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APPENDICES

Appendix 1

REVIEW CRITERIA

Q1: Are there specific CALD groups in NSW with high prevalence of risk factors for developing Type 2 Diabetes, or with higher incidence of the disease?			
Title			
Author		Source	
Cultural Group		Country	
A. CLASSIFICATION OF STUDY:	Intervention/ Non-Intervention		
B. TYPE OF STUDY:	Meta-analysis/ Systematic Review/ Randomised Control Trial/ Cohort/ Case-control/ Case-series/ Observational/ Cross-sectional		
C. ASSESSMENT:	Qualitative/ Quantitative/ Combined		
D. QUALITY:			SCORE
1. Is there a clear rationale – is the issue/problem to be addressed clearly specified?			Y/N
2. Is the research question unequivocally stated and appropriate to the specified study issue/problem?			Y/N
3. Methods:			
i. Does the study clearly describe the design, subjects, tools and data collection? (ie. could someone else repeat it?)			Y/N
ii. Are the population characteristics and size described (representative)?			Y/N
iii. Is the intervention clearly specified?			Y/N/NA
iv. Can the type of data collected answer the research question?			Y/N
E. RESULTS:			
1. How was the data analysis done?			
2. Would someone else be able to repeat the data analysis?			Y/N/NS
3. Was the data analysis appropriate to the research question?			Y/N/NS
4. Was the data correctly interpreted?			Y/N
5. Does the data support the authors' claims?			Y/N
6. Describe the study:	Population:		M/F/B A/C
Size:	Diabetes:		Y/N
Health Problem:			Total Score:
			Percent:
F. SUMMARY:			
Describe the intervention and/or data collection methods used (eg. tools)			
Summarise the overall outcomes/findings			

INSTRUCTIONS TO SCORERS

Scoring code: YES = 1, N/A = 1, NO = 0, NS = 0

Abbreviations: N/A = Not applicable

NS = Not stated

M/F/B = Male/Female/Both

A/C = Adult/Child

Health Problem - refers to a health problem other than diabetes (eg obesity)

Apply scores to the sections on Quality, Methods and Results only (ie all the Y/N questions)

QUALITY

1. Is there a clear rationale - is the issue/problem to be addressed clearly specified?
Y/N 1 or 0
2. Is the research question unequivocally stated and appropriate to the specified study issue/problem?
Y/N 1, 1/2 or 0

METHODS

- i. Does the study clearly describe the design, subjects, tools and data collection? Y/N
- ii. (ie. Could someone else repeat it?)
- iii. Are the population characteristics and size described (representative)? 1 1/4, 1/2, 3/4 or 0
- iv. Is the intervention clearly specified?
Y/N?NA 1 or 0
- v. Can the type of data collected answer the research question? Y/N 1 or 0

RESULTS

All results questions must be scored as 0 or 1

Ambiguous Questions

Methods

Question iv

Refer to the question or issue raised by the authors in their introduction, if not specifically stated as an aim.

Results

Question 1

All data is analysed in some way, even if interviews are simply sorted into themes

Question 5

refers to whether or not the discussion accurately reflects the results NOT do the results support the original hypothesis.

Appendix 2

Priority Needs for CALD Communities – Diabetes Australia

Executive summary

This report represents findings from the Identification of Priority Needs for Nutrition Information Materials to Cater for Australia's Culturally and Linguistically Diverse (CALD) Communities Project. It is well known that managing a complex chronic disorder such as diabetes is difficult for people when English is their first language and when access to education resources and a health care system that they are 'familiar' with is available. What then must be the issues surrounding diabetes management and care for a person with diabetes from a CALD community?

Within the current Australian health system model, health professionals struggle to meet the health needs of people from CALD backgrounds. Health education approaches used in the past that relied upon a demographically and culturally similar population living within a geographical location do not really reflect the reality of many communities within Australia today. Many urban communities now have many cultural groups residing within them, and as a consequence the makeup and dynamics of Australia's ethnic communities are changing. Public health workers are constantly required to redefine the populations they are working with and adjust programs to the actuality of the community.

This project, funded under the National Diabetes Services Scheme (NDSS) – an initiative of the Australian Government administered by Diabetes Australia Ltd., will assist every organisation interested in improving diabetes services and delivery. The project was originally seen as an opportunity to acknowledge and build upon any existing diabetes best practice models for CALD community clients; however, the reality was that it found health professionals and health workers struggling to meet even the basic nutrition/diabetes education needs of many CALD community clients, and CALD clients unaware of diabetes services available for them. The project, though, has contributed enormously to understanding and acknowledging the issues faced by CALD community members with diabetes by creating an opportunity to hear the 'community's voices'.

This achievement has been possible only as a result of the Australian Diabetes Educators Association (ADEA) and the Dietitians Association of Australia (DAA) working collaboratively towards the common goal 'better diabetes services for all Australians'. The assistance of the project advisory committee has enabled so much to be achieved in a short timeframe.

Source: Diabetes Australia (2004/2005). Identification of Priority Needs for Nutrition Information Materials to Cater for Australia's Culturally and Linguistically Diverse (CALD) Communities. Australian Government - National Diabetes Services Scheme (NDSS), Canberra, Australia. Available online at: http://www.diabetesaustralia.com.au/_lib/doc_pdf/reports/CALD-Nutrition.pdf

Appendix 3

Centre for Culture, Ethnicity and Health, Discussion Paper

Executive summary

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.

Source: Centre for Culture Ethnicity & Health (2006). Engaging Culturally and Linguistically Diverse Communities in Physical Activity: A Discussion Paper. Centre for Culture, Ethnicity & Health, Melbourne, Victoria. Available online at: <http://www.ceh.org.au/resources/resbyceh.html>

