Engaging culturally and linguistically diverse (CALD) Queenslanders in physical activity: Findings from the CALD Physical Activity Mapping Project
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<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>4</td>
</tr>
<tr>
<td>1 Project purpose</td>
<td>8</td>
</tr>
<tr>
<td>2 Background</td>
<td>9</td>
</tr>
<tr>
<td>2.1 Chronic disease in Australia</td>
<td>9</td>
</tr>
<tr>
<td>2.2 Adult participation in physical activity</td>
<td>10</td>
</tr>
<tr>
<td>2.3 Youth participation in physical activity</td>
<td>13</td>
</tr>
<tr>
<td>2.4 Determinants of physical activity</td>
<td>13</td>
</tr>
<tr>
<td>2.5 International and national approaches to CALD physical activity</td>
<td>16</td>
</tr>
<tr>
<td>3 Methodology</td>
<td>23</td>
</tr>
<tr>
<td>3.1 Physical activity service provider surveys and interviews</td>
<td>24</td>
</tr>
<tr>
<td>3.2 Focus groups with CALD communities</td>
<td>26</td>
</tr>
<tr>
<td>3.3 Interviews with CALD community associations</td>
<td>27</td>
</tr>
<tr>
<td>4 Results</td>
<td>27</td>
</tr>
<tr>
<td>4.1 Physical activity service provider surveys and interviews</td>
<td>27</td>
</tr>
<tr>
<td>4.2 Focus groups with CALD communities</td>
<td>44</td>
</tr>
<tr>
<td>4.3 Interviews with CALD community associations</td>
<td>51</td>
</tr>
<tr>
<td>5 Discussion</td>
<td>55</td>
</tr>
<tr>
<td>5.1 Discussion of results</td>
<td>55</td>
</tr>
<tr>
<td>6 Forum outcomes</td>
<td>61</td>
</tr>
<tr>
<td>Appendix 1. NSW Sport and Recreation physical activity programs for CALD communities</td>
<td>66</td>
</tr>
<tr>
<td>Appendix 2. Survey questions for physical activity service providers</td>
<td>68</td>
</tr>
<tr>
<td>Appendix 3. Matrix of organisations interviewed</td>
<td>74</td>
</tr>
<tr>
<td>Appendix 4. Semi-structured interview questions for physical activity service providers</td>
<td>75</td>
</tr>
<tr>
<td>Appendix 5. CALD community association interview questions</td>
<td>78</td>
</tr>
<tr>
<td>Appendix 6. Focus group questions for CALD community members</td>
<td>79</td>
</tr>
<tr>
<td>Appendix 7. Forum strategies by location</td>
<td>80</td>
</tr>
<tr>
<td>References</td>
<td>85</td>
</tr>
</tbody>
</table>
Executive summary

This project is being driven by recent Commonwealth and state agendas and policies including social inclusion, chronic disease and preventative health that now prioritise individuals from culturally and linguistically diverse (CALD) backgrounds.

The focus of this project is on low physical activity as a risk factor for chronic disease. Research indicates that individuals from a CALD background have lower rates of participation in planned physical activity than Australian-born individuals and experience a number of complex barriers. Furthermore, little is known about which CALD groups have risk factors for chronic disease due to the lack of available published research which include CALD communities. The literature suggests that low-English proficiency, recency of arrival, and refugee origins are potential risk factors for low physical activity in CALD individuals and communities. In addition to these contextual issues, there are a range of cultural norms that may also act as barriers to participation in physical activity. It is important to note that not all CALD communities, or individuals within communities, are the same. There is often greater diversity within groups as there are differences between groups; however, there are shared cultural norms, vulnerabilities and trends that emerge in CALD communities and can be pronounced as a result of transition and acculturation processes that occur during migration and settlement which can, for some time, put self-care and physical activity at the bottom of a long list of immediate priorities such as housing, childcare, education and employment. In addition to low English proficiency, being new to Australia, and unfamiliar with Australian and “Western” cultural norms and institutions, gender and age appear to be co-related to low rates of physical activity.

This project explored what physical activity initiatives were available in Queensland for CALD communities, the extent to which mainstream initiatives engaged CALD communities and CALD community awareness of and access to physical activity initiatives. The project sought to identify the activities and opportunities available for, and accessible to, CALD communities, at a local level. The project focused on programs, initiatives and services ranging from sport and recreational activities to physical education and other interventions designed to increase the physical activity levels of CALD community members. One hundred physical activity initiatives were identified across the ten regions surveyed. The majority of initiatives (72%) targeted the general population. Only one in ten initiatives specifically targeted CALD communities. These initiatives provide good examples of how CALD communities can be engaged in physical activity. However, the reach of these initiatives are limited as many are one-off and short term.

Results indicate that most physical activity service providers implementing initiatives targeting the general population assume their initiatives are reaching CALD communities. Respondents reported they did not use culturally-tailored materials or promotion strategies because mainstream approaches were suitable, it was not a priority for their organisation, or they were unsure of how to engage CALD communities. Additional barriers also
included a lack of resources and capacity to engage with CALD communities. There was also a false assumption among service providers that the barriers to CALD communities accessing physical activity services are no different to the barriers experienced by mainstream communities.

Focus groups with CALD community members and interviews with CALD associations indicate that there are a number of barriers for CALD communities accessing physical activity services, some of which are specific to CALD communities. These include a lack of culturally-tailored services, transport, cost, health literacy, knowledge and beliefs, and lack of awareness of what is available in communities. For some CALD communities, there was a lack of awareness about the link between physical activity and health outcomes. A key theme for many communities was the need for physical activity to be embedded in a social activity that is community or family oriented. CALD community associations also served an important role in providing activities for their community members that may incorporate some physical activity.

Improving access to and participation in physical activity initiatives in CALD communities is a complex issue. Strategies and initiatives therefore need to be culturally-tailored in order to successfully engage these communities. A focused approach will be needed to implement this and can be progressed now that service provider barriers to implementing culturally-tailored initiatives have been identified.

This project sets the scene for successful physical activity initiatives targeting CALD communities to be developed and implemented. Already, through Queensland Health Regional Services’ partnership with Ethnic Communities Council Queensland (ECCQ) and the roll-out of the Living Well program to communities, CALD communities’ capability (knowledge, skills, and attitudes) towards increasing their physical activity is beginning to change and improve. To support this positive change, there needs to be an increase in the availability and accessibility of physical activity initiatives for CALD communities.

Given the project’s scope on the services and programs that government and non-government organisations and associations fund, design and deliver, the focus is on organised stakeholders and activities with limited capacity to capture incidental, routine and/or daily physical activity. ECCQ’s work with CALD populations identified, in many cases, the need for further community education on the benefits of daily physical activity for health, and revealed particular barriers for some CALD groups in developing physical activity habits. The area of initiating and supporting sustained physical activity into daily and individual routines in CALD community members requires further investigation. Evaluation of existing social marketing preventative health campaigns such as the Commonwealth’s “Measure Up” campaign demonstrates that culturally-tailored translation and delivery in community settings is required to ensure health promotion messages reach CALD community members. There is, therefore, a need to ensure that current preventative health messages, in particular the National Physical Activity
Guidelines for Adults, Children and Young Adults regarding regular physical activity, built into daily routines, are effectively reaching CALD community members and are able to be put into practice by ensuring access to local supportive environments.

The research resulted in 13 inter-related learnings that should be considered when endeavouring to increase the reach of current physical activity initiatives to CALD communities.

Learning 1: Programs should be community led or community driven

Learning 2: Programs should be culturally relevant, community and family focused and gender specific

Learning 3: Educate CALD communities about the link between physical activity and health

Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies

Learning 5: Physical activity initiatives should be culturally tailored

Learning 6: Local community engagement guidelines should be used

Learning 7: In CALD communities, information about activities should be shared, sustainable networks built and capacity increased to meet community needs

Learning 8: Employ a culturally and linguistically diverse and competent workforce

- Multicultural Community Health Workers (bicultural and bilingual) trained to deliver physical activity programs
- Physical activity service providers who are culturally competent

Learning 9: CALD communities involvement can be enhanced and strengthened by the effective evaluation of physical activity programs

Learning 10: CALD physical activity initiatives are strengthened by sustainable funding

Learning 11: Engage CALD youth and families in the school setting

Learning 12: Participation in physical activity programs by CALD communities is affected by their affordability

Learning 13: Transport can be a barrier to CALD community participation in some physical activity programs.
List of Tables

Table 1: List of LGAs in Queensland with highest population of non-English speaking individuals ........................................................................................................... 24
Table 2: Demographics of focus group participants .............................................. 44
Table 3: Physical activity initiatives currently involved in and would like to be involved in for each CALD community ............................................................................ 45
Table 4. Summary of potential responses suggested at forums ..................... 62

List of Figures

Figure 1: Australia and Queensland participation in a sport or recreational physical activity in the last 12 months ................................................................. 11
Figure 2: Queenslanders from non-English speaking countries level of physical activity in the last two weeks by gender ......................................................... 12
Figure 3: Conceptual framework for the determinants of health (Source: Figure 4.1 AIHW, 2008a) ......................................................................................... 14
Figure 4: Areas represented by survey respondents ......................................... 28
Figure 5: Survey respondents by type of organisation ........................................ 28
Figure 6: Role of organisation in providing physical activity opportunities .... 29
Figure 7: Physical activity initiatives by location ............................................ 30
Figure 8: Distribution of targeted age groups for initiatives ......................... 30
Figure 9: Types of physical activity initiatives .............................................. 31
Figure 10: Type of organisations partnered with ........................................... 31
Figure 11: Length of funding for initiatives .................................................. 32
Figure 12: Extent to which CALD communities are targeted in initiatives ..... 32
Figure 13: Level of importance of culturally tailored materials and promotion strategies for physical activity ................................................................. 33
Figure 14: Ethnicities targeted by initiatives .................................................. 33
Figure 15: Use of culturally tailored materials to support initiative ............. 34
Figure 16: Use of culturally tailored strategies to promote initiative .......... 35
Figure 17: Evaluation data collected relating to CALD communities ............ 38
1 Project purpose

In 2008, the Ethnic Communities Council of Queensland (ECCQ) was funded under the Queensland Strategy for Chronic Disease 2005-2015 to identify models that help individuals from culturally and linguistically diverse (CALD) backgrounds manage their health and health care. Due to their identified risk of chronic disease, the program targeted the following nine CALD communities: Indian, Greek, Vietnamese, Filipino, Samoan, Sudanese, Bosnian, Arabic-speaking and Spanish-speaking.

As a first stage to this program, ECCQ conducted focus groups with communities to determine their views on chronic disease issues. As a component of these focus groups, individuals from CALD communities were asked questions about their participation in physical activity and access to local services.

Focus groups identified that CALD communities were not aware of physical activity services provided in the community and faced many barriers to participating in physical activity. Some of the difficulties reported by CALD community members included lack of transport and childcare facilities, costs of activities and equipment, not knowing what services were available in the community, and language barriers for understanding physical activity information.

Feedback was also collected from service providers at a workshop held to present the focus group findings. Service providers also identified barriers to providing physical activity services for CALD communities such as lack of human resources, lack of ethnic or multicultural workers to engage communities, lack of funding and a lack of understanding about the benefits of physical activity.

The objectives of the project are to:

- build the evidence base that identifies the main issues as to why CALD communities in Queensland are reported to have more sedentary behaviour and lower involvement in planned activity than the Australian-born population
- identify the various complexities of the system and service level barriers that impact on CALD communities’ participation in physical activity, and that the responsibility of resolving these problems extends across other sectors outside of health
- facilitate a change in service provider practice that will lead to the establishment of partnerships between physical activity service providers and CALD communities to work together in the provision and promotion of physical activity opportunities that are accessible for Queenslanders from CALD communities.
2 Background

2.1 Chronic disease in Australia

The prevalence of overweight and obesity has been increasing in Australia over the last two decades, with nearly half of all Australian adults being overweight or obese in 2004-2005 (National Preventative Health Taskforce, 2009). Additionally, approximately one in four Australian youth are overweight or obese. It is predicted that as a result of increasing obesity rates, the life expectancy for Australian children will fall by two years by the time they are 20 years old (National Preventative Health Taskforce, 2009). Based on current trends it has been estimated that approximately 6.9 million Australians will be obese by 2025 (Access Economics, 2008).

2.1.1 Chronic disease in CALD communities

Migrants to Australia generally experience good health when they arrive to the country. Commonly referred to as the ‘healthy migrant effect’, this is related to the strict health entry requirements to most Western countries and that many immigrants are coming from countries that experience less chronic disease. Additionally, individuals who choose to migrate may often ‘self-select’, that is they are in good health, physically and mentally, and prepared to take on the challenge of establishing a new home and life in a new country. In many cases, too, they may represent an educated and skilled segment of the population which also attributes to their health advantage (AIHW, 2008a).

However, this health advantage reverses over time, through a process known as acculturation where individuals adopt some of the local health behaviours and beliefs of the country and their health tends to deteriorate (AIHW, 2006; CEH, 2006). Access to the same types of food and levels of incidental exercise dissipate rapidly along with the initial self-rated health and optimism about opportunities that migrants initially come with. A lack of knowledge of an unfamiliar health system, and low health literacy, particularly for non-English speaking background migrants compounds the decline in health. It is also the case that attention to health becomes less important as a range of settlement priorities such as housing, employment, education, childcare, and social needs take precedence. The literature indicates a decline in both self-assessed and actual health status after 10 years residency (Leung et al, 1994; Vissandjee et al, 2004).

As a result, certain health risk factors and chronic diseases such as diabetes and overweight and obesity are more prevalent in these populations. For example, obesity rates are slightly higher for some subgroups of individuals born overseas compared to Australian born individuals. Adults born in Southern and Eastern Europe and the Oceania region were most likely to be overweight or obese (65% and 63% respectively), relative to individuals born in Australia (55%) (ABS, 2008a).

There is also evidence that health disparities exist in youth from particular cultural groups in Australia. Youth from Pacific Islander backgrounds or
Middle Eastern/Arabic backgrounds had rates of obesity four to five times greater than Australian born youth (O’Dea, 2008). Another study of youth from Europe, the Middle East and Southeast Asia indicated that having an obese parent, having either parent or child not being born in Australia and not playing organised sport were predictors of childhood obesity (Li et al, 2008).

The length of time since migration is an important factor in the prevalence of overweight and obesity in migrants. Adults arriving in Australia before 1996 were more likely to be overweight or obese (54%) compared to individuals who arrived between 1996 and 2005 (40%) (ABS, 2008a).

Diabetes is also more common in individuals born overseas (4%) than that of individuals born in Australia (3%). The differences are highlighted further within particular subgroups such as North Africa and the Middle East (7%), South-East Asia (6%) and Oceania and Southern and Eastern Europe (5%) (AIHW, 2008b).

Mental health is also a co-morbidity of chronic diseases including obesity (National Preventative Health Taskforce, 2009). Participation in physical activity is known to have a positive effect on mental health by reducing stress, anxiety and depression (Dunn et al 2001; Mead et al, 2009).

Results from the 2007 National Survey of Mental Health and Wellbeing report indicate the prevalence of mental disorders was much lower for individuals from non-English speaking countries (8.4% in males and 16.2% in females) compared to individuals born in Australia (19.5% in males and 24.0% in females) (Slade et al, 2009). This report attributes lower rates of mental disorders to the healthy migrant effect. However, it is known that cultural factors play a significant role in depression such as “how the illness is experienced, the personal meaning of the illness, clinical manifestations and how it affects help-seeking and pathways to care” (Minas et al, 2007).

The self-assessed health status of Queenslanders born overseas is worse than the overall Queensland population with only 40.4% having a self-assessed health status of ‘very good or excellent’ compared to 53.9% of the Queensland-born population (ABS, 2006a).

2.2 Adult participation in physical activity

Approximately half of Australian adults are not participating in sufficient physical activity for health benefits (AIHW, 2006; Standing Committee on Recreation and Sport, 2009). It is estimated that physical inactivity is the fourth highest contributor to the burden of disease and injury in Australia, contributing to 6.7% of the total burden (Begg et al., 2007). Physical inactivity contributes to increasing cardiovascular risk, overweight, high blood pressure, Type 2 diabetes and some types of cancer (AIHW, 2008a).

Rates of physical activity participation are reported to be lower in individuals from non-English speaking backgrounds compared to individuals born in Australia or individuals born in English-speaking countries. The 2006 General
Social Survey indicated that individuals who were born in a non-English speaking country had lower participation rates in sport or recreational physical activity in the last 12 months (37.9%) than those born in main English speaking countries (65.4%), born in proficient English speaking countries (56.6%) and born in Australia (63.9%) (ABS, 2006b). The data pertains to participation in sport and recreation activity in the previous 12 months and does not include levels of routine daily physical activity. However, the Australian Bureau of Statistics finds that low participation in sport and recreation is repeated in participation rates in other community selected cultural and leisure activities which may also be reflected in daily physical activity participation and appears to be related to low-English proficiency and country of origin. The Australian Bureau of Statistics finds that children of overseas-born non-English speaking parents are particularly vulnerable and have the lowest rates of participation in organised sport and physical activity. In reviewing the evidence available, the picture that emerges is a number of potential risk factors and additional barriers for CALD communities in participation in physical activity. These trends are also seen in Queensland where individuals born in a country not proficient in English had a 31.6% participation rate versus the participation rate of individuals born in main English speaking countries (71.3%), individuals born in a country proficient in spoken English (63.9%) and individuals born in Australia (64.5%) (ABS, 2006b)\(^1\) (Figure 1).

There are also differences in physical activity participation between males and females from non-English speaking countries. When assessed on level of physical activity reported in the last two weeks\(^2\), males report higher levels of

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1 Estimates have a high relative standard error (RSE) and should be used with caution
2 Four levels of physical activity were created to identify an individual’s overall level of physical activity. These levels were determined by calculating an individual’s response to several physical activity indicators including: the number of times activity undertaken in the last week/two weeks, average time per session and intensity.
high intensity sport and recreation participation than females (6.8% and 0.9%, respectively). Females also report higher levels of sedentary or very low physical activity than males (42.1% and 30.5%, respectively) (ABS, 2009a) (Figure 2). In addition, the ABS report on Migrants and Participation in Physical Activity reveals women from North Africa and Middle East countries of birth have the lowest participation rates in sport and recreational physical activity with women of North African and Middle Eastern origin being the most vulnerable in this regard: their participation rate is 19.5% compared to 63.6% in their Australian-born counterparts.

Figure 2: Queenslanders from non-English speaking countries level of physical activity in the last two weeks by gender

Physical activity participation also differs within particular subgroups of overseas-born individuals. Individuals born in North-West Europe had the highest participation rate in sport or recreational physical activity (67.4%), where the group with the lowest participation rate was individuals from North Africa and the Middle East (31.2%). Males also had higher participation rates than females (67% and 61.1% respectively). Specifically, males born in Sub-Saharan Africa had the highest participation (72%) while females from North Africa and the Middle East had the lowest participation (19.2%) (ABS, 2002).

Types of physical activity
The top three activities listed by males born in countries where languages other than English are mainly spoken were: walking for exercise (14.4%), outdoor soccer (6.7%) and swimming (5.2%). The top three activities listed by females born in countries where languages other than English are mainly spoken were: walking for exercise (24.7%), swimming (5.6%) and aerobic fitness (2.8%) (ABS, 2002).

Walking is the main exercise of choice for older people from various cultural backgrounds. Bird et al (2009) found no differences in the amount of walking
performed by individuals from different cultural groups, indicating that walking is preferred among all cultures.

2.3 Youth participation in physical activity
In 2009, participation in organised physical activity for all youth (children aged 5 to 14) in Australia was 63%. As with adults, there are greater disparities in physical activity participation by country of birth, where youth born in countries where languages other than English are mainly spoken were found to have lower levels of participation in organised sport (40.1%) than individuals from main English-speaking countries (62.4%) and Australian born children (64.4%). Similar patterns of participation are also seen in youth whose parents were born in a country where languages other than English are mainly spoken (ABS, 2009b).

Swimming and outdoor soccer were reported as the two most popular organised sports for all youth. Participation rates in swimming and outdoor soccer are slightly lower for youth born in non main English-speaking countries (12.5% and 11.8% respectively) compared to individuals born in Australia (18.7% and 13.3% respectively). All other organised sports have much higher participation rates by youth born in Australia or born in main English-speaking countries (ABS, 2009b).

2.4 Determinants of physical activity
Determinants of health and well-being refer to the factors that influence the health status of populations and individuals (National Preventative Health Taskforce, 2008). There are many determinants that can impact on an individual’s health status and health behaviours. The Australian Institute of Health and Welfare (AIHW) has developed a conceptual framework for understanding the determinants of health (AIHW, 2008a) (Figure 3). As depicted in the framework, upstream factors include broad features of society such as culture and social cohesion, environmental factors, socioeconomic characteristics and knowledge, attitudes and beliefs can impact on health behaviours which include physical activity. The results of these influences are also bi-directional, so some of the factors that are further downstream such as biomedical factors can also have an impact on physical activity.

These determinants are complex, and can help to explain some of the disparities in health status and health behaviours relating to physical activity for individuals from CALD communities in Queensland relative to the general Queensland population. Some of the key features of the determinants of health and how they affect CALD communities’ participation in physical activity are described below.
2.4.1 Broad features of society

Social cohesion
Participation in physical activity can also be affected by an individual's level of social capital which has been defined as a measure of social cohesion (Berkman, 2000). An individual with social capital is one who has a number of networks, avenues, and supports to call on and access. Social capital is thus defined as “the collective value of all social networks and the inclinations that arise from these networks to do things for each other” (Putnam, 1993).

Community factors such as strong social relationships and linkages play a key role in physical activity behaviour. Similar to Australian-born individuals, a lack of social capital and isolation are key factors that can negatively impact on participation in physical activity in CALD communities (Caperchione et al, 2009). As communities can be effective in organising social interactions, often built around physical and recreational activities, the cohesiveness of a particular community plays an important role in participating in physical activity opportunities.

Resources and structural factors
Structural factors can affect the availability and appropriateness of physical and social environments. Many physical activity programs are one-off programs that are not sustainable, or they exclude CALD communities. Other structural factors include access to transport and childcare (CEH, 2006; CMY, 2007).
2.4.2 Environmental factors

Developed countries such as Australia are experiencing low rates of physical activity participation as a result of increased time participating in sedentary behaviour, increased urbanisation and reductions in active transport (AIHW, 2008a). Many individuals from CALD backgrounds are migrants coming from less-developed countries where physical activity still comprises a substantial component of everyday life; that is, it is incidental.

Social environmental barriers that affect physical activity include perceptions of safety, social support and access to recreational facilities and programs (Caperchione et al, 2009; Krieger et al, 2009). The built environment can also have an impact on physical activity participation through access to trails, parks, recreation centres and streets (Krieger et al, 2009). These factors disproportionately affect individuals in CALD communities.

2.4.3 Socioeconomic characteristics

Access to health services

The health system itself is a fundamental determinant of health (WHO, 2008). The World Health Organisation has identified that in most countries the health care system is inequitably distributed. This is pronounced in low- and middle-income countries, but inequity is also prevalent in high-income countries like Australia. There is a substantial body of evidence that people from ethnic minorities and Indigenous peoples are less likely to receive recommended health services and treatments than the wider population (WHO, 2008). Access to culturally appropriate health services is, therefore, an important protective health factor that can alleviate the system barriers (Victorian Government, 2009).

Income and wealth

Poverty and low social status are risk factors to health and well being while supportive economic and social conditions, income, wealth, employment and education are protective factors (AIHW, 2008a). Individuals from non-English speaking backgrounds have been identified as a priority population in the National Social Inclusion agenda due to high poverty (Australian Social Inclusion Board, 2009). Factors such as poverty and lack of access to services can affect participation in physical activity (Caperchione et al, 2009).

2.4.4 Knowledge, attitudes and beliefs

Health literacy

The National Preventative Health Taskforce recognises that knowledge, attitudes and beliefs are important factors in the health of individuals and populations (National Preventative Health Taskforce, 2008). Health literacy refers to the knowledge and skills required to understand and use information relating to health issues such as drugs and alcohol, disease prevention and treatment, safety and accident prevention, first aid, emergencies, and staying healthy (ABS, 2008a). Health literacy is particularly important to
understanding the health of immigrant populations as education and health literacy enables individuals to manage and make choices about their health. (ABS, 2008a). Individuals from non-English speaking backgrounds may not be able to read or understand educational information about physical activity (Caperchione et al, 2009).

**Attitudes and beliefs**
Attitudes and belief systems can affect health and health choices. Individuals from diverse cultural backgrounds can have different perceptions of what physical activity is, and reasons for participating in physical activity. Some individuals see socialising as a major motivator to physical activity while others see health benefits as a motivator. Some perceive physical activity as helping ill health, while others saw it as a harmful (Lewis et al, 1997; North Sydney Health Promotion, 2002).

### 2.4.5 Individual physical and psychological makeup

**Gender**
Gender can also be a determinant to participating in physical activity and sport. Sport in Australia can be gendered, where it is commonly depicted as a male activity and that excludes women (CEH, 2006). In some CALD communities, females are not encouraged to participate in physical activity. In some situations they can participate as long as they are not seen by males. Female-only facilities or female-only swimming times are necessary in order for females to be able to participate in physical activity (Cortis, 2009a).

### 2.5 International and national approaches to CALD physical activity

To provide context to Queensland’s approach to increasing physical activity of CALD communities, a summary of international and national approaches is provided. The international summary targets those countries that have similar cultural diversity and therefore would be comparable to Australia and Queensland.

#### 2.5.1 International approaches

**New Zealand**
In New Zealand, Pacific Islanders are the main priority migrant group targeted for physical activity initiatives. The Ministry of Health’s Healthy Eating – Healthy Action Plan 2004-2010, states that New Zealand is becoming increasingly diverse through migration but there is currently a lack of reliable data on physical activity, nutrition and obesity for smaller ethnic groups. It highlights that in the future other populations may be identified as high need and will then be prioritised (Ministry of Health, 2004).

Data on physical activity by ethnicity is also presented differently in New Zealand relative to Australia. Ethnicity is broken down by Maori, Pacific, New Zealand European, Asian and other. Data on physical activity participation indicated that individuals from an Asian background were the most inactive.
(21.0%) compared to Maori (11.8%) and Pacific (10.9%) and the New Zealand population (12.7%) (Sport and Recreation New Zealand, 2008).

The Ministry of Health produced the report ‘Ala Mo'ui which details the priority outcomes and actions for Pacific Islander health for the next five years (Ministry of Health, 2010). Within this report there is a commitment to achieve more support for community action initiatives developed and led by Pacific communities, better engagement of Pacific youth and improving the health literacy of Pacific people.

One of the key initiatives to target physical inactivity in Pacific communities has been the development of Healthy Village Action Zones (HVAZ) in Auckland. These are a systems approach to improving health outcomes of Pacific people through engaging with local churches (Auckland District Health Board, 2008). Through these HVAZ, several programs have been implemented that target Pacific communities including whole family fitness aerobics programs.

The Heart Foundation in New Zealand has a specific program for Pacific Islander health called Pacific Heartbeat. This program focuses on promoting healthy lifestyles in Pacific Islander people. One program worked within one the HVAZ zones to help the EFKS Onehunga church to implement various health programs such as netball, volleyball walking groups and exercise classes (Pacific Heartbeat, 2009).

Canada
Research from Canada indicates a lack of policies relating to multiculturalism and sport and physical activity (Donnelley and Nakamura, 2006; Frisby and Thibault, 2009). Donnelley and Nakamura (2006) determined that there were no policies dealing with ethnic and racial diversity, social inclusion or multiculturalism. In the study by Frisby and Thibault (2009) consultations conducted with local, provincial and federal policy makers saw multiculturalism as an important policy area, but had not progressed in this area due to the complexities involved.

Despite a lack of any clear national policy initiatives for engaging CALD communities in physical activity, there are a number of on-the-ground physical activity interventions within CALD communities in Canada at a provincial level.

British Columbia
As part of the British Columbia Healthy Living Alliance Physical Activity Strategy, individuals from minority or migrant populations were identified as being an inactive population group (BC Healthy Living Alliance, 2007). To increase physical activity in these populations, four “Strategic Initiatives” were identified that encourage physical activity by directly targeting the population or creating supportive environments for physical activity. The initiatives are designed to make physical activity opportunities more accessible to British Columbians of all socio-economic and cultural backgrounds. Direct initiatives include a walking initiative and an initiative targeting low income community members. Two initiatives focus on creating supportive environments including
a community-based awareness initiative for physical activity and a built environment and active transport initiative.

One specific program developed in British Columbia and Seattle, USA is the development of English as a Second Language (ESL) curriculum that contains a health education component such as physical activity (Taylor et al, 2008). The project reported that many studies show that Asians in North American engage less in physical activity than the general population. This curriculum was developed to educate Chinese migrants about physical activity.

Alberta
In the city of Calgary, Alberta, 20% of the population was born outside of Canada. Canadians of South-East Asian, Hispanic and African ethnicity comprise 80% of this population, and these groups have much higher rates of chronic conditions. The Chronic Disease Management for Diverse Population Program was formally established to target these groups within the mainstream Chronic Disease Management program (Alberta Health Services, 2010). The framework for the program was modified to ensure cultural competency. This program targets Indo-Asian and Chinese communities, with a plan to expand into Vietnamese, Filipino and Aboriginal communities.

Within the Alberta Government’s Healthy U program, there is a commitment to include cultural groups in physical activity (Government of Alberta, 2010). The government recognises the barriers to CALD communities’ engagement in sport and physical activity and discusses ways that service providers can overcome these barriers. Identified barriers include clothing restrictions, the lack of familiar games and sports, certain cultures discouraging physical activity and thinking that physical activity is dangerous to health. The department made several suggestions for how service providers can overcome these barriers including adapting sports and games to be culturally inclusive, offer games different cultures enjoy and for females to wear modified active wear.

European Union
In 2007, the European Commission produced a White Paper on Sport that discussed the potential of using sport for social inclusion, integration and equal opportunities. It identified sport as an important tool for the integration of immigrants, allowing immigrants and the host society to interact together in a positive way. Sport is also used as an indicator for social protection and social inclusion. The Commission made several recommendations Member States including:

- Member States should consider the role of sports in the field of social inclusion, integration and equal opportunities.
- The Commission encourages the mainstreaming of gender issues into all its sport-related activities with a specific focus on access to sport for immigrant women and women from ethnic minorities (Commission of the European Communities, 2007).
More recently the Commission drafted European Union physical activity guidelines and recommended policy actions for Member States. Within these guidelines, a ‘sports for all’ movement is recommended that would aim to encourage participation in sport for all citizens, and that sport is a human right regardless of age, race, ethnicity, social class or gender (EU Working Group on Sports and Health, 2008).

The Parliamentary Assembly of Europe’s Committee on Migration, Refugees and Population proposed several measures to improve the “democratic participation of migrants” in Europe. There was a recognised need to include measures relating to increasing participation in sport (Parliamentary Assembly Council of Europe, 2008).

In the UK, sporting and recreation for black and minority ethnic (BME) communities has been prioritised within the government’s equality and race relation legislation over the last decade. Several pieces of race legislation in 2000 required public authorities such as sports councils to promote equality of opportunity and eliminate unlawful discrimination and were required to set out how this would be done. As a result, a policy decision was made by Sport England to set a Racial Equity Standard for sporting organisations (later changed to the Equality Standards for Sport) (Long et al, 2009).

Despite this clear policy framework, research was conducted that explored the impact of the Equality Standard determined there was a large gap between commitment to the policy and action, with few organisations developing equity policies (Spracklen et al, 2006).

In the UK, Sporting Equals, a sports equity organisation asked sporting organisations to submit their best practice projects in sport and physical activity. The projects were rated on a number of indicators and some best practice models were selected. Some of the highest rated projects include:

- **Coventry Sporting Futures**: a community sports program that provided a variety of services to BME youth including social regeneration projects, competitive sports, team, coach education schemes and volunteer development and mentoring programs.
- **Bodies-in-motion**: a project that targeted increasing physical activity participation in a deprived area with a large Muslim community. The project provided instructor and fitness training to the community and gained trust of the community members. The program is popular and is not self sustained (Sporting Equals, 2009).

**Summary**
Across Europe, Canada and New Zealand there is work being done at the policy level to address physical activity within CALD communities, but the UK has a national implementation framework. There are a number of local strategy initiatives targeting CALD populations. However, there is little evidence of the impact of these programs and there are therefore few best practice models to guide action in this area.
2.5.2 National approaches

The National Preventative Health Taskforce documents released in late 2008 recognised the need to include CALD populations as high-risk target groups, particularly for overweight and obesity initiatives. Most importantly, the Taskforce stated “Prevention activities should be accessible to all, based on health needs, not on an ability to pay. Inequality arising from geographic location, socio-economic status, language, culture, Indigenous or ethnic status must be identified and addressed” (National Preventative Health Taskforce, 2008).

The National Partnership Agreement on Preventative Health will provide funding for several initiatives including a Healthy Communities Initiative to support local government areas to implement healthy lifestyle programs and services including physical activity. This initiative is aimed at targeting disadvantaged groups, including people from a non-English speaking background (DOHA, 2009).

The Australian Government recently conducted an independent review of Australia’s sporting system. The Crawford report identified migrant communities as one of nine key groups that must be targeted. One of the recommendations in the review is for the Australian Sports Commission, in consultation with Australian Government, state and territory and local governments and agencies and appropriate experts, to “develop strategies as a matter of priority in the nine key areas” (Independent Sports Panel, 2009).

The Australian Sports Commission has developed an online resource to help sporting groups engage individuals from CALD backgrounds. The All Cultures website provides information to coaches, trainers and volunteers delivering sport and recreation programs for people from migrant and refugee backgrounds (Australian Sports Commission, 2010).

Under the Commonwealth Government’s Social Inclusion agenda, individuals from non-English speaking backgrounds have been identified as a priority area under several social inclusion indicators including higher vulnerability on the more-stringent-risk-of-poverty assessment and on the ‘persistent poverty’ (three years assessment) (Australian Social Inclusion Board, 2009). The national social inclusion strategy also highlights that individuals from non-English speaking backgrounds are more likely to have poorer health outcomes, have low levels of social support and be more likely to have transport difficulties (Australian Government, 2009).

The Australian Multicultural Advisory Council has recommended that the government’s Social Inclusion Agenda should “develop strategies that will address the particular needs of vulnerable migrants and refugees, ensuring that location-based approaches reach these groups and that there is consultation with appropriate clients, experts and advisory bodies”. It also recommends that the government should establish protocols to consider migrant and cultural needs prior to their implementation of relevant policy and programs (Australian Multicultural Advisory Council, 2010).
With respect to gender, a review of engaging women in sport and physical activity highlights that Australian initiatives to promote diversity in sport have been “largely aspirational and have taken a lower profile” relative to work that has been done in other countries such as the UK. Programs for CALD women have been small, and primarily focused on single ethnic communities or sport and recreation activities (Cortis et al, 2009b).

### 2.5.3 State approaches

**Queensland**

Within Queensland, the Parliament’s Social Development Committee produced a report, *Chronic Disease in Queensland* with the first recommendation citing the need to ensure that chronic disease prevention programs targeting CALD communities are funded appropriately and that interventions are culturally appropriate (Queensland Parliament, 2010).

Reducing rates of obesity in Queenslanders has been identified as a key priority within the Queensland Government’s Toward Q2 agenda however there is no specific target to reduce obesity among CALD Queenslanders (Queensland Government, 2008).

The Department of Communities, Sport and Recreation Services provides a number of funding initiatives that are available for physical activity programs, some of which directly target CALD communities. The Active Inclusion program specifically provides funding opportunities to target disadvantaged groups, which include CALD communities. There are also a number of other funding programs targeting youth participation in sport which include the Youth Athlete Assistance Program which provides funding for competing in championships and the Child in Care funding which provides funding for club fees and participation.

Multicultural Affairs Queensland provides a range of grants initiatives that are available to CALD communities. These grants programs provide the capacity for community groups to apply for funding programs to run events that may have physical activity components.

**Victoria**

The Centre for Multicultural Youth (CMY) has been funded to provide a Multicultural Sport and Recreation Program aimed to “create a more responsive sports sector that is attuned to the needs of refugee and migrant young people as well as increase their access and participation in sport and recreation”. The program first originated in 1998 when the organisation was funded to establish the Ethnic Youth Sports Development Project to increase the number of ongoing sporting opportunities for youth people from migrant and refugee backgrounds. Since then, CMY has taken on a program delivery role and has implemented numerous activities:

- **CMY Sports Network** - provide a regular forum in which workers who are engaged with CALD youth have the opportunity to meet and share information such as identifying gaps in services, strategies to engage CALD youth and promote partnerships
- CMY Multicultural Sports Newsletter
- Go for your life – social participation model
- Leisure Centre Capacity Building Project – aims to increase CALD youth’s access to recreation and leisure services. Held a leisure centre forum to engage staff in the leisure and fitness sector and local government. They also offered cultural awareness training for leisure and recreation centres
- AFL Multicultural Support Project - The AFL and Football Victoria have established a Multicultural Football Program in partnership with the Department of Victorian Communities. The program aims to develop opportunities to engage people from diverse cultural backgrounds to broaden both the participation and supporter base in Australian Football
- Australian Sports Commission, Sport Leadership Program – The aim of the program was to target young women from CALD backgrounds who were actively participating in sport and equip them with skills to become sports coaches and peer leaders in their local community
- Women in Basketball, Multicultural Schools Program - The aim of the program was to deliver a four week basketball program at an English Language Centre. They also provided participants with information about how to join a clubs and where they could play basketball
- Women’s Only Swimming Program – A seven week women’s only swimming program was delivered though a leisure centre (CMY, 2008).

VicHealth fund programs under the Participation in Community Sport and Active Recreation (PICSAR) program which includes funding peak sporting organisations, regional sporting assemblies and local government councils. The program targets four priority groups, one of which is individuals from CALD communities. A driving factor to continue funding sporting programs is the dedicated funding stream that is allocated for sporting programs, where 30% of VicHealth funding must go to sporting and recreation programs. There are no dedicated policies for targeting CALD communities (Maher [VicHealth] pers. communication, 2010).

Within Sport and Recreation, Victoria, there is no policy directive that requires initiatives to target CALD communities. Funding has been provided for a Women’s Sport and Recreation Initiative that aims to increase participation of women and girls from target population groups which includes CALD communities in sport and recreation. Programs were funded for 12 to 24 months and some of the initiatives specifically targeted women from CALD communities (Pennefather, 2010).

**NSW**

In 2000, the *Community Relations Commission and Principles of Multiculturalism Act* was introduced in NSW. Four principles of multiculturalism were designed to encourage all individuals in NSW to fully contribute and participate in all aspects of public life with consideration given
to their cultural, religious and lingual values and beliefs. This Act applies to all NSW Departments and associated agencies and organisations and requires departments to enhance and promote multiculturalism.

Within the NSW Department of Sport and Recreation, the Multicultural Plan for Sport and Recreation outlines commitment to provide access and equity through targeted programs and incorporate multicultural consideration in program development and implementation as well as building potential through partnerships with other government agencies and community organisations.

There are a number of programs implemented by the NSW Department of Arts, Sport and Recreation that involve engaging individuals from CALD communities. These programs include learn to swim programs and swimming instructor programs, sports leaderships training programs, football and soccer programs and a refugee sport participation program\(^3\). Appendix 1 provides more details about each of these programs (Daykin, 2010).

**Summary**
Approaches taken in Victoria and NSW to address the high rates of physical inactivity in CALD populations are led by the health and sport and recreation departments. Over the last decade, there has been a growing coordinated effort to develop sustainable programs to engage CALD communities in physical activity. Both states have implemented programs mainly in the areas of targeting women through swimming and recreational physical activity and engaging both males and females through sporting organisations. A coordinated organisation was established in Victoria with the aim of engaging youth in sport.

### 3 Methodology
Several data collection methods were used with the aim of collecting information from both physical activity service providers and CALD community members and associations. Both qualitative and quantitative methods were used to obtain an in-depth perspective including:

1. **Physical activity service provider surveys and interviews** – surveys were conducted to identify planned physical activity initiatives available in Queensland and the extent to which CALD groups are engaged in these initiatives. Follow-up interviews were also conducted with a stratified sample of physical activity service providers.

2. **CALD community association interviews** - telephone interviews were conducted with CALD community associations to assess the types of planned physical activity initiatives they are involved in and/or aware of

3. **CALD community focus groups** – focus groups were conducted with selected CALD community groups to identify what types of programs

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\(^3\) These programs represent a response from the Central Area office of the NSW Department of Sport and Recreation.
are run locally and the extent to which CALD groups are aware of what is available to them.

The definition of physical activity was kept broad to include both physical activity and sport and recreation.

3.1 Physical activity service provider surveys and interviews

3.1.1 Stakeholder identification

Eligible stakeholders were government, non-government organisations, state sporting organisations and peak associations providing physical activity services in Queensland. Organisations excluded from the project were private service providers, workplaces and universities.

Specific regions within Queensland were selected to be surveyed. Selection criteria were based on Queensland local government areas (LGA), as these areas are boundaries recognised by all service providers. Ten LGAs were selected as they had the highest number of individuals that were born in a non-English speaking country (Table 2).

Several methods were used to identify local stakeholders. A statewide network of Physical Activity Health Promotion Officers located in Queensland Health Regional Services was asked to identify local physical activity service providers in their local area.

Table 1: List of LGAs in Queensland with highest population of non-English speaking individuals

<table>
<thead>
<tr>
<th>Local Government Areas</th>
<th>Non-English speaking born (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brisbane City Council</td>
<td>132,023</td>
</tr>
<tr>
<td>Gold Coast City Council</td>
<td>40,871</td>
</tr>
<tr>
<td>Logan City Council</td>
<td>24,654</td>
</tr>
<tr>
<td>Moreton Bay Regional Council</td>
<td>16,939</td>
</tr>
<tr>
<td>Sunshine Coast Regional Council</td>
<td>14,101</td>
</tr>
<tr>
<td>Cairns Regional Council</td>
<td>12,444</td>
</tr>
<tr>
<td>Ipswich City Council</td>
<td>8,800</td>
</tr>
<tr>
<td>Redland City Council</td>
<td>7,860</td>
</tr>
<tr>
<td>Townsville City Council</td>
<td>7,570</td>
</tr>
<tr>
<td>Toowoomba City Council</td>
<td>6,020</td>
</tr>
</tbody>
</table>

(ABS, 2006a)

3.1.2 Survey development

Survey questions were developed to collect data on several key themes. Stakeholders were asked to identify physical activity initiatives that their organisation was involved in implementing from 2008-2010. A series of questions were asked about each specific initiative including: demographics targeted, the extent to which CALD individuals were engaged in the initiative and the sustainability of the initiative. Finally, questions were asked about the involvement in future policies and activities targeting CALD communities. Survey questions are detailed in Appendix 2.
For the purposes of this survey, physical activity initiatives were defined as comprising one or more of the following:

- **Community education**: Information sessions to community groups and the public
- **Physical activity programs**: Community and school programs and events
- **Grants**: Provides grants/funding towards physical activity initiatives
- **Health professional point of care education**: One-on-one education with a health professional
- **Social marketing campaign**: Physical activity health promotion campaign.

An online survey was developed through Survey Monkey. Several measures were taken to engage stakeholders and increase response rates including:

- respondents were contacted prior to distributing the survey to advise them about the survey and its purpose
- survey was pilot tested with a representative sample of respondents from government and non-government organisations
- personal, rather than generic emails were sent to respondents
- statewide coordinators for programs were used to distribute the survey across their networks
- reminder emails were sent out to stakeholders who had not completed the survey.

### 3.1.3 Survey dissemination

Several methods were used to disseminate the online surveys to stakeholders. Individual emails were sent to all stakeholders identified by the Health Promotion Officers and members of the project’s Advisory Group. Statewide networks such as the Queensland Health Physical Activity Network, the Local Area Multicultural Partnerships (LAMP) network, the Community Action for Multicultural Society (CAMS) network were used to help disseminate the survey to local service providers. Advisory Group members also distributed the survey through their statewide networks.

### 3.1.4 Follow-up physical activity service provider interviews

Semi-structured interview questions were developed (Appendix 3) based on several themes including:

- identify programs that are engaging CALD communities in physical activity
- identify the extent to which programs targeting the general population are engaging with CALD communities
- identify strategies that are needed to successfully increase the availability of and participation in physical activity initiatives for CALD communities
identify enablers and barriers to providing physical activity initiatives for CALD communities.

3.1.5 Stakeholder identification for follow-up interviews

A stratified sample of individuals who completed the survey was selected to participate in a follow-up interview. The selection of stakeholders was stratified on a number of dimensions including: if they did or did not engage with CALD communities; the type of organisation; location (urban or regional) and if they provided consent to be contacted to participate in a follow-up interview. A matrix depicting a breakdown of the organisation types surveyed is provided in Appendix 4.

Semi-structured interviews were conducted with key stakeholders to identify in-depth information about the extent to which various physical activity initiatives engage CALD communities. Interviews also concentrated on gaining more information about successful strategies for engaging CALD communities, barriers to engaging CALD communities and potential strategies to improve access and availability to culturally appropriate physical activity initiatives for CALD communities.

3.2 Focus groups with CALD communities

Focus groups were also conducted with various CALD group members of the community. Bilingual and bicultural Multicultural Community Health workers from ECCQ performed focus groups with nine CALD community groups. Nine focus groups were conducted in the Brisbane region extending from Caboolture to Logan including: Arabic speaking, Bosnian, Filipino, Greek, Indian, Samoan, Spanish speaking, Sudanese and Vietnamese.

The focus groups were conducted as part of ECCQ’s consultations to pilot a culturally tailored physical activity resource as part of their Living Well program. Two sessions were held with each community group. The first session was a presentation on physical activity that covered the basic elements of physical activity including the benefits, impacts and types of physical activity.

The purpose of the second physical activity session was to brainstorm activities the groups enjoyed doing, barriers to their participation and discuss how they can overcome the barriers to increase physical activity. A community development approach is used to encourage community members to become involved in physical activity. The key questions asked during these focus groups (detailed in Appendix 6) relating to physical activity participation included:

- Types of physical activity currently involved in
- Types of physical activity they would enjoy doing
- Knowledge of local facilities and physical activity groups
- Barriers to participating in physical activity
- Ideas for participating in a new physical activity

Several additional questions were asked of group members including:
- Partners’ participation in local physical activity initiatives
- Children’s participation in local physical activity initiatives

### 3.3 Interviews with CALD community associations

Stakeholders from selected CALD community associations were also interviewed (interview questions detailed in Appendix 5). The purpose of the interviews was to identify:

- physical activity initiatives that are provided by the association or are conducted in partnership with the association
- what physical activity initiatives members of the community access
- gaps in the provision of physical activity services for the community
- enablers for increasing physical activity participation for community members

Specific CALD communities were identified to be included in the interviews. These include the community groups that have been identified by the Ethnic Communities Council of Queensland as having high rates of chronic disease. These groups include: Arabic speaking, Bosnian, Filipino, Greek, Indian, Samoan, Spanish speaking, Sudanese and Vietnamese. Chinese community associations were also included in these interviews.

CALD community associations were identified with a combination of methods including: using Multicultural Community Health Workers from ECCQ to identify local community contacts, using local contacts in council to help identify associations and using Multicultural Affair Queensland’s Multicultural Resource Directory.

### 4 Results

#### 4.1 Physical activity service provider surveys and interviews

Results from surveys with physical activity providers are presented. Follow-up interviews were also conducted with selected physical activity service providers. Qualitative information is incorporated throughout this section to complement survey responses.

##### 4.1.1 Demographics

In total, 62 organisations completed the online survey. Over 100 initiatives were identified. Approximately one quarter of respondents represented statewide organisations (n=15, 24%), one quarter represented Brisbane-based organisations (n=16, 26%) and the remaining represented the other local government areas (Figure 4: Areas represented by survey respondents).

In some areas, responses were low due to the lack of physical activity programs running within particular regions.
A variety of organisations provided responses to the survey (Figure 5). The majority of respondents represented Queensland government departments (n=20, 33%), non-government organisations (n=19, 31%) and local government organisations (n=10, 16%).
Respondents were asked to describe their roles in providing physical activity initiatives to the community (Figure 6). Implementing physical activity programs was the most common role (n=51, 82.3%), followed by developing resources (n=24, 38.7%), and funding physical activity programs (n=16, 25.8%).

![Figure 6: Role of organisation in providing physical activity opportunities](image)

A total of fifteen follow-up interviews were conducted with individuals who completed the survey. Information from the interviews is presented below to complement the survey responses.

### 4.1.2 Characteristics of physical activity initiatives

Physical activity initiatives were implemented in 139 locations within the areas included in this project. When broken down by location, the majority of initiatives were implemented in the Brisbane region (n=35, 34.3%), Townsville (n=14, 13.7%), statewide programs (n=15, 14.7%) and Gold Coast (n=15, 14.7%) (Figure 7: Physical activity initiatives by location).
The physical activity initiatives identified targeted various age categories (Figure 8: Distribution of targeted age groups for initiatives). The majority of initiatives targeted individuals from all age groups (n=40, 39.2%). The most common age group targeted was youth aged 13-17 years old (n=33, 32.4%) and youth aged 6-12 (n=26, 25.5%). This distribution could be attributed to schools being included in the target organisations. The majority of initiatives targeted both males and females (n=95, 94%), while 6% (n=6) of initiatives targeted only females, and no initiatives targeted only males. During the interviews, several respondents discussed the need for physical activity programs that target males. One respondent who worked closely with CALD families reported males being disengaged and they saw a need to have programs specifically for them.

Various types of physical activity initiatives were reported (Figure 9). Respondents were able to nominate more than one category for each of their initiatives. Physical activity programs and community events were the most commonly reported initiatives (n=85, 83.3%) followed by community education (n=34, 33.3%), social marketing campaigns (n=13, 12.7%). The least common type of initiative was health professional point of care education (n=5, 4.9%).
Approximately two thirds of initiatives (n=70, 68.6%) were conducted in partnership with other organisations. Partnerships were predominantly conducted with Queensland government departments (n=42, 60%), local government (n=40, 57.1%) and non-government organisations (n=35, 50%) (Figure 10: Type of organisations partnered with). The least common partnering organisations were private organisations (n=6, 8.6%) and other organisations (n=5, 7.1%). Other organisations included reference groups and consultants. Several interview respondents highlighted the importance of working in partnership with other organisations to deliver activities that target CALD communities such as building key relationships with settlement organisations, key CALD groups and other multicultural organisations.

Respondents reported various roles the partnering organisations had in each of the physical activity initiatives. The most common role of a partnering organisation was to help implement the initiatives (n=47, 67.1%), followed by being the funding body for the initiative (n=34, 48.6%) and information sharing (n=28, 40%).
The duration of the initiatives varied. The most common funding period for initiatives was one year (n=28, 27.7%) followed by recurrent 1-3 years, (n=23, 22.8%) and recurrent funding (n=22, 21.8%) (Figure 11: Length of funding for initiatives). Thirteen other responses were received such as funding for program is part of a broader program or budget (especially in the case of schools), several did not specify the length of funding and others were unsure.

![Figure 11: Length of funding for initiatives](image)

**4.1.3 Involvement of CALD communities**

Respondents were asked to identify to what extent the initiative targeted individuals from CALD community groups. A majority of the initiatives (n=74, 72%) targeted the general population, which includes individuals from CALD groups. Approximately 17% (n=17) of initiatives had components of a program that specifically targeted CALD groups and 11% (n=11) of initiatives only targeted CALD groups (Figure 12: Extent to which CALD communities are targeted in initiatives).

![Figure 12: Extent to which CALD communities are targeted in initiatives](image)
Respondents were asked to rate how important they felt culturally tailored materials and promotion strategies were for their physical activity initiatives (Figure 13). On a scale of one (not important) to four (very important), the average rating of respondents was 2.92 for culturally tailored materials and 2.94 for culturally tailored promotion strategies.

![Figure 13: Level of importance of culturally tailored materials and promotion strategies for physical activity](chart)

A variety of CALD communities were targeted with these initiatives. The community groups that were most targeted in the initiatives include Sudanese (n=18), Pacific Islander (n=15) and Arabic speaking (n=14) (Figure 14: Ethnicities targeted by initiatives). Ethnicities listed in the ‘other’ response include the Karen community, Japanese, Thai and individuals from Muslim backgrounds.

![Figure 14: Ethnicities targeted by initiatives](chart)
Respondents were asked a series of questions about their use of culturally tailored materials developed for each initiative in addition to culturally tailored strategies to promote the initiative.

Approximately one-third of initiatives used culturally tailored materials to support their initiatives. The use of translated or culturally tailored brochures was the most common material used (n=23, 22.8%) followed by translated or culturally appropriate advertisements (n=12, 11.9%) and the use of a multicultural or bilingual worker to promote the initiative (n=5, 5%) (Figure 15). Other responses were not applicable in the case of programs run through schools where an English as a Second Language (ESL) worker is used to help engage students in sport rather than having written materials.

![Figure 15: Use of culturally tailored materials to support initiative](image)

During the interviews, respondents discussed that promoting culturally appropriate information was a key enabling factor to targeting CALD communities. One respondent felt that more education on the benefits of physical activity was needed, and that it was necessary to develop brochures in other languages so the information would be made available to communities.

Respondents who did not use culturally tailored materials to support physical activity initiatives were asked to provide reasons why they were not used. Over half of the respondents reported that mainstream materials were suitable for CALD communities (n=39, 58.2%). Other reasons included no funding (n=25, 37.3%), not a priority for the organisation or the particular project (n=11, 16.4%) and they were unsure of how to engage CALD communities (n=11, 16.4%). Several other reasons reported were that the projects had only recently commenced, the respondent was not responsible for implementing the activities and others were unable to comment.

Respondents were also asked to report their use of culturally tailored strategies to promote physical activity initiatives. Approximately half of the initiatives utilised culturally appropriate strategies to promote the initiative to CALD communities including consulting with CALD community group
members (n=36, 35.6%) and using multicultural media (n=11, 10.9%) (Figure 16). Several other responses were provided including: the use of Local Area Multicultural Partnership (LAMP) networks to promote the initiative, consultation with other organisations, engaging with CALD students to support physical activity and promotion through word of mouth or other non-multicultural media that is accessed by CALD communities.

![Figure 16: Use of culturally tailored strategies to promote initiative](image)

For initiatives not using culturally tailored promotion strategies (n=55, 54.5%), several reasons were provided as to why these were not used. Reasons included: mainstream strategies considered suitable for CALD communities (n=28, 50.9%), no funding (n=20, 36.4%), not a priority for organisation (n=11, 20%) and unsure of how to engage CALD communities (n=9, 16.4%).

**4.1.4 Enablers to providing programs for CALD communities**

Respondents suggested some enablers to providing physical activity initiatives for CALD communities. These include using culturally appropriate strategies to engage communities such as attending refugee meetings, using multicultural networks to disseminate information and involving CALD community members in all aspects of the initiative. Other enablers included management support to run initiatives, being a migrant yourself and having a diverse workforce that can provide input into programs.

**4.1.5 Mainstream service provider barriers to providing programs for CALD communities**

*Engaging CALD communities*

Interview respondents primarily providing mainstream physical activity programs identified engaging CALD communities as a key difficulty. Several individuals reported this was very time consuming. One respondent discussed that they had little capacity to do the extra leg work needed to engage individuals from CALD communities. They would like to make better links with multicultural organisations, but wish that they would reach out to
mainstream organisations to provide help. One organisation discussed the commitment in trying to engage CALD communities in walking groups.

Some respondents commented that they were unaware of how to engage with CALD groups and were unsure how communities obtained their information. Another respondent commented on the difficulty finding appropriate contacts and leaders in the community. In one organisation, a Diversity and Equity working group was formed to conduct an audit of all programs. The group aims to develop engagement strategies that have tangible implementation plans. One respondent reported that they would be interested in receiving advice on how the program could be better tailored to suit the needs of CALD communities.

A respondent commented that it was difficult to know what types of physical activity programs to provide for some of the smaller communities. Another respondent discussed that it would be useful to have a guide that showed how to engage local CALD communities in physical activity.

**Case study: Mainstream health and wellbeing program for seniors**

An example of a mainstream program that successfully engaged with CALD communities is a wellbeing and gentle exercise program for seniors that aimed to reduce social isolation in the community. The program was well attended by CALD community members, and this was attributed to strong community links and promoting the programs through word of mouth or in newspapers that are read by ethnic communities. This program also linked seniors with other programs in the community such as Heart Foundation walking groups or mainstream fitness classes.

**Funding**

Funding and lack of human resources was also discussed as a barrier to providing physical activity programs for CALD communities. A lack of staff was identified as a problem to engaging with CALD communities. One organisation that provided a swimming program to CALD communities used a multicultural worker to help implement the program. The respondent reported that the program was very costly and if they were going conduct it in the future, they would have to apply for a grant to help subsidise the costs.

One organisation that provided a swimming program to CALD communities and used a multicultural worker to help run the program identified that despite the availability of grants to help cover the costs of running the program, many of these grants don’t support staffing costs to help get an instructor or cover the cost of a multicultural worker.

Within schools, one respondent commented that it is difficult to give students the extra attention or training they need for certain activities such as swimming. Other respondents commented that they were currently working at full capacity already, so additional programs could only be run if more staff were made available. Another respondent commented that despite there
being many strategies and plans in their organisation that call for the need to target CALD communities, there is a lack of operational money attached to these plans to help implement activities.

4.1.6 CALD service provider barriers to providing programs for CALD communities

Service providers who implemented initiatives directly targeting CALD communities also identified several barriers. Within some areas in northern Queensland and the Sunshine Coast, respondents commented there is a lack of organised CALD community groups to partner with. In one area, the local German club had closed and the Italian clubs were becoming more mainstream. There was also a transience of new communities in the area resulting in a lack of integration into the communities. One respondent working on the north side of Brisbane discussed the lack of multicultural services to partner with in the area. In another area, one respondent commented that they felt there was a lack of integration by CALD groups in the area, and that the communities did not have set community meeting locations.

Cultural differences were also reported as barriers to providing programs for CALD communities. Several respondents felt that there was low commitment to some activities and some CALD individuals did not turn up to programs for which they had committed.

Many respondents also indicated a lack of sustainable funding sources to provide programs for CALD communities. Many of the programs are sourced by one-off grants. One respondent highlighted they are frustrated with all of the time spent on writing grant applications each year that could be better used to run programs.

4.1.7 Perceived community barriers

Service providers implementing programs that target CALD communities identified some perceived barriers to CALD communities participating in physical activity. For youth, the cost of sporting equipment and fees was identified as being too expensive. Another response from service providers was there needs to be a better link from school sports to club organised sports. One respondent identified working closely with students to help raise money to subsidise fees or find used equipment for them to participate.

Transport to programs implemented by service providers is a significant barrier. Distance is also a problem to running programs within a particular target community. Several service providers have tried running programs such as walking groups in communities, but the distance between community members can make it too difficult to sustain programs.
4.1.8 Evaluation of initiatives
Respondents reported that over half of the initiatives (n=60, 58.8%) had undergone some type of evaluation. For initiatives that had been evaluated, respondents were asked to describe if they had collected any evaluation data related to CALD communities.

Of the initiatives that had collected evaluation data, over half (n=30, 50%) did not collect data relating to CALD communities. For those initiatives that did collect data relating to CALD communities, the most common indicator collected was CALD participation in the initiative (n=25, 41.7%), followed by cultural-appropriateness of initiative (n=13, 21.7%) and CALD knowledge of the initiative (n=9, 15%) (Figure 17: Evaluation data collected relating to CALD communities).

![Figure 17: Evaluation data collected relating to CALD communities](image)

In the interviews, a few respondents who ran programs that primarily targeted the general population indicated that their knowledge of CALD participation in initiatives was mainly anecdotal. Two respondents who didn’t collect information on CALD participation in initiatives identified it was not a priority area before, but they would like to collect this information in the future. Finally, a respondent working with youth identified the difficulty in collecting CALD participation in programs as, if asked on a form, many youth don’t identify themselves as CALD. Other data collection methods are necessary to elicit an accurate response such as ancestry, parents’ country of birth or language spoken at home.

4.1.9 Future initiatives for CALD physical activity
Respondents were asked to report if they were planning any future physical activity initiatives that target CALD communities. The most common initiative described by respondents was further involvement with CALD groups in...
general. Respondents were planning on obtaining feedback from local cultural groups to get feedback about current physical activity programs, looking for CALD groups and organisations to partner with, and a continued commitment to work with multicultural organisations and workers on initiatives.

Some respondents also discussed specific initiatives they would like to implement such as targeting physical activity programs for male refugees, develop walking groups for CALD communities, a hip hop project and a festival that includes sport and cultural performances by Pacific Islander groups. A respondent from a school indicated that future plans involve “building bridges to enable better communication with CALD families and schools”. Other respondents listed that implementing future initiatives would depend on funding outcomes.

4.1.10 Strategies to improve access to physical activity initiatives for CALD communities

Respondents were asked to provide their views on what strategies were needed to increase access to physical activity opportunities by CALD communities.

Funding and human resources

Funding and additional human resources was one key theme respondents identified that would help improve the provision of physical activity services. Respondents felt that more sustainable funding opportunities were needed to run programs, such as a dedicated budget stream for initiatives to target CALD communities. Grants programs need to be made more sustainable rather than funding one off programs that are short in duration.

For engaging youth in physical activity, many respondents discussed the need to make sporting participation more affordable. Suggestions included more scholarship options for students to participate in organised sport and youth sporting fees be subsidised as many families cannot afford the high cost of enrolling children in sports programs outside of school.

Better engagement with CALD communities

Another strategy suggested was to increase engagement with CALD community members to identify what activities they are interested in participating in. It was seen as important to involve the communities in all stages of the process and build community ownership of the program. Service providers also identified the need to maintain better links with multicultural organisations. One respondent felt that multicultural organisations should be taking the initiative to reach out to mainstream providers to offer advice about how to target CALD communities.

Better engagement through the education system is another strategy needed to increase participation in physical activity. One respondent working in a multicultural organisation highlighted the importance of the education sector in engaging CALD youth in sport as a means of keeping youth ‘out of trouble’. Another respondent working in the education system also highlighted the
need to engage more with parents of CALD students as a way to engage them in the community. For example, the school has been working with a local African women’s group to develop a community garden program.

*Culturally tailored promotion strategies*
Respondents also highlighted the need to use more culturally appropriate strategies to promote local services. In addition to developing translated or culturally tailored materials, promotion strategies are also important so the information reaches CALD communities. These need to be made available in public areas that CALD communities access. Another respondent commented that relationships should be built and maintained with key multicultural service providers to help send information out to community members.

*Culturally appropriate programs*
There was an identified need to have programs that specifically target CALD communities. One respondent highlighted the need to focus physical activity programs around the social aspects of health rather than a ‘boot camp’ style of physical activity.

A small number of respondents highlighted a need for programs that engage with males within CALD communities. Of the few programs that are conducted for CALD communities, most target women. One individual working with disadvantaged families highlighted that males in the community are disengaged and need activities such as sport to encourage their involvement in the community.

*Partnerships*
Respondents also understand that partnerships with CALD community and multicultural organisations are needed to increase programs that are available to CALD community groups. One respondent reported linking with settlement services was very useful to refer participants to their programs.

*Education for CALD communities*
Several respondents highlighted the importance of educating CALD communities about the benefits of physical activity. Suggestions were for brochures to be developed in other languages so individuals who speak little or no English can access the information.

**4.1.11 Programs involving CALD adults in physical activity**
A variety of initiatives that involved CALD communities in physical activity were identified.

*Physical activity education*
A few initiatives were focused on providing education to CALD communities about physical activity. A *Living Well* program has been developed by the Ethnic Communities Council of Queensland to provide information about nutrition and physical activity to CALD community groups. Another organisation has also developed a healthy lifestyle program for CALD communities that has information about activities and resources on physical
activity and nutrition. Finally, one organisation developed a resource, “Our cultures for a good life”, that aimed to improve nutrition and physical activity in African and Pacific Islander communities.

Swimming programs for CALD women
Some organisations reported implementing swimming programs that target females from CALD communities. The purpose of these swimming programs was to provide swimming programs and water safety information to communities. Two organisations provided swimming programs for Arabic speaking women, and were made culturally appropriate with private changing rooms and allowed only females to participate. A second swimming program targeted females from Burmese and Sudanese backgrounds. This program was implemented as it was an identified community need and it was facilitated by a bilingual worker. All of these programs were very successful among participants, but all were based on one-off grants or through organisational internal budgets.

Case study: Using bilingual/bicultural workers to engage CALD communities in physical activity
Several organisations use bilingual/bicultural workers to work with community members to educate them about physical activity and help organise physical activity programs for communities. The use of bilingual/bicultural workers is known to be an effective method for engaging CALD communities (CDC, n.d.; ECCQ, 2009; Deitrick et al, 2010).

The Ethnic Communities Council of Queensland uses multicultural community health workers to deliver the Living Well program to nine target communities. Included in this program are education sessions about physical activity. Many of the multicultural community health workers also work with community members to help engage them in physical activity programs.

The Queensland Transcultural Mental Health Centre employs bilingual mental health promoters to engage with CALD communities, provide cultural mediation, and to deliver some of its promotion and prevention programs, including the promotion of physical activity to improve well-being.

Inclusion through physical activity
Several organisations responsible for targeting disadvantaged communities and increasing community inclusion implemented physical activity programs as a means to improve inclusion in the community. Another organisation aims to provide sporting, social and art activities to individuals in the community who experience disadvantage. They are currently implementing street basketball programs to engage CALD communities in Brisbane. One organisation that runs mobile playgroups and family fun days targets areas that are densely populated with migrant families. From an identified community need, the organisation ran a playgroup specifically for a Somalian family. While the program was well received by the community, they would
need additional support officers to help run future groups in order for them to be successful. A local council also identified that community street soccer programs were being implemented by an organisation that targets homeless and marginalised communities. The council was currently working on engaging more participants from refugee groups in their events.

**Case study: Engaging refugee females in physical activity**

Communify Qld provides a number of multicultural and refugee programs in the community are engaging multicultural women in physical activity programs.

Through the Multicultural Active Women program (MAW) which is an adaptation of the local Real Adventure Women (RAW) program, a suite of physical activity initiatives such as canoeing, abseiling, Bollywood and many more were offered to multicultural women at a subsidised cost. This program involved 274 women from over 54 nationalities.

From this program, nine women were trained through a leadership program to give them the skills to run programs for their own community members.

Many of the 274 MAW join RAW participants identified during the program evaluation that they and their friends would support a swimming and volleyball program. Communify Qld was this year successful in securing a BCC grant to run such a program. The women who had undergone leadership training helped recruit other women to participate in the swimming and volleyball activities. Over 100 women from new and emerging communities are attending learn to swim classes at Yeronga and Mt Gravatt provided by Aqua English.

Communify is currently working in partnership with local volleyball clubs to coach women. Women are encouraged to join clubs and Communify Qld program grant is being used to help subsidise these fees. They are also working with Volleyball Queensland to have ten women go through an accreditation program to be coaches. Communify has committed to assisting with fees to enable these women to be coaches.

**Other physical activity programs**

Some other physical activity programs that directly focused on CALD communities were also implemented. One organisation ran a suite of programs involving refugee women in sport and recreation activities. A Family Fun day was organised for the Karen community to help integrate them into the mainstream society through physical activity. This program was a one off grant funded event.
4.1.12 Programs engaging CALD youth in physical activity

Individuals working with youth placed a large emphasis on the importance of being involved in physical activity and sport. Schools are seen as an important place to help engage youth in sport and physical activity. One respondent identified that sport ‘created a level playing field’ for CALD students who may lag behind academically in the classroom.

A small number of organisations reported programs that involved engaging students in hip hop dance classes and competitions. One program liaised with local schools, council and other stakeholders to help implement the program. The program provided dance classes in high schools with a dance competition at the end of the classes. Another school identified that they are currently planning a hip hop program as a means of involving ESL students with other students in the school. These programs supplied activities that were relevant to many CALD youth and this was a way to value their interests and support their social integration in schools.

Positions such as ESL coordinators or cultural liaison officers were identified in the interviews as serving a crucial role to engaging CALD students in the school and to other physical activity programs, and often acted as a cultural bridge to advocate on behalf of student needs.

One school indicated that that the school would try and accommodate for different sports that the CALD students were more interested such as basketball, soccer, table tennis, cricket as opposed to rugby and touch football. The school also offered leadership programs where seniors can become coaches. The respondent identified that CALD students were very keen to become involved in these types of programs and highly valued being in a mentoring role.

Another respondent identified that many of the CALD students are very keen to be active in sports, but need the support mechanisms to help them get involved. One school tries to help find funds to subsidise the costs of sport or provide scholarships for CALD youth. The school tries to get sponsors to support youth in sporting programs.

Schools identified that they liaised with outside organisations to promote physical activity to students such as a basketball program promoted by a local Police-Citizen’s Youth Welfare Association (PCYC) or working with the Queensland Roar to engage students in soccer. Schools also serve as a place of engagement with CALD communities by letting community groups use their facilities for weekend sporting events or working with groups on projects such as community gardens.

One organisation reported linking closely with local schools to help improve inclusion of CALD youth. CALD youth have identified sporting activities as a key area of interest that they would like to be involved in as a way to meet people and make friends. One respondent identified that CALD community
leaders felt that more engagement should be done in schools as a means of keeping CALD youth out of trouble.

4.2 Focus groups with CALD communities

The Ethnic Communities Council of Queensland (ECCQ) conducted a total of ten focus groups with CALD populations. Multicultural Health Workers were used to facilitate the focus groups in the respective language of the participants. A breakdown of focus group participants is presented in Table 3.

Table 2: Demographics of focus group participants

<table>
<thead>
<tr>
<th>CALD community</th>
<th>Number and sex of participants</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish speaking</td>
<td>5 female, 2 male</td>
<td>45-60 years</td>
</tr>
<tr>
<td>Greek</td>
<td>13 female</td>
<td>55-70 years</td>
</tr>
<tr>
<td>Indian</td>
<td>9 female</td>
<td>30-40 years</td>
</tr>
<tr>
<td>Sudanese</td>
<td>7 female</td>
<td>30-35 years</td>
</tr>
<tr>
<td>Sudanese</td>
<td>4 female</td>
<td>25-35 years</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>14 female, 1 male</td>
<td>30-45 years</td>
</tr>
<tr>
<td>Arabic speaking</td>
<td>11 female</td>
<td>55-80 years</td>
</tr>
<tr>
<td>Tongan</td>
<td>13 female, 2 male</td>
<td>30-50 years</td>
</tr>
<tr>
<td>Filipino</td>
<td>9 female</td>
<td>40-60 years</td>
</tr>
<tr>
<td>Bosnian</td>
<td>8 female</td>
<td>50-60 years</td>
</tr>
</tbody>
</table>

4.2.1 Perceptions of physical activity

The focus groups revealed that individual cultures perceive the importance of physical activity differently. The Arabic speaking and Sudanese focus groups mentioned ‘weight loss’ as being the sole motivating factor for engaging in planned physical activity. This narrow perception is problematic as the groups believe slim people are healthy and do not need to participate in physical activity. In particular, the Sudanese participants advised they do not understand the health benefits of physical activity and require more information.

A lack of health literacy and poor cross cultural communication between Sudanese patients and health care professionals was evident. For example, one male Sudanese participant advised that he suffers from high blood pressure had been prescribed a healthy diet and physical activity by his doctor. The participant followed his doctor’s advice until his blood pressure stabilised after which he reverted back to unhealthy habits because he believed he was cured from high blood pressure.

Alternatively, participants from Tonga believed overweight people are healthier and more attractive, particularly for girls and young women. The elder generations tend to encourage weight gain and inactivity in younger people as they believe ‘big is beautiful’. The Tongan participants also advised
that there needs to be much more awareness-raising on the benefits of physical activity within their community.

Although the Vietnamese and Indian participants clearly understood the health benefits of physical activity, they do not prioritise exercise. Both groups advised they prefer to focus on looking after their families and working; if they had any spare time they would socialise as opposed to exercise.

4.2.2 Participation in physical activity

All focus group participants were asked to describe the types of physical activities they currently participate in and the activities they would like to try (Table 4). As most focus group participants were female adults of varying age groups, Table 4 reflects these demographics.

Table 3: Physical activity initiatives currently involved in and would like to be involved in for each CALD community

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Types of physical activities currently participate in</th>
<th>Types of physical activities would like to participate in</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic speaking</td>
<td>Walking, Using treadmill at home, Swimming, Table tennis, Jogging, TV exercises</td>
<td>Jogging, Bowling, Fitness activities in a place appropriate for Muslim women</td>
</tr>
<tr>
<td>Indian</td>
<td>Walking around suburb, Walking on treadmills, Going to the gym, Yoga</td>
<td>Indoor aerobics, Aqua aerobics</td>
</tr>
<tr>
<td>Greek</td>
<td>Dancing, Kneading dough, Gardening and mowing grass, Housework and ironing, Walking, Swimming, Playing ball games with children</td>
<td>Aqua aerobics in heated pool</td>
</tr>
<tr>
<td>Spanish speaking</td>
<td>Walking, Strength, breathing and stretching exercises, Dancing, Tai chi</td>
<td>Swimming and aqua aerobics, Creating DVDs to teach different types of cultural dances, Walking group, Group breathing and stretching, Self organised activities during group events</td>
</tr>
<tr>
<td>Sudanese</td>
<td>Walking, Using stairs instead of lifts, Running up stairs, Volleyball, Push ups, Swimming, Aerobics at home</td>
<td>Dancing, Indoor volleyball, Aerobic exercises, Aqua aerobics</td>
</tr>
</tbody>
</table>
### Ethnicity Types of physical activities currently participate in Types of physical activities would like to participate in

<table>
<thead>
<tr>
<th></th>
<th>Volleyball, Canoeing and outdoor activities</th>
<th>Dancing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnamese</td>
<td>Walking</td>
<td>Yoga</td>
</tr>
<tr>
<td></td>
<td>Gardening</td>
<td>Pilates</td>
</tr>
<tr>
<td></td>
<td>Treadmill</td>
<td>Swimming</td>
</tr>
<tr>
<td></td>
<td>Dancing</td>
<td>Basketball</td>
</tr>
<tr>
<td>Tongan</td>
<td>Basketball</td>
<td>Islander dancing</td>
</tr>
<tr>
<td></td>
<td>Walking</td>
<td>Volleyball</td>
</tr>
<tr>
<td></td>
<td>Playing with children</td>
<td>Swimming</td>
</tr>
<tr>
<td></td>
<td>Housework</td>
<td>Anything in a group</td>
</tr>
<tr>
<td></td>
<td>Dancing</td>
<td></td>
</tr>
<tr>
<td>Filipino</td>
<td>Walking/jogging</td>
<td>Housework/gardening</td>
</tr>
<tr>
<td></td>
<td>Housework/gardening</td>
<td>Swimming – water aerobics</td>
</tr>
<tr>
<td></td>
<td>Swimming</td>
<td>Tennis/badminton</td>
</tr>
<tr>
<td></td>
<td>Wii aerobics</td>
<td>Dancing - Zumba</td>
</tr>
<tr>
<td></td>
<td>10 pin bowling</td>
<td>Aerobics</td>
</tr>
<tr>
<td>Bosnian</td>
<td>Pilates/yoga</td>
<td>Same exercises current do</td>
</tr>
<tr>
<td></td>
<td>Gym machines</td>
<td>Activities organised by</td>
</tr>
<tr>
<td></td>
<td>Walking groups⁴</td>
<td>MCHW</td>
</tr>
</tbody>
</table>

Every group mentioned walking as a physical activity they currently participate in. Walking was predominately conceptualised as an incidental activity that is incorporated into daily schedules such as walking to the shops, schools and bus stops. Only some of the Arabic speaking, Filipino, Indian and Bosnian participants engaged in walking as a planned physical activity.

The activities that participants currently engage in tends to be done in their own homes such as housework & gardening (Greek, Vietnamese, Tongan, Filipino), using home treadmills (Arabic speaking, Indian) and playing with children (Greek, Tongan). The Sudanese participants particularly prefer to do physical activity within their homes such as running up stairs, push-ups and aerobics.

The participants also discussed activities that they would like to try. Due to cost restrictions, groups preferred to participate in activities that are done in their homes such as aerobics (Indian, Filipino, Sudanese) and dancing (Filipino, Spanish speaking, Sudanese). They also preferred to do activities in free or low cost venues such as community halls, public parks, pools and beaches.

Every group except Vietnamese preferred to participate in planned physical activities with others from their community. The groups placed a strong

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⁴ All activities are currently organised and paid through ECCQ’s Community Partnership Program.
emphasis on the need to exercise together for motivational and social support. Many groups (Arabic speaking, Bosnian, Indian, Greek, Spanish speaking, Sudanese and Tongan) were reluctant to do any form of planned activity unless it was in a group environment. Filipino participants preferred to do group activities; however, they were also willing to engage in activities individually.

The Vietnamese participants did not express the need to do group activities; they preferred to exercise individually. This preference is largely due to the participants not living within close proximity and when they come together it is for social reasons, not for physical activity.

Focus group participants were also asked to provide information about how men participate in physical activity. Participants from the Bosnian, Greek, Sudanese and Vietnamese groups mentioned that women are generally more active than men. This is due to men not being aware of the health benefits of physical activity or prioritising their health (Bosnian, Greek, Sudanese) and women playing a major role in motivating men to become more physically active (Vietnamese).

Alternatively, Arabic speaking and Tongan participants advised that men are generally more active than women. Reasons include cultural barriers and lack of culturally acceptable venues (Arabic speaking) and the perception of being overweight as more desirable (Tongan).

Some of the activities that men currently participate in are soccer (Arabic speaking, Sudanese, Spanish speaking), walking (Arabic speaking, Greek, Indian, Filipino) and martial arts (Arabic Speaking, Filipino, Spanish Speaking, Vietnamese). They also like to organise physical activity for social reasons (Arabic speaking, Indian, Tongan, Bosnian).

Furthermore, participants from the focus groups were asked to discuss how youth are involved in physical activity. Most groups advised that their children/grandchildren engage in physical activity at school (Arabic speaking, Vietnamese, Indian, Spanish speaking, Tongan, Bosnian). More specific activities include soccer/football (Arabic Speaking, Greek, Sudanese, Spanish speaking, Filipino, Tongan, Bosnian), swimming (Spanish speaking, Greek), martial arts (Arabic speaking), cricket (Greek) and running games (Sudanese).

Indian and Vietnamese participants advised that their children are only physically active at school and do not tend to engage in physical activity at home. This is due to homework and study being a greater priority (Vietnamese) and children being too tired when they finish school (Indian).

Participants from the Arabic speaking community mentioned that young women from their community are also only physically active at school; however, they do not tend to participate in swimming classes. The lack of female only facilities and dress codes discourage young women from participating in these classes and exercising in public. Although the young
women may be less active, participants advised that they are more aware of the health benefits than the older generations.

Elderly people tend to participate in gentle exercises such as walking (Arabic speaking, Bosnian, Indian, Vietnamese) and Tai Chi (Vietnamese). The Vietnamese participants advised that physical activity is popular among older generations because they are aware of the benefits and are willing to participate to improve their health. This is in contrast to the elderly Arabic speaking population who generally do not participate in planned exercise as they do not understand the health benefits of physical activity.

### 4.2.3 Knowledge and use of locally available physical activity services

All groups did not have a good understanding of the types of local physical activity initiatives or services available in their communities. Participants had difficulty providing specific details as very few had actually engaged in many initiatives or services.

Some groups mentioned local community centres/halls that have organised activities (Sudanese, Vietnamese, Greek, Filipino, Tongan), the PCYC (Tongan, Vietnamese), local parks with programs/exercise facilities (Greek, Sudanese, Filipino), local swimming pools (Sudanese, Arabic speaking, Vietnamese, Indian, Spanish Speaking, Tongan), Heart Foundation walking groups (Filipino, Tongan) and fitness centres (Bosnian, Indian, Arabic Speaking, Greek Sudanese, Tongan). Although the participants mentioned some different facilities and programs, very few had actually experienced services beyond their local community centres, parks and swimming pools.

Some groups were aware of private fitness gyms in their local area. Indian participants reported they enjoyed accessing these facilities as they had childcare services and off-peak hours that made memberships cheaper. An Arabic speaking participant experienced a local fitness centre but didn’t enjoy it as she was unaware of how to use the equipment and was unable to communicate with staff. A Greek participant attended a centre that had separate activities for females, but stopped accessing the facility when they ceased running female only activities. Most groups who mentioned fitness centres advised that they are too expensive (Bosnian, Filipino, Tongan, Greek, Sudanese).

Groups were largely aware of swimming pools in their local area (Sudanese, Arabic speaking, Vietnamese, Indian, Spanish speaking, Tongan). A Vietnamese participant reported accessing her local pool as it provided family rates and was available during winter. Individuals in the Arabic speaking group identified that there were no local pools with female only hours. Spanish speaking participants advised their local pool is good because it’s heated; however, it’s difficult to travel to by public transport. A Tongan participant mentioned that their local swimming pool has inexpensive aqua aerobics classes.
Some groups indicated that there are local programs that they would like to join, but they are not suitable. For example, individuals in the Spanish speaking community identified local dancing classes in their area, but they were expensive and mainly targeted at the mainstream population. Vietnamese participants also recalled local dance classes and tai chi programs, but they weren’t suitable for beginners so they didn’t attend.

Some communities could not identify any programs or services that specifically targeted their population, a part from programs facilitated by ECCQ (Indian, Spanish speaking, Bosnian, Tongan). Some groups mentioned that they have received brochures for mainstream programs but cannot read them (Bosnian, Spanish speaking) or if they do know how to read English, they misinterpret the meanings (Spanish speaking). Some groups had participants who specifically mentioned that they didn’t know any programs or services for either their community or the wider population (Vietnamese, Spanish speaking).

4.2.4 Barriers to participating in physical activity

Language
The inability to confidently read or speak English was identified as a barrier to accessing physical activity programs and facilities (Bosnian, Spanish speaking, Arabic speaking). Individuals from the Spanish speaking community indicated that although they are able to understand some English, it is easy to misinterpret messages on brochures or follow instructions given by physical activity facilitators.

Lack of culturally appropriate services
Some participants from the Arabic speaking and Greek groups highlighted a preference for female only facilities. For Islamic communities, in some instances, dress codes prevent participation in physical activity in mixed gender environments. The population requires female only facilities to engage in activities like swimming in public pools and using gyms.

Some of the women in the Greek community also highlighted a preference to only exercise with other females. For example, one participant mentioned a local facility that used to provide separate male and female classes, but now they have become mixed-gender and she is unwilling to attend.

Access barriers
Numerous access barriers were identified by participants. The cost of activities, programs and facilities was a primary concern reported by most groups (Vietnamese, Sudanese, Greek, Spanish speaking, Filipino, Tongan, Bosnian). Some reasons for costs being a predominant issue is largely due to participants being on welfare support (Greek, Bosnian, Spanish speaking), not willing to invest in health due to a lack of understanding (Arabic speaking, Sudanese), not prioritising physical activity (Vietnamese) or preferring to engage in free or low cost activities (Filipino, Tongan, Sudanese).
The cost of public transport to attend activities was also a barrier that Bosnian and Greek participants highlighted. Other communities advised that transport hinders access to physical activity programs and facilities as it is confusing and difficult to use (Sudanese, Arabic speaking, Spanish speaking, Bosnian). Participants explained that there are no public transport services to take them to specific programs or facilities (Vietnamese, Spanish speaking, Bosnian). Additionally, participants mentioned they don’t possess driver’s licences (Sudanese, Arabic speaking, Bosnian).

The lack and cost of childcare facilities was another barrier to participating in physical activity (Sudanese, Indian, Tongan). Many participants have young children and require appropriate childcare services to engage in exercise.

The difficulty of finding appropriate venues to participate in physical activity was highlighted by a number of groups (Sudanese, Arabic speaking, Vietnamese). While many participants desire to participate in group activities, it is often difficult for the group to meet as they do not live near each other (Vietnamese, Bosnian, Arabic speaking). Many groups also preferred to exercise at a participant’s house; however, they mentioned that there’s a lack of room for group activities (Sudanese, Filipino).

Safety was also mentioned as a barrier in both the Filipino and Vietnamese groups as they perceived walking alone in their local area as dangerous. Finding an appropriate venue to exercise was also discussed as a barrier. Several respondents commented that they attempted to exercise by themselves in their own home, but experienced barriers such as neighbours complaining about loud music, disgruntled family members who preferred to watch TV instead of exercise DVDs, and distracting children (Sudanese).

**Other commitments**

Participants also discussed that it was difficult to find the time to participate in physical activity with other people or even individually (Sudanese, Vietnamese, Indian, Filipino, Greek, Tongan). Participants reported wanting to exercise with friends, but they weren’t able to as they had different schedules or were busy with other commitments. For example, Indian, Vietnamese and Filipino participants mentioned the difficulty in scheduling a suitable time for all group members. Individuals in the Tongan community reported having shift work as a barrier to participating in physical activity. The Greek community described difficulties in finding time as their community participates in many religious and social gatherings on weekends. Allowing time for social events tended to be more important than physical activity; however, some groups mentioned that they would prefer to participate in physical activity if it was embedded within planned social events (Greek, Tongan, Arabic speaking).

Groups also reported a general lack of motivation to engage in physical activity (Sudanese, Filipino, Indian, Tongan).
4.3 Interviews with CALD community associations

A total of 19 interviews were conducted with ethnic leaders and contacts of selected CALD community associations.

4.3.1 Physical activity opportunities provided by associations

Provides social activities

Many associations provided social activities for their members that include elements of recreational physical activity. One Chinese association provides social activities such as traditional Chinese dancing as well as mainstream dancing (e.g. line dancing) for Chinese and non-Chinese youth. For Italian community associations and clubs, many of the activities were formed around the social aspects of physical activity. An Italian association highlighted that when it started, the focus was on sport, but the need for this has decreased as youth are accessing sports in the general community and the costs of providing these by the association are too high. Some of the activities offered by clubs and association are activities such as bocce, social dancing or miniature golf, but socialising is the main focus. Vietnamese, African and Spanish associations participate in social dancing at local festivals, and one Spanish association provides Spanish dance lessons for their community members.

Provides physical activities

One Islamic association provides an annual walk/run each year, which has been running for the last seven years. There is a very good turnout for community members and it is reported as being an inclusive event for all members of the family. They also try to organise other activities through the group such as weekly walks but difficult to keep momentum. They have identified the need to run activities for females, and have started to organise dance classes such as Bollywood, but there is still little interest. Indian community associations reported organising several types of physical activities for their community members. Committees organise community events and family days, annual fun runs or golf tournaments, activities around cricket and other traditional games such as Kabbadi.

A Spanish association runs intensive soccer tournaments on weekends for males, soccer training for females and other indoor sports. They are also involved in trying to run other physical activities such as social fitness (tai chi and yoga) and basketball programs for their members.

Serve as a cultural bridge with service providers

Other associations served to act as a cultural bridge between their community and external organisations. One association indicated their focus was more religious and social welfare oriented, but they worked with external organisations to organise activities for members to participate in. One representative from an African association discussed that physical activity was a large priority for their association and liaised with external organisations to get grants and run activities. They also found out about local events and relayed information to their community through methods including newsletters, Facebook and even make direct calls to community members to let them know about activities. For example, an individual who serves as a ‘cultural
bridge' for the Chinese community sits on a local multicultural advisory board and relays information back to community members through communication avenues such as churches where members gather frequently.

**No physical activities provided**

Some associations were not providing any type of physical activity for their members as they were relatively new and had not done, as yet, any work on physical activity for their association. A Chinese association is currently in the process of reforming their organisation and are still organising activities. There is a community expectation for this organisation to run classes and the association would like to provide classes such as Tai Chi or Qigong once enough funds are raised. One Vietnamese organisation highlighted that physical activity was not a priority for their members as the current main need was social welfare and members did not indicate a desire to run any activities.

Physical activity is not seen as an individual activity, and more emphasis is placed on social activities. A newly formed African association would like to organise some sporting activities for their community members. They currently run social activities for their community which sometimes involves informal sport. They indicated that male community members are trying to organise an African soccer team to participate in a local club, but they are looking for ways to help fund their participation and equipment.

**4.3.2 Physical activities provided by other organisations**

Individuals were asked to provide their perspectives on the types of physical activities members of their association or community were involved in. While some participants were community leaders and could represent their community, some individuals running organisations did not feel that they could provide any comments on behalf of the community.

One participant representing the Chinese community reported community members access a variety of services in the community including gentle exercises or badminton that are organised by church or religious groups, table tennis played through local community centres and dancing and sporting activities run through council that are low cost. Another Chinese association reported their members were involved in social dancing.

Representatives for the Arabic speaking community identified their members access swimming programs run by other organisations that help introduce women to the water and provide basic water skills. These were provided through grants from a local council. Youth participate in many organised sporting events such as soccer, AFL and rugby. Older men participate in golf and social tennis and females access gym facilities.

One African association indicated their members participate in cultural dance as part of an annual festival, and members also participate in information networks of social dance in the community. Another African association indicated a range of activities that members of their community access. The association organised soccer training for youth with a local club. These sessions were very popular with youth. They were also involved in a large soccer tournament for fathers and sons which was also open to other non-
African community members. Grants have been received to help purchase equipment such as water carriers and soccer balls. For African females, an organisation was working with the local council to run a swimming program to help females learn to swim and other water safety skills.

In the Vietnamese community, some organisations provide activities such as Tai Chi and social dancing that are accessible to community members. Finally, in the Indian community, associations indicated that members access local pool services and facilities, but there is a general lack of awareness about what is available.

Two Chinese participants highlighted that members of their community knew of local tai chi or kung fu programs, but did not access them for reasons such as cost, distance to travel to the activity or the type of tai chi or kung fu provided is not traditional.

Representatives from Spanish associations indicated their members accessed local council services such as pools and walking groups and other cycling groups. One club reported Spanish youth participate in informal soccer games on the weekends.

4.3.3 What is needed to help achieve physical activity participation in CALD communities
Associations were asked to describe what was needed to help increase physical activity participation in the community members.

*Education and awareness*
One theme that emerged from Arabic speaking, African and Indian associations was the need to provide more education to communities about the benefits associated with physical activity and the activities that are available in the community.

*Culturally appropriate materials and strategies*
Associations also indicated that more information should be made available in other languages for communities. Culturally appropriate engagement strategies with communities are also necessary. A representative from a Chinese community indicated that ads in Chinese newspapers are a very inexpensive and easy way to reach community members as the papers are widely read. A Spanish association reported the need for more culturally appropriate strategies to be used to promote activities that are already available in the community such as 10,000 Steps or Bridge to Brisbane. These should be promoted in Spanish community centres and churches, and be provided in both Spanish and English. The associations considered that mainstream providers need to engage more with community groups to help identify community needs.

*Culturally appropriate programs*
In addition to culturally appropriate materials and strategies to engage communities, CALD community associations also considered that specific
programs for CALD communities should also be developed. These programs should be aimed at CALD groups with the aim of integrating these members into more mainstream services. Additionally, there is a need for more women only facilities for females from Islamic backgrounds. Females are interested in participating in programs such as swimming, but are not able to due to lack of female only swimming times.

Many associations identified the need to run more programs that engaged the entire family and is focused around more of the social aspects of physical activity. A few associations also indicated the need to run programs that directly target females. An African association outside of Brisbane identified the need for more programs for adult females as only youth and males were being engaged in sport. Additionally, a Spanish association highlighted more programs are needed to engage female youth in sport.

*Resources for associations*

Many associations indicated a need for more resources to run physical activity programs or help to provide information to members. One individual who acts as a cultural bridge between the community and organisations indicated that they were doing a lot of the work ‘out of goodwill’, but needed more resources such as funding or volunteers to help run programs and work with community members. An African association indicated that other issues take more priority, but if they received funding they would be interested in running a physical activity initiative.

Other associations indicated that they needed more volunteers and membership in order to provide more activities for members. They would like to run more dance classes but need qualified instructors to run classes. Another need raised by several associations was for more venues and rooms to run activities. For some of the newer associations, there is a lack of dedicated community space to run activities. There needs to be better access to soccer and other sporting fields as council fees are too high to access.

*Addressing community barriers*

Associations also indicated community barriers to participating in physical activity. These reiterate some of the barriers expressed by community members in focus groups such as difficulties with accessing transport, the cost of activities and provision of childcare. Associations discussed the need for physical activity service providers to provide subsidised programs for CALD communities. An Islamic Society reported that there is a greater need for recreational facilities for youth and parents, but they don’t have the funds to organise anything.
5 Discussion

5.1 Discussion of results

Within Queensland, there has been a lack of research to investigate what programs are available for CALD communities and how well services are engaging communities. The need for research in this area is underscored by the complexity of the factors that impact on a person’s capacity to participate in physical activity (i.e. social determinants of health).

Across Europe, Canada and New Zealand there is work being done at the policy level to address physical activity within CALD communities, but the UK has a national implementation framework. There are a number of local strategy initiatives targeting CALD populations. However, there is little evidence of the impact of these programs and there are therefore few best practice models to guide action in this area.

Nationally, there is a growing policy focus to reducing the rising obesity epidemic; however, individuals from CALD communities are not well represented in these policies. Approaches taken in Victoria and NSW to address the high rates of physical inactivity in CALD populations are led by state government health and sport and recreation departments. Over the last decade, there has been a growing coordinated effort to develop sustainable programs to engage CALD communities in physical activity. Both states have implemented programs mainly in the areas of targeting women though swimming and recreational physical activity and engaging both males and females through sporting organisations. The Multicultural Sports program through the Centre for Multicultural Youth was established in Victoria with the aim of engaging CALD youth in sport.

This report explored what physical activity initiatives were available in Queensland for CALD communities, and the extent to which mainstream initiatives engaged CALD communities. Across the surveyed areas, which have a high population of CALD communities, a number of physical activity initiatives were being implemented. Most were being implemented by government agencies with the most common focus on physical activity programs (85%) and then community education initiatives (34%). Most initiatives were under three years in funding (63%) including 40% which were one year or less.

As such, the physical activity landscape in Queensland is short term and initiative based. It is within this context that the findings of a strategic approach to addressing CALD participation in physical activity are considered.

The majority of identified initiatives (72%) targeted the general population. Only one in ten initiatives specifically targeted CALD communities. These initiatives provide good examples of how CALD communities can be engaged in physical activity. However, the reach of these initiatives is limited as many
are one-off and short term. Some examples of these programs highlighted in the report were providing swimming programs and group based physical activity programs, targeting communities through events such as street basketball and street soccer.

Some key elements of programs that were engaging CALD communities in physical activity include:
- Using community member or bilingual/bicultural worker to assist with engaging community members to attend physical activity programs
- Using culturally appropriate materials or promotion strategies
- Developing programs around the social aspects of physical activity
- Subsidising participation fees, providing transport or childcare service

When surveyed, most respondents indicated that it was important to have culturally tailored materials and promotion strategies. However, the results indicate that initiatives are failing to use culturally tailored materials and promotion strategies which may be contributing to the lack of CALD participation in mainstream programs.

Focus groups with CALD community members and interviews with CALD associations indicate that there are a number of barriers for CALD communities accessing physical activity services, some of which are specific to CALD communities. These include a lack of culturally-tailored services, transport, cost, health literacy, knowledge and beliefs, and lack of awareness of what is available in communities. A key theme from many communities was the need for physical activity to be embedded in a social activity that is community or family oriented. CALD community associations also serve an important role in providing social activities for their community members that may incorporate some physical activity.

5.1.1 Learnings – bridging barriers and assumptions

Service providers and CALD communities both highlighted the need for physical activity programs to be more culturally appropriate. Of the initiatives that CALD communities were aware of, many were not accessed as they were not culturally appropriate. Programs targeting CALD communities should be family based, socially oriented and community led and driven. Ideally these programs should also provide leadership training and encourage volunteering in CALD communities.

Focus groups with community members also highlighted that many CALD communities are currently participating in low cost, individual activities but they would like to participate in more group-based, social activities that have associated fees. Programs that specifically target females were also highlighted as an area of need. Examples include the provision of female only swimming times or female only venues.

Providers and communities had similar views about what strategies were necessary to increase CALD communities’ access to physical activity. Of respondents that had future plans for initiatives in physical activity, a common
plan was to have greater involvement of CALD communities. For these future plans to be effective, service providers will need to address the major difficulties identified in this report including: lack of awareness of how to engage CALD communities, a lack of funding to engage and little use of cultural bridges (including CALD associations, Multicultural Community Health Workers [MCHWs]).

Some CALD community groups discussed not having a good understanding the link between physical activity and health and what types of activities they could participate in. Some cultural groups have different beliefs about physical activity where it may not be a priority for some groups or in others it may be discouraged for females. Recent research also indicates that the assumption that mainstream approaches reach CALD communities is likely to be inaccurate. For example, the national social marketing campaign, Measure Up, aimed to increase community awareness of the link between chronic diseases and lifestyle risk factors. Queensland research investigated the reach of the campaign message (translated brochures and multicultural media) within nine Queensland CALD communities. Results indicated that this largely mainstream approach reached only two of the nine communities, however, both of these communities did not feel the information was targeted to them (ECCQ, 2009). MCHWs were trialled as a cultural bridge to culturally tailor the campaign message and deliver it to communities. The use of MCHWs and culturally tailored messages resulted in these communities understanding the campaign messages and the intention to reduce chronic disease risk. While this work is innovative in the Australian and Queensland context, MCHWs have been used as a successful strategy in chronic disease initiatives for some time (CDC, n.d.; Deitrick et al, 2010, Vogel, 2009).

To reach CALD communities, many of which have increased risk of chronic disease, there is a need to engage with CALD communities throughout all stages of an initiative from development to implementation and effectively using multicultural networks. This is also consistent with the development of local guides that would provide a framework for engaging CALD communities (see below). Other enablers included management support and having a diverse workforce (also see above and below).

A common barrier cited was the lack of awareness about how to engage CALD communities. Respondents indicated that they were unsure of how to deliver information to CALD communities or who to contact, and that it was time consuming. Guides on how to engage CALD communities exist but they are not always adapted to local areas or focussed on physical activity. Developing a local guide on how to engage with CALD communities and who to engage within the local area would be a tool that all local service providers could use. These guides would also include the role of MCHWs and how to access them, as well as local information and statistics. Ideally, MCHWs should be able to deliver physical activity programs. Equally, physical activity service providers should be culturally competent. As a consequence, these practitioners would be well placed to effectively link with multicultural organisations and CALD community associations and to undertake needs assessments to understand local community physical activity needs.
Other key difficulties in engaging with CALD communities included a lack of organised and established CALD community associations that have the capacity to engage with service providers, particularly in regional areas. Another difficulty was the lack of sustainable funding programs meaning that a lot of time was spent applying for funding and reporting on projects rather than having the capacity to engage with CALD communities. Consequently, many of the initiatives identified were short term, one off initiatives that lacked sustainability. Another challenge was working around ‘cultural differences’ which related to CALD communities not RSVP’ing or turning up to events, and varying expectations about childcare. If service providers want to address these issues, they need to address the cultural appropriateness of their strategies and should undertake cultural competency training.

In terms of the evaluation of physical activity initiatives, only 50% of initiatives were evaluated. Of these initiatives only half collected CALD data which means that 75% of initiatives collected no information relating to CALD participation. Even more limiting, the data that was collected focused on process indicators rather than impact or outcome indicators. A greater focus on CALD participation as a means to show if initiatives are being accessed by CALD communities and indicators such as cultural appropriateness are advisable.

Providing more education to CALD groups about physical activity was also suggested as an important strategy by service providers and CALD community associations. Providers and communities both highlighted schools as an important place for engaging youth in sports. This aligned with the recent recommendation by the Crawford Report to reunite sport with the education sector (Independent Sport Panel, 2009). Physical activity was also seen as potentially an important tool for social integration of CALD youth, and as a means of keeping youth out of trouble. Schools were also highlighted as a good avenue for engaging CALD families by providing access to sporting facilities, providing sporting opportunities to CALD students and engaging communities in projects such as community gardens.

CALD community members and associations also identified some access barriers to participating in physical activity initiatives. These included the high cost associated with many activities, lack of transport and lack of time to participate in physical activity. There is also an identified lack of appropriate venues for participating in physical activity. Service providers and CALD community associations also suggested that more subsidies be made available for youth to participate in local clubs and purchase equipment. While sport and recreation activities were accessible in the school settings, a large barrier identified was the fees to participate in local club sport or to purchase equipment. The high cost of club sport was also raised as an issue within the Crawford report, which cited that club sport is comprised of youth from middleclass backgrounds as a result of the high expenses associated with fees, uniforms, equipment and transport (Independent Sports Panel, 2009).
Thirteen, often intersecting learnings have been developed from this project which are link with the themes of ownership, appropriateness, workforce, access, funding and better integrating with existing services and institutions. While it may take longer to address access issues, funding and better integrating with existing services and institutions, it is possible and desirable to address ownership, appropriateness and workforce issues from the outset. Furthermore, while it was beyond the scope of the project to deal with the incidental, transport and unplanned recreational aspects of physical activity, they will need to be considered in a comprehensive approach to physical activity in CALD communities.

Learning 1: Programs should be community led or community driven (ownership & appropriateness)

Learning 2: Programs should be culturally relevant, community and family focused and gender specific (appropriateness)

Learning 3: Educate CALD communities about the link between physical activity and health (ownership & appropriateness)

Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies (ownership & appropriateness)

Learning 5: Physical activity initiatives should be culturally tailored (appropriateness)

Learning 6: Local community engagement guidelines should be used (appropriateness)

Learning 7: In CALD communities, information about activities should be shared, sustainable networks built and capacity increased to meet community needs (ownership & appropriateness)

Learning 8: Employ a culturally and linguistically diverse and competent workforce (appropriateness & workforce)

   MCHWs (bicultural and bilingual) trained to deliver physical activity programs
   Physical activity service providers who are culturally competent

Learning 9: CALD communities involvement can be enhanced and strengthened by the effective evaluation of physical activity programs (appropriateness)

Learning 10: CALD physical activity initiatives are strengthened by sustainable funding (funding)

Learning 11: Engage CALD youth and families in the school setting (access & better integrating with existing services and institutions)
Learning 12: Participation in physical activity programs by CALD communities is affected by their affordability (access & better integrating with existing services and institutions)

Learning 13: Transport can be a barrier to CALD community participation in some physical activity programs (access & better integrating with existing services and institutions)

These learnings interface with many of the determinants of health that serve as a barrier to CALD communities accessing physical activity initiatives. Many of these learnings are similar to those in other national and international reports in this area (Lee, 2005; CEH, 2006; Caperchione et al, 2009; Cortis et al, 2009).

In order to successfully achieve physical activity in the broader CALD community these learnings will help to ensure that the community is part of the solution, and the workforce is equipped to work with the community. In addition there will be a need to move to a broader physical activity agenda, one that intersects with other wider-community initiatives (e.g. in sport), and extend to include physical activity in the active transport and recreational contexts across the lifecycle. This engaged and broader focus will help to reduce the significant prevalence of chronic disease and chronic disease risk factors in CALD communities.
6 Forum outcomes

At the completion of the project, Queensland Health, in conjunction with the Ethnic Communities Council of Queensland, hosted five Multicultural Physical Activity Planning Forums throughout Queensland.

Forums were held in South-East Queensland, Toowoomba, Gold Coast, Townsville and Cairns. These areas cover the target regions selected in this project based having a high population of individuals from a non-English speaking background. This forum was targeted at individuals working in the area of physical activity, sport and recreation, multicultural services in addition to CALD community members and CALD associations. Individuals who were engaged during the course of the project were invited to these forums, and the project Advisory Group was used to help promote the forums.

The forums provided an opportunity for multicultural workers and community members and physical activity service providers to:
- Discuss the learnings of the CALD Physical Activity Mapping Project
- Develop local implementation plans and culturally-inclusive strategies to increase physical activity rates, improve service provision and reduce access barriers for CALD communities.

A total of 67 individuals attended the forums. (Townsville =9, Gold Coast =10, Brisbane =35, Townsville=9, Cairns=4).

A range of service providers attended the forums including representatives across state and local government departments, non-government organisations and state sporting associations. Representatives from CALD community associations also attended the forums. There was a diverse representation of physical activity, sport and recreation and multicultural service providers.

At each forum, the project methodology, results and learnings were presented, and participants were divided into small groups to discuss strategies they could implement at a local level to increase engagement of CALD communities in physical activity programs. Participants discussed both local and strategic level strategies.

A summary of all of the strategies from the five forums is presented in Table 4. Where applicable, each of the strategies is included under the learnings developed from this project. Additional strategies were grouped into other themes. The strategies identified at each of the forums are presented by forum location in Appendix 7.
### Table 4. Summary of potential responses suggested at forums

<table>
<thead>
<tr>
<th>Statewide summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Learning 1: Programs should be community led or community driven</strong></td>
</tr>
<tr>
<td>- Identify and train CALD community leaders to lead physical activity programs.</td>
</tr>
<tr>
<td>- Engage CALD youth in leadership training programs.</td>
</tr>
<tr>
<td><strong>Learning 2: Programs should be culturally relevant, community and family focused and gender specific</strong></td>
</tr>
<tr>
<td>- Expand or modify current programs to engage CALD communities in physical activity programs. Could conduct group exercise classes that are gender specific based on existing programs.</td>
</tr>
<tr>
<td>- Develop new programs that focus on the social aspects of physical activity and are accessible to the community (i.e. African dancing or drumming in a local community hall).</td>
</tr>
<tr>
<td><strong>Learning 3: Educate CALD communities about the link between physical activity and health</strong></td>
</tr>
<tr>
<td>- Conduct information sessions for CALD communities (e.g. basic nutrition, life skills, the importance and value of physical activity, the importance of walking as a cost-free daily physical activity for the whole family/people of all ages, etc.)</td>
</tr>
<tr>
<td><strong>Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies</strong></td>
</tr>
<tr>
<td>- Develop links with not-for-profit organisations and other relevant organisations to better access funding for physical activity programs.</td>
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<tr>
<td>- Develop a mentoring program to link CALD communities with existing activities. Also link existing physical activity services to CALD communities.</td>
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<tr>
<td>- Engage multicultural communities to run physical activity programs they want to participate in. Empower individuals to deliver programs in the community.</td>
</tr>
<tr>
<td>- Sporting clubs to provide more information about linkages and engaging with CALD communities or organisations when applying for funding (more than a letter of support).</td>
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<tr>
<td>- Work with community organisations to develop new programs.</td>
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<tr>
<td>- Engage more with CALD groups to promote youth physical activity programs.</td>
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<tr>
<td>- Build rapport and trust with CALD community members.</td>
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<tr>
<td>- Engage with key community contacts such as church leaders.</td>
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<tr>
<td>- Conduct community consultations with new migrant arrivals to determine what physical activity services they would want.</td>
</tr>
<tr>
<td>- Use existing local multicultural and physical activity networks to discuss ideas for multicultural physical activity projects.</td>
</tr>
<tr>
<td>- Develop a new network of CALD related and physical activity related agencies and people to drive and share ideas.</td>
</tr>
<tr>
<td><strong>Learning 5: Physical activity initiatives should be culturally tailored.</strong></td>
</tr>
<tr>
<td>- Identify community leaders who can influence or educate their community members. Community leaders could help to engage community members to attend physical activity programs and they could contribute to developing local physical activity strategies.</td>
</tr>
<tr>
<td>- Use existing migrant reference groups to get opinions about what programs could be implemented to engage CALD communities or how to improve current physical activity programs.</td>
</tr>
</tbody>
</table>
Statewide summary

Learning 6: Local community engagement guidelines should be used for engaging CALD communities in physical activity
- Develop methods of identifying what CALD communities are interested in participating in and how to engage them in activities.
- Develop a project to identify local community leaders or contacts for all CALD communities in the local area.

Learning 7: In CALD communities, information about activities should be shared, sustainable networks built and capacity increased to meet community needs
- Nil

Learning 8: Employ a culturally and linguistically diverse and competent workforce
  MCHWs (biculural and bilingual) trained to deliver physical activity programs
- Include the use of bilingual bicultural workers as cultural bridges in budgeting for programs, for example, up to five hours of a worker per CALD community.

  Physical activity service providers who are culturally competent
- Recruit physical activity instructors that are from a CALD background.
- Provide cultural competency training to staff working in the physical activity and sport and recreation sectors to ensure they are sensitive to CALD community needs and equipping them with the tools to be more culturally aware (i.e. local government physical activity program providers, state sport and recreation organisations, sporting clubs, fitness instructors).
- Incorporate cultural competency information into curriculum of physical activity and sport and recreation providers.
- Develop a collaborative and multi-sector response to delivering cultural competency training.
- CALD community leaders hosting forums to build trust through cultural awareness.
- Have staff working with multicultural communities to train and work closely with sport and recreation organisations in the development of CALD physical activity programs. Also, use sport and recreation specialists to train community/multicultural organisations to develop physical activity programs.

Learning 9: CALD communities involvement can be enhanced and strengthened by the effective evaluation of physical activity programs
- Conduct evaluation processes of existing programs to determine participation by people from CALD backgrounds.
- Develop best practice examples/models which promote physical activity for people from CALD backgrounds. Funding bodies could require a one page summary of the project and outcomes to publish on the internet in order to share effective and ineffective projects, so that future programs can use this research.
- Develop existing funding programs encourage organisations to demonstrate sustainability of their programs.

Learning 10: CALD physical activity initiatives are strengthened by sustainable funding
Statewide summary
- Review existing funding for CALD programs to identify if physical activity programs could be built into project activities.
- Establish incentives and define the benefits for service providers to cater for people from CALD backgrounds.
- Incorporate a range of elements/outcomes within new programs e.g. similar to Aqua English which incorporates English classes and swimming classes together.
- Use student volunteers to help run fitness and exercise programs for programs.

**Learning 11: Engage CALD youth and families in the school setting**
- Make better use of local school facilities and halls as local venues to run physical activity programs.
- Identify local schools with a high CALD population and run physical activity initiatives in these schools.

**Learning 12: Participation in physical activity programs by CALD communities is affected by their affordability**
- Nil

**Learning 13: Transport can be a barrier to CALD community participation in physical activity programs**
- Provide transport to current physical activity programs, or developing programs in areas with a high CALD population.

**OTHER THEMES**

**Partnerships**
- Develop a pilot program which utilises partnership between physical activity officers and multicultural officers within locality and community organisations.
- Improve information sharing across providers (physical activity, sport and recreation, migrant organisations) and across departments in an organisation as a means to improve engagement with CALD communities.

**Reduce duplication of services**
- Ensure that resources that are developed have a strategy to promote and disseminate the resource so others are aware of and can use.

In summary, the forums served as an important tool to build awareness of the issues in providing culturally appropriate physical activity services and engaging individuals from CALD communities.

A majority of the findings had accompanying possible implementation strategies with the exception of Learning 7 and Learning 12. This is most likely due to the fact that these strategies are related to implementation of programs for CALD communities, and many physical activity service providers are not yet doing work in this area and need to focus more on better engagement with CALD communities and program planning.

Some common learnings and themes were discussed in each of the forums. Some of these included the need to provide cultural competency training and education to individuals responsible for delivering physical activity or sport and recreation services (Learning 8), improving engagement with CALD community groups (Learning 4) and the importance of using networks in
physical activity and multicultural services, or developing a new network that included representation from all service providers in the area of physical activity and multicultural services (Learning 4).

Forum participants also discussed some additional strategies that would be necessary to drive further work in this area including:
- Bringing information back to their own organisation to discuss what strategies could be implemented in local area
- Launching the final project findings as a means to disseminate project information widely so organisations can use this as a tool to progress work in this area.

There were also several limitations in implementing the forums’ suggestions. As targeting CALD communities in physical activity is still a relatively new area of work in Queensland, a large part of this project was raising awareness of this important issue among stakeholders working in this area. There is still a need to raise awareness and engage more stakeholders in this area. During the forums, a comment that was commonly raised was that the barriers for CALD communities accessing physical activity services are no different to the barriers mainstream communities face. Although some of the barriers between the groups are similar, the results highlight that there are barriers specific to CALD communities accessing physical activity such as language, health literacy and cultural beliefs and attitudes.

Additionally, there were limitations in discussing approaches that could be potentially implemented during the forums. It is important to highlight that many of the strategies proposed at the forums are suggested strategies that could be implemented in this area. They are not strategies that people could commit to as the attendees would need to bring ideas back to their respective organisations to suggest what strategies could be implemented in their work area.

The forums served as a first step in considering this statewide research into the factors that impact on the availability of culturally appropriate physical activity programs for CALD communities and participation by CALD communities in those programs. Each forum identified some steps that may be taken to action the learnings.
Appendix 1. NSW Sport and Recreation physical activity programs for CALD communities

Swimming programs
The Wimswim program is a learn-to-swim and leisure swimming program conducted in a female only environment. This program was developed from a needs assessment and community feedback. It was identified that there were limited venues suitable for a learn to swim program. To ensure female only access to the pool area, it was necessary to conduct most of the sessions outside of public hours as most pool operators would not restrict access during pool hours. To ensure sustainability of the program, a small fee was charged to ensure some commitment to the program. It was also recommended to phase in the actual cost of the program as this would make it a viable proposition when approaching a pool operator to help continue the program. Targeted learn to swim and water safety programs for single gender groups are also conducted upon request from organisations that have particular needs.

The Austswim program provides opportunities for women who may wish to be a swimming instructor for other women in the community and are not able to attend the Austswim program offered to the wider community due to the mixed gender arrangements. The program included participants from Vietnamese, Chinese, Korean and Arabic communities and many of the participants are now instructors in the Wimswim program. This program was supported by funding from a Community Solutions and Crime Prevention Strategy which targeted areas of disadvantage and areas that needed assistance addressing issues of anti-social behaviour.

Leadership programs
The Multicultural Girls Leadership (Duke of Edinburgh) program provides the opportunity for girls aged 14-16 from different cultural backgrounds to develop their leadership skills through participating in a range of activities such as coaching, first aid, volunteering and participating in a season of sport.

The Multicultural Women’s Sport Leaders Program is a leadership program for women who are involved in sporting or recreational activities in the community. Training was offered free of charge to women who were chosen by a panel based on an expression of interest. This program is modelled after a program for the mainstream community but specifically targets CALD communities. The program has been running for three years with increased interest each year.

Sporting programs
The Auburn Football Cultural diversity program aims to bring together refugee and new humanitarian entrants. Participants were linked to local football clubs and registered to play with an established team. The program involves coach and referee training. Work was also put in place for local football clubs to help subsidise registrations.
The **Community Soccer Program** is a weekly soccer coaching and games program for youth aged 5 to 12 years during the school term at a local park that is accessible by public transport. Volunteers from the refugee community were mentored by the Community Soccer coaches and these volunteer coaches were provided with training opportunities in coaching and refereeing.

The **Junior Football Coaching Course** is run by six local soccer clubs in an area with a high population of people from CALD backgrounds. The aim of the program is to recruit people from local clubs and local refugee communities to participate in the course and gain coaching qualifications to assist and support teams within their local community.

The **Refugee Sport Participation Initiative** involved a partnership between the Refugee Council of Australia and NSW Sport and Recreation that aimed to seek ways to engage refugees and newly arrived humanitarian entrants in sporting and recreation activities on a regular basis. A report was compiled that looked at the barriers to participation, strategies to promote participation and successful initiatives. As a result of this report, a grants program was established that specifically targeted programs for refugees and new humanitarian entrants.
Appendix 2. Survey questions for physical activity service providers

Introduction

*1. What is the name of your organisation?

*2. What is your name?

3. What is your email address?

4. What is your position title?

*5. What type of organisation are you?
   - State Sporting Organisation
   - Commonwealth Department
   - Queensland Government Department
   - Local Government
   - Non Government Organisation
   - Other (please specify)

*6. What is the role of your organisation in providing physical activity opportunities for the community? (tick all that apply)
   - Funding body
   - Policy development
   - Social marketing
   - Implement programs
   - Resource development
   - Infrastructure development
   - Other (please specify)
Physical Activity Initiatives

The purpose of this section of the survey is to ask specific questions about the physical activity initiatives your organisation has implemented across 2008-2010.

We would like to ask specific questions about each initiative that you implement. If your organisation implements more than one activity, you will have an opportunity to complete a separate section for each initiative.

The physical activity initiatives of interest for this survey include:
- **Community education**: Information sessions to community groups and the public
- **Physical activity programs**: Community and school programs and events (e.g. tai chi class, Active Parks Program)
- **Grants**: Provides grants/funding towards physical activity initiatives
- **Health professional point of care education**: One-on-one education with a health professional (e.g. Lifescritps)
- **Social marketing campaign**: Physical activity health promotion campaign (e.g. Find Your 30 Campaign)

Please include any initiatives your organisation has led from 2008-2010.

*1. Name of initiative*

[Input field for initiative name]

*2. Please indicate the geographic location of this initiative (tick all that apply)*

- [ ] Statewide
- [ ] Ipswich City Council
- [ ] Sunshine Coast Regional Council
- [ ] Brisbane City Council
- [ ] Logan City Council
- [ ] Toowoomba Regional Council
- [ ] Cairns Regional Council
- [ ] Moreton Bay Regional Council
- [ ] Townsville City Council
- [ ] Gold Coast City Council
- [ ] Redland City Council
- [ ] If this initiative operates in a specific suburb, please describe here

[Input field for specific suburb description]

*3. What age group/s does this initiative target? (tick all that apply)*

- [ ] All age groups
- [ ] 12-17 years
- [ ] 30-64 years
- [ ] 0-5 years
- [ ] 18-25 years
- [ ] 65+ years
- [ ] 6-12 years
- [ ] 26-49 years

*4. Does this initiative target any specific gender?*

- [ ] Females only
- [ ] Males only
- [ ] Both males and females
* 5. What type of physical activity initiative is this? (refer to definitions at start of section)  
(tick all that apply)
- Community education  
- Physical activity program/community event  
- Grant  
- Health professional point of care education  
- Social marketing campaign

* 6. Is this initiative conducted in partnership with other organisations?  
- No (SKIP TO QUESTION 9)  
- Yes

7. What type of organisations are involved in this partnership? (tick all that apply)  
- Commonwealth Department  
- Queensland State Department  
- Local Government  
- Non Government Organisation  
- Community group  
- Other (please specify)

8. What role do these partners play? (tick all that apply)  
- Funding body  
- Jointly implements activities  
- Information sharing  
- Other (please specify)

* 9. To what extent does this initiative involve individuals from CALD groups?  
- Initiative targets general population which includes CALD groups (SKIP TO QUESTION 11)  
- Components of initiative specifically target CALD groups  
- Only targets CALD groups
10. Please describe any specific CALD groups this initiative targets. (tick all that apply)

- [ ] Arabic
- [ ] Bosnian
- [ ] Chinese
- [ ] Filipino
- [ ] Greek
- [ ] Indian
- [ ] Italian
- [ ] Pacific Islander
- [ ] Samoan
- [ ] Spanish
- [ ] Sudanese
- [ ] Vietnamese

Other (please specify)

---

*11. Does your organisation use culturally-tailored materials to support this initiative? (tick all that apply)

- [ ] No
- [ ] Yes, translated or culturally-tailored brochures
- [ ] Yes, translated or culturally-tailored advertisements
- [ ] Yes, other (please specify)

---

12. If NO to Question 11, please list the reasons why your organisation does not use culturally-tailored materials to support this initiative. (tick all that apply)

- [ ] No funding
- [ ] Not a priority for organisation
- [ ] Unsure of how to engage CALD communities
- [ ] Mainstream materials are suitable for CALD communities
- [ ] Other (please specify)

---

*13. Does your organisation use culturally-tailored strategies to promote this initiative to CALD communities? (tick all that apply)

- [ ] No
- [ ] Yes, consulting with CALD community group members
- [ ] Yes, multicultural media
- [ ] Yes, other (please specify)
14. If NO to Question 13, please list the reasons for why your organisation does not use culturally-tailored strategies to promote this initiative. (tick all that apply)

- No funding
- Not a priority for organisation
- Unsure of how to engage CALD communities
- Mainstream strategies are suitable for CALD communities
- Other (please specify)

* 15. For what duration is this initiative funded?
- Less than 6 months
- 6 months to one year
- One year
- Recurrent 1-3 years
- Recurrent 4-5 years
- Recurrent funding
- Other (please specify)

* 16. Has this initiative been evaluated?
- No (SKIP TO QUESTION 18)
- Yes

17. If YES to Question 16, was specific information or feedback collected that directly relates to CALD groups? (tick all that apply)
- No
- Yes, related to CALD participation in initiative
- Yes, related to CALD knowledge of initiative
- Yes, related to cultural appropriateness of initiative
- Yes, other (please specify)

* 18. Are you involved in a second initiative that provides opportunities for physical activity in the community?
- No
- Yes
Final Questions

*1. Does your organisation currently have any policies or plans specifically targeting physical activity in CALD groups?

☐ No

☐ Yes - please provide the details

*2. Please rate how important you think it is for your organisation to have culturally-tailored materials and promotion strategies to support physical activity initiatives.

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<thead>
<tr>
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<th>Not Important</th>
<th>Moderately Important</th>
<th>Important</th>
<th>Very Important</th>
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<td>promotion strategies</td>
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*3. Is your organisation planning for any other future physical activity initiatives involving CALD groups?

☐ No

☐ Yes - please briefly describe what these are

4. Please provide any final comments.
## Appendix 3. Matrix of organisations interviewed

<table>
<thead>
<tr>
<th>State government</th>
<th>Local government (adult and youth)</th>
<th>Non-government (adult)</th>
<th>Non-government (youth)</th>
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<td>Council (urban)</td>
<td>NGO CALD (urban)</td>
<td>NGO mainstream (urban)</td>
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<tr>
<td>State Sporting Organisation (statewide)</td>
<td>Council (regional)</td>
<td>NGO mainstream (regional)</td>
<td>NGO mainstream (regional)</td>
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<td></td>
<td></td>
<td></td>
<td>NGO CALD (regional)</td>
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</table>
Appendix 4. Semi-structured interview questions for physical activity service providers

Interview schedule #1: Stakeholders implementing initiatives that engage CALD communities
In the survey you completed, you reported that you were involved in implementing "<<insert program name/s>>. Is the program still running? For how long do you expect it to continue? How is the program supported (i.e. external/internal funding, partnership/in-kind contributions)?

Initiatives engaging CALD communities
The purpose of the following questions is to find out more information about the initiatives your organisation implements and the extent to which they engage CALD communities.

1) In the survey you completed, you reported that you were involved in implementing "<<insert program name/s>>. Please describe if you think this initiative is effectively engaging CALD communities in physical activity. Explain why you think this.
   a) In the survey, you reported that you promote/do not promote these initiatives to CALD communities.
      - If you have promoted the initiative to CALD communities, please describe if these promotion strategies have been successful. Why do you think they have or have not been successful? If they haven’t been successful, describe any solutions for this.
      - If you have not promoted the initiative to CALD communities, please describe any reasons why.

   b) In the survey, you reported that you have collected/have not collected indicators related to CALD participation in the initiative.
      - If you have, please describe the results of the indicators collected relating to CALD groups (Probes: CALD participation, cultural appropriateness of the initiative)
      - If you have not, describe any reasons why you do not collect information about CALD participation or cultural appropriateness of the initiative.

   c) In the survey, you indicated that you did/did not implement this program in partnership with other organisations.
      - If you did work in partnership, please describe why. Do you think this has had any impact on the outcome of the initiative?
      - If you did not work in partnership, please describe why.

2) Please describe why you run initiatives targeting CALD communities.

Strategies for improving access to and participation in physical activity for CALD communities
The purpose of the following questions is to elicit your views about strategies that are needed to improve the availability and accessibility of physical activity initiatives for CALD communities.

1) What strategies do you think are needed to ensure physical activity opportunities are available to CALD individuals and communities?
   a) Within your organisation? Within other organisations?
   b) What strategies do you think are needed that are different to mainstream strategies? Why?

2) What strategies do you think are needed to increase physical activity participation in CALD communities?
   a) Within your organisation? Within other organisations?
   b) What strategies do you think are needed that are different to mainstream strategies? Why?

Enablers and barriers
The purpose of these questions is to discuss any enablers or difficulties you have encountered when planning or implementing physical activity initiatives for CALD communities.

1) Aside from funding, please discuss some of the enabling factors you have experienced for providing physical activity initiatives to CALD communities. Describe enablers different to mainstream approaches.

2) Aside from funding, please discuss some of the difficulties you have encountered in providing physical activity initiatives for CALD communities. Describe difficulties different to mainstream programs.

3) Please provide any further comments you would like to contribute.

Interview schedule #2: Stakeholders implementing initiatives for the general population

Initiatives targeting the general population
The purpose of the following questions is to find out more information about the initiatives your organisation implements and the extent to which they engage CALD communities.

1. In your survey, you reported that your organisation provides physical activity initiatives that target the general population such as <<insert program/s name>>. Please describe if you think this initiative is reaching CALD communities.
   a) In the survey, you reported that you promote/do not promote these initiatives to CALD communities.
      - If you have promoted the initiative to CALD communities, please describe if these promotion strategies have been successful. Why
do you think they have or have not been successful? If they haven’t been successful, describe any solutions for this.
- If you have not promoted the initiative to CALD communities, please describe any reasons why.
- Would you consider targeting this initiatives or future initiatives to CALD groups in the future?

b) In the survey, you reported that you have collected/have not collected evaluation results related to CALD participation in the initiative.
   - If you have, please describe the results of the indicators collected relating to CALD groups
   - If you have not, describe any reasons why you do not collect information about CALD participation or cultural appropriateness of the initiative.

c) Would you consider working in partnership with CALD community groups to implement physical activity programs? Describe why or why not.

2) Please describe if you think it’s important for your organisation to run programs specifically targeting CALD communities.

**Strategies for improving access to and participation in physical activity for CALD communities**
The purpose of the following questions is to elicit your views about strategies that are needed to improve the availability and accessibility of physical activity initiatives for CALD communities within your organisation and the broader community.

1) How could your organisation improve access and availability to physical activity opportunities for CALD communities?
   a) What about other organisations?

2) How could your organisation increase participation in physical activity opportunities for CALD communities?
   a) What about other organisations?

**Enablers and barriers**
The purpose of these questions is to discuss any enablers or difficulties to providing services (i.e. planning or implementing physical activity initiatives) for CALD communities.

1) Aside from funding, please discuss any factors that would help you to consider targeting programs to CALD communities

2) If you have previously attempted to provide services to CALD communities and aside from funding, please discuss some of the difficulties you have encountered in providing physical activity initiatives for CALD communities.

3) Please provide any further comments you would like to contribute.
Appendix 5. CALD community association interview questions

1. Please describe any physical activity initiatives that your association provides?
   a. Please describe any physical activity initiatives that members of your association are involved in? Who are these activities organised by?

2. Do members of your community access local physical activity services in the community?

3. Are there any physical activity initiatives your community association would like to be involved in?
   a. Are there any physical activity initiatives your community association would like to or have provided by organisations?

4. What do you think is needed to achieve increased participation in physical activity for members of your community?
Appendix 6. Focus group questions for CALD community members

1. What types of physical activities do you currently do?
   1a. Specifically, what local programs or facilities do you use to participate in these activities?

2. What types of activities do you think you would enjoy doing?

3. What do you know about physical activity groups and facilities that are in the local area?
   3a. How did you find out about these programs and facilities?
   Probes: brochures, word of mouth, internet, ethnic media, community centres etc.
   3b. Do you use these facilities? Why or why not?
   Probes: not interested in activity, not culturally appropriate, not convenient, cost, no transport, no childcare

4. What types of problems do you experience that make it difficult for you to participate in physical activity?

5. Considering the information gathered from the previous brainstorming discussions, what types of activities would you like to participate in?

6. Reflecting back on the information provided in the Education Session, is this an activity that will improve your health and wellbeing?
   a. For each of these activities the group believe will improve health and wellbeing, how do you think you could begin to participate in this activity?

7. Group agreement on what physical activity they are interested to start participating in.

Additional questions asked at the completion of the session
We would like to ask a few questions about physical activity your family participates in.

1. What do your parents do for physical activity?
   1a. What programs and facilities do they use?

2. What does your partner do for physical activity?
   2a. What programs and facilities do they use?

3. What do your children do for physical activity?
   3a. What programs and facilities do they use?
   3b. Are the children involved in any organised sporting clubs?
### Appendix 7. Forum strategies by location

#### Toowoomba

**Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies**
- Use local multicultural and physical activity networks and groups to discuss ideas for multicultural physical activity projects (CALD Diversity Network, Ramsey Interagency, Healthy Lifestyles Toowoomba Network, and Youth Network).

**Learning 11: Engage CALD youth and families in the school setting**
- Make better use of local school facilities and halls as local venues to run programs. The use of school facilities is decided on a school-by-school basis.
- Identify local schools with a high CALD population and run physical activity initiatives (i.e. walking school bus) in these schools. Target both public and private schools as many Sudanese students attend Catholic schools.

**OTHER THEMES**

**Reduce duplication of services**
- Ensure that resources that are developed have a strategy to promote and disseminate the resource so others are aware of and can use.

**New programs**
- Liaise with the University of Southern Queensland (USQ) Student Guild to identify opportunities to run programs. There are lots of international students at the university and many play informal physical activity here.
- Develop walking groups for CALD communities. The Heart Foundation has recently commenced an Indigenous walking group in the area, so this could be replicated for CALD communities.

#### Gold Coast

**Learning 5: Physical activity initiatives should be culturally tailored**
- Use key CALD community contacts (i.e. cultural bridges) to help engage community members to attend physical activity programs.

**Learning 8: Employ a culturally and linguistically diverse and competent workforce**
- **MCHWs (biculural and bilingual) trained to deliver physical activity programs**
- **Physical activity service providers who are culturally competent**
- Provide opportunities for fitness instructors, sporting organisations and sporting clubs to attend cultural competency training. Liaise with TAFE to incorporate cultural competency information into curriculum.

**Learning 10: CALD physical activity initiatives are strengthened by sustainable funding**
- Review existing funding for CALD programs to identify if physical activity programs could be built into project activities.

**Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies**
- S’Women (swimming) program could develop links with not for profit organisations and other relevant organisations to better access funding for
physical activity programs.
- Link CALD communities with existing physical activity services and also link existing physical activity services back with CALD communities.

Learning 2: Programs should be culturally relevant, community and family focused and gender specific
- Expand Gold Coast City Council’s Get Active program to cater for childcare aimed at women from CALD communities.

Learning 11: Engage CALD youth and families in the school setting
- Use school facilities to run programs for engaging CALD communities in physical activity. Need to find schools that will let community groups utilise facilities and sporting fields.

South-East Queensland

Learning 5: Physical activity initiatives should be culturally tailored
- Local Government physical activity program coordinators could engage with CALD community leaders to enhance physical activity strategies.
- Identify community leaders who can either influence or educate within their own communities or sectors.

Learning 8: Employ a culturally and linguistically diverse and competent workforce
- MCHWs (bicultural and bilingual) trained to deliver physical activity programs
- Include the use of bilingual bicultural workers as cultural bridges in budgeting for programs, for example, up to five hours of a worker per CALD community.

Physical activity service providers who are culturally competent
- Provide cultural competency training to staff working in the physical activity and sport and recreation sectors to ensure they are culturally sensitive to CALD community needs and equipping them with the tools to be more culturally aware (i.e. local government physical activity program providers, State Sport and Recreation organisations).
- Progress work on cultural competency training of physical activity workforce (i.e. through Skills Alliance).
- Develop a collaborative and multi-sector response to delivering cultural competency training.
- CALD community leaders could host forums to build trust through cultural awareness.

Learning 6: Local community engagement guidelines should be used
- Develop methods of identifying what CALD communities are interesting in participating in and how to engage them.

Learning 9: CALD communities involvement can be enhanced and strengthened by the effective evaluation of physical activity programs
- Conduct evaluation processes of existing programs to determine participation by people from CALD backgrounds.
- Develop best practice examples/models which promote physical activity for people from CALD backgrounds. Funding bodies could require a one page summary of the project and outcomes to publish on the internet in order to share effective and ineffective projects, so that future programs can use this research.
- Have existing funding programs encourage organisations to prove sustainability of their programs.

**Learning 10: CALD physical activity initiatives are strengthened by sustainable funding**
- Have existing funding programs encourage organisations to prove sustainability of their programs.
- Incorporate a range of elements/outcomes within new programs e.g. similar to Aqua English which incorporates English classes and swimming classes together.
- Establish incentives and defining the benefits for service providers to cater for people with CALD backgrounds.

**Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies**
- Engage multicultural communities to run physical activity programs they want to participate in.
- Multicultural Development Programs in Sport – starting with what sports the CALD community want to be involved with and empowering individuals within the community to deliver the program (also Learning 1).
- S’Women (swimming) program could develop links with not for profit organisations and other relevant organisations to better access funding for physical activity programs.
- Sporting clubs could provide more information about linkages and engaging with CALD communities or organisations when applying for funding (more than a letter of support).
- Teach CALD communities how to access funding and programs.
- Work with community organisations to develop new programs.
- Develop a mentoring program to link CALD communities with existing activities.
- Develop a network of CALD related and physical activity related agencies and people to drive and share ideas.
- Use existing networks such as CALD related and refugee agencies to put physical activity on the agenda Brisbane.

**Learning 2: Programs should be culturally relevant, community and family focused and gender specific**
- Embed physical activity in CALD social and community events, also developing programs in areas that CALD community members live.
- Develop social physical activity programs such as African dancing and drumming in a community venue that is accessible to community groups.
- Conduct group exercise classes that are gender specific, linking with existing programs and times which are conducted over a long period of time.

**Learning 3: Educate CALD communities about the link between physical activity and health**
- Conduct information sessions for CALD communities (e.g. basic nutrition, life skills, the importance and value of physical activity, the importance of walking as a cost-free daily physical activity for the whole family/people of all ages etc.)

**OTHER THEMES**
**Partnerships**
- Developing a pilot program which utilises partnership between physical activity officers and multicultural officers within locality and community organisations. Ensure partnerships are formalised.
- Sharing relevant CALD databases between organisations.
- Identifying new physical activity service venues that are community based (i.e. church group or community providers).

**Townsville**

**Learning 1: Programs should be community led or community driven**
- Training CALD community leaders to lead physical activity programs.
- Extending current Detour program to engage CALD youth in leadership training programs.

**Learning 6: Local community engagement guidelines should be used**
- Developing a project to identify local community leaders or contacts for all CALD communities in area.

**Learning 8: Employ a culturally and linguistically diverse and competent workforce**
- MCHWs (bicultural and bilingual) trained to deliver physical activity programs
- Physical activity service providers who are culturally competent
- Developing cultural sensitivity training for fitness instructors.

**Learning 9: CALD communities involvement can be enhanced and strengthened by the effective evaluation of physical activity programs**
- Collecting data on CALD participation in physical activity programs as this can be used for funding applications.
- Funding bodies could print or publish case studies of projects that had successful outcomes.

**Learning 10: CALD physical activity initiatives are strengthened by sustainable funding**
- Obtaining additional funding for programs to engage in CALD youth (i.e. Parkour).
- Using student volunteers to help run fitness and exercise programs for elderly wellbeing program. Resources are currently too limited to provide any additional services.

**Learning 4: Proactively engage CALD communities in physical activity programs, plans and strategies**
- Ensuring CALD communities are engaged in the development and implementation of physical activity programs.
- Engaging more with CALD groups to promote youth physical activity programs.
- Building rapport and trust with CALD community members.
- Engaging with key community contacts such as church leaders.
- Conducting community consultations with new migrant arrivals to determine what physical activity services they would want.
- Using various networks to consider developing partnerships and projects for multicultural physical activity (Townsville Health Promotion Network, also with email of physical activity network).

**Learning 2: Programs should be culturally relevant, community and family focused and gender specific**
- Developing programs separately for new arrivals and established communities.
- Developing programs to target social isolation and embedding physical activity within social activities.
- Redeveloping Heart Moves Program to have more of a social element. Develop separate groups for different abilities and conduct research on efficacy and sustainability.
- For the elderly, developing programs around activities of daily skills that focus on balance and coordination. Avoid activities that may be disempowering to participants.

OTHER THEMES
Information sharing
- Developing a register or website that includes information regarding local physical activities.

Cairns

Learning 5: Physical activity initiatives should be culturally tailored
- Using existing migrant reference group to get opinions about what programs could be implemented to engage CALD communities or how to improve current physical activity programs.

Learning 8: Employ a culturally and linguistically diverse and competent workforce
- MCHWs (bicultural and bilingual) trained to deliver physical activity programs
- Physical activity service providers who are culturally competent
- Finding physical activity instructors that are from a CALD background. Liaising with TAFE to see if there are any CALD graduates from fitness programs.
- Conducting education and training for Sport and Recreation Services, council sport and recreation staff and other professionals working in sport and recreation about the diversity of communities in which they serve and discuss perceptions of barriers that exist
- Having staff working with multicultural communities to train and work closely with sport and recreation organisations to develop CALD programs. Also, using sport and recreation specialists to train community/multicultural organisations to develop physical activity programs. This could be done through a volunteer exchange.

Learning 1: Programs should be community led or community driven
- Identifying CALD community members to drive physical activity programs.

Learning 13: Transport can be a barrier to CALD community participation in some physical activity programs
- Implementing council physical activity programs in areas other than the Esplanade. Could arrange transport for CALD community groups to come to activities on Esplanade, or provide other programs in areas that have a high CALD population.

OTHER THEMES
Partnerships
- Improving information sharing across providers (physical activity, sport and recreation, migrant organisations) and across departments in an organisation as a means to improve engagement with CALD communities.
- Build partnerships to help reduce duplication of services.
- Conduct a multicultural audit of strategies and plans, include CALD component in community development plans.
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