

HEALInG Program Evaluation Report 2003 - 2004



Healthy Eating Activities and Lifestyles for Indigenous Groups

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Suggested Citation:

Zask A, Rogers L, Dietrich U (2007)

HEALInG Program 2003-2004 Evaluation Report, NCAHS Lismore.

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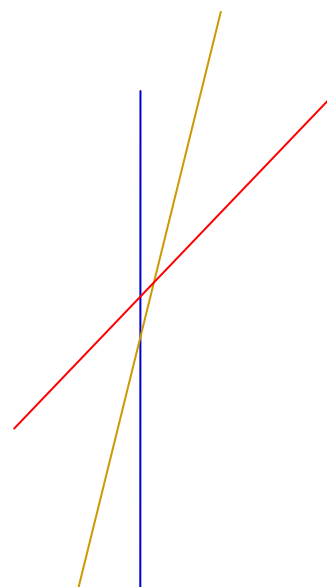
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December 2007

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ACKNOWLEDGMENTS

We wish to thank the following people for their assistance with the HEALInG program and/or writing this report.

QLD Health for the Healthy Weight Program (HWP) on which HEALInG was based. Aboriginal Health Education Officers Sharon Cook and Teena Binge who supported the program participants by providing transport and encouraging participation. Child & Family Health Centre staff for providing the venue for the first group. GurgunBulahnggelah Aboriginal Health staff for providing the venue for the second program. Emma Hughes for presenting nutrition talk, CHEGS leaders Lyn Wade and Leeann Flack for running the fitness component of the program as well as being willing to get interviewed. MaryAnn Anderson for facilitating the Gurgun focus group and Lyndy McPhee for formatting the report.

Most importantly, we would like to thank the women who participated in the groups and have given us permission to interview them.

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SUMMARY

This report presents evaluation results and feedback from the HEALInG (Healthy Eating Activities and Lifestyles for Indigenous Groups) program for Aboriginal women in the Northern Rivers Area during 2003 and 2004. The report provides background information on the design, development and implementation of the program, outlines the program's evaluation plan and details the program's evaluation results/feedback.

The report's main body contains brief descriptive and point-form summaries of the evaluation of every program component. More detailed thematic analyses, including direct quotes from group participants or facilitators, are provided as appendices.

BACKGROUND AND

INTRODUCTION

HISTORY - HOW THE PROGRAM WAS CONCEIVED

The HEALInG Pilot Program came about in 2003 when Aboriginal women who were accessing Rekindling the Spirit Family Centre started asking for programs that involved healthy activities such as an exercise group and also wanted to know more on healthy eating and lifestyle and other relevant health information. This was seen as a way of developing confidence and self-esteem while giving the opportunity to build social connections within the group and prepare the groundwork for working through any parenting issues.

PROGRAM CONTENTS AND COMPONENTS

The HEALInG program was adapted from the existing Healthy Weight Program, produced by Queensland Health.

Some of the resource information used in this program has been taken from websites such as the National Heart Foundation, Diabetes Australia and NSW Health.

The HEALInG program is a 10-week pilot program, designed to provide realistic and practical information on healthy eating and lifestyle activities. The program is about healthy eating rather than focusing on just weight loss, however it is hoped that weight loss will be something that may occur as the participants go through the program. It is a 10-week course that includes an hour exercise class followed by information on healthy eating and ways families can work towards a healthier lifestyle.

The program consists of 3 components:

Healthy Activities

The program consists of 9 weeks of physical activity classes incorporating a selection of exercises and activities that will help improve physical health. The type of physical activity undertaken is selected by the group participants and is conducted by a CHEGS qualified fitness leader.

Healthy Eating

Five weeks of the program target healthy eating principles such as:

- dietary guidelines, food groups, serving sizes;
- fats and sugars in food;
- reducing the amount of fat, sugar and salt in meals;
- how to make meals healthier;
- budgeting for balanced meals and
- understanding food labels.

Healthy Lifestyles

The program includes one specific session on lifestyle diseases prevalent amongst Aboriginal communities such as cardiovascular disease, diabetes and stroke. Information on associated risk behaviours and strategies to reduce risks is included. This session is facilitated by a qualified health professional and participants are given appropriate contact details for further information.

Also included in the program are sessions on understanding self esteem, goal setting and overcoming life barriers. The 10-week program was presented in a culturally appropriate manner with lunch, transport and childcare provided.

For further details regarding the HEALInG program, its components and outline, refer to the program's manual.

EVALUATION PLAN

EVALUATION OBJECTIVES

The evaluation of the HEALInG program seeks to:

- Gather data on participants' pre-program nutrition, PA and related behaviours
- Explore participants' attitudes to nutrition and PA, including perception of barriers to and enablers of behaviour changes
- Detect changes in participants' knowledge attitudes and behaviours regarding PA and nutrition
- Gauge the impact/effect the program may have had on participants' lives
- Assess participants' satisfaction with different aspects of the program
- Explore guest exercise leaders' experience with the program

In addition, the HEALInG team would like to evaluate the sustainability of the program in the longer term regarding 2 research questions:

- Will the program be eventually run by other organisations such as the AMS and Aboriginal Health Workers?
- Will program participants continue their involvement in similar activities and apply skills learnt in the program 6-12 months after the program's conclusion.

- Answering this question may be very difficult as it is already difficult to locate some of the first 2 groups' members only a few months after the group's conclusion.

EVALUATION STRATEGIES

Common quantitative process and impact evaluation strategies, such as pre and post-program written questionnaires, were deemed inappropriate for the early stages of the program due to the low number of participants and uncertainty about literacy levels. It was also deemed appropriate to engage more in-depth exploratory/formative research in the early stages of the program to assist the project officer to refine the program delivery. Qualitative research methodologies were selected.

Assessing the sustainability of the program may be difficult. Process type indicators could include simply recording whether other organisations (eg Aboriginal health workers/services, CHEGS) continue running groups either using Laurel's outline and materials, or continuing certain aspects selected by group participants, the most likely one being an on-going Tai-Chi class for older Koori women. Other data like number of participating women in continuing activities may be collected.

To assess program medium-long term effects on participants' lives, it will be necessary to interview participants during 2005.

Following is a summary of evaluation strategies used and sample size for the first two groups.

Table 1: Summary of evaluation activities progress for the G'bah and Gurgan groups

Group name/location	PRE PROGRAM EVALUATION n respondents	POST PROGRAM EVALUATION n respondents
Goonellabah	Interviews, n=3	Interviews, n=3
Gurgan (Lismore AH, Uralba Street)	Interviews, n=8	Focus group, n=5
CHEGS leader G'bah	NA	Interview, n=1
CHEGS leaders G'bah+GurganBulahnggelah	NA	Interviews, n=2

EVALUATION RESULTS

Program participation

So far, only two programs have been completed:

1. A program held at the Child & Family Health Ctr. Goonellabah between 14/10/03 and 2/12/03 with 3 women.
2. A program held between 27/4/04 and 29/6/04 at the GurgunBulahnggelah Aboriginal Health Centre with 6-8 women.

Two other groups in Casino and Pippi beach have been cancelled for various reasons including lack of committed participants and "sorry business" (a number of unexpected deaths related to participants).

GROUP EVALUATION/FEEDBACK

Full reports regarding the interviews and focus groups conducted with group participants as well as CHEGS fitness leaders are appended at the end of this document (appendices 1-3).

Following are brief descriptive and point-form summaries of the findings:

Goonellabah group

Brief descriptive summary

Overall, the participants liked the program and reported that they had learned more on nutritional information and that their physical activities had increased. However, they had expressed difficulties for self and family in maintaining a healthier lifestyle due to problems in their lives such as financial difficulties, insecure housing, unstable relationships and other relevant personal issues.

Summary of themes

- Positive views on participating in program:
 - trying a variety of new foods/ways of cooking
 - increasing knowledge of nutritional information
 - replacing fattier foods with healthier choices.
 - learning cheaper ways of healthier eating
 - taking notice of what's in products
 - children eating healthier foods
- Changes in health conditions:
 - managing health conditions better
 - walk and do physical activities more.

- Barriers to PA:
 - transport
 - lack of social support.
- Difficulties with having a healthy diet – self & family:
 - high fruit consumption and high price of fruit
 - proximity to general store (cost and 'rot gut food')
 - lack of money
 - transport
 - personal and cultural eating patterns
 - kids compete for parents food
 - too busy with kids and household chores.

GurgunBulahnggelah group

Brief descriptive summary

Overall, participants viewed the group in a very positive light and were waiting with anticipation for another one. As well as the health content benefits, participants felt the group was a positive social experience.

Facilitation of the group was regarded very positively. This applied to both the overall organisation and nutrition instruction done by the Aboriginal Health Promotion Officer and the exercise instruction done by Community Health Education Groups Inc (CHEGS).

In terms of the program's effect, participants talked most about nutrition and food. They seem to have gained insight into the nutritional value (or lack thereof) of foods they regularly eat, to have enjoyed trying new types of food, and to have applied a number of new ideas about healthier foods at home.

Participants greatly enjoyed doing Tai-Chi and praised its suitability as a form of gentle exercise for their age and health conditions. There was no discernible change in answers regarding increase of other incidental PA outside the group time.

Participants attributed the commitment of group participants to the quality of the group and the participants' age. Most felt that groups should be run for separate age groups.

The only improvements participants suggested were around organisational issues: punctuality of transport/pick-up and size/set-up of Tai-Chi room.

Summary of themes:

1. Comments directly related to the group/program:

- Overall positive feeling about participating in the program
- Positive comments re facilitation and learning
- Enjoyment of social interactions
- Specific program effects re:
 - Relaxation, stress reduction
 - Changes in attitude to life
 - Changes to lifestyle
 - Effect on health condition
 - Changes re nutrition knowledge and practice
 - Trying healthy and different foods & applying information received in group
 - Effect on family members
 - Positive effects of exercise on mental health
 - Learning and enjoying doing Tai-Chi
 - Using program handouts to continue practicing Tai-Chi
- Fluctuation in group attendance
- What can be improved
- Comments on Koori participants and groups:
 - Sense of humour
 - Critical comments on commitment
 - Differences between older and younger Koori participants
 - Pros & cons of separating age groups

2. Other comments on related issues:

- Comments on incidental physical activity
- Use of exercise equipment by self and others
- Perceived age and health barriers to physical activity and exercise

CHEGS leaders interview

Brief descriptive summary

Both fitness leaders seemed to have a positive experience facilitating the exercise section of the HEALInG program. Both reported the groups were quite different to normal CHEGS fitness classes, and that they had to be flexible delivering the program to make it suitable for the participants. One leader had a

very small group and felt it would have been better to have a few more participants.

Both felt positive about working with Aboriginal women and one of them reported starting the group feeling nervous and ending feeling “fantastic”. Both had mixed comments about the venues.

The second group leader had very positive comments specifically about her participants’ response to Tai-Chi. This corroborates the findings from the participants’ focus group.

Summary of main themes:

1. Comments directly related to the group/program:

- Description of group size and duration
- Comments re participants’ interest and commitment
- Pros and cons of small groups:
 - Sense of humour
 - Positive aspects of small groups
 - Negative aspects of small groups
 - Ideal group size
- Difference to normal CHEGS exercise classes
 - Enablers of group participation
 - Barriers to group participation
 - Participants’ positive feedback re physical activity at home and other family members
 - Positive comments on Tai-Chi and participants’ enjoyment of it
 - Venue
 - Flexible facilitation
 - What can be improved
 - Comments re the program’s nutrition component

2. Other comments on related issues:

- Perceived barriers for participation in general classes/activities
- Working with/Relating to Koori women

DISCUSSION

In terms of the program suitability to and acceptance by participants, it seems that the program was well received by participants. It also seems that participants were able to use knowledge and skills

acquired during the program in their home lives. Participants reported that they made (sometimes dramatic) changes to their health related behaviour/s and that for some there has been a positive effect on their pre-existing health condition.

There were differences regarding barriers and difficulties to lifestyle modification between the younger participants of the first group and the older participants of the second group. The younger women mentioned time and financial constraints as the main barriers to changes and tended to have difficulties regarding their and their family members' diet. The older women's main issue was their health conditions and the way they limit the type of physical activity they could engage in.

The above positive program outcomes are encouraging. However, the resources required organising and running the groups, the small number of groups, which were actually conducted, and the small number of women who participated cast some doubt over the program's feasibility and sustainability.

The findings also highlight the difficulties of engaging Aboriginal women in lifestyle modification programs. Out of four attempted groups, only two commenced and only one can be described as completed. Responses of the GurgunBulahnggelah group participants, regarding their expectations to be picked up and transported, illustrate the intensive nature of the work the program coordinator had to engage in.

Needing such level of support to run groups may indicate that it would be very hard to sustain such a program without continued intensive resource input. Since 2005, NCHP has trained workers from Partnership in Aboriginal Care (PAC) to run HEALInG groups, as PAC was willing and able to continually invest human resources to sustain the program.

Another clue to possible future sustainability for the program might be the feedback from the older participants of the GurgunBulahnggelah group regarding the differences in commitment levels between them and younger Koori women. They also indicated interest in attending on-going general Tai-Chi classes directly after the program's completion.

For future classes, consideration should be given to target group selection, i.e. running the program for older women is more likely to be sustained. While the program content and structure seem to be well received, the selection of future group coordinators will be crucial to repeating the program's successes. Both participants and fitness leaders' feedback indicate that program components were well integrated and the coordinator's facilitation enhanced the program's effectiveness (by modeling behaviours discussed in classes like exposing participants to new types of food, offering practical advice etc.)

CONCLUSIONS AND RECOMMENDATIONS

- The Aboriginal Health Promotion Officer should continue transferring her knowledge of running the programs to NGOs who have resources to run such programs continuously.
- Transfer of the program facilitation to other organizations/workers should focus on the coordinator's skills/knowledge/behaviour as well as program content (i.e. the facilitator's modeling behaviours, which integrate such knowledge through the program's lunches and informal discussions).
- The findings suggest that, in order to have some program sustainability, organizations and staff who are running the program should focus on running programs for older Koori women.
- The format and content of the program should be retained including provided lunches, in which participants trial new foods.
- Individual or group follow-up to support behaviour changes initiated by the program should occur. This could take the form of a special exercise group for group 'graduates', feeding into existing CHEGS/other community groups, or individual follow-up by health workers regarding application of skills.

APPENDICES

APPENDIX 1: A SUMMARY REPORT OF THE GOONELLABAH GROUP INTERVIEWS (AUGUST-OCTOBER 2003)

The analysis of interviews is presented in 3 parts:

1. A brief descriptive verbal summary
2. A point-form summary of themes
3. Further break down of themes including direct quotes from group participants.

A brief descriptive summary

Overall, the participants liked the program and feedback that they had learned more on nutritional information and that their physical activities had increased. However, they had expressed difficulties for self and family in maintaining a healthier lifestyle due to problems in their lives such as financial difficulties, insecure housing, unstable relationships and other relevant personal issues.

Summary of emerging themes

- Positive views on participating in program
 - trying a variety of new foods/ways of cooking
 - increasing knowledge of nutritional information
 - replacing fattier foods with healthier choices.
- learning cheaper ways of healthier eating
- taking notice of what's in products
- children eating healthier foods
- Changes in health conditions
 - managing health conditions better
 - walk and do physical activities more
- Barriers to PA
 - transport
 - lack of social support
 - Difficulties with having a healthy diet – self & family
 - high fruit consumption and high price of fruit
 - proximity to general store (cost and 'rot gut food')
 - lack of money
 - transport
 - personal and cultural eating patterns
 - kids compete for parents food
 - too busy with kids and household chores

A detailed thematic analysis including direct quotes

THEME	COMMENTS/DIRECT QUOTES
Positive views on participating in program	<i>Going to the program helped. "Yeah there should be more of it. (programs like this." "I liked how it was different, like every week we were talking about something different and we'd go back and talk about what we did last week and that. And the exercise, even though I didn't get too much (note she was away for a few weeks due to family illness) I only went on the walk, but it was great just to get out." " Pretty much eating good, all healthy stuff". "Umm the exercising and the food. I liked all of it."</i>
Specific program's effects:	
New factors affecting what you eat	<i>"No I don't even eat that any more. (talking about frozen pizza pockets) Well for me I don't eat...I eat healthy now." Avocado flat bread, I'm addicted to that now.</i>
Effect on family members	<i>"And yoghurt and we buy them icy poles yoghurts now", You know he never used to eat avocado or anything and I make him at least have one to two slices of it every second day if he can't have it every day". "I make him eat...you know I cut up some fruit for them now and leave it on a tray and they just pick at it" " And I give them rice biscuits now"</i>
New ways of cooking	<i>"Yeah cause when I cook I cook on a basis of, you know not as many fats as my boyfriend does. I cook to have it not saturated in fat. Have a little bit of it but not as much as I would cook." Yeah. And I use spray oil now. I don't just use oil". " I like I'm in to throwing a lot of vegies in now"</i>
Changes in PA	<i>"I take my kids for walks now, take them up to the park and let them run round and I run round chasing after them. And then I come back and do umm stuff with spaghetti tins and that." " I sort of, ever since I been going to the program I got them into a routine where. Like one we just lay down and watch videos and another day like, we go out and do some physical stuff outside." Cause I realise now that if you don't do exercises when younger it builds up on ya when you get older" "I do a lot of walking now. That's pretty much every day, at least bout an hours walk or ½ hour, depends on the day." "I think its more important to me now then what it used to be."...."but I'm trying to work myself around the kids, putting my exercise in with the kids whatever I do."</i>
Changes in health conditions/ self esteem	<i>"Being overweight I really felt low in myself, my self esteem and everything and with my health having diabetes and that I'm not on medication any more and that's because I lost weight so I know how important it is to be of healthy weight." "Yeah and I don't need to be on medication if I keep my weight down to a good level." "Yeah well I mean like healthier we not as sick you know. I got three with asthma and they're not as bad, because they are eating healthier and they're putting on the weight. I can see they are putting on healthy weight gain". "You know he never used to eat avocado or anything and I make him at least have one to two slices of it every second day if he can't have it every day. I make him eat...you know I cut up some fruit for them now and leave it on a tray and they just pick at it." Yeah fatty I think its too much grease in his food and he gets it on his chest (so) I make him eat what I eat now."</i>
Knowledge of nutrition/food labels	<i>"Umm yeah its helped me big time because now I've got cheaper ways of eating healthy food and umm yeah its not so hard, like to just pick up a recipe now and just chuck it all together and just do it and you know it's a meal and it's a healthy meal." "Oh yeah, and looking at what's actually in products now. I'm taking more notice of it".</i>

APPENDIX 2: A SUMMARY REPORT OF A FOCUS GROUP WITH GURGUNBULAHNGGELAH PARTICIPANTS (FEBRUARY –APRIL 2004)

The focus group interview analysis is presented in 4 parts:

1. A brief descriptive verbal summary
2. A point-form summary of themes
3. Further break down of themes to include summary of comments within each theme
4. A fuller description of themes including direct quotes from group participants.

A brief descriptive summary

Overall, participants viewed the group in a very positive light and were waiting with anticipation for another one. As well as the health content benefits, participants felt the group was a positive social experience.

Facilitation of the group was regarded very positively. This applied to both the overall organisation and nutrition instruction done by the Aboriginal Health Promotion Officer and the exercise instruction done by Community Health Education Groups Inc (CHEGS).

In terms of the program's effect, participants talked most about nutrition and food. They seem to have gained insight into the nutritional value (or lack thereof) of foods they regularly eat, to have enjoyed trying new types of food, and to have applied a number of new ideas about healthier foods at home.

Participants greatly enjoyed doing Tai-Chi and praised its suitability as a form of gentle exercise for their age and health conditions. There was no discernible change in answers regarding increase of other incidental PA outside the group time.

Participants attributed the commitment of group participants to the quality of the group and the participants' age. Most felt that groups should be run for separate age groups.

The only improvements participants suggested were around organisational issues: punctuality of transport/pick-up and size/set-up of Tai-Chi room.

Summary of emerging themes

1. Comments directly related to the group/program:

- Overall positive feeling about participating in the program
- Positive comments re facilitation and learning
- Fluctuation in group attendance
- Enjoyment of social interactions
- What can be improved
- Specific program effects re:
 - Relaxation, stress reduction
 - Changes in attitude to life
 - Changes to lifestyle
 - Effect on health condition
 - Changes re nutrition knowledge and practice
 - Trying healthy and different foods & applying information received in group
 - Effect on family members
 - Positive effects of exercise on mental health
 - Learning and enjoying doing Tai-Chi
 - Using program handouts to continue practicing Tai-Chi
- Comments on Koori participants and groups:
 - Sense of humour
 - Critical comments on commitment
 - Differences between older and younger Koori participants
 - Pros & cons of separating age groups

2. Other comments on related issues:

- Comments on incidental physical activity
- Use of exercise equipment by self and others
- Perceived age and health barriers to physical activity and exercise

A detailed thematic analysis including comments and direct quotes

Below are 2 summary tables of the themes, which emerged in a focus group interview with participants of the second HEALInG group. The first table is an abbreviated version of the second table and includes themes in one column and a summary of participants' comments in the second column. The second table includes themes in one column and detailed direct quotes in the second column. The themes are grouped into 3 main categories: 1. Comments directly related to the group/program, 2. Comments on Koori groups and participants, and 3. Comments on related issues.

Themes and summary of comments

Comments directly related to the group/program:

THEME	SUMMARY OF COMMENTS
Overall positive feeling about participating in the program	<i>Good, terrific, beneficial. Participants look forward with anticipation to the next group.</i>
Positive comment on facilitation & learning	<ol style="list-style-type: none"> 1. <i>Both facilitators very good.</i> 2. <i>Positive comments re consistency of facilitators (i.e. that same fitness instructor took all classes).</i>
Fluctuation in group attendance	<i>Six started, 2 joined in 2nd week and 2 dropped out after 2nd week, so mostly 6 women.</i>
Enjoyment of social interactions	<ol style="list-style-type: none"> 1. <i>Enjoyed the camaraderie (with other participants).</i> 2. <i>Enjoyed meeting new people i.e. Aboriginal health workers & CHEGS instructor.</i>
What can be improved?	<ol style="list-style-type: none"> 1. <i>Punctuality of transport to the group.</i> 2. <i>Size or setting of the Tai-Chi room (i.e. a bigger or less cramped room).</i>
Specific program's effects:	
Relaxation, stress reduction	<i>Relaxing & dealing with stress. Breathing.</i>
A major change in attitude to life	<i>Strengthened will to live.</i>
Lifestyle changes	<i>A participant reported her diet is much more varied.</i>
Effect on health condition	<i>Improved feeling and indicators of arthritis and diabetes.</i>
Changes to nutritional knowledge and practice	<ol style="list-style-type: none"> 1. <i>Awareness of and insight into pre program unhealthy eating habits.</i> 2. <i>Learnt desired eating patterns using the pyramid and circle models.</i>
Trying healthy and different foods & applying information received in group	<ol style="list-style-type: none"> 1. <i>Detail new foods that they tried in the group.</i> 2. <i>Enjoyment of new foods in the group.</i> 3. <i>Enjoyment of new foods outside the group and changing eating habits.</i> 4. <i>Application of recipes, which were handed out in the program, at home.</i>

THEME	SUMMARY OF COMMENTS
Effect on family members	<i>Family members enjoy and eat healthier foods even if they are not involved in or aware of the changes.</i>
Positive effect of exercise on mental health	<i>Recognition of the positive effect of exercise on one's mental state.</i>
Learning and enjoying doing Tai Chi	<ol style="list-style-type: none"> 1. <i>Enjoyment of ability to do Tai-Chi.</i> 2. <i>Preference of Tai-Chi to other exercise because it's more gentle.</i>
Using program handouts	<i>Using the Tai-Chi instruction sheet to do Tai-Chi at home.</i>
Comments on Koori participants and groups:	
Koori sense of humour	<i>Comments on Koori sense of humour and its place in Koori culture.</i>
Critical comments re other participants commitment	<i>Comments that most participants in Koori groups do not complete programs/groups and that it is more prevalent among Koori women than non-Koori women.</i>
Comments on differences between older and younger Koori participants and reasons for these differences	<ol style="list-style-type: none"> 1. <i>Older people are stayers while younger ones fall away.</i> 2. <i>Older people may need it more re exercise.</i> 3. <i>Older people have more space in their lives for a group.</i> 4. <i>Attending a group gets has social benefits.</i> 5. <i>It may not be exciting enough for younger people (someone commented that they may be more excited by alcohol and drugs).</i>
Pros and cons of separate groups for different age groups	<ol style="list-style-type: none"> 1. <i>Separate groups should be run for different age groups to make them more interesting and relevant.</i> 2. <i>Positive comments on a young participant and how she treated the older women with respect.</i>

Other comments on related issues:

THEME	COMMENTS/DIRECT QUOTES
Incidental PA	<i>Participants demonstrate understanding of incidental PA through examples. Examples often relate SES status and domestic duties to increased incidental PA (eg walking more because one has no other transport).</i>
Use of exercising equipment by self and others	<i>Usefulness for recovery from illness/operation. Younger family members use it too.</i>
Perceived age and health related barriers to activity and exercise	<i>Current health problems prevent walking and increased PA levels.</i>

Themes and detailed comments including direct quotes

Comments directly related to the group/program:

THEME	COMMENTS/DIRECT QUOTES
Overall positive feeling about participating in the program	<i>"It's been terrific". "Very beneficial for me". "I don't think they realize what they are missing out on". "Yeah, it's been really good". "Yes with pleasure, absolutely with anticipation" (re coming to an on going group).</i>
Positive comment on facilitation & learning	<i>"That's another thing that real good the teachers. They're both really good, very, very good (group facilitator and CHEGS fitness instructor)". "...she so gentle and she just reminds me of tai chi itself". "Had you had different people teaching you each week it wouldn't have worked cause you get used to the one person and you able to relax and relate to her and if you had a new one every week it would be like starting all over again all the time". "What about lecture about stretches? Yeah that was great, yeah learned a lot". "Having fun while learning made it easier."</i>
Fluctuation in group attendance	<i>"About 6 yeah. (they were 6, then 2 more came in after the 2nd week to make 8 then 2 dropped out)".</i>
Enjoyment of social interactions	<i>"Meeting new people" "The camaraderie" "It's been worthwhile to meet somebody new like (workers' names), to me it's fabulous".</i>
What can be improved?	<i>"No it was good". "...they are lovely (the staff)". "Though I did get pissed off sitting up there waiting sometimes (to be picked up)". "Cause we were always the fear that they not going to come". "It was just a little thing, but you think they're not coming". "Five minutes yeah, but if its longer then I m not interested in coming". [What would you suggest they do if they are late, to ring you if their coming late?] "Yeah". "Cause it doesn't cost anything to ring. I like to be on time". "Just to say we're on the way, because you're sitting there and you feel disappointment and you think, Ah no it won't be on till next week and that feels like a whole year". "(The Tai Chi room) might be a bit small don't you think?" "They could probably take a few things out".</i>
Specific program's effects:	
Relaxation, stress reduction	<i>"Learned about relaxing, dealing with stress and helped with my breathing." "It taught me to relax."</i>
A major change in attitude to life	<i>"It's forced me to live again so that's good".</i>
Lifestyle changes	<i>"But up here I eat the whole lot. (laughs) not meat love, but plenty of fruit. At home I don't have anything else but bread and noodles."</i>
Effect on health condition	<i>"...I've got arthritis in my body, but it does help really"... oh yeah, mine have (re health condition improving)". "That's good for H as she has diabetes and it was high". "And I was terrible". "She's got it down". "Yeah, it was in the 20's at one time and I got it down to 5".</i>
Changes to nutritional knowledge and practice	<i>"Learned how much fat in sugar and things in our food". [ere you a bit surprised about that?] "Yeah, too right". "...oh mate, it was so good". "...we learned about all that food and we used to eat all this stuff". "Yeah cause we know there was a few things that had a lot of sugar, but none of us were actually knew what they taught us. That was really good". "We learned all the nutrition and the words and what to eat and not to eat so we could prepare plans". We did that one (food pyramid) and another one too (the circle model)".</i>

THEME	COMMENTS/DIRECT QUOTES
	<p><i>"I'd say I learnt a lot out of it, like eating healthy and learning new exercise". "We know how much is worse (bad for you) you know". "It was good to find out how much fat in things". "No, but they brought in some books (recipes) and we picked out the ones we wanted to try and they were copied for us". "what to eat and not to eat and on that we could prepare plans". "I tried out the pasta recipe the other day but I didn't turn out as I expected". "She teaches you how to go about it, in an alternative way".</i></p> <p><i>"We had a lot of lectures on the food. We looked at charts and all that".</i></p> <p><i>"Learning all the things about food, not just coming and gutsing yourselves. Learning what to eat and not to eat". "..Yeah I'm eating much better". "Really got to us eh? To watch what we eat". "This will help me now cause I didn't know of the other foods health foods things that Laurel has introduced to me".</i></p>
<p>Trying healthy and different foods & applying information received in group</p>	<p><i>".. Yeah I'm eating much better". "...oh yeah, in summer (I'll make salads) but I like the pita bread. "I tried out the pasta recipe the other day". "The only thing I might change is the French dressing from Weight Watchers cause I love that". "I love the Philadelphia cheese (low fat version) I liked all the foods we had instead of butter". "I liked the all the cheeses (low fat grated and low fat creamed cheese)". "Laurel put us onto all these different types of breads and avocado and you know". "Fabulous, I've never had it (pita bread) before". "Well I never tried these breads, seen them in the shops but never tried them".</i></p> <p><i>"Id rather eat them then bread actually". "It's so light, very light, doesn't make you feel bloated".</i></p> <p><i>"And the little pocket ones (pita bread) you can just stuff them with anything..."</i></p>
<p>Effect on family members</p>	<p><i>".. (I live) with my son and my husband... they just eat what I put in front of them". "...He's a bit fussy... its helped m...". "They enjoy it and eat healthier things now".</i></p>
<p>Positive effect of exercise on mental health</p>	<p><i>"Puts you in a lovely frame of mind." "The exercise, me and X was just like the physical. It's kinda mental too."</i></p>
<p>Learning and enjoying doing Tai Chi</p>	<p><i>"Didn't know about Tai Chi and the next thing we know we were doing it". "It's special, it's much more gentle." "...I'm only speaking for my age that any real heavy exercise I couldn't do that".</i></p>
<p>Using program handouts</p>	<p><i>"So doing the tai chi and that I can think about it and they have given me the things here (Instruction sheet for tai chi exercises), and I'll just do a little bit at home".</i></p>
<p>Comments on Koori participants and groups:</p>	
<p>Koori sense of humour</p>	<p><i>"They make a joke over most extraordinary things. That's what white people can't understand. In the face of adversity Koorie people will laugh about it." "The one thing Koorie people got in their favour is they're very jokey".</i></p>
<p>Critical comments re other participants commitment</p>	<p><i>"...true (that commitment is a problem with all groups), but it seems to be more prevalent with the Koorie women, haven't got commitment or can't be bothered. You start off with sixteen and end up with 5."</i></p>
<p>Comments on differences between older and younger Koori participants and reasons for these differences</p>	<p><i>"The younger ones may not, cause as P says, they start something full on and then like you said, they fall away. The old people are stayers".</i></p> <p><i>"Its just that our joints are a bit older and we might need a bit of exercise and you know your mind is not filled 100% with other things".</i></p> <p><i>"And also it gets you out of the house and meet new friends". "The younger ones, perhaps maybe it's not exciting enough for them". "More like alcohol and drugs..."</i></p>
<p>Pros and cons of separate groups for different age groups</p>	<p><i>"Yeah, (separate groups should be run for) our age and then V's age.</i></p> <p><i>Yeah (a younger participant enjoyed their company) and she gets a laugh too and she has that respect for, well she calls everyone Aunty doesn't she?" "She likes being with all us".</i></p>

Other comments on related issues:

THEME	COMMENTS/DIRECT QUOTES
Incidental PA	<i>"...working around home and the gardening. That's still exercising." I walk, cause I haven't got a car, down town and I always have". "As I said I walk a lot and up and down the stairs lots so that's exercise and I haven't laid down in the day for ages cause I haven't got time".</i>
Use of exercising equipment by self and others	<i>"Yeah, yeah, its good for me when I was a bit weak in the legs before I could walk again and people can talk to you while your doing it "Yeah, I did it for a while cause the specialist said to do it when I was weak but I don't do it so much now cause I do other things now". "Yeah very good. The grandkids ride my exercise bike".</i>
Perceived age and health related barriers to activity and exercise	<i>"I used to do it, to do I used to walk down not always to do the shopping, but just to walk down there and do a bit further the next day and further the next . I don't like walking, you know with my problems". "Yeah, a little bit more but now we're getting older can't get that far, the body out far every morning. (laughter)". "And I'm only speaking for my age that any real heavy exercise I couldn't do that". "When I had the stroke lovey, I was paralysed down the left side) and its weak and I got a lump here on my bone, you know its sore bones and I just can't. I wish I could"</i>

APPENDIX 3: A SUMMARY REPORT OF THE CHEGS LEADERS INTERVIEW

Summary of interview with CHEGS fitness leaders of the HEALInG groups – August-October 2003 Goonellabah, & April-June 2004, Gurgun Bulahggelah.

The interview analysis is presented in 3 parts:

1. A brief descriptive verbal summary
2. A point-form summary of themes
3. Further break down of themes including direct quotes from fitness leaders

A brief descriptive summary

Both fitness leaders seemed to have a positive experience facilitating the exercise section of the HEALInG program. Both reported the groups were quite different to normal CHEGS fitness classes, and that they had to be flexible delivering the program to make it suitable for the participants. One leader had a very small group and felt it would have been better to have a few more participants. Both felt positive about working with Aboriginal women and one of them reported starting the group feeling nervous and ending feeling “fantastic”. Both had mixed comments about the venues.

The second group leader had very positive comments specifically about her participants’ response to Tai-Chi. This corroborates the findings from the participants’ focus group.

Summary of emerging themes

1. Comments directly related to the group/program:
 - Description of group size and duration
 - Comments re participants’ interest and commitment
 - Pros and cons of small groups:
 - Positive aspects of small groups

- Negative aspects of small groups
- Ideal group size
- Difference to normal CHEGS exercise classes
- Enablers of group participation
- Barriers to group participation
- Participants’ positive feedback re physical activity at home and other family members
- Positive comments on Tai-Chi and participants’ enjoyment of it
- Venue
- Flexible facilitation
- What can be improved
- Comments re the program’s nutrition component

2. Other comments on related issues:

- Perceived barriers for participation in general classes/activities
- Working with/Relating to Koori women

Thematic analysis including detailed comments and direct quotes

Below is a summary of the themes, which emerged in an interview with the fitness leaders of both HEALInG groups. The themes are grouped into 2 main categories: 1. Comments directly related to the group/program, and 2. Comments on related issues. Note: as leaders of both groups were interviewed together, some of the comments may differ between the groups. When this occurred the leaders were identified, i.e. L=Leanne and Lyn=Lyn.

THEME	DIRECT QUOTES FORM INTERVIEW
Comments regarding program/group:	
Description of group size & duration	<p><i>by the 3rd week we were down to 3 older ladies and they just wanted the Tai Chi so that is what we did for 6 weeks.</i></p> <p>Interviewer: So from then on it stayed down to 3 older ladies? <i>yes and then there was 1 younger lady that came for 2 sessions after the initial 3 and then there was another lady who came twice I think,</i></p> <p>Interviewer: So from the 3rd to last 9th session in your group it fluctuated with 3 core members and 1 or 2 others coming every now and again? <i>six was the max (2-3 women attended the first group).</i></p> <p><i>L: It ran for 6 or 8 weeks, can't remember it was long ago. It didn't run the full length of it</i></p> <p><i>Lyn: It ran for 9 weeks.</i></p>
Interest and commitment	<p><i>Lack of interest for one and interest for the other lady. You are always going to have people who are more motivated than others in anything you do. So if they were not brought there they probably wouldn't have come.</i></p> <p><i>(change in commitment overtime).....I think the commitment part was a problem, the older ladies were picked by someone from the unit so that they were transported there, I think if that wasn't available I don't think they would (attend)..... but then saying all that I think that by week 5 or week 6 I think they were committed enough to have come anyway, because they continually said how much easier they could move and they enjoyed it.</i></p>
Pros and cons of small groups:	
Positive aspect of small group	<i>Spend more time with each person; They support each other more; Becomes friendly</i>
Negative aspect of small class	<i>One on one may be a bit intimidating. They may think it a bit slow.</i>
Ideal size of group	<i>L: Would be nice to have more ladies as it was a small class. 6 is a good size</i>
Difference to normal CHEGS exercise group class	<p><i>(I covered) a lot of stuff they could do at home like using baked beans cans for weights. The participants were keen to know more information on little things, like we would do a stretch and I would say you could do that on your front rail They don't have to go to a gym; they don't have to have all this fancy equipment to actually do some exercise. They copied what I did what they could do at home.</i></p> <p><i>...more like the stretching because they were older ladies and the flexibility wasn't real good at all, a few injuries.</i></p> <p><i>(Greater consideration of participants' needs/wishes) You don't do that in my other classes. We just do our own thing.</i></p>
Enablers to group participation	<p><i>one of the workers up there, Teena, she joined in one session and that was really good, because I felt that was really encouraging for the others. I think Laurel sort of joined in; a bit more might have motivated the others there a bit more. I mean I know she organised the kitchen stuff.</i></p> <p>Interviewer: Yeah I know she had to organise kitchen stuff. Well, that's a good comment and I will pass that on, we might make an effort to support Laurel so she can join in for a least half an hour or whatever. So Tina joined once you say? Okay, how did you feel the change to the running of the class?</p> <p>Lyn: ...I think that maybe having the extra body there and um commenting on how they were doing it and encouraging them, she was very encouraging and yeah just little things.</p>
Barriers to group participation	<i>Another one was pretty much committed but had a lot of doctor's appointments and things like that.</i>
Positive feedback over PA work at home and other family members	<i>One girl has been getting right into it. Been practicing push-ups against the wall. Her partner asked what she was doing with the cans (using baked beans cans for weights) She was really getting in to it and getting something out of it.</i>

THEME	DIRECT QUOTES FORM INTERVIEW
Positive comments on Tai-Chi and how the women enjoyed it	<p>... by the 3rd week we were down to 3 older ladies and they just wanted the Tai Chi so that is what we did for 6 weeks.</p> <p>.... I think the Tai Chi is really good, it absolutely amazed me how quickly they picked up the energy and they were happy to go through the whole hour and even at the end we do a little massage thing, at first nobody would touch anyone and then as we got on I just sort of rubbed one lady's back and we just progressed on to when they were massaging each other. I found it really, I mean the energy that you can get for Tai Chi and the feeling in the room, and that is how they were, huh, it felt really light.</p>
Venue	<p>If they could have a place where they could go to of their own, like an Aboriginal complex might have made them more comfortable to go as well.</p> <p>the venue wasn't real good; it was a long narrow room that was a bit wide. To do it the first couple of classes we were new up at the house it was on a veranda out the back of the house I must say</p>
Flexible facilitation	<p>...they were able to do some things other than the fitness things as well, like one lady left half way through to go and get some cheques signed, it was comfortable but maybe a little too comfortable I don't know, but that didn't worry me I suppose they were just happy they knew I wouldn't care . I think that is the way their life is you can be flexible like that if you can flex with them.</p> <p>I just knew if I was there by 10am, that was good, you know at least I was there by 10am and then what ever time we started we started.</p>
What could be improved	<p>A couple of times like one day I was there for 2 hours, to say your having a class at 10am but it didn't start until 10.45. I only think the punctuality of it (can be improved)</p> <p>I think (if) Laurel sort of joined in a bit more might have motivate the others there a bit more.</p>
Comments re the program's nutrition component	<p>Laurel is really good with the nutrition side.</p> <p>They can learn the physical side of it and they can actually learn the nutritional side which helps</p>
Comments on other related issues	
Barriers to participation in and engagement with general classes/activities	<p>It's uncomfortable for a large person to go into facilities where there's people training and stuff like that.</p> <p>It may be a bit uncomfortable to go into a gym because they are more likely to see a lot of white girls and that again could be a bit of a pressure.</p>
Working with/ relating to Koori women	<p>No sort of different to anybody else. Class was very relaxed and casual so we all enjoyed each other's company.</p> <p>In the beginning I felt a little bit nervous... and I didn't want to say anything wrong. It took me a couple of weeks, but I found the more that they laughed the better it was, like we did this pearly shells, and I mean it was a huge joke, because they thought it was just so weird (laughs) like all these actions, at first they looked at each other and gone through and they pointed at each other and laughed. It took about week 3 for me to feel really comfortable, and in the end it was just fantastic, I didn't want to stop really, I wanted to keep going with it.</p>