Engaging Culturally and Linguistically Diverse Communities in Physical Activity: A Discussion Paper
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>2</td>
</tr>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Methodology</td>
<td>9</td>
</tr>
<tr>
<td>Findings and Key Considerations</td>
<td>11</td>
</tr>
<tr>
<td>Recommendations</td>
<td>20</td>
</tr>
<tr>
<td>Useful Resources, Websites and References</td>
<td>22</td>
</tr>
</tbody>
</table>
Thank you to the Moonee Valley Melbourne Primary Care Partnership (MVM PCP) and in particular to the PCP Manager, Dianne Couch and the PCP Executive for inviting the Centre for Culture Ethnicity & Health (CEH) to become involved in this project. MVM PCP’s support throughout the development of this paper has been invaluable. CEH also acknowledges the MVM PCP’s contribution towards the printing of this paper.

Thank you to the Physical Activity Network (PAN) Working Group members for their time and commitment to the project and providing their ideas and thoughts towards this discussion paper. The Working Group members were:

- Tim Bryar (Moonee Valley Melbourne Primary Care Partnership)
- Assunta Morrone (Centre for Multicultural Youth Issues)
- Chrissie Williams (Doutta Galla Community Health Service)
- Dale Stewart (City of Melbourne)
- Mark Cochrane-Holley (City of Melbourne)
- Noreen Beirne (Doutta Galla Community Health Service)
- Anne Craig (Doutta Galla Community Health Service)
- Eleni Karantzas (Centre for Culture Ethnicity & Health)
- Spase Velanovski (Centre for Culture Ethnicity & Health)

Thank you to Margaret Yung and Chrissie Williams from Doutta Galla Community Health Service and Assunta Morrone from the Centre for Multicultural Youth Issues for their development of case studies that informed the considerations in this paper.

Thank you to Craig Knox from Kinect Australia for discussions about training options and to Kylie Ball from Deakin University for providing information on her research.

Thank you to Annabel Barbara, Nancie-Lee Robinson, Eugenia Georgopoulos and Sabina Tresise from CEH for their advice and ongoing support throughout the project.

Finally, thank you to other service providers who participated in individual interviews and to focus group participants for their time.

Spase Velanovski
Principal researcher and writer

Eleni Karantzas
Project Coordinator and co-researcher

Acronyms

- CALD: Culturally and linguistically diverse
- CEH: Centre for Culture Ethnicity & Health
- CMYI: Centre for Multicultural Youth Issues
- DHS: Department of Human Services
- DoHA: Department of Health and Ageing
- DVC: Department of Victorian Communities
- PCP: Primary Care Partnership
- MVM PCP: Moonee Valley Melbourne Primary Care Partnership
- PAN: Physical Activity Network
- DGCHS: Doutta Galla Community Health Service
Physical activity is a very important contributor to health and well-being. But there can be many barriers that make it difficult for people to be physically active. We know that culturally and linguistically diverse (CALD) communities have been under-represented in physical activity programs for a variety of reasons.

This discussion paper provides an examination of the issues service providers may experience in engaging CALD communities in physical activity. In this regard, the paper is a valuable contribution to what is a very small pool of information on this topic.

On the one hand physical inactivity is the fourth most important cause of preventable illness and death in Australia. On the other hand, being physically active can help to prevent a wide range of health problems ranging from chronic disease to falls related injuries. Increasing participation in physical activity has been identified as important for addressing most of the health problems identified in the National Health Priority Areas.*

What is considered to be a healthy lifestyle may be different from culture to culture. With over 20% of Victorians born overseas and over 40% either born overseas or with at least one parent born overseas, it is critical that all health promotion activities are developed in ways that are responsive to our CALD communities.

The social model of health provides a useful framework from which to consider cultural diversity, what we now need to do is make sure that service providers are acknowledging cultural diversity in their work.

This paper will encourage further investigation and analysis about ways to better engage CALD communities in physical activity. I hope that it will also assist organisations to reflect on their current practice and build their capacity to implement culturally and linguistically inclusive physical activity programs.

Rob Moodie
Chief Executive Officer
VicHealth

* These are cardiovascular health and stroke, cancer control, mental health (with a focus on depression), injury prevention and control, diabetes mellitus, asthma, arthritis and musculoskeletal conditions.
This discussion paper has resulted from work with the Moonee Valley Melbourne Primary Care Partnership (MVM PCP) Physical Activity Network (PAN), an alliance of health and government agencies in the local government areas of Moonee Valley and Melbourne who have an interest in physical activity with people from CALD backgrounds. The paper has been written to identify and present key considerations for inclusion in planning, implementing and evaluating physical activity programs with CALD communities.

Given the lack of information that currently exists about physical activity and CALD communities, to inform this paper, CEH has used two different methods to investigate current physical activity initiatives that have successfully engaged people from CALD backgrounds. The first was a literature review, the second were focus groups, interviews, a collection of case studies with local service providers and discussions amongst the PAN members for MVM PCP.

The findings have been collated and are summarised in the paper under the following headings:
- Attitudes to physical activity
- Gender as an important factor
- Engaging communities for the development of physical activity initiatives
- Avoiding the ‘one size fits all’ approach
- Communicating for success
- Programs and activities that reflect our diverse communities
- Getting the timing and costing right and
- Organisational planning for cultural difference.

This discussion paper also identifies key recommendations to assist the health, community and fitness sectors to achieve successful engagement and participation of CALD communities in physical activity initiatives.
To create services that are truly focused on the needs of the communities, it is essential that organisations engage the broad spectrum of local consumers.
Introduction

The way in which service providers develop and implement physical activity programs is critical if they are to engage people from CALD backgrounds who make up a large percentage of the population. Victoria is Australia’s most culturally diverse state with over 23% of Victorians born overseas, coming from over 200 different countries. Of those born overseas, 72% were born in non-English speaking countries constituting a significant proportion of our population.

Physical activity is currently one of the Victorian Government Department of Human Services (DHS) health promotion priority areas and is being increasingly adopted by health and community service providers across the State. However, the effectiveness of physical activity initiatives for CALD communities has been identified by service providers as an under-explored area of service provision.

A literature review of physical activity initiatives with CALD communities identifies a gap in public health research in Australia due to a ‘lack of sound methods for data collection, study designs and interpretation of data evident in many public health research studies that refer to ethnicity’.[1] A lack of documented good practice in CALD community engagement in physical activity programs has certainly been evident in the development of this discussion paper.

While good practice in physical activity initiatives does exist for CALD communities, especially amongst community development workers, opportunities for sharing information about factors crucial for successful interventions have been limited to date.

Purpose of the Discussion Paper

The purpose of this discussion paper is to identify and present key considerations for health and community service providers to include in their planning, implementation and evaluation of physical activity programs for CALD communities.

This discussion paper also contains recommendations to assist both the health, community and fitness sectors to achieve successful engagement and participation of CALD communities in physical activity initiatives.

Context for this Discussion Paper

Through its work with health promotion service providers across Victoria, CEH has become aware that amongst service providers there is significant demand for research, information and workforce development about the way in which physical activity programs can better engage CALD communities. CEH is aware that where there are physical activity initiatives being facilitated with CALD communities in Victoria, there is an absence of clear documentation of the initiatives and any proper evaluation of their effectiveness in terms of strategies, impacts and health outcomes. Therefore the ability for the sector to learn lessons from current practice is limited.

Based on this knowledge of the health and community sector CEH accepted an invitation by MVM PCP to take a lead role in its PAN CALD Physical Activity Initiative to develop a report identifying good practice or key considerations for good practice.
MVM PCP is a voluntary alliance of primary care and health agencies that service the cities of Moonee Valley and Melbourne. The partnership is one of 30 such alliances across Victoria that work in partnership with local communities, local services and DHS to improve the health and well being of their local population.

Within the MVM PCP catchment the most common health issues are cardiovascular disease, respiratory disease, cancer, diabetes, injuries and mental health issues. In response to these health needs the MVM PCP identified physical activity as a health promotion priority in the MVM PCP Community Health Plan 2004-2006.

In this Plan the MVM PCP also prioritises population groups less likely to access mainstream physical activity options on their own. Consequently the MVM PCP Physical Activity Initiative focuses on CALD communities due to their large numbers in the catchment (especially newly arrived refugee groups) and their low engagement in current physical activity options.

This discussion paper is the result of CEH’s collaboration with MVM PCP.

Why Physical Activity and CALD Communities?

Physical activity is widely recognised as improving health and wellbeing and preventing illness and injuries such as heart disease and falls. In Australia physical inactivity is responsible for about 7% of the total burden of disease and rates second only to tobacco smoking as a significant contributor to disease in Australia.²

There is also growing evidence to suggest that Australians are becoming increasingly inactive. The National Physical Activity Survey in 2000 showed that 54% of Australians aged 18-75 years did not undertake leisure time physical activity at the levels recommended to achieve health benefit.³ In response to these figures, physical activity has become one of five DHS health promotion priority areas and is also a priority issue for Victoria’s leading health promotion organisation, VicHealth. In addition many women’s and community health service providers in Victoria are also currently engaged in work on physical activity as an organisational health promotion priority.

Efforts to promote and support participation in physical activity across the community are important, particularly in those groups that traditionally have low levels of participation. Almost all PCPs have identified physical activity as a priority area for new health promotion initiatives. Similarly CALD communities have been identified as low participation groups by numerous individual service providers across Victoria.

Anecdotally it is a widely held view that CALD communities have traditionally been underrepresented in physical activity programs and a number of studies have supported this view.⁴⁻⁵ Importantly, the National Health Survey summary results in 2001 reported that ‘persons born in Southern and Eastern Europe, North Africa and the Middle East report lower levels of physical activity. And persons born in Asia also report lower levels of exercise’.⁶
There is growing data indicating that CALD communities are over-represented in some areas of chronic disease. For example, ‘mortality rates for diabetes are higher for Australians born in parts of Europe, Asia and other countries. Proportionally more overseas born people in Australia reported having diabetes in 2001, approximately 35% of people of all ages who reported having diabetes in 2001 were born overseas, even though they comprise 23% of the population’.  

However, data relating to diabetes notwithstanding, research available indicating a higher prevalence of chronic diseases for people from CALD backgrounds is limited. This can partly be explained by the ‘healthy migrant effect’ which impacts on statistics about health and wellbeing. Health requirements for immigrants to Australia ensure that migrants upon arrival generally enjoy good health, if not better health, than the Australian-born population. However as the length of residence in Australia increases, the relative advantage that migrants have over the Australian-born population tends to decrease.

Data like this highlights the need to ensure that interventions to address health issues are also developed for people from CALD backgrounds.

Policy Framework

The importance of investigating CALD communities and participation in physical activity programs is also identified in the current policy environment in Victoria.

The Victorian Government’s Go for Your Life campaign focuses on the importance of physical activity in reducing burden of disease and improving health and well being for Victorians. When it was launched in 2004 the State Government implemented a tailored media program to promote the campaign for high risk groups within CALD communities. Go for Your Life information has been translated into five community languages reflecting the Government’s view of the importance of reaching CALD communities when encouraging physical activity.

Sport and Recreation Victoria has released A Five Year Strategic Plan for Sport and Recreation in Victoria 2005-2010. This Plan focuses on an inclusive and collaborative sport sector for all Victorians, including CALD communities.

The Victorian Government framework that attempts to address issues of social disadvantage further supports this. In 2005 the Department for Victorian Communities released A Fairer Victoria: Creating Opportunity and Addressing Disadvantage. A Fairer Victoria underpins the Government’s strategy to achieve greater equity and reduce barriers to opportunity by tackling disadvantage.
A focus group, with five local service providers, was used to generate further discussion on the topic including identifying workforce development issues.

Methodology
Methodology

Given the lack of information that currently exists about physical activity and CALD communities, CEH used two methods to investigate current physical activity initiatives that successfully engaged people from CALD backgrounds to inform this paper:
1. A literature review
2. Focus groups, interviews and case study collection with local service providers, and discussion with the PAN members for MVM PCP.

The latter research methods also served the purpose of identifying workforce development needs relating to this issue.

1. Literature review
The literature review aimed to find national and local documented and evaluated examples of physical activity initiatives with CALD target groups, as well as to identify enablers and barriers to engaging people of CALD backgrounds in physical activity programs. Due to a lack of documented and evaluated projects, the search was later broadened to research with CALD communities regarding physical activity.

2. Physical Activity Network meetings
Key findings from the literature review, interviews and focus group were discussed as part of structured meetings. This generated discussions that were used to inform the considerations for this paper.

3. Interviews, focus groups and case studies
Interview questions were developed by the PAN to elicit information regarding current practice in the area. The PAN, consisting of service providers with an interest in physical activity programs, also identified programs meriting survey. This decision was largely based on the knowledge within their respective networks of currently funded or recently completed projects. Members of the PAN administered the questionnaire to project officers either over the telephone or face-to-face. Responses from 14 projects were collected and results collated. Case studies were drawn from these interviews as a way to illustrate good practice.

A focus group, with five local service providers, was used to generate further discussion on the topic including identifying workforce development issues. In particular this focus group commented on challenges presenting in their work in this area and highlighted issues not previously identified through any other research approaches. The focus group participants consisted of YMCA staff and allied health professionals working within the MVM PCP catchment.
Findings and Key Considerations

CALD community attitudes vary when it comes to the appropriateness of types of settings that physical activity initiatives are run from.
Findings and Key Considerations

The findings, drawn from the research, have been collated under headings as key considerations for service providers responsible for planning, implementing and evaluating successful physical activity programs:

1. Attitudes to physical activity
2. Gender as an important factor
3. Engaging communities for the development of physical activity initiatives
4. Avoiding the 'one size fits all' approach
5. Communicating for success
6. Programs and activities that reflect our diverse communities
7. Getting the timing and costing right
8. Organisational planning for cultural difference.

Attitudes to physical activity

The notion of what is physical activity and exercise varies between and within CALD communities. In a study undertaken in 1997 amongst different CALD communities in NSW, physical activity and exercise were defined as ‘the expending of energy and planned events’. Tai Chi or swimming were considered such activities. Although not all ethnic groups agreed with these definitions and examples, participating CALD communities also defined physical activity as ‘normal activity’, such as housework and walking.

Different perspectives of what is physical activity amongst CALD communities, influenced by ethnicity and cultural background, contributes to attitudes that determine participation in physical activity.

Some participants saw socialising as a motivator to engage in physical activity while others recognised and sought health benefits through participation in physical activity. Some saw ill health as reason not to engage in physical activity while others saw it as a means of alleviating it.

Historically, some ethnic groups do not come from a ‘sporty’ culture and for members of such communities engaging in what may seem as ‘artificial’ physical activity, to alleviate their new sedentary lifestyle, may seem unusual and unnecessary. Culture based on ethnicity, can significantly influence how, when and why CALD communities engage in physical activity programs.

CALD community attitudes also vary when it comes to the appropriateness of types of settings that physical activity initiatives are run from. The literature review identified many CALD communities preferred to be outdoors, particularly in park settings. Focus group participants identified the lack of appropriate indoor venues for a number of local CALD communities. Both focus group participants and the literature review highlighted home as a desirable or complementary setting for physical activity.

The appropriateness of the types of activities is also an important consideration when developing physical activity initiatives for CALD communities. For example parental encouragement of young people’s participation in sport differed between ethnic groups. Service providers at the PAN revealed that parents from one CALD community ‘preferred their children to participate in study rather than sport’, whilst parents from another CALD community expressed their desire to have their children participate in sport ‘to avoid rebellion, mixing in wrong crowds and bad behavior’.

PAN members identified that the development of ethno-specific teams in organised team competitions, such as soccer, were seen by some parents as a means of cultural maintenance and something that these parents felt more comfortable with. This allowed participants and supporters (mainly parents) to feel a sense of belonging because they shared in the same language and culture with others involved in similar physical activity initiatives.
Focus group participants spoke about the challenges that arise from different cultural expectations. One example given by service providers was ethnic community members not turning up and leaving at the program’s publicised time. This generated a lot of comments from focus group participants who saw it as an issue they were all familiar with.

Another example given by focus group participants was the degree of parental supervision deemed acceptable when children were in a swimming pool area. This is applicable more to communities where the raising of children is seen as a community responsibility and not just that of parents. Being aware of parental attitudes can assist in the success of CALD community participation in physical activity initiatives.

... [getting across] safety messages around the pool is important, but kids in their community look after one another a lot more... (focus group participant)

The issues identified by service providers challenge widely acknowledged mainstream values that underpin current service delivery. Whilst standards in service provision cannot be ignored in the development of physical activity initiatives for CALD communities, being aware of the attitudes of CALD community participants can enhance the long term effectiveness of programs.

Gender as an important factor

Gender is an important consideration when developing physical activity programs. Literature identifies that this is an issue particularly affecting women’s participation in physical activity and more specifically, sport. Some of the literature identified sport as “gendered”, that is, it is commonly projected as a legitimate male activity in mainstream Australian society and is therefore not one that girls and women readily identify with.\(^1^2\)\(^-^\)\(^1^4\)

However, one study questioned the legitimacy of the ‘culture’ rationale, as “there is no evidence to support that... (women of non-English speaking background)... are more likely to be embarrassed, or that they feel a need to seek permission from family members before attending exercise programs.”\(^1^5\)

... for young people who are new to Australia, navigating their way around the structured sport system can be confusing and intimidating. The program hoped to provide an opportunity where the young women could participate in an environment that they felt comfortable and confident... (CMYI case study)

Some literature identified that women from CALD backgrounds may feel uncomfortable about sports attire.\(^1^7\) Focus group participants identified that women from certain religious backgrounds regard some sports attire as a barrier to participation in physical activity initiatives.

A number of interviews also stated that getting permission from CALD parents for young girls to be involved in sport was generally more difficult than getting the same permission for young boys.

In relation to gender, focus group participants identified a lack of female only facilities in their area, particularly outdoor venues, where women could feel safe. For example, focus group participants saw women only outdoor venues as a means of reducing vitamin D deficiency (through skin exposure to sunlight) amongst newly arrived women from veiled communities (which includes headscarves, long sleeves and full leggings). Focus group participants often found it hard to source outdoor venues where women can unveil to engage in physical activity. Separately, PAN members identified safety as an issue to consider when sourcing appropriate outdoor venues. For Muslim women safety was an issue that fluctuated depending on the broader community’s sentiment in response to local and international religious conflicts.
Gender is an important consideration in the development of physical activity initiatives for CALD communities as it also impacts on the safety requirements of physical activity providers. Issues of cultural comfort versus safety were raised as a dilemma by focus group participants. An example given was one involving water related physical activity initiatives. One focus group participant recalled a near drowning when trying to pull somebody from the pool wearing baggy clothes.

Both the literature and focus group participants identified childcare as a female responsibility that prevents CALD women’s participation in existing physical activity programs. The role of women as carers, especially in some CALD communities, means that many existing physical activity programs do not adequately accommodate the associated family responsibilities, such as provision of childcare. Use of culturally appropriate childcare options should be considered as part of planning for physical activity programs for women with young children.

Whilst service providers should not make assumptions about CALD communities it is important that they are aware that gender may impact on the success of the physical activity initiative.

Engaging communities for the development of physical activity initiatives

Community and service provider partnerships were identified in much of the reviewed literature, and in the interviews, as critical to the long-term sustainability of a physical activity programs. Interview and focus group participants also identified that good relationships with ethno-specific organisations or individuals within CALD communities were a success factor.

... six months after my first introduction to the young mums from the Horn of African community, we were about to run the first focus group. Community engagement was achieved by working in close liaison with the Access Worker who would telephone the women and talk with them about the focus group and promote and encourage their attendance... (DGCHS case study)

‘Community ownership’ is a phrase that was repeatedly used by focus group participants and service providers interviewed for this paper. Genuinely engaging CALD communities was seen as a means of ensuring physical activity initiatives were targeted to community needs and addressed the concerns or preconceived ideas about the value of such activity.

... after consultation with the Noble Park English Learning Centre a 4-week Basketball program was delivered at the school. English Language Centres cater for all newly arrived young people whose first language is not English and was a good place to meet community members... (CMYI case study)

Importantly the focus group participants raised concerns about poorly considered and executed CALD community engagement initiatives resulting in damaging relationships with CALD communities who have experienced ‘consultation fatigue’.

Engaging CALD communities needs to be considered when planning physical activity initiatives. Getting this right is a sure way to achieve relevant and popular activities amongst community members without exhausting opportunities to develop new initiatives in the future.
Avoiding the ‘one size fits all’ approach

Transferring a program that seemed to work well for English-speaking communities, with little regard for underlying ethnic and cultural considerations was identified by service providers, as well as in the literature, as problematic and often resulted in unsuccessful program delivery.19

... being open to practices that we otherwise would disagree with is a must. I feel it is important to bring to your attention here to the apparent constant need of the community to be contacted by telephone the morning of the group and be reminded. This was a practice the access worker accepted, unlike myself and when I insisted it cease, we resulted in a one-person show... (DGCHS case study)

A variety of non-mainstream activities need to be on offer to entice a non-mainstream population.14 Physical activity projects tailored for specific CALD groups showed evidence of success in objective health measures20, 21 but crucial to this success was the existence of adequate planning and partnership approaches by service providers.18, 19

Focus group participants expanded on the issues associated with the transferability of programs from one ‘ethnic’ group to another stating the need to be aware of diversity within diversity, citing examples of differences in age groups, gender, tribal or clan identities which may result in different needs and expectations. Service providers need to take this into account and not assume a single program will be able to cater to the needs of all people within one ethnic group.

Communicating for success

The lack of marketing strategies designed to encourage CALD communities to participate in physical activities is a significant contributing factor to the lack of awareness about available physical activities amongst CALD consumers, and hence participation rates.16

Standard good practices that apply to communication in mainstream society, such as knowing your audience and tailoring your message accordingly, equally apply to communication techniques for CALD communities.

... while we thought that at first language could be a barrier we soon realised that there were many ways of communicating without language. With the support and help of the teachers and some excellent coaches the language issue was easily addressed by using visual demonstrations or finding new ways of delivering messages... (PAN member)

The literature highlights that an awareness of the benefits of physical activity varies across ethnic groups.4, 10 Interviewees and focus group participants stated that this was due to a lack of promotional materials in languages other than English. Bi-lingual workers were identified as a good way to promote and deliver successful physical activity programs.
Another communication tool identified in the literature that appears to increase the motivation of CALD communities to undertake exercise was having the physical activity recommended by a health professional, particularly doctors, or encouraged by leaders or workers from their own community.\(^{10}\)

... we tried really hard to communicate. You need a bilingual worker or somebody who really gets to know the community... we get good attendance. I think it is really important to have a bi-lingual worker... (DGCHS case study)

Communicating for successful physical activity initiatives is also influenced by competing pressures on new arrivals in Australia. PAN members and focus group participants identified that physical activity is perhaps seen as a low priority for some recently arrived communities, particularly those who arrived as refugees, who have other more immediate settlement concerns such as employment and education. The experience of being a migrant, particularly for the recently arrived, meant that there were other imperatives occupying their time, such as learning English, finding employment, securing economic security and fulfilling Centrelink obligations.\(^{16}\)

... one of the greatest challenges is promoting the program... (focus group participant)

For this reason ensuring that all marketing of physical activity programs is done in community languages and with messages that will resonate with CALD communities is essential if they are to engage in initiatives that are developed.

... in order encourage them to do exercise at home, during the holiday breaks, the physiotherapist produced a take home exercise sheet and translated it into Chinese, allowing the group to do exercise during the Christmas and New Year break in their own time. We produced a videotape of an exercise... (DGCHS case study)

The way in which activities are represented on paper may not resonate or be translated effectively into other languages. Messages, concepts and images relating to physical activity may need to be adjusted depending on the outcome of consultations with each community being targeted. All translations of materials about the benefits of physical activities and the physical activity options that exist in local areas needs to be undertaken in consultation with ethno-specific organisations or community members. Testing ideas for programs or communication messages with the CALD communities themselves was highly recommended by interviewees and focus group participants.

Focus group participants, interviewees and PAN members generally agreed that word of mouth was the most effective way to get people involved in programs. This was agreed as some words and phrases, and most often slogans, translate poorly and can lead to misinterpretations and misunderstanding by some CALD community groups. Service providers should also consider how they present physical activity programs. ‘Come and try’ days targeting particular CALD communities was identified as a means of encouraging CALD community members to familiarise themselves with services that offer physical activity programs.

Communicating for success requires that service providers engage with CALD communities to get their messages right. Utilising the appropriate media is also important alongside recruitment of bi-lingual workers or leaders to assist with communication processes.
**Programs and activities that reflect our diverse communities**

When developing physical activity initiatives service providers need to consider the way in which the physical activity programs being developed reflect the community they are trying to engage. The literature reviewed, focus group participants and interviewees identified that increasing CALD communities’ participation in physical activity programs can be achieved by growing a culturally diverse workforce in physical activity or health promotion industries.

In 2001 a study conducted in Western Australia found that in comparison to an estimated 13.6% of the population being non-English speaking migrants to Australia, or up to 40% if second generation is included, only 6% of CALD people were employed in the sport and recreation industry, and very few participants were found to be involved in a voluntary capacity. According to this study, low industry involvement impacts negatively on CALD community participation generally.

In particular, bilingual facilitators or group leaders are strongly identified in the literature as an important factor in CALD community participation in physical activity programs.

> ... we have trained a peer leader and the support person of the same cultural background as the group. Eliminating language barriers through myself and the Chinese peer leader’s ability to speak Chinese allowed the group to feel more comfortable and participate more readily... (DGCHS case study)

PAN Working Group members and focus group participants also identified a lack of bi-lingual staff that can run programs for CALD community groups. They regarded bi-lingual staff as critical to the sustainability of service provider initiated programs.

> ... I am of Chinese background myself and have a strong link with the community, so found it easier to build trust and a good relationship to allow the group to feel comfortable to participate in exercise. There were many exercise groups around the area but none of them were culturally appropriate for Chinese elderly. That gave me strong reason and a commitment to advocate for a group and to keep the group sustainable... (DGCHS case study)

Service providers interviewed for this paper reported that many of their groups would have continued had there been an appropriately qualified person from the community who could continue to lead the activities once agencies withdrew their staff from the programs.

> ... the physiotherapist suggested she would provide the exercise sessions in the short-term whilst I identified the peer leaders and get them trained up in performing the exercises at the same time in order for the group to become sustainable... (DGCHS case study)

PAN members and focus group discussions identified two main reasons why there were not enough people of CALD backgrounds available to be involved in such programs. One reason was that bi-lingual workers experienced burnout contributed by a lack of support from their agencies and from the heavy reliance from the CALD community that they were working with. A consequence of this is the bi-lingual worker withdrawing his or her availability to do this work or seeking alternative employment, thus leading to high turnover of community members in these roles.

> ... one of the things that we have found in our networks was that cultural workers... the roles that have been offered [to them] are so minimal that they might do it for a while, get stuck into working with that community (particularly the Horn of Africa) and then they’ll look for another job that is more hours, which they will take because they need more work. And then you have lost that worker and you have to start again... (focus group participant)
Findings and Key Considerations

The other reason was that there was a language barrier that existed when trying to successfully complete the existing relevant industry qualifications which currently require a broad pre-existing educational knowledge (such as biochemistry) and a high level of English language proficiency.

It is important to note that CALD consumer participation did not rely solely on the skills of the direct service provider. A welcoming broader staff environment was also identified of parallel importance along a continuum of service delivery, from driver pick-up through to entry through reception at leisure centres and sporting facilities. Interviewees and focus group participants identified cross cultural awareness education for service providers as a useful way of improving the work environment for staff from diverse backgrounds.

Having an environment that overcomes language barriers and reflects community diversity can provide a powerful message to encourage participation.

Getting the timing and costing right

Timing of physical activity programs is a key factor that must be considered in the context of engaging CALD communities. Taking into consideration school drop off and pick up hours as well as daylight hour programs for safety reasons is important when planning a physical activity program, particular for CALD women or the ethnic aged.

... the timing of the focus group was always going to be difficult as these young mums had children of various ages and needs. Lunch time was chosen by the Access Worker as being most suitable to the mums. Prayer time had to be factored in despite the fact that I did not wish a group session to be interrupted... (DGCHS case study)

Making sure physical activity programs are planned to suit the lifestyles of CALD communities, where possible, is an important consideration for service providers. Another important consideration is particular national, cultural and religious calendars. For example, the period including the week leading up to and following Ramadan is generally not a good period to conduct a physical activity program for Muslims that observe this fasting and feasting period.

... before and after Ramadan there was a drop off in attendance... (focus group participant)

The cost of programs was also identified by focus group participants and interviewees as an important consideration, especially for some new arrival communities that may not have much expendable income. Trying to encourage CALD community members to pay for their attendance at physical activity programs was challenging when communities do not find activities appropriate or necessary. Community groups may query the need to pay fees once they are introduced for services or programs they previously received free of charge.

... funding is not ongoing and trying to convince people to pay is difficult... we don’t just have never ending money... (focus group participant)

Ensuring that physical activity programs are delivered at a time in the year and a day in the week that will appeal to CALD communities is important for ensuring the ongoing sustainability of new programs. When considering charges, the need to pay must be balanced with the ability to pay. Think creatively when it comes to cost: can ‘off-peak’ prices be negotiated? Does a uniform need to be bought for this activity?
Organisational planning for cultural difference

Service providers need to consider their organisational preparedness for planning, implementing and evaluating physical activity programs for CALD communities. To guarantee the success and sustainability of effective physical activity programs for CALD communities, service providers should ensure that there are no organisational impediments.

For example: policy and procedures relating to language services should support communication objectives for service providers engaging CALD communities. Community engagement policies and procedures, especially relating to CALD communities during the planning phase of physical activity programs, would also support organisational relationship building with CALD communities and serve to enhance the cultural appropriateness of physical activity programs, and increase participation rates. Worker roles in the delivery of programs may also need to be altered to ensure successful engagement.

... we had a bi-lingual worker who rang people on the day to tell them to come to the program... she said you have to do this to get them to come... (focus group participant)

Relationship building was identified as a critical factor in working successfully and in a sustainable way with CALD communities. Relationship building can be overlooked in project planning or not a consideration in funding applications. Often, the resources and time required for relationship building are not considered or budgeted for in the planning stage. Relationship building and measures taken to overcome language and cultural barriers must be budgeted within any program targeting a CALD community, particularly ones that are hard to reach.

Recruitment policies relating to physical activity programs should also be reviewed to ensure that programs are staffed by community members that are reflective of local CALD community populations. Service providers may need to consider how and where jobs within the industry are advertised to ensure that people from CALD backgrounds are made aware of job opportunities. Advertising positions that encourage bi-lingual or bi-cultural applicants is also useful for service providers to consider when recruiting for physical activity programs.

... I also emphasised the training and support provided to the peer leader, to give assurance to the group that it is valuable to keep the group going. The fact the peer leader was trained was a reason they felt comfortable to keep coming to the group... (DGCHS case study)

Workforce development strategies to support workers in the industry are also a valuable approach for service providers to integrate into their staff professional development plans and budgets. Cross cultural awareness education for workers, which may include a mixture of general and ethno-specific information would support all staff in their work with CALD communities.

Finally, the evaluation of physical activity programs for CALD communities is essential if good practice is to grow and knowledge is to be shared. Service providers should consider evaluation processes, techniques and the value of outcomes for future program planning and service delivery. Learning from the CALD communities themselves about what works and does not work can be extremely useful in building bigger and better physical activity programs.

All of the key considerations for successfully engaging with CALD communities in physical activity initiatives identified in this paper would benefit from systemic organisational support: policies; procedures; and funding to ensure that engagement with CALD communities is ongoing.
That relevant research is undertaken, at a population health level, regarding the effectiveness of physical activity programs that engage people of CALD backgrounds in order to address the existing knowledge gap.

Recommendations
Recommendations

On the basis of the research findings, CEH makes the following recommendations:

1. That service providers take into account the key considerations contained in this report when developing and implementing physical activity programs for CALD communities.

2. That relevant research is undertaken, at a population health level, regarding the effectiveness of physical activity programs that engage people of CALD backgrounds in order to address the existing knowledge gap.

3. That Kinect Australia assists in identifying Registered Training Organisations that are able to design and deliver appropriate fitness qualification courses to people from CALD communities in order to address the lack of trained bilingual fitness instructors and to build up community capacity in those communities.

4. That Centrelink recognises this revised accredited fitness leadership training as an approved course for unemployed job seekers undertaking job training courses.

5. That organisations review their policy and procedures relating to employment of bilingual/bicultural staff and the engagement of CALD communities to improve their health promotion initiatives in particular physical activity initiatives.

6. That CEH develop and deliver education on cross cultural awareness to the health and fitness sectors to enhance their responsiveness to CALD clients and communities.

7. That the Federal and State Governments evaluate the Go For Your Life campaign and National Physical Activity Guidelines to determine their effectiveness for CALD communities.
Useful Resources, Websites and References
Useful Resources, Websites and References

Centre for Culture Ethnicity & Health
For useful tip sheets and reports for generally working with CALD communities, including recruiting and working with bilingual staff.

Centre for Multicultural Youth Issues
For useful resources specifically for working with young people of CALD backgrounds including tip sheets and community profiles.
http://www.cmyi.net.au/CMYIPublications

Communicating with Culturally and Linguistically Diverse Victorians (the CALD Report)
The results of qualitative research commissioned by the State Government with the aim of identifying the preferred means by which specific categories of CALD Victorians, across 20 language groups, like to receive information about government services.

Health Translations Directory
Serves as a web portal providing direct links to translated health resources in Victoria, other states and Federal Government resources.

The People of Victoria: Statistics from the 2001 Census August 2003
A wide range of statistics can be found here, including concise 4 page demographic profiles of Local Government Areas that includes information on country of birth, language spoken at home, English language proficiency of some language groups and religious backgrounds.
Useful Resources, Websites and References

Other resources available from the Centre for Culture Ethnicity & Health include:

**Reports**

- Language Services in Victoria’s Health System: Perspectives of Culturally and Linguistically Diverse Communities
- Language Services: Good Practice in the Victorian Health and Community Sector
- Consumer Participation and Culturally and Linguistically Diverse Communities

**Resources**

- Assessing the Need for an Interpreter
- Bilingual Staff Roles and Organisational Supports
- Communicating with Clients with Low English Proficiency
- Culturally Inclusive Health Assessment
- Recruiting Bilingual Staff
- Reviewing Existing Translated Materials - Checklist
- Translating Health Promotion Materials into Community Languages
- A Practical Guide to CALD Consumer Participation
- Making Focus Groups Culturally and Linguistically Appropriate

To access electronic copies of any of these resources, please visit [www.ceh.org.au/resources/resbyceh.html](http://www.ceh.org.au/resources/resbyceh.html)

**Training Workshops**

We also offer organisational training workshops in the following areas:

- Consumer Participation and Culturally and Linguistically Diverse Communities
- Cross Cultural Communication
- Culturally Inclusive Health Promotion
- Inclusive Health Assessment
- Palliative Care and Cultural Diversity
- Valuing Cultural Diversity

For further information on our training program, including our annual calendar of training, please visit [www.ceh.org.au/education](http://www.ceh.org.au/education)