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Table 3 Case study examples of PA adaptations for BME populations

Intervention/ programme	Use of community resources to publicise the intervention and increase accessibility	Identify and address barriers to access and participation	Develop communication strategies which are sensitive to language use and information requirements	Work with cultural or religious values that either promote or hinder behavioural change	Accommodate varying degrees of cultural identification	Build capacity and confidence for sustainability
Tandrusti Project of the Workers' Educational Association, West Midlands	Used community networks to promote the intervention – community workers marketing by 'word of mouth'. Very wide range of local community organisations partnered the project – promoted local accessibility.	Researched and addressed barriers relating to gender, socio-economic status and age prior to interventions. Arranged collective use of PA resources in broader community e.g. parks and open spaces specifically aimed at 'opening up' facilities and places otherwise underused.	Communication sensitive to the abilities and knowledges of the groups – e.g. multi-lingual tutors. Communication materials (e.g. leaflets) modified to account for low literacy (e.g. using graphics/pictures).	Explored religious values and how PA may be constrained by them. Challenged by adapting delivery – e.g. men or women only; particularly vulnerable groups time in the community gym e.g. Yemini women. Embedded wide-range of religious festivals into delivery. Community gyms located at places of worship to link faith to health.	Cultural affiliation accounted for in different elements of the programme delivery e.g. similar interventions delivered to different groups at different times in locally relevant settings. Provision seeks to bring existing self-affiliating groups together for PA e.g. elders groups.	Trained volunteers from the community to be health champions. Trains and advises other statutory and non-statutory agencies in culturally appropriate PA provision. Used positive language e.g. 'learners' rather than 'low education': promoting high self esteem.
Fit as a Fiddle Moving Moments project – Faith and Community Strand Project led by Sporting Equals; contracted by Age UK	Used 'BME infrastructure organisations' to help recruit BME volunteers to deliver Health and Wellbeing sessions for local BME groups. Volunteers recruited from the community. Participant groups involved in planning, marketing and implementing.	Consultation exercises conducted to identify what participants comfortable with; sensitive to differences between BME groups. Work with perceived barriers relating to dress, faith practices by ensuring participation not prescriptive but sympathetic. Physical accessibility addressed through delivery by locating in/near places of worship.	Delivery in community languages (e.g. Punjabi) and according to "cultural context of their lives". Emphasis on the development of trust in delivery; focusing on areas of common interest before directly addressing health issues.	Linked religious teaching to promote health messages. Places of worship used to promote activity. Focussed on cultural values relating to weight loss, feeling healthier and easing stress.	Self-affiliating older groups brought together for PA. Used themes of identification and association e.g. 'memories of home' to engage volunteers. Connections forged through music from the culture of the participants. Volunteers with similar backgrounds to beneficiaries used to engage older Asian groups.	Devised a 'good practice guide' as an outcome of the project. Trained volunteers to capacity-build. Comprehensive cultural competency part of volunteer training.

					'Buddies' used to provide support and encouragement.	
Every Step Counts Walking for Health Outreach Programme	Project sought out places of congregation e.g. community centres. Identified 'local ambassadors' to give project credibility and enhance accessibility. Promotional material (fliers, posters) distributed around population-relevant locations e.g. Asian supermarkets, shops.	Identified barriers through consultation with local people/target user-group. Project that specifically targeted S. Asian women patterned around domestic/ childcare responsibilities on request of participants.	Interpreters (informal) used where required. Training for community walk leaders adapted to account for literacy levels and English as an additional language – pictures used in material, minimising text.	Working with the 'pull' of non-health outcomes such as social contact, the opportunity to make new friends and cross-generational contact in promotion of programme. Tackling social fears (e.g. perceived dangerous places) by accessing those places as a group. Avoiding potential cultural barriers to PA through choice of activity: walking requires no equipment, change of clothes etc.	Ladies-only groups set up in response to requests by participants. Walk leader training offered to participants; leaders from the community.	Recognition of social isolation and other – non-health related vulnerabilities acted on by incorporating confidence-building visits on walks; example of signing up for ESOL on walk that included local library. Training participants as walk leaders.