



## **ACTIVEIntegration: Implementing a Community Physical Activity Program for New Canadian Women**

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## Abstract

Community-based physical activity (PA) can promote community relations and social integration, particularly for newcomer women. Our study implemented and assessed a PA program for new Canadian women designed to remove barriers and open channels for social integration. Phase one used focus groups with new Canadian women ( $N = 31$ ; 15 different countries; e.g., Ethiopia, India, Korea, Libya, Syria, Mexico) and identified typical and unique issues for PA following immigration, as well as preferences and suggestions for PA involvement. Phase 2 involved a regional scan of community-based PA initiatives for newcomer women. Existing programming appeared limited in number, short-term in nature, difficult to identify, and targeted younger age groups. Phase three involved implementing and assessing a PA program tailored to new Canadian women (three cycles of programming). The evaluation of our ACTIVEIntegration PA program provided evidence of a viable/sustainable PA program addressing the unique needs of newcomer women to Canada.

**Keywords:** immigration; exercise; social integration; qualitative research

## Résumé

L'activité physique (AP) communautaire peut favoriser les liens communautaires et l'intégration sociale, en particulier pour les femmes immigrantes. Notre étude a mis en œuvre et évalué un programme d'AP destiné aux nouvelles arrivantes au Canada, conçu pour lever les obstacles et faciliter leur intégration sociale. La première phase a consisté en des groupes de discussion avec 31 nouvelles arrivantes ( $N = 31$  ; originaires de 15 pays différents, dont l'Éthiopie, l'Inde, la Corée, la Libye, la Syrie et le Mexique). Ces groupes ont permis d'identifier les difficultés typiques et spécifiques rencontrées en matière d'AP après l'immigration, ainsi que les préférences et suggestions des participantes. La deuxième phase a consisté en un examen régional des initiatives d'AP communautaires pour les nouvelles arrivantes. Les programmes existants semblaient peu nombreux, de courte durée, difficiles à identifier et ciblant les jeunes. La troisième phase a consisté en la mise en œuvre et l'évaluation d'un programme d'AP adapté aux nouvelles arrivantes (trois cycles de programmation). L'évaluation de notre programme d'AP ACTIVEIntegration a démontré sa viabilité et sa pérennité, et son efficacité à répondre aux besoins spécifiques des nouvelles arrivantes au Canada.

**Mots-clés:** immigration; exercice physique; intégration sociale; recherche qualitative

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## Introduction

Canada's global reputation is one of welcoming newcomers and embracing ethnocultural diversity. In 2022, a historic milestone was achieved when the Canadian population increased by over 1 million people in a 12-month period primarily due to international migration (Statistics Canada, 2023a). Immigration is expected to continue driving the nation's population growth to the extent that, by 2041, half of the population will comprise of immigrants and their Canadian-born children (Statistics Canada, 2022a). Interestingly, the majority of newcomers self-report better physical and mental health than individuals born in Canada due to selection processes and immigration policies, though the health of recent immigrants tends to decline over time (i.e., the "healthy immigrant effect"; De Maio & Kemp, 2010; Ng & Zhang, 2020; Subedi & Rosenberg, 2014; Vang et al., 2015). Many newcomers encounter difficulties settling in a new country (e.g., re-locating to a new home and community, learning a new language, adjusting to cultural norms of the host country, finding employment, accessing resources, coping with discrimination, and re-building social networks) and these experiences are negatively associated with their mental health and well-being (Chadwick & Collins, 2015; Ng & Zhang, 2020; Simich et al., 2005). This reality highlights the importance of early intervention to promote adaptive settlement experiences and opportunities for social integration.

Social integration, which is "the removal of all barriers to full participation in the host society", is a key factor for the settlement of immigrants (Hainmueller et al., 2017, p. 257). Immigrants who successfully integrate socially are likely to have greater economic mobility, political participation, and ability to contribute to their host country (Hainmueller et al., 2017). Community-based sport and physical activity (PA) represents one context that can be used to promote community relations and social integration of newcomers (Middleton et al., 2020; Sibson & Stanway, 2022; Simonsen & Ryom, 2023). However, complex interactions of intra-individual and extra-individual factors ultimately discourage (or enable) newcomers' PA involvement post immigration (Curtin et al., 2018; Zou et al., 2021). A social ecological approach to understanding PA behaviour acknowledges the impact of intrapersonal, interpersonal, institutional/organizational, environmental, community, and policy factors (Sallis et al., 2006). This approach, emanating from prior ecological frameworks in health promotion (McLeroy et al., 1988) and human development (Bronfenbrenner, 1977), has been used to study PA participation and can facilitate an understanding of the many correlates that interact to impact PA opportunities and involvement of newcomers, which may differ from those experienced by other populations in the community (Curtin et al., 2018). Overall, researchers recommend developing culturally-sensitive, safe, and inclusive PA initiatives that account for the characteristics, needs, values, and perspectives of newcomers (Curtin et al., 2018; El Masri et al., 2019; Middleton et al., 2020; Zou et al., 2021).

The provision of PA, and the consequent social opportunities, may be particularly beneficial to *newcomer women* from the perspectives of both wellness and social integration. Despite a better initial physical and mental health status described via the healthy immigrant effect, new Canadian females (compared to Canadian-born women) were less likely to perceive their overall health as 'good' or 'excellent' (Bushnik, 2016), and recently immigrated women (< 10 years in Canada) were less likely to self-report meeting national guidelines of at least 150 minutes of moderate-to-vigorous PA than recently immigrated men (Majed et al., 2024). This may be due to the additional challenges to PA engagement that are distinct to newcomer women's experience of migrating, settling, and transitioning to life in a new country (Curtin et al., 2018;

Majed et al., 2024). Barriers range from personal factors (e.g., PA attitudes/knowledge, language/driving skills) to environmental issues (e.g., weather, women-only environments; Canadian Women & Sport, 2021; Curtin et al., 2018; Simonsen & Ryom, 2023; Zou et al., 2021).

Recently, Canadian Women & Sport (2021) developed a handbook to provide strategies to engage new Canadian girls and women in PA based on data from a three-year project involving 162 initiatives, 320 partners, and 4,025 participants over a three-year period. This handbook collated and summarized several streams of information including the collective learnings of partner collaborations throughout Canada, the expertise of Immigration, Refugees, and Citizenship Canada, as well as 20 focus groups and 14 workshops with stakeholder groups. Partnerships with key stakeholders were recommended, in addition to the involvement of newcomer women, in the design of PA initiatives to identify potential challenges, access training (e.g., outlining considerations for working with newcomer and women), and secure tangible forms of support. Another key suggestion was the inclusion of a social component within PA programs to provide newcomers with social opportunities, encourage relationship building, and support the settlement process.

Certainly, there is a need to obtain a greater understanding for the potential of PA for social integration, and the PA experiences of new immigrant women, to inform community programming and PA interventions. The overarching objective of the current study was to implement and assess a participant-informed, community-university partnered PA program for new Canadian women designed to remove participation barriers, incorporate PA preferences, and open channels for social integration.

## **Study Background and Setting**

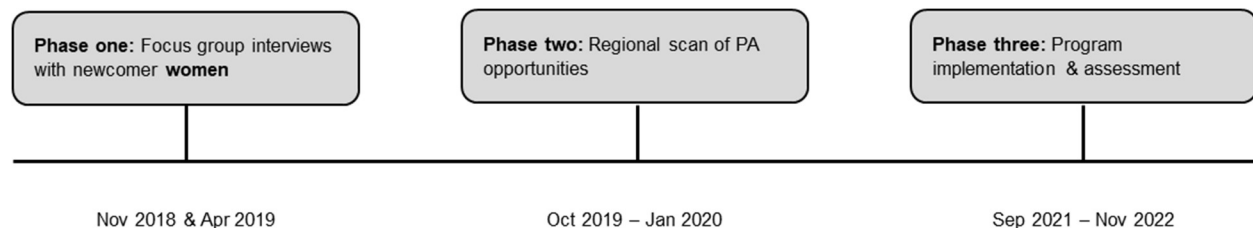
The present study was conducted in the Region of Waterloo (ROW; Ontario, Canada), which draws a significant number of newcomers. The ROW has a population of 587,165, with 147,190 identifying as immigrants (Statistics Canada, 2023b), and demonstrates consistent growth in the percentage of recent immigrants, increasing from 1.2% in 2016 to 2.1% in 2021 (Statistics Canada, 2022b). In comparison to the national average, the number of newcomers settling in one of the three major cities (Cambridge, Kitchener, Waterloo) in the region was 25.8% higher than the national average (Statistics Canada, 2022b).

This study originated from a community-initiated desire to make a meaningful and sustainable impact on the lives of new Canadians in the region. Members of the executive board from Focus for Ethnic Women (FEW; a not-for-profit organization in the ROW that aims to eliminate barriers for racialized women and girls) were observing challenges to social integration and low PA levels among new Canadian women and requested the third author's assistance in understanding their PA behaviours. The initial university-community research collaboration was expanded to form the ACTIVEIntegration partnership, which consisted of two universities (Wilfrid Laurier University; Laurentian University), three community organizations (FEW; Kitchener-Waterloo Multicultural Centre; Sun Life Centre for Healthy Communities, CHC), the City of Kitchener, and the ROW Public Health Unit. Members of the partnership met regularly from 2018 to 2022 to provide expertise, insight, and practical support throughout the project. The pilot PA program for new Canadian women was initially planned for April 2020. Unfortunately, the launch was delayed until September 2021 due to the Covid-19 pandemic, which led to unprecedented restrictions and closures across Canada beginning in March 2020. Challenges of program implementation in earlier phases of Covid-19 will be discussed.

## Overview of Study Phases

The current study consisted of three phases (see Figure 1). An iterative approach to the development and implementation of the PA program for newcomer women was adopted such that each phase of the study informed the next phase. First, focus group interviews with new Canadian women were conducted to gain insight into issues related to PA involvement following immigration. Information from this phase of the study affirmed the PA challenges experienced by newcomer women noted by FEW, and prompted the second phase of the study, which involved a regional scan of community-based PA initiatives for newcomer women and children. We anticipated that information from the scan would reveal gaps in PA opportunities for newcomers, locate potential partners to collaborate with, and avoid developing a program that would overlap with existing PA initiatives. Data from the regional scan and focus group interviews were then used to develop a PA program tailored to new Canadian women. Phase three involved implementing and assessing the program across three cycles of programming.

**Figure 1**  
*Timeline of Study Phases*



### Phase One: Focus Group Interviews with Newcomer Women

Phase one of the study involved a qualitative examination of female immigrants' views of PA before and after arriving in Canada to gain a better understanding of their PA experiences. Their interpretations of PA, preferences for PA, and perceptions of barriers and facilitators to PA involvement were discussed in six focus group interviews. It was expected that participants' responses would provide valuable information on the contextually and culturally relevant views of different immigrant groups in the ROW, which could be used to develop a PA program that would meet their specific needs and desires.

## Methods

### *Participants*

Thirty-one women<sup>1</sup> ranging from 19 to 70 years of age ( $M = 35.68$ ,  $SD = 11.54$ ) who immigrated to Canada, were currently living in the ROW, and self-identified with an ethnic group contributed to one of six focus groups. The women in the sample lived in Canada for 2 months to over 8 years ( $M = 31.23$  months,  $SD = 30.67$  months), arriving from 15 different countries (e.g., Ethiopia, India, Korea, Libya, Syria, Mexico). Participants' education level and current work status varied widely, and the majority of participants were married ( $n = 19$ ). See Appendix A for full sample information.

<sup>1</sup> We recognize the complexity regarding the term 'women' relative to sex (i.e., set of biological attributes) and gender (i.e., socially constructed roles and identities) (CIHR, 2023). In our studies and programming, participants were eligible to take part if they self-identified as a woman.

## ***Procedures***

Following approval from the university research ethics board, six focus group interviews (four to six female immigrants in each group) were conducted. Three groups consisted of women from diverse backgrounds and three were language specific (i.e., Arabic, Indian, Somali). Community contacts recruited newcomer women interested in participating and arranged a convenient time and accessible location (i.e., community centres, multi-cultural centre, home) for the focus groups. Focus groups were comprised of women only. All interviews were conducted by a female researcher (the first author) who has extensive experience and training in qualitative methods, with assistance from the female FEW Executive Director. Female translators also provided interpretation in three groups, based on the recommendations of the community contacts. Written informed consent was obtained from all participants before the group interview and participants were asked to complete a brief form assessing demographic characteristics and information related to immigration.

A semi-structured interview guide developed in consultation with community partners was used to facilitate discussion within focus groups. To ascertain participants' perceptions of PA and promote a shared understanding of the concept, participants were asked to describe PA. Then the researcher defined PA as any bodily movement, and shared PA examples including cleaning the house, walking, biking, employment involving standing or lifting, exercise, and dancing. Other questions related to their general views of PA, experiences of PA in their home country and in Canada, perceptions of PA barriers/facilitators, preferences for PA activities, and recommendations for PA programming. All interviews were audio recorded and transcribed verbatim. Depending on the length of responses, focus groups lasted from 41-76 minutes. All focus group attendees received a \$10.00 gift card in addition to bus fare (if applicable), food, and drink.

## ***Data analysis***

All interview transcripts were imported into NVivo 12 (version 12.6.1.970), a qualitative analysis software program that allows researchers to organize, review, code, categorize, and visualize data. Data assessment followed the principles of framework thematic analysis<sup>2</sup>, an analytic approach to synthesize and interpret qualitative data. This approach developed from conducting applied qualitative social policy research, which aims to provide targeted answers to contextual, diagnostic, evaluative, and strategic questions and, in turn, better understand social/public policy issues (Ritchie & Spencer, 1994). Given that the overarching objective of this study was to implement and assess a PA program for new Canadian women designed to remove participation barriers, incorporate PA preferences, and open channels for social integration, the pragmatic and structured nature of framework thematic analysis was deemed an appropriate method to undertake.

Framework thematic analysis involves five analytical stages that require the researchers to systematically sift, chart, and sort qualitative data to identify, describe, and interpret patterns. Deductive (e.g., topic summaries informed by the interview questions) and inductive processes, engaged in collaboratively by all study authors, were employed across the five stages including familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation.

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<sup>2</sup> The present study (all phases) was guided by critical realism, in which we adopt a realist ontology and interpretivist epistemology, recognizing that knowledge creation is a social process and influenced by the experiences, interpretations, and contexts of both the participants and researchers (Bhaskar, 2008). In the interest of space, we do not provide in-depth discussion on these points, but note that our framework thematic analysis is consistent with our philosophical positioning.

## Results/Discussion

In an effort to streamline the presentation of our results for this phase and focus on the implementation phase of the project, we note that many of the themes identified through our analyses were consistent with those recently presented by Gagliardi et al. (2022) who provided a framework for considering culturally-safe physical activity promotion strategies. As such, we offer a sampling of quotes to illustrate key unique responses related to the challenges/barriers of physical activity as well as the preferences of ROW participants. However, Appendix B provides exemplar quotes for all themes. With respect to the challenges and barriers to physical activity, participants noted those typically cited in the literature, and relevant across sub-populations including cost, motivation, time, transportation, injury/pain, access, and childcare. Consistent with Gagliardi and colleagues, language issues intersecting with a lack of awareness posed significant challenges for participants. As one participant (F5)<sup>3</sup> noted:

When I came to Canada at first, I really didn't speak English. So, it is easy to connect to the internet, and I wanted to get the information through the internet. But there is no specific information. So, I had to make a call, but I couldn't. So, I couldn't do things.

Specific to our Canadian context, inexperience with seasonal weather patterns was also difficult to manage for several participants. As one individual (F4) noted, "In the summer, it is easy to do exercise here. You don't have to pay anything because you have a lot of things to do. Well, now it's hard because I've never seen the snow before and it's really cold."

Consistent with the desire to alleviate the above listed barriers, participants noted preferences for convenient locations/timing, decreased cost, appropriate levels of PA, and child-care availability. Furthermore, a fun, group-focused approach was emphasized. Three key points were highlighted by the majority of participants in the focus groups. First, participants desired PA opportunities involving women-only: "With men you have to watch how do you dressing, how do you moving. But it's women like me, so what, I'm gonna be okay. I'm gonna be relaxed. I'm not gonna be stressed. I would be okay" (F1). Second, an ethnically heterogenous group of individuals was noted as important. As one participant (F6) stated: "We are in Canada, but we have a group of Indian people only. We never get to know anything about Canadian people...they never get together and share their culture."

Finally, in line with Gagliardi et al. (2022), participants preferred a format that included didactic (i.e., instructional) and interactive (i.e., social) components, stressing that the opportunity for social engagement serves both objectives related to increased physical activity and integration: "It can be sometimes just gathering, not the physical exercise....It will introduce more people because they may not want to come to the exercise but maybe they are going to come to the gathering. But it will lead them to the exercise" (F2). Overall, the information derived from these focus groups provided practical suggestions for the design and execution of programming facilitated by the ACTIVEIntegration partnership. Importantly, the identified themes expressed both typical and unique PA issues and preferences through the "direct involvement and open discussion with future beneficiaries and cultural mediators" (Purgato et al., 2021, p. 8). However, prior to developing our pilot program, the next phase sought to determine if there were existing programs already meeting (or with the potential to meet) the needs and preferences of new Canadian women in our region.

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<sup>3</sup> To preserve anonymity, but also demonstrate variability across focus groups, we use focus group numbers to highlight response source. For example, F5 means the participant took part in the 5<sup>th</sup> focus group (of 6 total).



## **Phase Two: Regional Scan of PA Opportunities for Newcomer Women**

A scan of existing PA opportunities for newcomer women in the ROW was undertaken to identify, review, and summarize the characteristics of local initiatives. Wurz et al. (2019) noted that “a critical first step is to understand where and in what capacity physical activity programs are being offered” (p. 1154). An environmental scan is a valuable tool to gather information that can guide program planning and decision making. Scans may include multiple and diverse sources of data, types of knowledge and populations, and involve a combination of literature review, survey, interview, and program planning (Graham et al., 2008). Our regional scan aimed to identify the target population, objectives, and logistics of PA initiatives, and determine the accessibility of information related to PA opportunities for newcomer women.

### **Procedures**

The research team met prior to conducting the regional scan to discuss the purpose of this phase of the study. Data sources, eligibility criteria, and fields to extract from the data were determined and reviewed by community partners for feedback and approval. A passive approach to data collection, which examines existing forms of knowledge such as external contacts and published documents was adopted (Graham et al., 2008). From October 2019 until January 2020, several data sources were used to locate PA initiatives in ROW for newcomer women. Two of the authors attended the ROW Public Health PA Workshop and City of Kitchener Festival of Neighbourhoods. Through snowball sampling, individuals offering programs potentially relevant to the scan were identified and contacted. In addition, a targeted investigation of programs offered by specific organizations related to PA and/or newcomers known to the research team, and a general internet search of regional PA initiatives using the terms “immigrant,” “programs,” “physical activity,” “newcomer,” “exercise,” and “class” were conducted.

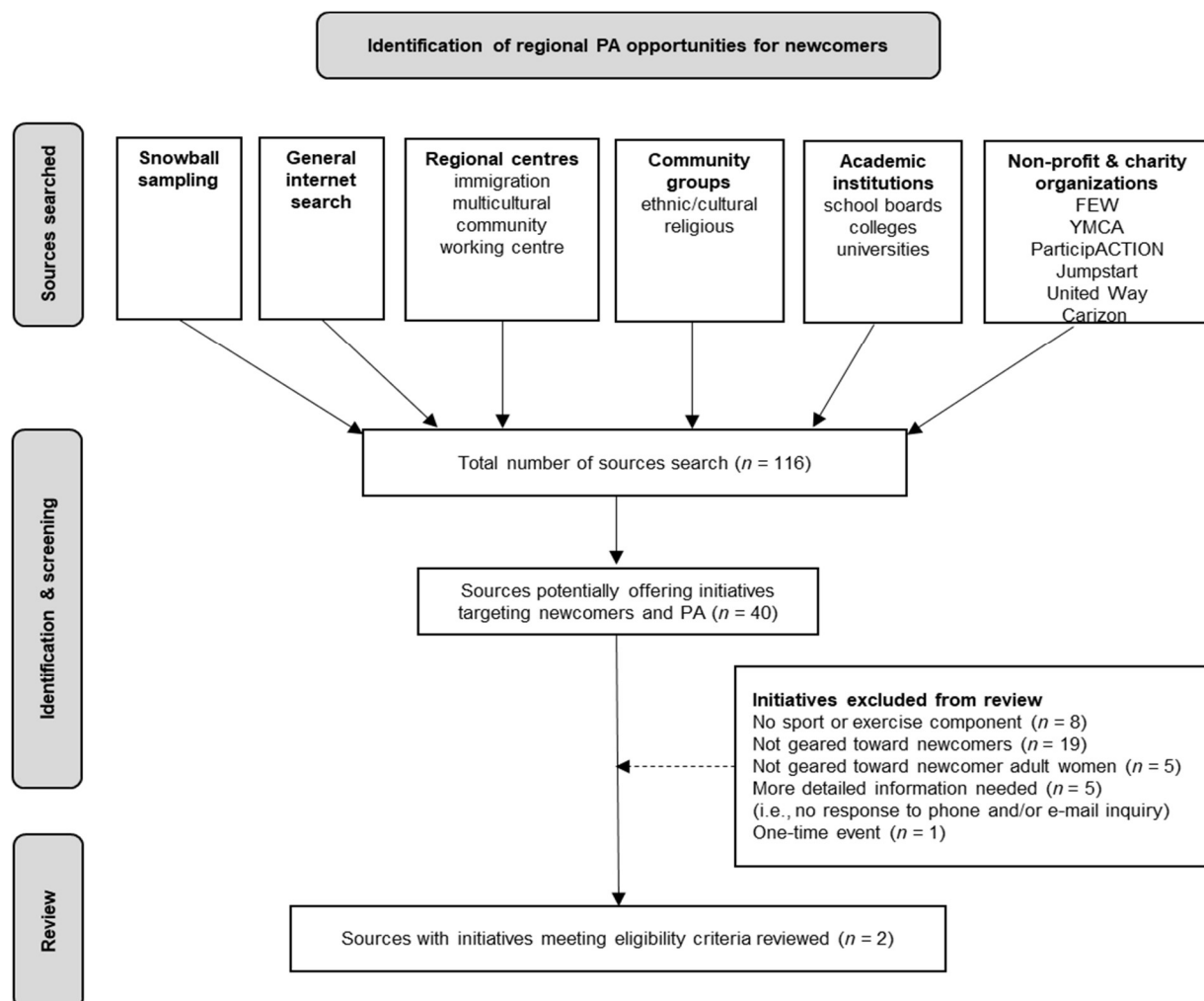
The search was carried out by the authors, two university students, and a consultant from FEW. Sources found through the search were recorded on a standardized data extraction form created before conducting the scan. Initiatives that were potentially relevant to newcomers and PA were identified, and date of the search, program name, purpose of the initiative, contact information, and method of communication were recorded. Follow-up phone calls and/or e-mails were made by the research team to obtain more detailed information on initiatives identified through the search. Initiatives were eligible for review if they (1) were offered within the ROW, (2) involved sport and/or exercise activities, and (3) targeted new Canadian adult women. A second data extraction form developed a priori (and refined in an ongoing manner) was used to record more in-depth understandings of eligible initiatives, including location, activity focus, program cost, funding, setting (e.g., gym, pool, library, community centre, fitness club, outdoors), target population (e.g., newcomers, seniors, students), age range, focus on new Canadians (integrated vs. segregated), program eligibility, program duration and frequency, program objectives (e.g., PA, nutrition education, fall prevention, language skills, mental health, internet safety), type of PA, program delivery (e.g., co-ed, instructor led, group vs. individual), resources available (e.g., sport equipment, interpreter, transportation), other components (e.g., education, social opportunities), and evaluation process and frequency (e.g., survey, report).

## Results/Discussion

In total, 116 sources were found through the search, with the majority of sources found online. The research team acknowledged that it may be challenging for individuals new to Canada to find these initiatives depending on their resources, skills, access to technology, and level of English language proficiency. Forty sources were identified as potentially offering initiatives for newcomers; however, only two sources offered initiatives that were eligible for review (see Figure 2 for a flow diagram of the regional scan). One source held a free six-week welcome and integration program for seniors (age 65+ years) led by various community partners and an intern of a counselling organization. The program included a physical activity session offered at a community centre. The other source provided a free 8-week social program for women funded and facilitated by a social worker. The program included yoga and walking, and was held at a community group's building during the spring, winter, and fall but was focused primarily on mental health, viewing PA as one component of holistic wellness. Both programs were segregated (i.e., for newcomers only), group-based, did not require a referral to enroll, provided a translator, and met or surpassed enrollment targets (ranging from 8-18 individuals). Only the newcomer women's social program collected survey data and published quarterly reports on the program.

**Figure 2**

*Flow Diagram of the Regional Scan of PA Opportunities for Newcomer Women*



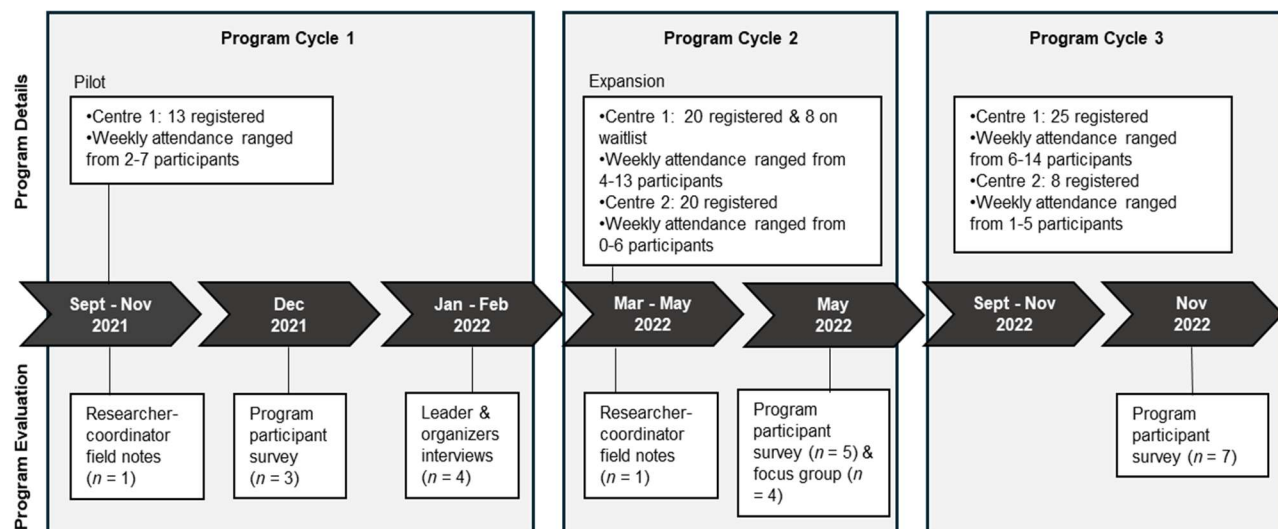
Overall, the scan of regional PA opportunities for new Canadian women yielded several observations. Programs appeared limited in number, short-term in nature, difficult to find/identify, and targeted younger age groups (i.e., children and teens). It is important to note, however, that many PA initiatives were offered by cultural/ethnic community groups but were not specific to newcomers. It is possible that many new Canadian women seek PA opportunities within their own cultural or ethnic groups.

### Phase Three: Implementation and Assessment of a PA Program for Newcomer Women

The final phase of the study involved the implementation and assessment of a community-university partnered, participant-informed, physical activity program for new Canadian women from September 2021 until November 2022 (see Figure 3). Data collected in the first and second phases of the study informed the development and execution of the program, which was designed to remove barriers to PA, account for PA preferences, and facilitate opportunities for social connection and integration of newcomer women. Specifically, ACTIVEIntegration partners collaborated to provide and advertise cost-free, 8-week PA programs for female newcomers in the ROW at local community centres across three cycles. Individuals working with newcomer women in the ROW were contacted by e-mail to inform them of the program and ask them to share information in the community. A female newcomer, recommended by the community centre, was also enlisted and provided a \$50.00 honorarium to promote the program to new Canadian women in the community. Interested women who self-identified as new Canadians registered for the program with the community centres in person or by telephone.

**Figure 3**

*Timeline of Phase Three PA Program Implementation and Assessment*



To address several important cultural and ethnic diversity factors noted in the earlier focus groups with newcomer women, the program focused on women-only opportunities, led by female instructors and supported by female student volunteers, in gymnasiums that could be altered to ensure privacy (e.g., covering windows). The paid female instructors had expertise in their area of

fitness (e.g., an experienced yoga instructor) and were undergraduate and graduate students recruited and trained by the CHC. Additional female student volunteers were vetted through the Sun Life CHC and provided with context specific training to work in the community and with new Canadian women. Across each program cycle, 8 sessions were offered (i.e., 1 per week) and involved one hour of PA followed by 30 minutes of social time, which included free water, tea, and coffee. Activities were chosen based on the information derived from earlier focus group suggestions and varied each week (e.g., yoga, strength and fitness exercises, dance) and participants' input was sought to select the type of activity for the final two classes of each program cycle. Cost-free care of children (two years of age and older) was also offered throughout the program to decrease barriers to participation. Registration was limited to 20 participants, and a waitlist was created when interest in enrollment exceeded the program capacity. Weekly class attendance fluctuated across program sessions and locations. Program assessment followed the completion of each 8-week program.

## **Methods**

### ***Participants***

Purposive sampling was employed to attain the views and experiences of individuals directly involved as program participants, leaders, and organizers. Over the three 8-week cycles, 19 program participants completed an electronic survey or a focus group interview. Program participants who provided feedback were a culturally and ethnically diverse group, ranging in age from 26-51 years ( $M = 36.61$ ,  $SD = 5.85$ ). They immigrated from various countries including, Chile ( $n = 1$ ), Egypt ( $n = 2$ ), Japan ( $n = 4$ ), Jordan ( $n = 1$ ), Kenya ( $n = 2$ ), Lebanon ( $n = 1$ ), Pakistan ( $n = 3$ ), Qatar ( $n = 1$ ), Syria ( $n = 1$ ), and the United States of America ( $n = 2$ ) (1 participant did not specifically identify their background) and lived in Canada for three months to 20 years ( $M = 65.39$  months,  $SD = 67.43$  months). Most program participants were married ( $n = 17$ ) and varied with respect to their primary language, highest level of education, and current work status (see Appendix C for full details).

Following the initial offering of the program, leaders and organizers also participated in a personal interview or focus group (depending on their preference and availability). Information related to their personal characteristics and roles relative to the PA program was not collected to ensure anonymity. In addition, the first author, who attended classes, helped coordinate the program, and supported the instructor/volunteers, recorded detailed field notes reflecting on their experiences related to the first and second program sessions.

### ***Procedures***

Several methods, approved by the university research ethics board, were employed to evaluate the program (see Figure 3). After the first 8-week program, leaders and organizers were sent an e-mail invitation to participate in the assessment on a voluntary basis. Those interested in participating were sent an electronic copy of the informed consent form and an interview time was scheduled. Prior to asking interview questions, verbal consent was obtained. One focus group ( $n = 2$ ) and two personal interviews were conducted remotely and recorded. A semi-structured interview guide was used to gain insight into program leaders' and organizers' experiences and views related to the implementation, delivery, and effects of the program. Interviews lasted an average of 56 minutes and 20 seconds (range = 51-64 minutes) and were transcribed verbatim. Program leaders and participants were sent their transcript to add to or edit their responses, if they desired (there were no requests for changes).

Feedback related to the program was also sought from class participants. Toward the end of each 8-week program, a female researcher attended the class to explain the study. Initially, the plan was to conduct a focus group interview with program participants after the final class of the first session; however, low class attendance in this first cycle necessitated an amendment to allow participants the alternative opportunity express their views and experiences of the program via an electronic survey. Consequently, after program cycles one and two, the instructor sent an e-mail invitation to participants who had shared their contact information. The e-mail introduced the study and requested participants' feedback on the program. Those interested then clicked a link embedded in the e-mail, which took them to the informed consent form. If they agreed to participate, they completed a background information form and both open-ended and Likert-type survey questions (devised by the researchers) pertaining to their personal demographics, motives to join, general experiences as a participant, benefits and challenges related to their involvement, suggestions for improvement, and perceived outcomes related to participation, including the influence of the program on their sense of belonging in the community. To recruit a greater number of third cycle participants, the second author distributed a study information card during the class visit, which allowed participants to access the survey directly by using the QR code/URL noted on the card. All survey respondents ( $n = 15$ ) were compensated with a \$10.00 electronic gift card.

During the second cycle of the program, participants were again provided an option to join a focus group interview immediately following the final session. A study information card with a QR code/URL to the informed consent form was distributed to program participants prior to the final week of the program and verbally reviewed by the researcher prior to the interview. All participants attending the final session ( $n = 4$ ) provided verbal consent to complete a demographic information form and be interviewed. A semi-structured interview guide was used and captured the main questions posed in the electronic survey (e.g., motives for joining, general experiences in the program, benefits, challenges, areas for improvement, and potential effect on their general sense of belonging). Participants' responses were audio recorded and transcribed verbatim. The focus group was 36 minutes in length. Participants who expressed a desire to review their responses to questions were e-mailed the transcript. No additions or edits were requested. All focus group participants received a \$10.00 gift card for their involvement.

Finally, the first author recorded weekly notes related to their views and experiences implementing the program. Interactions with, and suggestions of, community partners, program participants, leaders, and volunteers were described and personal observations regarding the challenges and benefits of the program were noted.

### ***Data analysis***

Open-ended survey responses and verbatim interview transcripts regarding the program sessions were imported into NVivo. Data analysis was led by the second author and adhered to the framework thematic analysis procedures outlined in Phase one of the study.

### **Results/Discussion**

Given the broad scope of data collection for this phase, an in-depth textual account of the findings is not possible due to space. However, an overview of key topic summaries (i.e., interview and survey areas of focus), themes, and sub-themes can be found in Table 1. Furthermore, Appendix D provides exemplar quotes for all themes/sub-themes. These tables exemplify participants' and provider/partners' thoughts regarding participation motives (i.e., social connections, personal well-being, attributes of the program itself), program strengths

**Table 1**  
*Phase 3 Program Evaluation Qualitative Results*

Topic Summary	Theme	Sub-Theme
<i>Participation Motives</i>	Social connections	Meet new people Social opportunity for child Connect with significant others
	Personal well-being & self-improvement	Health benefits of exercise Self-care Build confidence Learn new skills Create active lifestyle Learn English
	Program attributes	Free childcare Women only exercise environment
<i>Program Strengths</i>	Program structure	Childminding Participant agency Need-based programming Social time (opportunities for connection) Adaptability
	Program support	Staff and volunteers Funding Collaboration
	Program environment	Inclusive, warm, fun Location
<i>Program Challenges</i>	Communication Program frequency Instructor expertise vs. participants' needs Retention Assessment	
<i>Opportunities for Improvement</i>	Program delivery	Create leadership opportunities (train-the-trainer) Varied physical activity options Volunteer diversity Outdoor entertainment for children
	Additional locations Increased community centre involvement	
<i>Outcomes</i>	Participant benefits	Knowledge translation Cognitive/Mental Physical Social
	Program reputation Staff and volunteer outcomes	

*Note.* For exemplar quotes of the themes and sub-themes, see Appendix D.

(i.e., structure, support, and environment), program challenges (i.e., communication, frequency, expertise, retention, assessment), opportunities for improvement (i.e., program delivery, locations,

community centre involvement), as well as perceived outcomes (i.e., participant and staff/volunteer benefits, program reputation).

In this section, we briefly highlight reflections that offer support toward meeting (or not meeting) our objectives in the provision of the ACTIVEIntegration PA program for newcomer women. As it pertains to decreasing barriers toward PA for new Canadian women, and subsequently increasing PA behaviours, participants and providers highlighted some key positive elements. For example, Phase 1 findings strongly encouraged the provision of women-only PA, which subsequently contributed to perceptions of inclusivity in the group and sensitivity to cultural needs. As one participant (P2S)<sup>4</sup> noted: “Great environment. I loved the fact it was specific for women. That made me feel more at ease.” Furthermore, a significant barrier for women in the community was childcare, which was a service provided for free by our program. This was clearly an essential aspect and served both participation and social integration objectives. As one participant (P11S) reflected, “I was looking for a place to connect with moms and also get my daughter used to playing with other kids.” Participation in the program, however, was challenged by personal (e.g., religious affiliation) and situational (e.g., COVID-19) variables that required continual adjustments. This is reflected in one participant’s (P6F) quote regarding the timing of the program: “For me, it was just, I missed a few classes because of Ramadan. So, some days I’m so tired. I have kids, I have children, so sometimes I get super tired...So, I missed a few classes.” Overall, despite meeting registration goals and receiving very positive feedback about the physical activity programming, translation from registration to attendance was sporadic and non-systematic.

Similarly, in considering the objective for social integration, positive aspects and improvement points were raised within interviews and survey feedback. For example, participants repeatedly emphasized that they “Felt that I belong” (e.g., P10S) and that the environment offered social opportunities: “So friendly and met new amazing people” (e.g., P16S). Participants also acknowledged gaining information on new activities:

The good thing for me is I'm learning the new things. So, that's for me, it's very good to stay here and learn new things. I like yoga. Before, I don't know how to do it, but now I'm learning more and then when I go home too. I am repeating. So, for this does help me. (P5F)

However, several reflections offered insights into a desire for even greater representation, particularly through leadership positions. One partner (L4I) noted that:

...representation is so important for women who are racialized and for their kids. So, I think one drawback would be just, and this goes for me as well..., that being white and leading that program, or having almost all white staff leading that program and volunteers is not ideal.

Finally, partners also suggested that social integration would be enhanced by moving the leadership of the program to community members, such that participants could be engaged to eventually take charge of programming (i.e., train-the-trainer programming). As participant L4I continued to describe, this is a goal of the ACTIVEIntegration as it moves into its next phase:

What is most motivating is the idea that to explore and learn from ways to engage women first as kind of learners, but then as leaders, and by doing, sort of increase representation of racialized women, immigrant women, in the centres as leaders and instructors eventually.

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<sup>4</sup>Similar to Phase 1, we use codes for anonymity and indicate, for this phase, type of participant (P = participant; L = leader or administrator), participant #, and type of data collection (F = focus group; I = individual interview; S = survey) For example, P2S means Participant 2 who responded via a survey.

## General Discussion

The purpose of the present program of research was to implement and assess a participant-informed, community-university partnered PA program for new Canadian women designed to remove participation barriers, incorporate PA preferences, and open channels for social integration. In the present paper, we report on the development of the ACTIVEIntegration PA program over three phases including (a) initial focus groups with newcomer women, (b) a regional scan of PA opportunities designed specifically for women new to Canada, and (c) the implementation and assessment of the program across the initial three cycles of programming. Despite significant challenges due to the COVID-19 pandemic at the outset, the broad implementation goals were accomplished and ongoing opportunities for participation in this program are currently offered through the Sun Life CHC at Wilfrid Laurier University (see <https://www.sunlifechc.ca/programs>; as of Spring and Fall 2025). In this sense, the program is considered a viable and sustainable option for PA and social opportunities for newcomer women in the Waterloo Region. Furthermore, our communication of the ACTIVEIntegration program will allow for the potential to link with similar programs in other communities across the province and country, to share experiences and best practices, as well as compare key outcomes of the various initiatives. Given the prospective numbers of new Canadians in the coming years (Statistics Canada, 2022a; Statistics Canada, 2023a), programs that effectively encourage physical activity and a sense of belonging will be valuable resources.

There are several strengths of our approach to developing and implementing the ACTIVEIntegration program. First, our development activities were generally consistent with recommendations outlined in prior research. For example, Canadian Women & Sport (2021) recommended the involvement of key stakeholders and members of the target population in developing PA opportunities. As outlined in prior sections, from the outset our program involved community (e.g., nonprofit organization, municipal bodies) and university partners, as well as the input from newcomer women to inform the needs and development of the program. Similarly consistent with recommendations from previous literature (e.g., Gagliardi et al., 2022) and the needs identified within focus groups, our program provided dedicated time and space for social opportunities to occur, which was important toward developing social relationships amongst participants and encouraging the sharing of information related to the settlement process. Second, the focus on co-constructing PA opportunities allowed for concrete suggestions to tailor the program characteristics to the needs of participants. Many were consistent with Gagliardi and colleagues' (2022) characteristics of culturally-safe physical activity promotion strategies, such as having both instructional and social components, in-person delivery within group settings, and familiar community setting locations. In addition, our program addressed desires of participants to have opportunities to interact specifically with other women (Gagliardi et al., 2022; Tovar et al., 2012).

However, there were unique characteristics and suggestions important to our program participants that were perhaps counterintuitive and inconsistent with past suggestions. For example, Gagliardi and colleagues (2022) noted the need for ethno-culturally appropriate examples of physical activity, whereas a number of participants in our sessions also indicated a desire to participate and experiment with popular forms of activity typically undertaken in Canada/North America (e.g., basketball) in addition to activities with which they were more familiar. Furthermore, given the women-only focus and background characteristics of our participants, specific barriers needed to be addressed including the provision of child-care and, importantly, a physical activity space that could be private such that women would not be observed



or interrupted by non-participants and, specifically, males. Finally, Gagliardi et al. (2022) suggested that sessions could be led by lay health workers who represent the ethno-cultural group, while our participants and community leaders offered a slight tweak on this notion indicating a desire for community members to be trained to lead the program in future (i.e., a train-the-trainer program offering). This could offer leadership opportunities and practical experience for those new to Canada and increase the diversity within the leadership group of the program. As a step in this direction, our program found it very beneficial to engage with community champions to promote the program (i.e., an individual from the ethno-cultural group participating encouraged participation at the community centres). Future research and applied efforts could attempt to expand this role.

Despite success in the initial implementation of the program, positive feedback and participation of individuals from a variety of backgrounds, and sustainability enacted through the Sun Life CHC, there were several limitations noted during the initial phases. First, the COVID-19 pandemic was an unprecedented and substantial barrier in the initial stages of the programming phase. This barrier led to several delays in program launch and required significant accommodations once in-person PA sessions were permitted. Second, while the intention was to capture the perceptions and deliver programming to those individuals newly arrived within Canada (i.e., approximately within their first 5 years of arriving), we did not specifically restrict participation to this range. As such, while their average tenure in Canada approximated this goal, both the focus group ( $M = 31.23$  months; range 2 months – 8 years) and programming participants ( $M = 65$  months; range 3 months – 20 years) ranged widely in terms of their time in Canada and in our region. However, we chose to proceed with a philosophy of inclusion and received feedback that length of time in the country did not necessarily correlate to perceptions of being a newcomer. As one example, a participant noted they had been in Canada for nine years but had never participated in a PA program because they could not find one that was culturally appropriate.

Given the wide variety of cultural backgrounds represented across participants in both the focus groups and PA programs, a third limitation was the ability to offer/guarantee translation services. Some of the focus groups were aided by translators, but the need (and perception of need) for English language abilities likely narrowed our participant pool significantly for Phases 1 and 3 via selection bias (i.e., focus groups, PA participation, post-programming surveys/interviews). Finally, in striving for ecological relevance, the PA programming was not standardized across installments. This could be viewed as a strength (i.e., nimbleness and responsiveness to participant needs) but it also does not afford the opportunity to identify concretely which activities were most likely to yield the best physical, social, cognitive, and psychological outcomes for participants.

## **Conclusion**

The ACTIVEIntegration program represents a viable and sustainable PA program that considers the unique needs of newcomer women to Canada, which drew on the contributions of community and university partners for its development. Ongoing efforts by the Sun Life CHC at Wilfrid Laurier University allow for continued programming and the opportunity for future research regarding both physical activity provision and social integration. For example, future offerings could consider alternative formats including outdoor activities and co-participation with children. In addition, although we captured qualitative perceptions of social integration from participants, future research could consider quantitatively tracking integration perceptions over time to better understand the role of physical activity, and specifically this program, toward the full participation and inclusion of newcomers to Canadian communities.

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## Appendix A

### *Demographic Characteristics of Phase One Focus Group Participants*

	<b>Group 1</b> (n = 4)	<b>Group 2</b> (n = 6)	<b>Group 3</b> (n = 5)	<b>Group 4</b> (n = 5)	<b>Group 5</b> (n = 6)	<b>Group 6</b> (n = 5)
<b>Mean age in years</b> (range)	31.5 (23-43)	47.5 (35-57)	34.8 (27-45)	45.0 (33-70)	29.7 (24-37)	23.6 (19-28)
<b>Birth country</b>						
Ethiopia	-	-	-	1	1	-
India	-	-	-	-	-	5
Iran	-	-	-	-	1	-
Iraq	-	4	-	-	-	-
Japan	-	-	1	1	-	-
Korea/South Korea	-	-	2	2	1	-
Libya	-	-	1	-	-	-
Mexico	-	-	-	1	-	-
Somalia	4	-	-	-	1	-
Syria	-	2	-	-	-	-
Taiwan	-	-	1	-	-	-
Turkey	-	-	-	-	2	-
<b>Prior country of residence</b>						
Ethiopia	-	-	-	1	1	-
India	-	-	-	-	-	5
Iran	-	-	-	-	1	-
Iraq	-	-	-	-	-	-
Japan	-	-	1	1	-	-
Kenya	1	-	-	-	-	-
Korea/South Korea	-	-	2	2	1	-
Lebanon	-	1	-	-	-	-
Libya	-	-	1	-	-	-
Mexico	-	-	-	1	-	-
Somalia	-	-	-	-	1	-
Syria	-	4	-	-	-	-
Taiwan	-	-	1	-	-	-
Turkey	-	1	-	-	2	-
Uganda	2	-	-	-	-	-
Yemen	1	-	-	-	-	-
<b>Mean number of months since arrival to Canada</b> (range)	26.5 (2-72)	77.3 (26-100)	25.8 (9-48)	18.2 (3-36)	23.0 (2-72)	8.0 (3-16)
<b>Primary language</b>						
Amaric	-	-	-	1	1	-
Arabic	-	6	1	-	-	-
Chinese	-	-	1	-	-	-
Farsi	-	-	-	-	1	-
Gujarati	-	-	-	-	-	4
Hindi	-	-	-	-	-	1
Japanese	-	-	1	1	-	-
Korean	-	-	2	2	1	-
Somali	4	-	-	-	1	-
Spanish	-	-	-	1	-	-
Turkish	-	-	-	-	2	-

	<b>Group 1</b> ( <i>n</i> = 4)	<b>Group 2</b> ( <i>n</i> = 6)	<b>Group 3</b> ( <i>n</i> = 5)	<b>Group 4</b> ( <i>n</i> = 5)	<b>Group 5</b> ( <i>n</i> = 6)	<b>Group 6</b> ( <i>n</i> = 5)
<b>Highest level of education</b>						
No schooling	-	2	-	-	-	-
Some grade school	4	1	-	-	-	-
High school student	-	1	-	-	-	1
High school diploma	-	-	-	-	1	-
Some college courses	-	-	-	-	-	1
College diploma	-	2	-	1	-	-
University degree	-	-	5	4	5	2
Missing response	-	-	-	-	-	1
<b>Employment status</b>						
Not currently working	1	2	-	1	-	-
Full-time homemaker	2	4	4	3	4	-
Part-time paid job	-	-	1	-	1	5
Retired	-	-	-	1	-	-
Missing response	1	-	-	-	1	-
<b>Relationship status</b>						
Single, never married	-	-	-	-	3	5
Living with partner, not married	-	-	-	1	-	-
Married	4	4	5	3	3	-
Divorced	-	2	-	-	-	-
Widowed	-	-	-	1	-	-
<b>Mean number of children in household (range)</b>	3.75 (2-5)	2 (0-6)	1.6 (1-3)	1.2 (0-2)	1.3 (0-3)	0

## Appendix B

### *Phase One Program Evaluation Qualitative Results and Exemplar Quotes*

TOPIC SUMMARY -Theme	Example Quote <sup>a</sup>
<b>CHALLENGES AND BARRIERS TO PA</b>	
-Cost	“... in my country ... I can register more gym or private center. I can easy, but now my husband is student. I spend money a lot ... It is expensive. My children want to learn hockey, join soccer program. It is expensive... There is not money for you to do? Yeah. No money.” (F3)
-Motivation	“... sometimes even if she get herself to do the exercise, but maybe one day yes and other ten days she didn’t get the motivation.” (F2)
-Time	“Lately, I want less to [do]. I have some times I don’t want anything to do. ... [If] I have spare bit time, I want to rest.” (F3)
-Transportation	“Transportation because our house even though it like urban area ... the bus doesn’t come the weekend ... and we can’t move. We can’t go places. We just go walking. Also, it’s slow. ... for example, for me today almost four hour I’m only on the bus.” (F5)
-Injury/pain	“Because of some health matters and health problems or some injuries from back home. So, they’re not able to do everything, even if they would like to but they can’t. ... So, if you can just take in consideration that most of the people coming from outside, they have those kind of things like either prosthetic ... or back pain, knees, and those kind of things.” (F2)
-Access	“We live in a building, in an apartment ... there are people under you that you cannot jump, the kids cannot jump or make noise so you tell them don’t do this stop so they end up playing with the gadget. Back home it structured different you have the rooms and you have a big backyard that is open to everyone and the kids can play.” (F1)
-Childcare	“... when she’s back home, she’s around her family. Everybody’s there. ...she said, ... I have so many people around to help take care of the kids.” (F2)
-Language	“When I came to Canada at first, I really didn’t speak English. So, it is easy to connect to the internet, and I wanted to get the information through the internet. But there is no specific information. So, I had to make a call, but I couldn’t. So, I couldn’t do things. (F5)
-Weather	“Because in the summer, it is easy to do exercise here. You don’t have to pay anything because you have a lot of things to do. Well, now it’s hard because I’ve never seen the snow before and it’s really cold...” (F4)

<b>PHYSICAL ACTIVITY PREFERENCES</b>	
-Location	“They said, for example, the location. ... to be kind of in the centre of everywhere. That’s one thing as well as because she mentioned that most of the people who are going to be newcomers will not have cars.” (F2)
-Timing	“Think all the time schedule. Cause’ different age of children, have different schedule. Like before [age] 5 then maybe they will have time during the day, but [after] 5 they will go to kindergarten or primary school, only have time maybe night or weekend.” (F3)
-Decrease cost	“And financially they are not really able to do the trip back and forth to activities. So, this one would be, for example, bus tickets or a solution for it. Because they are not going to have the ability so that’s going to kind of be one thing to attract.” (F4)
-Appropriate level of PA	“And don’t need ability. There are levels. Beginner, and intermediate. Everyone can come.” (F3)
-Childcare	“...also the kids have a program to attend that at the time, the mom can attend activities. The children has to have a daycare.” (F1)
-Fun	“Not any strict rules and you know, competitiveness not. Just for fun.” (F6)
-Group-focused	“You get experience and also you get kind of encouragement when the other person does something. You push yourself verses being alone and doing the same thing over and over again. Also, when you are alone you get tired quickly. With the group you get experience, you learn, there is enjoyment.” (F1)
-Women-only	“With men you have to watch your how do you dressing, how do you moving, but it’s women like me so what I’m gonna be okay. I’m gonna be relaxed. I’m not gonna be stressed. I would be okay.” (F1)
-Ethnically heterogenous	“We are in Canada but we have a group of people of Indian only. We never get to know anything about Canadian people ... there is a group of people with Indian people, Canadian people, they never get together get together and they like and they share their culture or like anything.” (F6)
-Social	“It can be sometimes just gathering not the physical exercise ... It will introduce more people because they may not want to come to the exercise but maybe they are going to come to the gathering. But it will lead them to the exercise.” (F2)

*Note.* <sup>a</sup>To preserve anonymity, but also demonstrate variability across focus groups, we use focus group numbers to highlight response source. For example, F5 means the participant took part in the 5th focus group (of 6 total).



## Appendix C

### *Demographic Characteristics of Phase Three Program Participants Who Contributed to the Program Assessment*

	Program Session 1 Assessment (Dec 2021)	Program Session 2 Assessment (May 2022)	Program Session 3 Assessment (Nov 2022)
	Survey (n = 3)	Survey (n = 5) Focus group (n = 4)	Survey (n = 7)
<b>Mean age in years</b> (range)	39.0 (37-42)	36.40 (34-40)	30.0 (28-32)*
<b>Birth country</b>			
Amman	-	-	1
Bahrain	-	1	-
Chile	-	-	1
Egypt	-	1	-
Eritrea	-	-	1
Ethiopia	-	-	1
Ghana	-	1	-
India	-	1	-
Japan	-	-	4
Lebanon	-	1	-
Pakistan	3	-	-
Qatar	-	-	1
Somalia	-	-	1
<b>Prior country of residence</b>			
Egypt	-	1	1
Ethiopia	-	-	-
India	-	-	-
Iran	-	-	-
Iraq	-	-	-
Japan	-	-	-
Kenya	-	-	2
Lebanon	-	1	-
Pakistan	3	-	-
Syria	-	1	-
USA	-	2	-
Missing response	-	-	1
<b>Mean number of months since</b> <b>arrival to Canada</b> (range)	39.67 (18-72)	25.23* (6-168)	104.25 (34-180)
<b>Primary language</b>			
Arabic	-	3	1
English	-	1	-
Hindi	-	1	-
Japanese	-	-	-
Kunama	-	-	1
Oromo	-	-	1
Somali/English	-	-	1
Spanish	-	-	1
Urdu	3	-	-
<b>Highest level of education</b>			
No schooling	-	-	-
Some grade school	-	-	1
Some high school	-	-	1
High school student	-	-	1
High school diploma	1	-	-
Some college courses	1	-	-

College diploma	-	-	-	3
Some university courses	-	-	-	1
Undergraduate degree	-	3	1	3
Master's degree	1	1	-	-
Doctoral degree	-	1	-	-
<b>Employment status</b>				
Not currently working	2	3	4	4
Business owner	-	-	-	1
Full-time homemaker	1	-	-	2
Full-time paid job	-	1	-	-
Part-time paid job	-	1	-	-
<b>Relationship status</b>				
Single, never married	-	-	1	-
Living with partner, not married	-	-	-	-
Married	3	4	3	7
Separated	-	1	-	-
Divorced	-	-	-	-
Widowed	-	-	-	-

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Note: \* = 1 missing response

## Appendix D

### Phase Three Program Evaluation Qualitative Results and Exemplar Quotes

TOPIC SUMMARY -Theme	Sub-theme	Example Quote <sup>a</sup>
<b>PARTICIPATION MOTIVES</b> -Social connections      -Personal well-being & self-improvement          -Program attributes		
	Meet new people	"I registered for the program because I want to make friends." – P18S
	Social opportunity for child	"Okay. For me, I do for my son...because always he's alone at home." – P5F
	Connect with significant others	"The pandemic took away our little social life we had so this was a great opportunity for me and my daughter." – P11S
	Health benefits of exercise	"I want to spare some time for me and my health" – P8S
	Self-care	"Exercise is really important for body and taking care of yourself as a woman, so I can take good care of people around me." – P3S
	Build confidence	"To be more confident. I don't have more confidence for myself. So, I want to have confidence with the people who talk and to know a lot of things." – P5F
	Learn new skills	"I said, okay, I want to go and join. I know that it's yoga, so I want to know how they play yoga. So, yeah, it was like something to do, like stretching or something like that. It was really fun." – P4F
	Create active lifestyle	"For active lifestyle." - Participant
	Learn English	"I would like to do exercise and make new friends, also learning English when my kids are at school." – P1S
	Free childcare	"[I registered] because I need to increase my physical activity. Not easy to be done with my children. Going to gym is expensive, not sure if childcare is present there and how much it will add to the cost." – P10S
	Women only exercise environment	"I wanted any chance to participate in a physical activity with women only" – P12S
<b>PROGR AM STRENGTHS</b> -Program structure		
	Childminding	"I was looking for a place to connect with moms and also get my daughter used to playing with other kids." – P11S
	Participant agency	"One thing I loved that I saw was that willingness to be surprised by the women, and...then follow their lead. So, I remember [the program coordinator] and the instructor saying 'Oh, yeah, we were surprised. [The

-Program support		program participants] said that they wanted to play basketball, and they wanted to do this and that'. And so, they were able to just adjust the plans to create a plan around the women's interests. So, I loved that that was designed into the program. That was really important" – L4I
	Need-based programming	"A lot of what we did was based on some earlier research in terms of what women who were new to Canada wanted out of a physical activity program. Also, some of the challenges and barriers that they had experienced becoming active, and what they would like to see in a program. So, when we designed the program, we considered those perspectives and experiences and wanted to make it something that was especially for this population." -L3I
	Social time (opportunities for connection)	"I like that this program has coffee time too. It's a bit hard to make new friends for adults. The coffee time helps it." – P13S
	Adaptability	"So, it was difficult because it wasn't a consistent number of people, so we couldn't keep up with everything. So, I kind of had to have backup plans. But usually we did just the strength workouts and they really enjoyed those. We went through stretches and stuff, too. So, it was basically just a lot of communication between them and us and what they would like." – L2F
	Staff and volunteers	"I was so happy to work on my fitness in a group of beautiful women and trained by awesome girls from the university" – P12S
	Funding	"Well, first, I should have mentioned earlier that we have a lot of funding, so this program couldn't run without financial support. First of all, like everything we offered for the women was completely free. So, we had coffee and tea, and that was all paid for. We had childcare services. That was all paid for. The actual class and the instructors' time was paid for, the space. All of this adds up, and it was all completely free, which was amazing to be able to offer." -L3I
	Collaboration	"I would say that responsiveness was a real strength, like the responsiveness of the program coordinators and the willingness to collaborate. So one example of that was I knew we were going to need to do some creative outreach for the program just to build that trust within the community and to just have it be known that it

-Program environment		was happening...And so I asked... could we engage someone from the community to be like an informal outreach person for the program and to go and talk it up with people? And so, she agreed” – L4I
	Inclusive, warm, fun	“Great environment. I loved the fact it was specific for women. That made me feel more at ease.” – P2S
	Location	“To me, it made sense because it seemed like it was in an area that kind of the population that ACTIVEIntegration was trying to serve. So it made sense having the community centre, and it seemed like, from what I understand, they're familiar with the community centre....They kind of have that level of trust and understanding with the staff” -L1F
<b>PROGRAM CHALLENGES</b>		
-Communication		“It may be helpful to be aware of using simple language. Instructional videos should also consist of simple language and less talking. The leader did pause the video to explain words like sternum, pelvis, and tailbone that were often used in the yoga video. The participants seemed to appreciate the explanation.” – L3I
-Program frequency		“Once a week is too less. It should be more than a week because once a week doesn't give the sustained effect one needs to be fit. My body would ache for 2-3 days after the exercise day. If we did it more, would've got used to it.” – P2S
-Instructor expertise vs. participants' needs		“We had to look for a new program leader and sort of redesigned according to their expertise and abilities and so on. So, the actual program in terms of activities changed a bit.” – L3I
-Retention		“For me, it was just, I missed a few classes because of Ramadan. So, some days I'm so tired. I have kids. I have children, so sometimes I get super tired... So, I missed a few classes” – P6F
-Assessment		“We planned to conduct focus groups today but there were too few participants, and one did not want to sign any documents so declined involvement.” – L3I

<b>OPPORTUNITIES FOR IMPROVEMENT</b> -Program delivery		
	Create leadership opportunities (train-the-trainer)	<p>“That's what is most motivating, is the idea that to explore and learn from ways to engage women first as kind of learners, but then as leaders and by doing sort of increase representation of racialized women, immigrant women, in the centres as leaders and instructors eventually.” – L4I</p>
	Varied physical activity options	<p>“Only the woman is like, but the kids, they must share with us through the love, and they can learn how to share with friends, with families. But if we put them along and then be playing ourselves, maybe the small kids, they can't feel anything, but they grow, like from five years and six. Maybe they feel like alone. Why my mom, she don't take me to play with her? They're thinking something like that. Like this [referring to her toddler] they can't. But the others, they feel something. So, when you're playing with them and you sharing, they can feel very happy, and they will be close to you, and they know how to share, and they can give love.” – P5F</p>
	Volunteer diversity	<p>“...representation is so important for women who are racialized and for their kids. So, I think one drawback would be just...that being white and leading that program or having almost all white staff leading that program and volunteers is not ideal. And in terms of just cultural connection and kind of understanding and setting up a kind of safe environment, like, I guess a safe and welcoming environment. I think it's easier to do that if someone there speaks one or two of the language. Even if someone spoke Arabic, that would be a lot of people in the neighbourhood. They speak Amharic or Tigrinya. But a lot of people who speak those languages also speak Arabic.” – L4I</p>
	Outdoor entertainment for children	<p>“One of the volunteers working with the children, asked if they can use the park at the community centre or take children outside to play when the weather is warm. We will need to consider whether our insurance covers participation outside of the community centre and the safety/risk involved with taking young children outdoors.” – L3I</p>

-Additional locations		“Like I said before, I think to make the program in different places. So, it's not like I have to come here. So, I have options to go here or there to attend, for example.” – P4F
-Increased community centre involvement		“There might be key times where we're preparing for new programs and we want to let them know that registration is about to start, or things like that. So, I think that would be something that could be built in is way to build in more connection between center staff and the participants so that there's a good flow of information and just relationship building happening there, too.” – L4I
<b>PERCEIVED OUTCOMES</b>		
-Participant benefits	Knowledge translation	“The good thing for me is I'm learning the new things. So, that's for me, it's very good to stay here and learn new things. I like yoga. Before, I don't know how to do it, but now I'm learning more and then when I go home too. I am repeating. So, for this does help me.” – P5F
	Cognitive/Mental	“I was always looking back for next session but sometimes I have to work or stay with sick kid and felt I missed something was filling my mental and physical cup.” – P10S
	Physical	“It made me feel good overall. I felt I was using different muscles of my body that I had never used” – P2S
	Social	“So friendly and met new amazing people” – P16S “Felt that I belong” – P10S
-Program reputation		“[Community Centre] staff indicated that many women are interested in the program and it has been well received” – L3I
-Staff and volunteer outcomes		“I think it was valuable in terms of our leaders, too. They got experience in practical, hands-on way. I know for our instructor; she had mentioned a few times how valuable this experience was and personally, what they had gained from working with this group of women. And it was just gratifying to see it actually happen from something that was outlined, a piece of paper, to actually being implemented and seeing it run in person.” – L3I

Note. <sup>a</sup> We used codes for anonymity and indicate, for this phase, type of participant (P = participant; L = leader or administrator), participant #, and type of data collection (F = focus group; I = individual interview; S = survey) For example, P2S means Participant 2 who responded via a survey.