly the multidisciplinary involvement of clinical experts - ensures that all activities undertaken under the CASP are in accordance with accepted standards of scientific enquiry.

7.2 Accessibility

The CASP successfully coordinated education and awareness raising activities in all eight of Australia’s States and Territories, enabling access to a wide range of target groups. Examples of these activities include:

- *Every Body’s Business* forums
- the paediatric education forum
- CFA/Benchmarque accredited continence courses, and
- representation at national conferences.

Access to information and advice under the CASP was also available via a range of communication channels, meeting the diverse needs and cultural differences of the target groups of the CASP.

7.3 Collaboration/linkages
Collaborative partnerships are a strength of the CASP. These support the CFA to reach the target audiences of the project in a strategic and tailored manner. Examples of activities that demonstrate the linkages established under the CASP include:

- the national articles program;
- representation at conferences;
- Bridge magazine; and
- Every Body’s Business forums.

The CFA works with a range of continence related agencies and groups to ensure that a multidisciplinary approach underpins the activities undertaken under the CASP. The CFA Senior Management Team also liaises with the DoHA on a regular basis to ensure the activities undertaken build on and / or complement the work being undertaken by other NCMS projects and are integrated with other government funded projects.

7.4 Efficiency

This report demonstrates that the project has met its contractual obligations on time and within budget. It is important to note that many of the activities undertaken under the project relied on in-kind support from CFA members, continence related agencies and groups and health professionals - particularly with respect to Every Body’s Business education forums, the National Conference on Incontinence and planning for CAW. This provides significant cost savings to the project.

7.5 Appropriateness

The continued access of the NCHL from the target audiences of the CASP demonstrates that the activities conducted under the project are successfully reaching its target audiences. The diversity of the activities and resources developed under the project and the NCMS also ensures that the needs of different target audiences are successfully met. This is demonstrated by the availability of LOTE and ATSI resources, which have been tailored to CALD and Indigenous populations, and are accessible via the NCHL, CFA website www.continence.org.au and NCMS website www.bladderbowel.gov.au.

7.6 Effectiveness/impact

Wave 4 of the Stancombe Research Project Measuring the Effectiveness of the National Continence Management Strategy’s Phase Three Awareness Raising Activities (2009) demonstrated that the general public’s (n=1,200) awareness of incontinence remained high, at 86%, whilst a significantly larger proportion of people reported seeking help for a continence issue (51%) compared to the research undertaken in Wave 3 (36% in 2006).

Whilst these findings demonstrate that the CASP and other projects undertaken under the NCMS are successfully raising awareness and education about incontinence amongst the general public, low awareness of the NCHL (15%) and National Public Toilet Map (13%) demonstrate that there is a need for the continued promotion of these services.
To date, the integrated communications campaign that supports CAW has proven to be the most effective activity in generating NCHL episodes. Despite this, paid advertising is not a feature of the CASP, which is therefore supported by alternative communication activities such as the national articles program.

Despite this limitation, the current range of promotional activities undertaken under the CASP have successfully generated an increase in NCHL episodes, with a significant increase in the access and ordering of information via the CFA and NCMS websites noted.

7.7 Sustainability

Workforce development and support remains a key focus of the CASP, as demonstrated by:

- Every Body’s Business forums
- the paediatric continence forum
- CFA/Benchmark accredited continence courses
- the National Conference on Incontinence
- the National Continence Scholarship Program, and
- the Australian and New Zealand Continence Journal.

Evaluation of these activities have demonstrated an increase in the confidence and skill level of health professionals, which will contribute to the ongoing diagnosis, treatment and management of people at risk of, affected by, or caring for a person with incontinence.

This will ensure the sustainability of the CASP with access to the NCHL a key driver in supporting this strategy.

7.8 Outcomes

This report demonstrates the overall success of the CASP in raising awareness and education of incontinence amongst the general public and health professionals. The success of the activities undertaken over the past six months, in combination with the promising, and in some instances challenging (particularly with respect to GP awareness) aspects of the Stancombe Research Project demonstrate that there is a need for ongoing work in this area, and the potential expansion of communication activities currently being undertaken.
8 Conclusions and key learning’s

8.1 National Continence Helpline

Whilst calls to the NCHL were sustained during the reporting period, the impact of key activities and events such as CAW demonstrated the ability to increase awareness and utilisation of the service, in a more planned and strategic manner.

The key learning’s related to the NCHL include:

- the need to work in close collaboration with the Independent Evaluation Team to ensure structured evaluation and reporting processes are established at the commencement of a project, thus providing a benchmark for the contract period
- the need to report on inbound and outbound calls (including voicemail), and online and fax orders, when reporting the total number of episodes generated to the NCHL
- the need to monitor the impact of day to day activities in generating NCHL episodes, so that the most effective communication strategies can be isolated and used in a more strategic manner
- the need to make continence information and resources available via the Internet, as there is an increased trend of information being accessed through this channel, versus traditional communication channels
- the need to invest in strategic communications campaigns such as Continence Awareness Week in increasing episodes to the NCHL
- the need to invest in projects targeting specific market segments such as Indigenous health workers, in order to increasing the awareness and utilisation of the NCHL and facilitate access to information resources, and
- the need to invest in an integrated communications strategy, including paid advertising in mainstream media such as television and radio, to promote the key initiatives of the NCMS.

8.2 Collaboration

Stakeholder engagement was a key strength of the CASP, contributing to a number of planned and unplanned outcomes. The CFAs key learning’s relating to stakeholder engagement and collaboration are as follows:

- the ability to reduce the stigma associated with incontinence by targeting individuals at risk of, or affected by the condition, through collaboration with consumer groups
- the ability to increase the credibility of activities and projects by working in collaboration with multidisciplinary professionals groups
- the ability to promote the NCHL by providing input into the communications strategies of corporate groups, and
- the opportunity to increase continence awareness amongst health professionals by presenting at scientific conferences.
8.3 Education and training

Education and training was an invaluable portfolio under the CASP contract, and is intrinsically linked to workforce development and support and the overall sustainability of CASP. The key learning’s relating to education and training are as follows:

- The need to provide accredited continence education to non specialist continence professionals, and
- The need to provide paediatric continence education to address the shortage of services in this area.

8.4 Awareness raising

*Every Body’s Business* education forums enabled the CFA to provide continence education to a wide range of consumers and health professionals across regional Australia. The key learning’s of these forums include:

- the need to target large regional centres, lacking in continence support services with *Every Body’s Business* health professional forums, and
- the need to explore alternative modes of education delivery to health professionals in remote Australia, due to the high costs associated with coordinating face to face programs, such as *Every Body’s Business* Darwin (e.g. webinars).

8.5 Health promotion

The need to tackle high stigma topics such as bowel health.

8.6 Conclusion

The effectiveness of CASP was measured against the key objectives and activities of Phase 3 of the NCMS, which were to:

- promote bladder and bowel health across the lifespan;
- increase awareness of bladder and bowel health within the population;
- improve access to quality continence care;
- improve the information and evidence base;
- raise awareness of incontinence;
- support the continence workforce; and
- improve access to continence intervention and management.

CASP successfully met all of these objectives and activities on time and within budget, whilst continuing to empower the general public and health professionals to access the information and support services available via the NCMS.

The CFA hopes that the key learning’s of the project will provide a solid foundation for planning for the National Continence Management Program.
Financial statement

Audited financial statement to be submitted in February 2011.