



Illawarra Health

Better Services, Better Health

- Aunty Jean's Good Health Team -

**- listening to the voices of the Elders to create an
Aboriginal Chronic and Complex Care program.**



**Participatory Evaluation of the Illawarra Health,
Aboriginal Chronic and Complex Care,
Pilot Program**

Funded by NSW Health Aboriginal Vascular Program

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At the local level, this Program Evaluation was supported and guided by the partnership between three key Illawarra Health programs: Aboriginal Health, Aboriginal Vascular Health and Chronic and Complex Care.

This participatory program evaluation was carried out by Aboriginal Elders, Team Coaches and Team Specialists.

The final report was collated and written by Dr Sue Curtis of ORTRAN Consulting, Wollongong, NSW, with the Physical Activity section written by Danielle Pegg and Owen Curtis, Department of Biomedical Science, University of Wollongong.

The Evaluation Report was reviewed by a wide range of stakeholders, all of whom contributed valuable feedback and who, by their generous time and interest, ensured the integrity and appropriateness of reporting format and style.

The high quality of Program resources in general, are reflected in the Figures and photographs supplied for this evaluation report, by Caroline Harris, Program Manager, Illawarra Aboriginal Vascular Health. Caroline Harris & Jean Turner, the two Program Co-ordinators designed and developed all program specific resources.

Contact Details

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Further copies of this publication are available from:

Area Manager
Illawarra Aboriginal Health
OR
Program Manager
Illawarra Aboriginal Vascular Health Program
Division of Population Health and Planning,
LMB 9,
Unanderra Mail Delivery Centre,
NSW 2529
Phone: (02) 4255 2200
Fax: (02) 4255 2222

PDF copies available from: www.iahs.nsw.gov.au
: www.health.nsw.gov.au/living/atsi/html

May 2004

Aunty Jean Morris



This program has been named in the memory of Aunty Jean Morris who had a long association with the Aboriginal Cultural Centre and was well respected and loved by all those who knew her.

“Aunty Jean had a great sense of humour so we hope to have a lot of fun and laughter, while she watches over us”

Permission to use Aunty Jean’s photo in this Report was sought and granted by her family. Consent has also been given for the publication of all other photos included in this Report.

ACKNOWLEDGEMENTS: Program Stakeholders

'Aunty Jean's Team' PLAYERS

We thank our Elders for their commitment to self-management. Their determination and their resilience in this program has been a key factor in the positive outcomes so far

Mary Davis	Clarice Brunker
Elizabeth Locke	Paul Murray
Pearl Green	Mary Murray
Enid Whalley	Dorothy Tungai
Allan Whalley	Natalie Mongta
Barbara Andy	

'Aunty Jean's Team' COACHES

The main key to the success of the program is the dedication and commitment of the Aboriginal Health Workforce to the program

Fay Allan – Illawarra Health	Caroline Harris – Illawarra Health
Kay Stewart – Illawarra Health	Leonie Burley – Illawarra Aboriginal Medical Service
Joy Steep – Illawarra Health	Candy Demos – Shellharbour TAFE
Joyce Donovan – Illawarra Health	Beverley Crowther – Shellharbour TAFE
Jean Turner – Illawarra Health	

'Aunty Jean's' Program Coordinators

Caroline Harris – Illawarra Health
Jean Turner – Illawarra Health

'Aunty Jean's' Program Evaluators

Sue Curtis – Ortran Consulting
Danielle Pegg & Owen Curtis - UOW

'Aunty Jean's Team' SPECIALISTS

The expertise of our team specialists has ensured that the model being produced is comprehensive and uses best practice in clinical care and education.

Darron Webber – Chronic & Complex Care Program
Paul Lillyman – Exercise Physiologist
Barbara James – Cardiac Rehabilitation
Fiona Love – Cardiac Rehabilitation
Dianne Rodgers – Diabetes Unit
Carol Eddington – Illawarra Aboriginal Medical Service
Suzy Daniells – Dietary Department
Owen Curtis – UOW Exercise Physiology
Danielle Pegg - UOW Exercise Physiology
Hannah Michalis – UOW Exercise Physiology
Katerina Ziropiannis – UOW Exercise Physiology
Pip Budgen – Health Promotion Officer

Other Partners and Advisors –

Rhonda Cruse and Staff – Illawarra Aboriginal Cultural Centre
Julie Booker – Area Manager Aboriginal Health
Sylvia Seniuk – Manager Chronic and Complex Care Program

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Glossary of Terms

Community capacity-building

Robert Bush, Jo Dower and Allyson Mutch: Community Capacity Index

This index is designed to help identify the extent of capacity available within a network of organisations and groups at the local level. For the purposes of this index, *community capacity is a collection of characteristics and resources which, when combined, improve the ability of a community to recognise, evaluate and address key problems. Capacity-building is the process by which these characteristics and resources are developed, brought into focused and/or enhanced by the community and its members.*

The web address for this definition is:

<http://www.chs.health.nsw.gov.au/public-health/health-promotion/capacity-building/community/index.html>

All other terms explained in context of use within the Report

Executive Summary

Aunty Jean's Good Health Team started as an idea for a Program with a difference. It began as a Pilot Project and very quickly became, to its Team members, **The Program**. The name itself is a celebration of strength within the local Aboriginal community. Aunty Jean's memory is, for the Community, a symbol of that strength.

The Program has been built around the community's capacity to work together for better health outcomes, with the Elders leading the way. The strong supportive relationship between local Elders and Aboriginal Health Workers has given the Program its identity and direction.

The primary aim for their Pilot Project, was: To develop a combined model of health promotion, education and self-management, that could be supportive of and sustain, the development of good health behaviours and strategies for Aboriginal people with chronic and complex care needs.

Program Vision
"Holistic approach to health – a health ecosystem, can't have health without looking at the things feeding it. A healthy environment – spiritual, emotional, physical = Healthy People" (Team Specialist)

With this defined focus, the Pilot that evolved into 'the Program' enabled the development of structures and processes for:

- building on and enhancing community strengths,
- developing community capacities in relation to self-efficacy and self-management'
- building awareness, understanding, participation and confidence,
- strengthening community relationships; and
- providing an environment of fun and laughter.

The Program's community capacity-building objectives included:

- Improved self-management by Aboriginal people, with chronic and complex care health problems
- Appropriate and effective partnership arrangements
- Culturally appropriate information-sharing, activity and self-management strategies
- The co-creating of an environment supportive of good health

The Educational program objectives were for:

- **Awareness** and knowledge (body functioning/lifestyle)
- **Participation** (enhancing lifestyle)
- **Adherence** (medication function/schedules)
- **Recognition** (signs/action)
- **Understanding** (condition/lifestyle modification)
- **Confidence** (Self-management/negotiating system)
- **Improved health outcomes** (physical functioning, health and quality of life indicators)

The Program adopted a Team Game metaphor as its foundation for relationship building around the development of partnerships for good health behaviours and strategies. The essential message for all involved was that the Program provided a level playing field on which all could contribute to the Team's success. Appendix 1 provides a week by week overview of the Program in process and the way in which activities evolved over time.

Aunty Jean's Good Health Team Program structure was designed around twelve (12) modules of one day per week in the supportive environment of the Aboriginal Community Centre, combined with a self-managed and self-directed home program of activity over the same timeframe. The number of participating Aboriginal Elders ranged from ten (10) to fifteen (15) with a core group of ten people who attended the Program consistently.

The essential factors in the success of this Program proved to be:

- The leadership and commitment of Elders to better health outcomes for Aboriginal people;
- The strength and valuing of existing relationships within the Community and between the Community and Allied Health and Health professionals;
- The input of specialist knowledge and support and the commitment of Team specialists to developing more culturally appropriate and effective health promotion strategies and behaviours;
- The motivational power of community aspirations for better health in the Aboriginal Community;
- The demonstrated achievements by Elders in their physical activity programs; and
- The location of the Program within a safe Community space.



“ In Aboriginal Health, programs take a long time to see the benefits so we need to think of this program as the new baby .. To be nurtured into adulthood by everyone involved. We need to have a strong focus on keeping clients alive and out of hospital”. (Team Coach)

The Program outcomes, across a wide range of standardised and specially-developed evaluative measures, have not only met but exceeded expectations. There is strong evidence in Program Outcomes of: improved self-management; the development of appropriate and effective working partnerships; culturally acceptable and appropriate information-sharing; and enhanced capacity in physical activity and self-management strategies. Lessons from Team players, coaches, and specialists alike, (See Appendices 1 and 5) have contributed towards a comprehensive listing of outcome indicators for a culturally appropriate and effective Program.

In this Program, the traditional ‘recruitment and retention’ framework has been redefined by participants as one of ‘attraction and inclusion’. Self-awareness and recognition of early warning signs was epitomised by one Team player who sought medical advice on early chest pain. Not only did this player undergo triple bypass surgery, he also returned to the Program to become one of its star performers.

While the Program still faces existing and emerging challenges, it has been established on a firm foundation of local leadership and community strength. Program participants are keen to tell their story to their Community and to others who may be interested in what they have achieved. According to one Elder, ‘The word is out’ and this Program has demonstrated that it is working for this Community.

‘The word is out – this Program has made a difference’



**“ I look forward to Monday just to watch the expression on player’s faces as they achieve their goals”
(Team Coach)**

“Life and health is about choice and destination, we make decisions that reflect our destiny” (Team Elder)



**Program Vision
“I will be like a lion to have the strength to get out there in the community and tell the people about better health care for our people” (Team Elder)**



**“Line Dancing starts every session on the right foot and everyone joins in.”
(Team Coach)**

Program Recommendations from Action Learning Cycles

This list of recommendations, represent the collective insights of the Program participants and the conditions required for success of the Program. The extent to which these conditions are replicated will determine the potential for success or, if absent, the limitations in, this type of approach to Aboriginal Health.

Health programs for Aboriginal people may be more successful if:

From a community capacity-building perspective:

- ✚ programs are established within traditional social structures that acknowledge, respect and build on the wisdom and leadership provided by local Elders and community commitment to supporting one another
- ✚ programs are located within a community space that is culturally affirming, inviting, welcoming and safe
- ✚ a program has, from its very beginnings in discussion with Elders, an identity or symbol that represents the strength of the local community and a focus to which all potential program participants can commit their energy and community aspirations
- ✚ the program is well-founded on relationship-building with trust and mutual benefit as the key motivators
- ✚ the program has been conceived as a whole community initiative with shared responsibility with the community who will experience and be responsible for the program's success
- ✚ the traditional western medical program-oriented language of 'recruitment, retention and compliance' can be transformed into one of 'attraction, inclusion and recognition'
- ✚ there is provision in the funding model for support of a focus for social interaction, for example attractive and healthy lunches, to facilitate relationship-building around program involvement and connectedness to program activities
- ✚ recognition and celebration of achievement is integral to program processes from the very beginning and sustained over the life of the program – with accessible, transportable take-home indicators of achievement to share with family and community

Health programs for Aboriginal people may be more successful if:

From a resources and materials perspective:

- ✚ they embody underlying values and principles crucial to the success of this Program detailed in: Table 1, Community Capacity-building as a Blueprint for Action, the Community Capacity-Building Objectives and the APARUCI Educational Objectives
- ✚ the cultural identity, local environment and interests of the local community are represented with integrity and dignity, in a well thought out, well-resourced and structured approach

- ✚ all materials and protocols are presented in visual form as options or choices for discussion so as to ensure accessibility and equality in shaping of program processes
- ✚ program performance information is continually fed back to Team members so that everyone is involved in the information sharing and therefore in accepting responsibility for program shaping or resources, processes and outcomes

Health programs for Aboriginal people may be more successful if:

From the perspective of Program structure:

- ✚ there are clearly established protocols and responsibilities for equipment storage and layout and calibration, replacement and servicing of equipment
- ✚ there is a set protocol and accepted responsibilities for Medical Checks and for monitoring of risk indicators

Health programs for Aboriginal people may be more successful if:

From a teaching/learning perspective:

- ✚ the network of relationships includes and welcomes input from a wide range of Allied Health and Health Professionals who wish to learn from the community, how best to use their skills to meet the needs of the community
- ✚ education sessions are organised around experiential activities, are hands-on with resources available for free-ranging observation and discussion
- ✚ the Allied Health and Health Professionals are committed to making use of comments and questions as they arise and to making the links between what people know and what they want to and need to know, for better health outcomes
- ✚ ongoing teaching/learning professional workshops are established in parallel with the program activities as a vehicle for peer mentoring and experiential learning
- ✚ diffusion of what has worked for one community can be organized through action learning participation in the current program by others who are interested in developing a similar program, with transfer being achieved through experiential learning
- ✚ pre-program involvement in capacity-building workshops for coaches and Team specialists was to be the accepted way of doing things

Health programs for Aboriginal people may be more successful if:

From a self-management perspective:

- ✚ a central guiding principle of the program is respect for and recognition of, steps taken by the individual towards increasing self-management for better health outcomes
- ✚ the program activities, resources and relationships provide an environment which encourages and facilitates the voicing and recognition of participants' own needs, choices and solutions in working towards better health outcomes
- ✚ all activities and expectations are always open to negotiation and mutual shaping as participants learn more about what they are doing, what they need and what they are achieving for themselves and their community

- ✚ each participant has their own individual recording sheets for progress through activity levels and each participant is supported in becoming increasingly responsible for their own recording processes with these sheets
- ✚ the ‘maintenance phase’ concept is transformed into ‘coaching for new participants’ as a transition phase to a separate ‘maintenance’ program that develops its own identity, social relations and purpose

Health programs for Aboriginal people may be more successful if:

From an action learning perspective:

- ✚ the program is designed as a continuous learning cycle with everyone involved in creating and communicating program knowledge for the support of better health outcomes
- ✚ mutual capacity-building is seen as a key program achievement with opportunities for all participants to have access to training or further education as the need becomes apparent
- ✚ program roles and responsibilities are clearly defined, continually reaffirmed or when deemed necessary, refined and adapted as part of the ongoing weekly feedback sessions

1. Development of a community capacity building program for good health

1.1 Introduction

The Illawarra Aboriginal Health Plan 2001-2004¹ identifies that its primary goal is to *improve the health and well being of the Aboriginal people*. It is stated in this Plan that improving the health of the Aboriginal population is a priority for action. However, Aboriginal people still ‘... remain by far the most disadvantaged group in terms of health status in the Illawarra, and this situation reflects the critical health problems for this population identified across the Nation.’² Despite concerted efforts by highly committed and capable Allied Health and Health professionals, health systems in general, have been unable to adequately meet the health needs of Aboriginal people.

Five Key Priority areas for improving the health of the Aboriginal population, drawn from the State Plan,³ are identified in this Report. These Priority Areas expressed as strategies are to:

- Improve access to services
- Address identified health issues
- Improve social and emotional well being
- Increase the effectiveness of health promotion, and
- Create an environment supportive of good health.

At the local level, these strategies were translated into a health promotion program model with a difference, a model that was developed and implemented with the commitment and energy of an existing web of community relationships and an evolving partnerships network. Their shared aim was ‘. . .to look at creating a model of health promotion, education and self-management for Aboriginal people with . . . diabetes and diseases of the circulatory system.’⁴ For Aboriginal people in the Illawarra to gain ground in the priority areas outlined by the State Plan, it was apparent to those leading the way in this initiative, that it might prove useful to adopt a different type of health promotion strategy to better meet the needs of Aboriginal people. Aunty Jean’s Good Health Team Program Model was the strategy that emerged.

The Program was named in honour of Aunty Jean Morris who had a long association with the Aboriginal Cultural Centre, and was well recognized and respected by all those who knew her. The Program commenced in the Aboriginal Cultural Centre on Aunty Jean’s birthday.

1.2 Background to Aunty Jean’s Good Health Team Program

The background to Aunty Jean’s Good Health Team Program is a series of linked policy-driven initiatives. In 1999, at the broader State Policy level, the NSW Aboriginal Health Strategy was launched by the NSW Aboriginal Health Partnership. This strategy provided the blueprint for development of programs for Aboriginal people in NSW and in July 2000, the Aboriginal Vascular Health Program was established.

With this State policy level backing, a series of demonstration site projects were funded to develop improved approaches, across NSW, for the prevention and management of vascular disease in Aboriginal people. One of these projects was the Illawarra Aboriginal Vascular Project (IAVP), established in the Illawarra Area in 2001.

At the same time as the IAVP was being initiated, the NSW Government Action Plan for Health was commencing their Chronic Care Program. The funding for this Program was allocated to all Area Health Services to improve health outcomes for people with chronic disease. In the Illawarra, these two Programs, Vascular Health and Chronic Care, were to

form a strong partnership that would underpin support for the development of Aunty Jean's Good Health Team Program.

The Aboriginal Chronic and Complex Care Pilot Project, which evolved into Aunty Jean's Good Health Team Program, was created following a comprehensive needs assessment and evaluation of local Chronic and Complex Care (C&CC) programs. This Community Needs Assessment (including previously-mentioned forums), conducted by the Illawarra Aboriginal Vascular Health Program and reported in the Illawarra Aboriginal Vascular Project (IAVP), Evaluation Report 2001 -2003⁵, showed that Aboriginal people were not accessing or participating in mainstream programs, even though there was a concerted effort to engage them.

The assessment identified a range of Community Development-related indicators of need, for improved Aboriginal Health. The emerging, Aunty Jean's Good Health Team Program, was particularly oriented to meeting the needs identified in the C&CC program evaluation. These included:

- Limited availability and access to culturally appropriate self-management programs
- Lack of culturally appropriate support systems for individuals with chronic and complex care needs
- Lack of ongoing culturally appropriate education programs for people with chronic illness
- The finding that many Aboriginal people with chronic illness are also caring for family members, and
- The need to address the many issues identified around stress, financial concerns, illness, social isolation and family problems.

With its broad range of findings, this earlier needs assessment was seen as a vital initiative of the IAVP and by association, 'Aunty Jean's Good Health Team' Program, in finding culturally appropriate, effective and efficient ways of beginning to address most of the stated objectives.⁶

1.3 Program Objectives

The principal Program objective for Aunty Jean's Good Health Team Program, was the development of a Program Model (Figure 3) that could provide for more culturally appropriate and effective, health-promoting strategies and behaviours, through individual and community capacity-building, in a local setting.

This outcome required a focus on shared learning, shared ownership, and enhanced self self-efficacy⁷ and self-management⁸, rather than on the more traditional practices of instruction, direction and compliance. Amongst these, the key to capacity building was enhanced self-efficacy of individual Team players. In order to achieve this, the Program had to create an environment in which participants could experience increased levels of personal choice, self-motivation and belief in themselves and their community, to actively engage in behaviours that could lead to better health.



Clients will be encouraged to take care of themselves and to feel confident in what they are doing to meet their goals for themselves, their families and their community.

Vision Statement, Coaches & Team Specialists



'This program is educating people and getting them motivated'
Team Elder

While the key educational objectives had been identified prior to the start of the Program, the community capacity-building objectives and strategies evolved over time and were both defined, and refined, by the learning that was taking place. Teaching/learning strategies were modified as understanding of experiential learning and possible options for information sharing were communicated amongst the Team specialists, whose responsibility it was, to deliver information sessions.

1.3.1 Community Capacity-building Objectives

The Program objectives related to community capacity-building included development of:

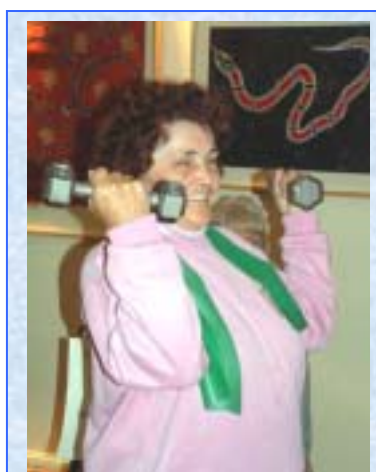
- **Improved self-management by Aboriginal people with chronic and complex care health problems** taking part in the Program
- **Appropriate and effective partnership arrangements** for health care professionals working towards improved access for Aboriginal and Torres Strait Islander people who have chronic and complex health care needs
- **Culturally appropriate information-sharing, activity and self-management strategies**, for meeting the chronic and complex health care needs of Aboriginal and Torres Strait Islander communities.
- **The co-creating of an environment supportive of good health** for Aboriginal people
- **Improved health outcomes** in physical functioning, health and quality of life

Overall, these Program objectives aim towards optimum outcomes of a successful capacity-building approach. It was also anticipated that the Program could prove to be an environment in which the competence, self-confidence and leadership skills⁹ of the Elders could play a major role in modelling good health behaviours for their families and community.

1.3.2 Educational Objectives – the APARUCI model

The acronym ‘APARUCI’ was developed by Program Coaches and Team Specialists as a way of organizing the key educational objectives into an easy-to-remember and logical sequence. The Program educational objectives that make up the name APARUCI included teaching/learning opportunities aimed at increasing:

- a. **Awareness and knowledge** of the functioning of the body and the impact of lifestyle factors on health
- b. **Participation** in health enhancing lifestyle behaviours e.g. weight reduction [for themselves, their families and their community]
- c. **Adherence** to their prescribed medication schedules [as a key factor in self-management]
- d. **Recognition** of early signs of worsening disease or acute episodes and knowledge of what to do [and who they can call on]
- e. **Understanding** of their own specific health conditions, how to modify lifestyles to reduce disease exacerbations and medications related to their conditions [or who they can ask when they want to know]
- f. **Confidence** in negotiating the health system [supported by relationships established with team specialists in this Program]



Clients will be supported in their activities with easily accessible information and their own resources for thinking and making judgments about the value of what they are doing for their health, their family and their community.
Vision Statement

g. **Improved** health outcomes

Overall, these teaching/learning objectives reflect what might be achieved if the Program was successful in achieving the hoped for educational outcomes.

1.3.3 Summary of Program Objectives

The following categories of community capacity-building and educational Program objectives, define what type of evidence might be provided to demonstrate the efficacy of this type of approach to health promotion for this Aboriginal community.

Categories of Objectives for community-capacity building (CCB) through Participation

- CCB1 - improved self-management by Aboriginal people, with chronic and complex care health problems
- CCB2 - appropriate and effective partnership arrangements
- CCB3 - culturally appropriate information-sharing, activity and self-management strategies
- CCB4 - The co-creating of an environment supportive of good health

Categories of Objectives of Education Program (ED) component

- ED1 - Awareness and knowledge (body functioning/lifestyle)
- ED2 - Participation (enhancing lifestyle)
- ED3 - Adherence (medication function/schedules)
- ED4 - Recognition (signs/action)
- ED5 - Understanding (condition/lifestyle modification)
- ED6 - Confidence (self-management/negotiating system)
- ED7 - Improved health outcomes (physical functioning, health and quality of life indicators)

In the words of one of Aunty Jean's Good Health Team specialists, it was hoped that participants would be: 'supported in their activities with easily accessible information and their own resources for thinking and making judgments about the value of what they are doing for their health, their family and their community'.

The current project, reported here, set out to develop and evaluate a community based model responsive to the specific needs of Aboriginal community members which would support them in self-management of their chronic health conditions.

1.4 How did Aunty Jean's Good Health Team Get Started?

The Aboriginal Chronic and Complex Care Pilot Program Committee, a partnership between: the Aboriginal Health Workforce; Aboriginal Vascular program, Chronic and Complex Care Program staff; Cardiac Rehabilitation within Illawarra Health; Heart Foundation; Aboriginal Aged Care; and Homecare managers, provided the initial impetus and network of relationships to underpin the Aunty Jean's Good Health Team Program. Many of these foundation partnerships had been built on a firm base of experience, local leadership, capabilities and skills, and mutual respect and trust, through participation in previous people-focused Aboriginal Health promotion programs. These programs had included:

- Diabetes and Heart Health camps
- Physical activity programs i.e. water aerobics
- Annual Heart Health Days
- Community Health Screening programs
- Illawarra Aboriginal Diabetes Self-management Project

Leadership roles in these and other local programs had been provided by Aboriginal Health Workers and with Aunty Jean's Good Health Team, these were the people who stepped forward to provide core capabilities of specialist community knowledge and caring relationships.



Getting the current Program started, however, required focus, energy and leadership and it was the two Program Coordinators who took on this task. Firstly, they demonstrated skilled leadership in the initial building of partnerships around shared interests in Aboriginal Health. Secondly, they devoted a lot of time to developing new partnerships,¹⁰ and negotiating access to a community space in which it was possible to develop a culturally appropriate, community capacity-building program¹¹. These people needed to be able to work between groups and systems as well as across the gaps that existed between local groups and systems. In order to bridge the gaps, the coordinators also needed to have a thorough working knowledge of, access to, and relationship with, the groups and systems with whom they were involved.¹²

With a community capacity-building framework, the program has remained committed to the guiding principle identified by the Illawarra Aboriginal Health Plan, of 'community involvement through consultation and active participation.'¹³ When this principle was applied in the context of a Population Health approach¹⁴ the Program Coordinators were able to develop a range of practical strategies based around existing community strengths¹⁵. These practical strategies incorporate the State Plan's key priority areas.¹⁶ They also reflect the literature on current moves towards participatory practice and empowerment models through self-management for better health. These are epitomised by the Jakarta Declaration of 1997,¹⁷ which identifies the following priorities:

- raising awareness about the changing determinants for health
- supporting the development of collaboration and networks for health development
- mobilising resources for health promotion
- accumulating knowledge on best practice
- enabling shared learning
- promoting solidarity in action
- fostering transparency and public accountability in health promotion



All program participants will be working together to beat the challenges of past inaccessibility . . . so that through the Program they will find it easier to achieve better health.
Vision Statement, Coaches & Team Specialists

The following table (Table 1) demonstrates how the Program strategies build on this type of approach. **Table 1: Community Capacity-building as a Blueprint for Action**

Population Health Approach Suggested Strategies from the Illawarra Aboriginal Health Plan¹⁸	Core Program Strategies with reference to current theory and practice in health promotion
1. Take a 'settings' approach	1. Building a culturally attractive, welcoming and comfortable space around existing and emerging community relationships, in a community setting. ¹⁹
2. Use a partnership approach in collaborative projects . . . involving community development and organization	2. Encouraging, facilitating and nurturing active participation and partnerships between individuals, groups and organizations in the process of adapting community settings and changing community norms for enhanced health and well-being ²⁰
3. Support and development of an Aboriginal Workforce	3. Using the Program activities and relationships as vehicles for capacity building in knowledge, skills and competencies ²¹ with a focus on self-management and self-empowerment ²² .
4. Use best practice interventions and strategies or evaluating new strategies where necessary	4. Utilising a community strengths framework with: community capacity-building; recognition and support of emerging leadership; and recording of multiple perspectives in the co-shaping of both Program environment ²³ and Program activity choices ²⁴ .
5. Advocacy of the development of needs based resource allocation model	5. Utilising a Program model based on mutual learning, ²⁵ in a culturally appropriate context to direct multiple, available resources to facilitating raised awareness and mutual recognition of individual and group needs. Responding in a timely and appropriate manner to bring required expertise into the program setting to meet identified needs. ²⁶
6. Using the comprehensive Ottawa Charter strategies with the five key strategies: build healthy public policy; create supportive environments; strengthen community action; develop personal skills & re-orient health services.	6. Ensuring that all program structures, expectations and processes are serving to enable people to: increase control over and improve their health, experience personal well-being by having needs met and bring about the changes they desire in their environment. ²⁷
7. Making people the focus of interventions and ensuring that there are opportunities for the community to become actively involved in decision-making	7. Using the action-learning cycles ²⁸ and program activities to focus on people, their personal and shared visions and their strengths, with insights from Aboriginal Elders as the expert reference group for steering the Program shaping and development

1.5 What is Aunty Jean's Good Health Team?

The Program for Aunty Jean's Good Health Team was conceived as a team game, where players, coaches and team specialists (Allied Health and other Health Professionals involved) could assist one another, through mutual capacity-building, to achieve the individual and shared goals that would contribute to improved health outcomes. The team theme was adopted because most Aboriginal people love sport and are keen supporters of local football teams.

The team metaphor gave participants words to describe their roles which emphasised shared purposes, cooperative action and a level playing field with regard to interactions, mutual support and shaping of the program. The team game theme also provided the possibility for each participant to be a vital contributing member of the program team. If this type of program is to be effective, then relationships have to be based on mutual respect and co-operative learning in action, where everyone is an equal partner in the whole team effort.²⁹

1.5.1 The Structure of Aunty Jean's Good Health Team Program

Aunty Jean's Good Health Team Program structure was designed around twelve (12) modules of one day per week in the supportive environment of the Aboriginal Cultural Centre, combined with a self-managed and self-directed home program of activity over the same timeframe. The number of participating Aboriginal Elders ranged from ten (10) to fifteen (15) with a core group of ten people who attended the Program consistently.

The language used in the Program outline, symbolises accessibility, inclusion, being active, and having fun. The Program's Game timetable, illustrated below, demonstrates the importance of choice of language in signalling shared ownership of, and responsibility for, active involvement and engagement. Important components of the structure were a shared activity session and a sit down shared lunch session. These two key components encouraged communication, fun, shared celebration and recognition of individual achievements in self-management and good health initiatives.

The Program Workbook was stamped with Aboriginal imagery as a signal to those involved, that this Program was from the beginning, a celebration³⁰ of Aboriginal culture and Aboriginal ownership. The Introduction to the Program in the participant's Workbooks highlights laughter and fun: 'Aunty Jean always had a great sense of humour, so we hope to have a lot of fun and laughter, while Aunty Jean watches over us.'³¹

It was hoped that this type of approach to the Program would facilitate the achievement of culturally appropriate outcomes which reflected the local cultural setting, shared values, communication styles, and the social connection of program participants.³² The following Program session outline (Figure 1), demonstrates how the model emphasised inclusiveness, ownership and involvement, by Program participants, in team processes.

Figure 1:

Game Timetable

DATE	TIME	ACTIVITY	LEARNING SESSION	THEME
14 th July	10am – 2pm	'Kick off Time' Workshop for Players Medical Assessment Try exercise equipment	'Setting Goals' with Jean and Sue Set goals for yourself and the team	
21 st July	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'Shake ya Butt' with Paul How your body benefits from a bit of activity	
28 th July	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'Body Talk' with Barb and Fiona Learn about your body & what can go wrong.	'Heart Day' wear red
4 th August	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Game check	'Team Talk' Let's measure how we are going. How can we improve the program?	Wear your Footy Colours
11 th August	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'Listen to ya Body' with Darron Signs and Symptoms to watch for.	
18 th August	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'Talking Tucker' with Suzy Learn what good tucker is all about	Bring a picture or a recipe of your favourite food.
25 th August	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Game check	'No Shame' with Carol Coping with illness, stress and set backs	
1 st September	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'Team Talk' Let's measure how we are going. How can we improve the program?	Wear your Footy Colours
8 th September	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'Diabetes with Di' with Dianne Learn about diabetes	'Diabetes Day' Bring something that starts with D
15 th September	10: 30 – 2pm	Morning Tea Medical Check Game circuit Lunch and Learning	'In the Kitchen' with Suzy Low fat cooking demo	

1.6 Program Materials and Resources

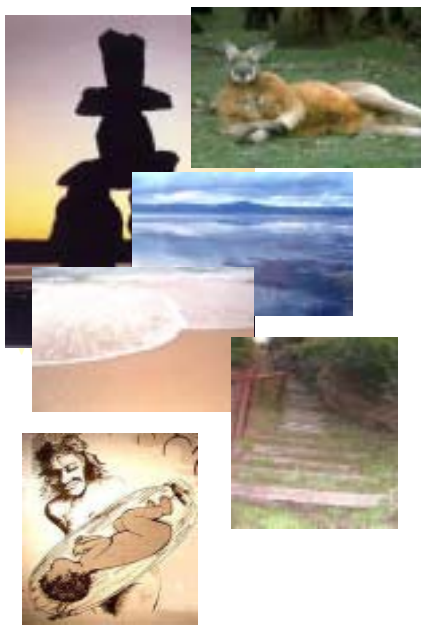
There was a strong emphasis in the program activities, i.e. in the learning sessions, the exercise circuit and in the reflective evaluation sessions, on visual representation, involvement, talk-time and fun.

The Program Workbook signalled personal ownership and responsibility for self-management, with sections on 'My own Goal – Personal vision for the future', 'The strengths I bring to the program', 'Team Program Goals', 'Game Rules' and a clearly laid

All resources will be designed for clients to take charge of their own learning.
Vision Statement, Coaches & Team Specialists

out 'Game Timetable'. Resources such as the Koori Photo Images (KPIs) were specific to the local Aboriginal Community, and provided familiar images for identifying meaningful and very personal visions of possible outcomes, through participation in the Program. The following images were some of the more popular metaphors for personal goals.

Figure 2:



My own Goal



My vision for the program

'To walk on the sand without sinking and be able to get up on my own and keep going.' Program Elder

The Strengths I bring to the Program

'I will be like a lion, to have the strength to get out there in the community and tell the people about better health care for our people'

The Workbook and all the resources were constructed using materials and images, which demonstrated that the Program was personally relevant for the local community, well-thought out, inclusive and accessible.

1.7 Program Staffing & Team Membership

The networking and partnership building that underpin Aunty Jean's Good Health Team Program, provided the opportunity for a wide range of individual health professionals, tertiary students and associated organisations to be linked to the Program. It was viewed from the outset as an opportunity for mutual learning about what might be the most appropriate content, strategies and processes for an Aboriginal health initiative of this kind.

The following roles are an indication of the range, depth and number of people involved in developing and supporting this Program. The responsibilities for each role evolved throughout the action learning cycles of the Program and are described in Appendix 4.

- Ø Aboriginal Elders
- Ø Program Coordinators
- Ø Aboriginal Health Workers
- Ø Action learning facilitator/Program Evaluator
- Ø Exercise Science Coordinator/facilitator
- Ø Health Professionals
- Ø Aboriginal Medical Service Board of Management and staff
- Ø TAFE students in Aboriginal Health studies
- Ø University of Wollongong Exercise Science students
- Ø Aboriginal Cultural Centre Director
- Ø Aboriginal Cultural Centre staff



1.8 Recruitment of Participants (Team Players)

Local Aboriginal Elders were invited to a luncheon. The purpose of the luncheon was to discuss an opportunity to work together in designing a program for Aboriginal people with chronic illness. Many of these Elders had previously been to a community forum to discuss the related issues, needs and gaps in current service provision for Aboriginal people with, or at risk of, cardio-vascular disease, and their carers. The interest generated in these discussions provided both the focus and the momentum for the proposed new project. This interest included the commitment of Aboriginal Health Workers and Health specialists, together with their sponsoring organisations, to give their time and energy to the proposed Project.

At the luncheon, Elders were shown a presentation of the findings from the community forums as well as ideas for the proposed new program. The intention was for this program to be developed as a showcase of what could be achieved by a local mainstream, chronic and complex care program.

The Elders were invited to participate in the new pilot program, as expert advisors to help shape a chronic care program for their own community. It was important to the Elders, if they were to be involved, that the intention was for this Program to be continued following the pilot stage, and that it wasn't another 'here today, gone

tomorrow' program. The feeling at this meeting was one of mutual trust and respect, a coming together of Aboriginal and non-Aboriginal people (community and health service providers) and a commitment by all to improve Aboriginal Health by working alongside one another.

1.9 Chronic Illnesses Addressed by the Program

All participants to the program had previously been diagnosed and treated for chronic illnesses. Many had co-morbidities and with multiple admissions to hospital for treatment.

The chronic diseases represented in the Program included:

- Ø Heart disease
 - Ø Diabetes
 - Ø Stroke
 - Ø Kidney disease
 - Ø Arthritis
 - Ø Chronic airways disease
- } Main diseases and co-morbidities addressed within the program

One participant was being treated with chemotherapy for bowel cancer and another was confined to a wheel chair following a major stroke.

The primary disease risk factors for participants on the program were:

- Ø High blood glucose levels
- Ø High blood pressure
- Ø High cholesterol levels
- Ø Angina
- Ø Depression, anxiety and social isolation
- Ø Smoking
- Ø Chronic joint pain and stiffness

1.10 The Program Model

The Program was designed around the central concept of community capacity building and the five basic principles of a population health approach: increasing access; addressing identified health issues; improving social and emotional wellbeing; increasing the effectiveness of health promotion and creating an environment supportive of good health. These principles provided the framework that linked all the different levels of support for Aunty Jean's Good Health Team Program (See Figure 3) with the shared aim of ***providing culturally appropriate health promoting strategies and behaviours for the local community.***

The Program Model's outer layer of Policy and Priority Setting determines the values and priorities for the next layer of Team partnerships. These partnerships are made up of organisations at the local level. This organisational layer provides for Program resources in line with the priorities and values set by the broader policy-making bodies. It is the local partnerships between Allied Health and Health Professionals and community representatives, which make local expertise and support available to the Program.

The Team specialist layer represents the practical commitment of expert support for program activities. With this type of Program model, it is the individual and shared vision of professionals forming the Team specialist's layer, which assures the capacity of the Program to meet existing and emerging needs.

The core of the Program Model, and of the Team itself, is the partnership between Aboriginal Elders and Aboriginal Health Workers, a partnership which gives the Team its legitimacy within the local Aboriginal community. The complementary core Team partnership of Program Coordinators, and action learning and physical activity coordinators provides the materials and processes for supporting/resourcing and teaching/learning activities.

With the focus on Aboriginal health outcomes, the point around which this layered system revolves, and which gives it its meaning and purpose, is effective provision of culturally appropriate health promoting behaviours and strategies for Aboriginal people at the community level.

What is different about Aunty Jean's Good Health Team Program Model, is the realised potential for shared learning at all levels, about more effective action for good health at the local community level, by listening to the voices of the Elders.

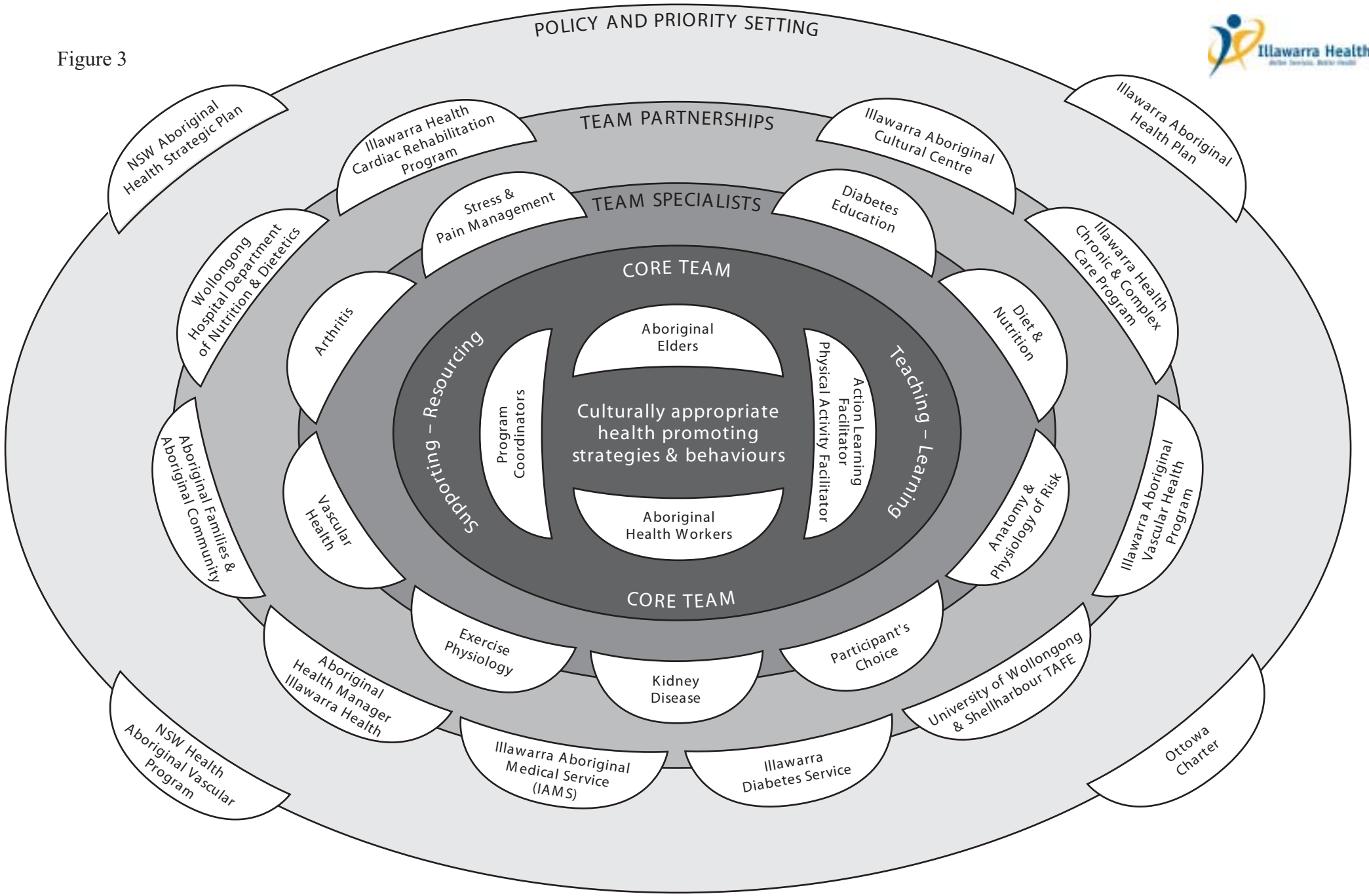


***“Life and health is about
choice and destination,
we make decisions that
reflect our destiny”
(Team Elder)***

Aunty Jean's Good Health Team Community Capacity – Building Model



Figure 3



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2. The Program Evaluation Framework

2.1 Participatory Evaluation Through Action Learning

Aunty Jean's Good Health Team Program model (See Figure 3) as it exists at the end of the fourteen weeks, has evolved through continuous shared learning as a series of action learning cycles.¹

Figure 4: The Action Learning Cycle



Action learning is a powerful way of learning through reflection. Action learning is a continuous cycle represented by planning, acting, observing and reflecting and it can begin at any point in the cycle. A group of people may use action learning to continuously enhance their capacity as they work towards a shared purpose or goal.

The Program has been shaped by insights and ideas generated from individual and group learning in Program activities, and particularly from the leadership provided by Elders (Players) and Aboriginal Health Workers (Coaches). The integrated evaluation process involved 'Weekly Game Checks', where Coaches, Players, Team Specialists and Program Coordinators recorded what they had experienced, what worked and what didn't work or needed to be changed. This formal reflection process meant that insights and ideas could be used for adapting or changing strategies² and activities to better meet the needs of everyone involved.

The intention of this cycle of planning, action, reflection and evaluation, was that more culturally appropriate and effective program activities could evolve over time. The continuous learning cycle also ensured that the Program itself was a vehicle for expression of negotiated ways of doing things and for enhancing community capacity amongst Program stakeholders.

An evaluation framework of participatory learning for mutual capacity-building, was selected for this Project.³ This style of evaluation is called utilization-focused evaluation.⁴ It was selected because this approach involves all key stakeholders in the process of identifying the usefulness of evaluation strategies and in generating information using these evaluative activities. The information that is generated can be used by program participants and by other stakeholders, to judge the value of the program for themselves and for others facing the same type of health challenges.

A marriage of services together, both Aboriginal and mainstream to develop a program that is both sustainable and ongoing for Aboriginal clients
Vision Statement, Coaches & Team Specialists

2.2 Evaluation Methods & Tools

The evaluation adopted a mixed methods approach⁵ in the selection of evaluation tools, representative of the range of stakeholders who have a direct stake or interest in the Program and its outcomes. This type of methodology was chosen specifically because it provided 'for broad

democratic ideals of participation . . . ensuring that the interests of all legitimate stakeholders are included, particularly those who are traditionally left out of the conversation.’⁶ The tools of a mixed methods evaluation also seek to provide ‘ways for diverse stakeholders to talk and engage in dialogue with one another toward greater mutual understanding, respect, tolerance, and acceptance.’⁷

In particular, evaluative tools were selected for their inclusiveness and their contribution to the Program’s action learning cycle.

‘If we assume that we learn through experience, then important elements of learning involve thinking about the experience, or reflecting on the actions, and considering ideas . . . that help us to find new [and better] ways of behaving in the future. This is ‘learning in action’.⁸

It was a very practical approach in which evaluation activities contribute to capacity building, self-efficacy and increased confidence in self-management, through the growth of understanding and ownership of the Program processes.

Visual representation of experience was a central design feature of both standardized and specially developed, guided reflection tools and processes. It was intended that evaluative tools would provide both process and outcomes-oriented information⁹, about the effectiveness and cultural appropriateness of program activities, with respect to achievement of health-promoting behaviours and strategies.

2.3 Program Evaluation Tools and Strategies

The overall efficacy of the Program for meeting the needs of core stakeholders and achieving Program objectives, were reviewed with a range of reflective tools. These tools included:

- SWOB Analysis (Strengths, Weaknesses, Opportunities & Barriers)
- Vision and Contributions using Communication Compatibility System Cards (CCS)¹⁰
- Goals and Strengths with Koori Photo Images (KPIs)¹¹
- The Concerns Maps¹²
- The Health in My Hands Worksheets¹³
- Weekly Game Checks for players¹⁴
- Team Coaches & Specialists Evaluation Worksheets¹⁵
- Dartmouth Primary Care Cooperation Research Network : Dartmouth COOP Charts¹⁶
- Goal Attainment Scales (GAS) for program expectations¹⁷
- Medical Checks : Blood Pressure, Pulse & Blood Glucose Levels (**NB. Not used for Program Evaluation purposes/ recorded in confidential personal medical files**)
- Activity Levels – Wall Charts¹⁸
- 4 Week Exercise Charts: Version 2¹⁹
(for supported activity sessions in the Community Centre)
- Home Programs Activity Checklist: Version 2²⁰ (Plus Stretching Information Booklet²¹)
- The six minute walk test²²

The range of tools and the evaluative purposes they served, are described in the following pages. This level of description ensures that the evaluation processes are transparent, accessible and available to anyone with an interest in how the Program achieved its outcomes. These include participant ownership, commitment and involvement as well as the Program’s contribution to more culturally appropriate and effective health promoting behaviours and strategies. The tools included:

2.3.1 SWOB Analysis by all Team specialists, coaches and interest groups represented at initial Strategic Planning Day

With the aim of actively seeking to build supportive community partnerships, the initial SWOB analysis (Strengths, Weaknesses, Opportunities and Barriers) was carried out collaboratively with the wide range of allied health and health professionals who had indicated their interest in the Project. Their active involvement, at this early planning stage was sought so that they could contribute to the framing of, and planning for, the program activities.

By making the challenges and opportunities explicit, the program ‘set-up’ provided everyone involved with the opportunity to shape its direction and focus. These comments were collated into the initial Project ‘story’ and a copy was returned to participants. The information generated with this process enabled Project facilitators to critically reflect on potential gaps and the strategies required, to ensure the efficacy of their planning for processes and outcomes. These initial reflections proved to be a rich source of information for shaping the Program structure and processes, and provided the content for the initial Program description, which represented all voices present on the Planning Day.

Developing a shared picture of what the Program might be look like. Shared planning for community capacity-building with identification of the existing local services related to Aboriginal Health. Identification of community-capacity-building indicators which could be used to demonstrated in achievement of. planned outcomes

2.3.2 Vision and Contributions using Communication Compatibility System Cards (CCS)²³

Team coaches and Specialists used the CCS Cards (See Figure 5), as a resource to create their own vision for the Program and to identify, and describe, the particular nature of their contribution to the Program activities.

Their Vision and Contribution statements were used in the evaluation process, as a Pre-Post comparison. In this comparison, they were asked to reflect on the degree to which they believed their goals had been achieved, as well as the level of contribution they had made to the Program.

Purpose: This identification of personal vision for the program and the strengths they could contribute to community capacity-building made explicit the level of perceived success they had achieved in capacity-building by their participation.

Program outcomes represented by a % rating at conclusion of Program which was given by each Team member (other than players) for their success in achieving their stated Vision and in making their personal contribution to the Program.

Figure 5: CCS Cards



[We Are] All working together to build a new program for the future. A focus for a positive future, for a healthier Aboriginal community. Focus on the new and its potential.
Team Advisor

For Participants to take care of themselves, to be leaders of themselves, to promote self-preservation and confidence
Team Specialist

2.3.3 Goals and Strengths with Koori Photo Images (KPIs)²⁴

With the Project being based on principles of shared learning, shared ownership, self-management and self-responsibility, the Team players were invited to use the Koori photo images (See Figure 6), as a resource for identifying their personal vision for the future as a result of participation and the strengths they were bringing to the program.

As a Pre-Post Program comparison, Team players were asked to reflect on the degree to which they believed their personal vision had been achieved and their strengths utilized within the Program.

Purpose: Program outcomes could be represented firstly: by perceived level of stated personal Goal achievement over time (% rating for level of achievement); and secondly: by perceived contribution of personal strengths to Program over time (% rating for level of achievement).

Figure 6: Koori Photo Images



My Goal: *Caring for others. To pass on any experience I have for others*
My Strengths: Wisdom, experience, a very good communicator, humour and if I can continue I will be very pleased (laughter is still the best medicine).
Team Player



My Goal: *To be able to climb the stairs without panting and puffing – to get to the top and I will be on cloud nine.*

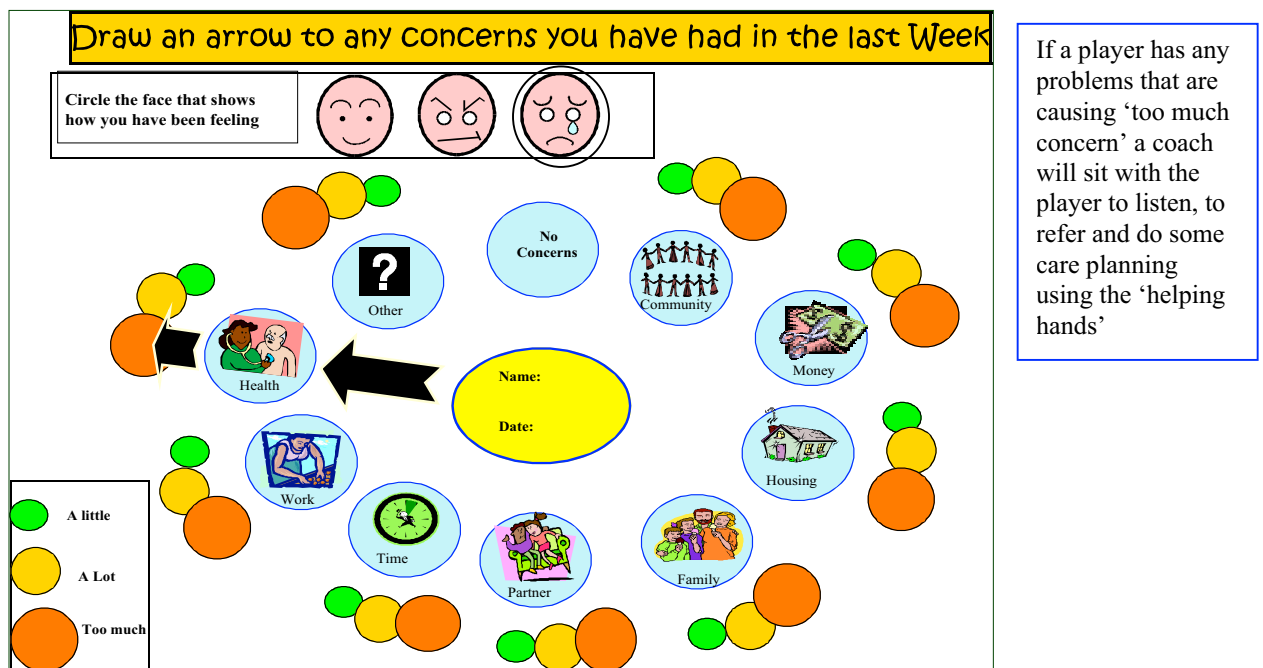
My Strengths: To be a role model; my sense of humour yarning and joking; my community involvement

Team Player

2.3.4 The Concerns Maps²⁵

The Concerns Maps (See Figure 7), were a visual tool developed by the program to identify areas of concern or need that had to be taken into account with an holistic approach to support and self-management.

Figure 7: The Concerns Map



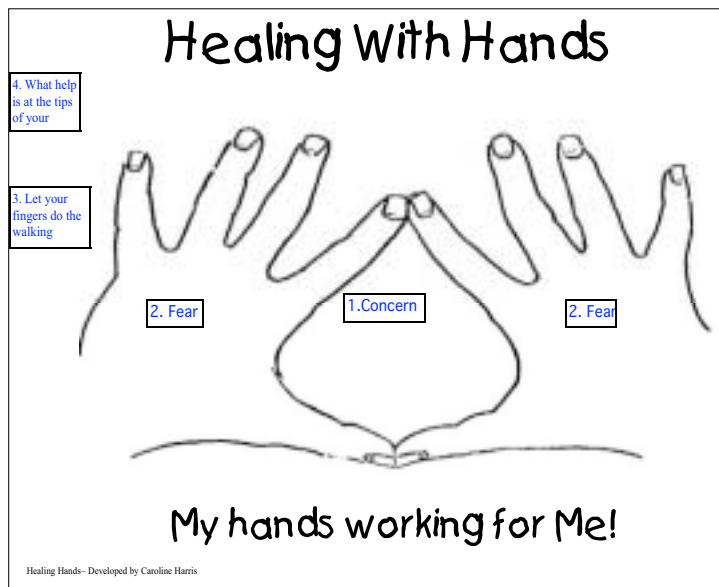
Purpose: This Confidential, process-oriented information, which was NOT used for Program Evaluation. Recognition of concerns, needs, support required in self-management of concerns/ needs, identification of information/referral needs and where identified, individual support when needed

2.3.5 The Health in My Hands Worksheets²⁶

The Health in My Hands (See Figure 8), worksheets were developed for use by players and coaches, both as a communication tool, and as a model for identifying more effective and appropriate self-management strategies in dealing with chronic illness. These records were kept in the player's confidential medical file, together with their Medical records and referrals. An example of what these resources looked like and how they might be use is presented on the following pages.

Figure 8: Health in My Hands Worksheets

Worksheet 1



My Healing Hands

Using the hands to teach Self-management

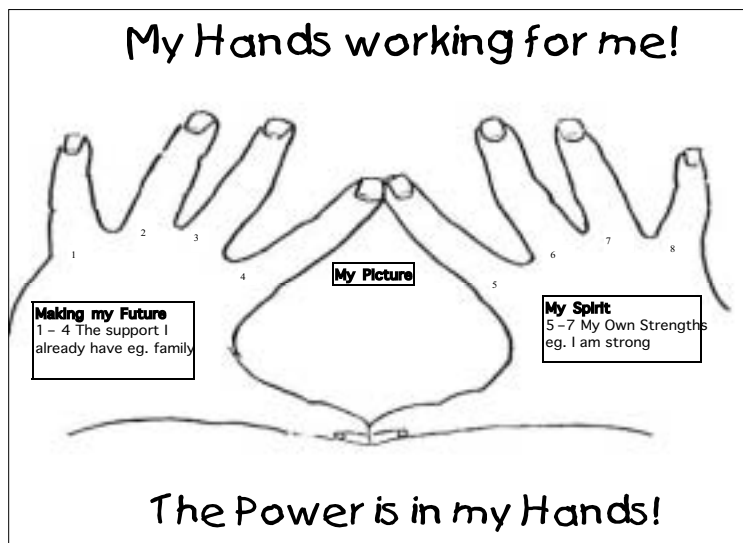
RATIONALE:

The hands have been used in Indigenous art for thousands of years. The hands are a symbol of help and doing – ‘giving a helping hand’

The healing hands resources are used as a care planning tool with the client. The client is encouraged to explore their own ways of managing the problem (let your fingers do the walking) and then to look at where they can get the support needed (what help is at the tips of your fingers)

Worksheet 1 is used to help the client to focus on a concern eg high blood sugar levels and to put any fears into the palm of the hands eg blindness, kidney damage then to work out a plan of action.

Worksheet 2



Worksheet 2

Worksheet 2 is used to promote self-confidence in managing and can be used with diagram 1. The client is encouraged to look at their own strengths, spirit and the support around them.

The pages are given to the client to put on their fridge or somewhere that can be seen.

A copy is kept in the patients file as a care planning record.

Purpose of Healing Hands: This confidential, process-oriented information, was NOT used for Program Evaluation. Information recorded is the result of a guided reflection process to support self-management, self-direction and building on personal/community strengths in the form of choices rather than solutions. This reflective self-management tool was used only rarely in this program because of the need for further staff training

2.3.6 Weekly Game Checks for players²⁶

Aunty Jean's Good Health Team Weekly Game Checks consisted of five questions, three of which provided for rating of session components and the opportunity for recording of explanations as to why these ratings were given. These feedback sheets were filled in anonymously and again were recorded during discussion between coach and player. **Coaches recorded these for players initially but as the players developed more confidence, some players took on the task of filling in their own feedback sheets.**

The questions included:

1. *How good was the session you attended today?*
 - § *Rating of: 5 (excellent) to 1 (poor)*
 - § *Why? Any comments?*
2. *Was the information interesting to you?*
 - § *Rating of: 5 (very interesting) to 1 (not very interesting)*
 - § *Why? Any comments?*
3. *How much did you learn today*
 - § *Rating of: 5 (a great deal) to 1 (nothing)*
 - § *Why? Any comments?*
4. *The three things I learnt today**
5. *The three things I'd like to learn more about**

**(These statements were changed on the advice of Elders to read, "Things I learnt today' & Things I would like to know more about')*

The Weekly Game Checks provided information that was central to process-oriented evaluation for ongoing program modification and enhancement. Each weekly session represented an action learning cycle. As a tool for outcomes evaluation, the quantitative results indicate the patterns of responses with regard to appropriateness and effectiveness of information and exercise sessions for the players.

The qualitative responses provide explanations/ reasons why particular ratings were given and this feedback can then be summarised and shared with players in the Team Talk sessions.

2.3.7 Team Coaches & Specialists Evaluation Worksheets²⁷

The original program feedback sheets were designed to gather specific information from Team specialists who provided the information sessions. These forms proved to be too detailed and specific. Following the second action learning cycle, on the advice of both Team specialists and coaches, the feedback forms were presented as two different documents to serve different purposes. The first document was a simple feedback sheet, containing questions that had proven relevant to the formative evaluation process. The second document, was a Template for recording specialist input, resources and activities which could be collated in the form of a proposed program Kit.

Purpose: Provision of process-oriented Program outcomes: Their weekly ratings for how the overall Program sessions went, provided an overview of their Program experience.

The Team specialists' and coaches' feedback was primarily qualitative and provided process-oriented information for the ongoing shaping of the Program in action.

2.3.8 Dartmouth Primary Care Cooperative Research Network -Dartmouth COOP: COOP Charts²⁹

The Dartmouth COOP is a voluntary, cooperative network of independent clinicians (community-based) who have helped develop and refine a model for rapidly assessing and improving care. The Dartmouth COOP Project Functional Assessment Charts (Hanover, NH, USA) are designed for monitoring **function, health and quality of life indicators** (See Figure 9). Their traditional primary purpose is to facilitate communication between patients and clinicians.

Purpose: Program Outcomes demonstrated by change over time in Functional, Health and Quality of Life indicators. Nature of program outcomes judged by direction and magnitude of change in these indicators

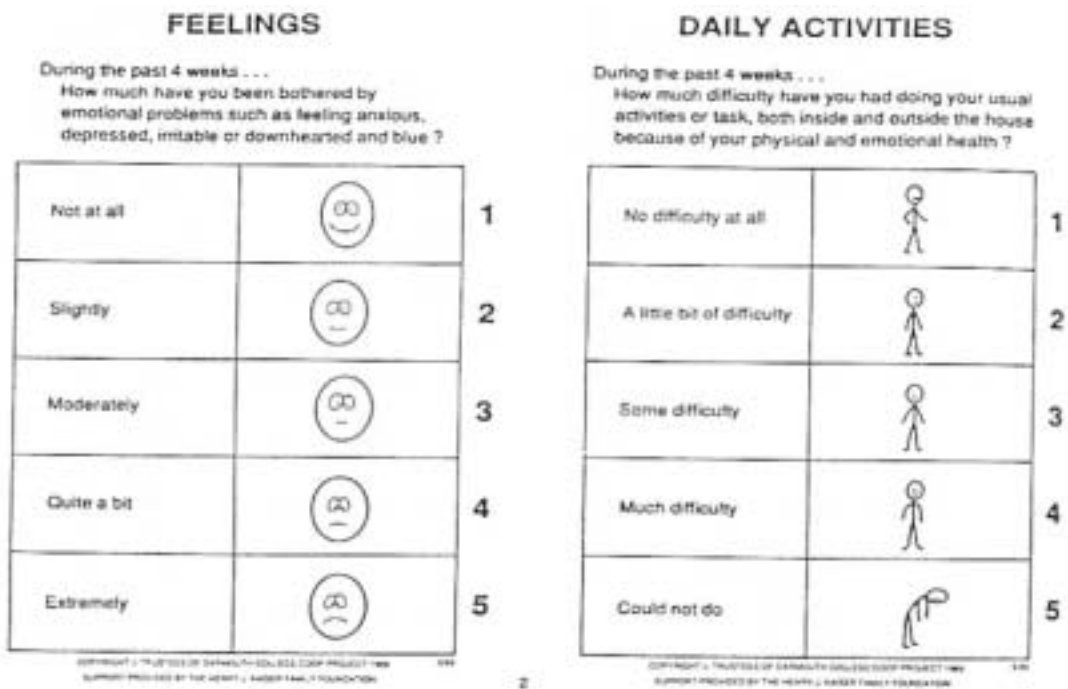
In the Dartmouth Primary Care COOP Project more than half of the Clinicians indicated it provided opportunities for better communication with their patients and provided new understandings of functional severity. Furthermore, the patients involved in that project indicated that the use of the COOP charts for them, influenced communication with their clinician (86%) and 89% indicated that it provided important information for their clinician.

In the current Project, the focus for their use was guided reflection and dialogue. With each chart, participants (players) were asked to select from five responses, the visual indicator which most closely described their status over the preceding four weeks. Higher chart scores indicate higher levels of limitation for a given function area.

The COOP System has available, nine scales, each of which is used to measure a different aspect of functional, health and quality of life status. In the current Project, the COOP Charts were used by the players once every four weeks as a tool for shared reflection on the player's current status. The Charts include: 4 Function Charts (Physical, Emotional, Daily Activities, Social Activities), 3 Overall Health Charts and 2 Quality of Life Charts. Feedback from coaches, players and specialists resulted in a selection of charts that were deemed to be culturally and situationally appropriate for this Project Evaluation.

The COOP Charts were used to evaluate indications of change in Team player's physical functioning, overall health and quality of life, during the timeframe in which they were involved in the Program and Program-related activities. Two examples of COOP Charts are provided on the following pages.

Figure 9: Example of COOP Charts



2.3.9 Goal Attainment Scales (GAS) for program Expectations³⁰

The use of Goal Attainment Scaling (See Figure 10) enabled the establishment of a shared understanding of expected Program outcomes. The group technique facilitated the process of documenting the likely acceptable, and less than acceptable, expected consequences of involvement in the Program. When project participants engaged in this shared reflection on the program, they had a common basis for estimating the current cultural appropriateness and effectiveness of the program in action. The range of possible agreed-upon indicators could be used at any time to judge how participants believed the Program was going.

Purpose: Indicated change over time in attainment of collaboratively-developed indicators of Program’s cultural appropriateness and effectiveness. Program outcomes represented in the change over time and maintenance of attained level of Program performance.

Figure 10: Example of Goal Attainment Scale

Level of expected outcome	Rating	Behaviour statement of expected outcome
Much more than expected	+2	
More than expected	+1	
Expected outcome	0	
Less than expected	-1	
Much less than expected	-2	

In Auntie Jean's Good Health Team Program, the Team coaches and specialists generated their own Goal Attainment Scales, as did the players. Their evaluation of how the Program was going, using their own Scales was recorded every four weeks (See above example of a Goal Attainment Scale).

2.3.10 Medical Checks: Blood Pressure, Resting Heart Rate & Blood Glucose Levels

This information was recorded following standard medical checks with coach and player, together, discussing and deciding on implications of readings for the exercise component of the team activities. Individual medical checks were the responsibility of qualified Aboriginal Health Workers who were also the Team coaches.

Observations were recorded in the player's personal medical file and remained confidential with information being shared only with those who needed to know for the player's safety, progression in activity levels and personal well-being.

Purpose: to keep players safe; to increase awareness of personal health profile and implication of readings; to refer when necessary to appropriate health professionals. Not used to evaluate Program

These clinical measures, although important indicators of health outcomes, were not included in the evaluation because of their inappropriateness and inadequacy as measures for judging the merit and worth of this type of program in its formative stages, over a limited timeframe.

Over a longer timeframe and with the confidence and consent of participants in the purposes to be served by reporting, these measures might be appropriately used to provide Program Outcome data. Similarly, hospital admissions could be recorded over the period of the Program and compared to the previous year's pattern of admissions.

2.3.11 Activity Levels – Wall Charts³¹

The activity circuit was composed of 11 activity stations, each with four levels of difficulty, clearly identified on a wall chart with pictures of the exercise being performed. These pictures and graded instructions were a key resource for developing increased confidence through self-management and self-responsibility. Each station targeted a different component of physical capacity. The activities covered upper body strength, lower body strength, cardiovascular fitness and range of motion.

As part of the circuit, a number of activities utilized Therabands which are colour-coded according to level of resistance (difficulty). These colour-coded levels of difficulty were also represented in the Levels on the wall charts. These same colour-indicators for levels of difficulty were used by the players in the form of coloured tabs on their nametags to indicate the levels at which they were working. Also included in the circuit were weights, cycle ergometers, exercise balls and step platforms.

The players' progression in levels of activity and increased confidence, as they worked their way around the circuit each week, was an indication of improved functional capacity through participation in physical activity. Their progress was recorded using Aunty Jean's Good Health Team Program: Player's 4 Week Exercise Charts.

Purpose: These charts represented self-management and self-responsibility for level of activity undertaken each week. Coloured tabs for recognition of progress. A key indicator for Program outcomes represented in progress through activity levels.

2.3.12 4 Week Exercise Charts: Version 2 (for supported activity sessions in the Aboriginal Community Centre)

Improved self-management was an important goal of the activity program and for this reason players were provided with an Exercise chart so that they could keep track of where they were up to, both in the circuit, and with their progression through the levels.

The charts were designed to facilitate ownership, with the player recording their achievement level for each activity, how hard it was for them; and then signing that they had completed each activity. If, for any reason they found the level too hard or too easy, they discussed this with their coach and/or the exercise Team specialist, and appropriate adjustments of level were made.

These charts provided a documented record of the players' progress over time in physical functioning. Charts also provided a record of players' decisions to adjust levels when they were in pain, feeling discomfort or unwell (As per instruction on top of Chart).

Exercises and exercise levels were also modified by the Exercise Team specialists to accommodate specific pathologies, increased levels of pain, fatigue or limitations as a consequence of ongoing chronic and complex conditions.

Purpose: A tool for encouraging self-management and for recording player's progress. Players/coaches recorded the level of activity and appropriateness of activity undertaken. The principal indicator for physical activity Program outcomes represented in progress through activity

The player's progression was recorded as the level of activity achieved. These process-oriented outcomes became, over time, the indicator for improved functional capacity through participation in physical activity.

2.3.13 Home Programs Activity Checklist: Version 2³² (Including Stretching Information Booklet³³)

Again, with a focus on self-management and personal responsibility for improving well-being, players were provided with a Home Program record on which they could record their at-home functional activities. These Home Program Activity Checklists included stretches, walking programs, muscle strength and other activities of daily living. Players were able to use the rating system of Easy, Just Right or Hard to indicate the level of exertion required for each activity recorded. They were also able to record any symptoms that occurred during these activities, with the instruction to STOP if they felt short of breath, dizzy, tired, chest pain, discomfort, joint or leg pain.

Purpose: Self-management and ownership of personal fitness activity level. An important indicator of Program outcomes with regard to improved self-management.

The recording process itself provided an indication of the priority the players were placing on being active and affirmed the importance to players of exercising with a friend – with a space for the friend to sign as well as one for the player.

Home Programs were used to compile a record of increasing personal responsibility for self-managing activity beyond the supported structure of the one day a week circuit provided by the program. In order to recognize the increasing levels of participation in self-managed exercise, players were presented with certificates and applauded by the whole team each time they returned a Home Program recording sheet.

2.3.14 The six minute walk test³⁴

The Six Minute Walk test is a standardized test of aerobic capacity. It requires that participants individually complete six minutes of walking with the option of stopping if they feel the need to. This test was selected because of its simplicity and proven utility for a group of people with chronic and complex conditions. However, because of the strong sense of community within this group and the desire to support one another in any testing process, it was found that the test itself was culturally inappropriate during the earlier stages of the program because everyone wanted to walk as a group, rather than record their own individual maximal distance covered in the six minute time period.

Purpose: Standardised measure of functional fitness for each player. A potential indicator of Program outcomes with adjustment re cultural appropriateness.

The final instance of use proved more in keeping with intended standard use. This indicated increased confidence in physical ability and in the relationship that had been established between themselves and the Team Exercise specialists. The results that were recorded provide some insight into the range of levels of physical functioning across the team, and of rate of progress throughout the program.

2.4 General Program Information used in Program Evaluation

A wide range of contextual information was collected as a framework for interpretation and evaluation of Aunty Jean's Good Health Team Program outcomes. These information sources included:

- Consultation record in development of Program
- Stakeholder input to Program development and related previous activities as the context for Aunty Jean's Good Health Team
- Comments Book as a source of informal records of program experiences: ideas; observations; evaluations.
- Attendance Record as an indication of the level of commitment to participation in the Program and the interest shown by different stakeholder groups in being part of this Program experience.

2.4.1 Evaluation Timeline

May 2003	Illawarra Area Health Services Aboriginal Vascular Health Project Proposal
26 May	Initial Consultation with Caroline Harris (ATSI Vascular Health Program) & Sylvia Seniuk (Director of Illawarra Health Chronic and Complex Care)
2 June	Luncheon with Elders
12 June	Initial Pilot Project Evaluation Planning Meeting & development of SWOB Analysis for Pilot Project partners
16 June	Preliminary Stakeholder Review Workshop for Strategic Planning, establishing individual and shared Project goals/objectives, stakeholder analysis, introduction to Program resources and Program structure outline Introduction to Team framework for Program, Coaches, Team Specialists and their roles SWOB Analysis <ul style="list-style-type: none">• Strengths• Potential Weaknesses/ risks to be minimized &/or managed• Opportunities arising from the Program• Potential barriers to be transformed into opportunities with strategic action and ongoing project planning Stakeholder Analysis Individual Goals/ Program expectations (Pre Program)
23 June	Consultation with Program Exercise Physiologist and Illawarra Health Rehabilitation Service Co-ordinator, re activity program and resources for Vascular Health information session
24 June	Project Coordinators' working session with Project Evaluator to establish draft evaluation strategies and to order standardized evaluation tool for health, activity and social review
25 June	Consultation with Exercise Physiologist re Activity Program resources
30 June	Introductory day for Program Coaches – roles, expectations, resources
1-13 July	Adaptation and modification to Program Resources (Coaches Manual)
7 July	Project Preparation with Coordinators and Project Evaluator
14 July – 29 September	Program in action – Action Learning Cycles
31 October	Program Completion Celebration (First Complete Cycle) and beginning of next Program Cycle
November	Program Evaluation Draft Report completed for stakeholder feedback and informal expert reviews and feedback

2.5 Evaluation Schedule for Weekly Sessions

The evaluation activities included a range of reflective tools. It was through these that the Program Team was able to take ownership of and continually adapt and improve their Program to better meet their needs. The structure of action learning cycles and use of tools is represented in the following table.

Standard Program Session

- a. Medical Checks (discussion with coach re results/implications)
- b. Concerns Maps (1 on 1 guided interview)
- c. Comments Book (entries at any time by any person present)
- d. Home Program Activity Sheets
- e. Weekly Game Checks for all Team members – standardised questionnaires (coordinators, coaches, players, Team specialists)
- f. Post Game reflection & feedback on process & activities (Coordinators, coaches, Team specialists)

Initial Session and Regular End of Month Evaluation Session (Additional activities)

- a. Individual Goals & Strengths
- b. Goal Attainment Scale for a) Players & b) Coordinators, Coaches & Team specialists
- c. COOP Charts (Players in partnership with coach – one-on-one)
- d. Physical Activity Levels Individual Progress graphs and feedback from Exercise Physiologist

In an action learning cycle, the evaluation activities are the vehicle for learning and the means by which there can be continuous shaping of the Program by Team participants. The Program Outcomes section of this Report, therefore, contains a full description of both process and outcomes-oriented information, generated using reflective evaluation activities. These reflections also include a critical look at the efficacy of each of the evaluation tools (Appendix 7), for demonstrating the value of this type of community capacity-building, health promoting framework, for health promotion.

¹ TAFE NSW, Staff Training and Development Bureau, Action Learning: A Process Module, June 1997, p.3.

² Curtis, S., Bryce, B. & Treloar, C. 'Action Research: Changing the Paradigm for Health Psychology Researchers' in Qualitative Health Psychology: Theories & Methods, Edited by Michael Murray and Kerry Chamberlain. Sage Publications, London, 1999, pp.215-16.

³ Patton, Michael Quinn. Utilization-focused evaluation: the new century text (3rd Edition). Sage Publications, Thousand Oaks, California, 1997, p.100.

⁴ Patton, Michael Quinn. Utilization-focused evaluation: the new century text (3rd Edition). Sage Publications, Thousand Oaks, California, 1997, pp.20-23.

⁵ Greene, Jennifer C. 'Mixed-method evaluation: a way of democratically engaging with difference' in Evaluation Journal of Australasia, Vol.2, No.2. December 2002.

⁶ Greene, Jennifer C. 'Mixed-method evaluation: a way of democratically engaging with difference' in Evaluation Journal of Australasia, Vol.2, No.2. December 2002, p.24

⁷ Greene, Jennifer C. 'Mixed-method evaluation: a way of democratically engaging with difference' in Evaluation Journal of Australasia, Vol.2, No.2. December 2002, p.24

⁸ TAFE NSW, Staff Training and Development Bureau, Action Learning: A Process Module, June 1997, p.3.

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- ⁹ Curtis, S., Bryce, B. & Treloar, C. 'Action Research: Changing the Paradigm for Health Psychology Researchers' in Qualitative Health Psychology: Theories & Methods, Edited by Michael Murray and Kerry Chamberlain. Sage Publications, London, 1999, pp.202-17.
- ¹⁰ CCS Corporation Pty Ltd. CCS Compatibility Communication System Cards, Cherrybrook, NSW, Australia.
- ¹¹ Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, Australia, Koori Photo Images (KPIs).
- ¹² Caroline Harris, Jean Turner & Sue Curtis, Concerns Maps. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ¹³ Caroline Harris, Jean Turner & Sue Curtis, Health in My Hands Worksheets. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ¹⁴ Caroline Harris, Jean Turner & Sue Curtis, Weekly Game Checks. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ¹⁵ Caroline Harris, Jean Turner & Sue Curtis, Team Coaches & Specialists Evaluation Worksheets. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ¹⁶ Trustees of Dartmouth College/COOP Project, Dartmouth COOP Project Functional Assessment Charts, Dartmouth Medical School in Affiliation with The Department of Community and Family Medicine, Hanover, NH. 1994.
- ¹⁷ The Australian Youth Foundation & Dr Colin Sharp. Do-it-yourself evaluation: an integrated approach to project management and evaluation. The Australian Youth Foundation, Sydney Australia. 1996, pp.38-39.
- ¹⁸ Paul Lillyman, Exercise Physiologist, Activity Level Wall Charts, Illawarra Heart Failure Service, Bulli Hospital, Illawarra Health, NSW, 2003.
- ¹⁹ Darron Webber, 4 Week Exercise Charts: Version 2 (for supported activity sessions in the Aboriginal Community Centre), Illawarra Heart Failure Service, Bulli Hospital, Illawarra Health, NSW, 2003.
- ²⁰ Danielle Pegg, Exercise Physiologist, Home Program Activity Checklist: Version 2, Illawarra Heart Failure Service, Bulli Hospital, Illawarra Health, NSW, 2003.
- ²¹ Owen Curtis, Program Coordinator, Exercise Science Program, University of Wollongong. Aunty Jean's Good Health Team Stretching Booklet, University of Wollongong, NSW, 2003.
- ²² American Journal of Respiratory and Critical Care Medicine, 'ATS Statement: Guidelines for the Six-Minute Walk Test', January 15, 2003: 167(2): 211 – 277.
- ²³ CCS Corporation Pty Ltd. CCS Compatibility Communication System Cards, Cherrybrook, NSW, Australia.
- ²⁴ Caroline Harris, Jean Turner & Sue Curtis, Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, Australia, Koori Photo Images (KPIs), 2003.
- ²⁵ Caroline Harris, Jean Turner & Sue Curtis, Concerns Maps. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ²⁶ Caroline Harris, Jean Turner & Sue Curtis, Health in My Hands Worksheets. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ²⁷ Caroline Harris, Jean Turner & Sue Curtis, Weekly Game Checks. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ²⁸ Caroline Harris, Jean Turner & Sue Curtis, Team Coaches & Specialists Evaluation Worksheets. Aboriginal Vascular Health Project, Division of Population Health & Planning, Illawarra Health, NSW, 2003.
- ²⁹ Trustees of Dartmouth College/COOP Project, Dartmouth COOP Project Functional Assessment Charts, Dartmouth Medical School in Affiliation with The Department of Community and Family Medicine, Hanover, NH. 1994.
- ³⁰ The Australian Youth Foundation & Dr Colin Sharp. Do-it-yourself evaluation: an integrated approach to project management and evaluation. The Australian Youth Foundation, Sydney Australia. 1996, pp.38-39.
- ³¹ Paul Lillyman, Exercise Physiologist, Activity Level Wall Charts, Illawarra Heart Failure Service, Bulli Hospital, Illawarra Health, NSW, 2003.

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- ³² Danielle Pegg, Exercise Physiologist, Home Program Activity Checklist: Version 2, Illawarra Heart Failure Service, Bulli Hospital, Illawarra Health, NSW, 2003.
- ³³ Owen Curtis, Program Coordinator, Exercise Science Program, University of Wollongong. Aunty Jean's Good Health Team Stretching Booklet, University of Wollongong, NSW, 2003.
- ³⁴ Enright, P.L., McBurnie M.A., Bittner, V., Tracy, R.p., McNamara, R., Arnold, A., Newman, A.B. 'The 6-minute walk test: a quick measure of functional status in elderly adults'. *Chest*. 2003 Feb: 123(2): 387-98 (PMID: 12576356)

3. PROGRAM OUTCOMES

3.1 Introduction to Program Outcomes

The central factor in the design of this Program proved to be its focus on community strengths and community aspirations with a particular emphasis on health-promoting behaviours and strategies. In the interests of better health for members of the Aboriginal community with chronic and complex care needs, this focus enabled the development of structures and processes for:

- building on and enhancing community strengths,
- developing community capacities in relation to self-efficacy and self-management and,
- strengthening community relationships; and
- having fun.

This approach to Program development is consistent with the newer community-building models of health promotion which emphasise community strengths. These models have at their heart, structures and processes that enable people to; ‘ . . . recognize and contribute their ‘gifts,’ the totality of which represent the building blocks or assets of a community that enable it to care for its members.’¹



This is the most positive, significant thing I have seen in twenty years in this community . . . it’s breaking down the barriers with talking and laughing. . . it’s all the Elders as one – communicating – they’re the role models . . .’

Team Coach

What this Program offered participants, was a safe space in which to make better health choices, develop personal motivation and build confidence in health-promoting behaviours, both as individuals and as a community. The evidence that demonstrates the extent to which stated objectives were achieved with Auntie Jean’s Good Health Team Program, is presented in the following section of the Evaluation report.

The reporting framework has been structured around the evaluation tools because these were integral to the action learning cycles that shaped the Program and its outcomes. A summary table of evaluation tools, outcomes, reflections and recommendations for the overall Program output is provided in Appendix 2. This table demonstrates what was identified and/or measured using the range of tools selected for the evaluation.

In this section of the Evaluation Report, Program outcomes have, where appropriate, been linked directly to the Program’s stated community capacity-building and/or educational objectives identified in the previous section using their code reference i.e. CCB1: Community capacity-building objective 1 which states: Improved self-management by Aboriginal people with chronic and complex care health problems.

3.2 SWOB Analysis Program Shaping Outcomes

The SWOB Analysis proved to be a key feature of the initial relationship building and insights that gave Auntie Jean’s Good Health Team its strength of connections and shared understanding of purpose.² Participants were determined to find ways of doing things that could attract and include Aboriginal people with chronic and complex care needs, and in so doing, address the low participation rate by the Aboriginal community in accessing health services.

This activity provided collaboratively-generated information that shaped the planning process to better attract and retain the participation of Aboriginal people with complex health care challenges, in an appropriate and effective health-promoting program.

The principles or potential Program strengths, weaknesses, opportunities and barriers, were identified by Team coaches and Team specialists.(Appendix 3) They represented the shared understanding across the group, of ideas and options for Program development. They were also, at the time, a public statement of commitment to being involved in the Program and an expression of their aspirations for Program processes and outcomes.

In retrospect, the process had enabled participants to identify principles that could strengthen the Program's capacity to address Key Priorities from the State Plan for Aboriginal Health.³ Their comments have been grouped thematically, as they relate to the key priority areas in the State Plan. If the Program is to achieve the objectives listed in the State Plan, their statements grouped in this way, provide a locally-developed checklist of principles to consider. In other words, the statements demonstrate what the State Plan priorities might *mean* and what these priorities might look like *in action*, at the local level.

3.3 Vision and strengths of the Program Coaches and Team Specialists (CCS Cards & Koori Photo Images)

Team coaches and specialists used the images on the CCS Cards to name, describe and communicate their personal visions for the Program and in doing so, explore how they might be able to support the program. With this reflective strategy, coaches and specialists were able to create a rich picture of potential Program outcomes. Their collective vision for the Program included:

- A marriage of services together, both Aboriginal and mainstream to develop a program that is both sustainable and ongoing for Aboriginal clients (CCB2)
- Gaining trust and developing a learning relationship (CCB4)
- Teamwork – people and community working together as one (CCB4)
- Helping hands reaching out to support, encourage and help others. Hands symbolize the sharing of skills and improving quality of life through a strong commitment to caring for and learning with each other. Hands symbolize friendship (CCB2, CCB4).

Program Outcomes:
All nine (9) participants who completed the Pre-Post reflection indicated a significant level had been accomplished, with a percentage rating of 70% or above

With vision statements recorded prior to commencement of activities, the Coaches and Team Specialists were able to reflect on these statements at the end of the current Program and nominate their perception of level of achievement of that vision. All nine (9) participants who completed the Pre-Post reflection indicated a significant level had been accomplished, with a percentage rating of 70% or above.

The personal strengths they identified using a set of self-selected CCS cards to represent their contribution, provided a framework for public sharing of their commitment to describe their involvement in and commitment to the Program. Some of these strengths included:

- To be strong and provide leadership, help to make the program fun and enjoyable (CCB4)
- To be thoughtful and mindful that each participant is an individual and each one has specific needs and support (CCB1, CCB3)
- Provide stepping stones to self-management (CCB1, CCB3, CCB4)
- To make the Program fun as well as informative (CCB3)
- For all the workers to work as one (CCB2)
- Understanding and ability to work with participants as a team, to learn from each other, listen to participants and work together to achieve goals (CCB4)
- Trust is important in all areas. Workers having trust in each other and Community having trust in all of us as a team. (CCB2, CCB4)

- To be thoughtful and mindful that each participant is an individual and each one has specific needs and support (CCB1, CCB3)
- Provide stepping stones to self-management (CCB1, CCB3, CCB4)
- To make the Program fun as well as informative (CCB3)
- For all the workers to work as one (CCB2)
- Understanding and ability to work with participants as a team, to learn from each other, listen to participants and work together to achieve goals (CCB4)
- Trust is important in all areas. Workers having trust in each other and Community having trust in all of us as a team. (CCB2, CCB4)

When Coaches and Team Specialists were invited to nominate their personal contribution to the Program, 23 statements were volunteered that related to contributions (in partnership approach) for community capacity-building. Of these, the Coaches and Team Specialists identified that 19, i.e. 83% (some did not complete the Post-Program evaluation) of these intended contributions to the Program, were more than 80% achieved. Only two ratings for contribution of strengths to the Program were indicated as less than 80%. These were from a stakeholder with a level of governance responsibility for the Program but without personal input into activities. These statements were: To develop strategies for letting others know about the Program (50%); and providing what assistance is possible to Workers in the Program (50%).

<p>Program Outcomes: 83% of these contributions to the Program were achieved</p>
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The overall perception, however, of both shaping the program through their vision, and then successfully supporting the program through application of their personal contribution, was an important driving force in achieving Program outcomes. This broad acknowledgement of achievement provided an indication of the potential of this Program model to contribute to community capacity-building through a Chronic and Complex Care program based on a partnership approach and community strengths.

Post-program reflections, represented a focused and well-informed plan for future activities. These new personal goals, generated using the Koori Photo Images, are an indication of the community capacity-building that had taken place in Auntie Jean's Good Health Team Program, and the potential for sustainability that had been generated with this initial Program experience.

- I want to keep an eye on the Program as it evolves with intuition and understanding to be able to change to meet new needs, to learn and reflect, to strengthen partnerships and forge links with other service providers (CCB2, CCB4).
- We have become 'fishers of (man) in the program (people with chronic illness) to improve their health and hopefully prolong their life. I feel I have personally had and will have, a positive impact on people (CCB2, CCB3, CCB4).
- We have come a long way. The picture tells the story (footprints on the sand). Way back down the beach to right up here (CCB1, CCB4).
- Now that we have finished our program from the bottom and finished at the top – our aim is to do the same with the next lot of participants (CCB1, CCB4).
- Observing the group today, I see the players walking independently and actively involved in their exercise program. The fact that they are attending long term demonstrates that they are interested in self-management and better health. This Program has achieved its vision (CCB1, CCB4).
- We have built a strong foundation with our Pilot program. With our same commitment in our next Program all will be achieved. This is my goal (CCB1, CCB4).

The statements of personal and professional contribution to the next phase of this Program (using Koori Photo Images) also affirmed a much sharper focus for coaches and allied health and health professionals with identification of potential Program elements for future success and

sustainability. The strengths that Team coaches and specialists indicated they would bring included:

- I bring my own strength, commitment, enthusiasm and love of working with Aboriginal people (CCB2, CCB4)
- I am a good listener, give support to the team and individuals as well as my colleagues (CCB4)
- The strengths I bring will be a lot easier because we now have the knowledge and wisdom to support the group and to keep on going (CCB1, CCB3)
- Commitment and understanding and my expertise in Aboriginal Health (CCB2, CCB4)
- Commitment, understanding and organization (CCB2, CCB3)
- Cultural experience, knowing the Community sense of humour and I like to yarn (CCB3, CCB4).

Finally, the capacity and confidence of Aboriginal Health workers in carrying out their role was recognized and affirmed with these post-program contribution statements. The activity proved to be both an acknowledgement and celebration of their strengths.

3.4 Program Outcomes Represented by Changes in Goal Attainment Scale Ratings Over Time

With their collaboratively-developed scale of Program outcome indicators, both players and coaches indicated a high level of achievement with a significant shift to 'Much better than expected' outcomes.

With Team players, there were four who completed the first weighting. One player indicated the Program had achieved the expected outcomes:

- Getting the body working better – can only get better physically and emotionally (CCB1, ED7)
- Just want to be pliable (CCB1, ED7)
- Each time you learn something different – what ever you do learn is important - Never to old to learn (CCB3, ED1)
- This Program is going to GO (CCB4)
- Everyone should come and be part of it (CCB4)
- A good group of regulars (CCB4, ED5)

Two players indicated that a better than expected outcome had been achieved:

- We can understand from our learning how to help ourselves (CCB1, CCB3, ED5)
- People remembering what they learned (CCB3, ED1, ED5, ED4)
- Meeting other people as social activity and enjoying (CCB4)
- Workers getting a lot out of our Program (CCB2, CCB4)
- People are fitter than expected (CCB1, ED7)

One player believed that the Program had already achieved much better than expected outcomes:

- Elders doing Program will be lifted up and feeling a lot better from training (CCB1, ED2, ED7)
- Good coaching getting the best from the team (CCB2, CCB3)
- A 'crack' Team of Elders – can see the improvements in Elders (CCB1, CCB2, ED7)
- Elders doing line dancing - Elders showing what they do – a coordinated exercise to music with an Elder's choreographer (CCB2, CCB3, CCB4)
- Masters Games entries from Elders (CCB1, ED7)
- It's fun – music & dancing – music is like medicine (CCB4)
- Other people are interested in using Program resources (CCB2, CCB4)

At the mid-Program weighting, there were eight players who weighted the Goal Attainment Scale as 'Much better than expected outcomes had been achieved'. In the final weighting session, eight players indicated that they believed the Program had achieved the highest possible, much better than expected outcomes. There was one player who indicated that 'Better than expected' outcomes had been achieved. So the overall shift was from 1 (out of 4 people) in much better than expected category to 8 (out of 9 people) in this highest level of achievement.

This type of positive shift was also evident in the coaches and specialists weightings over time for their Goal Attainment Scale. In the first weighting session, 5 of the six people present indicated that they believed the Program was already achieving 'better than expected' outcomes:

- Players see Program as too important to miss (CCB1, CCB4, ED2, ED7)
- Players telling families/ Community how good Program is (CCB3, ED1, ED5, ED6, ED7)
- Players, coaches & specialists maintaining commitment (CCB2, CCB4)
- Players will be healthier and be giving positive feedback (CCB1, ED2, ED7)
- Coaches and team specialists will be benefiting from their involvement, motivated, learning and seeing results (CCB2, CCB3, CCB4, ED2, ED7)
- Coaches learning new skills (CCB2, CCB4, ED5)

In the mid-Program weighting, of the 7 coaches and specialists who participated, there were still 5 who believed the Program was achieving better than expected outcomes. Additionally, 2 of these indicated that at this time, they believed the Program was already achieving 'much better than expected' outcomes:

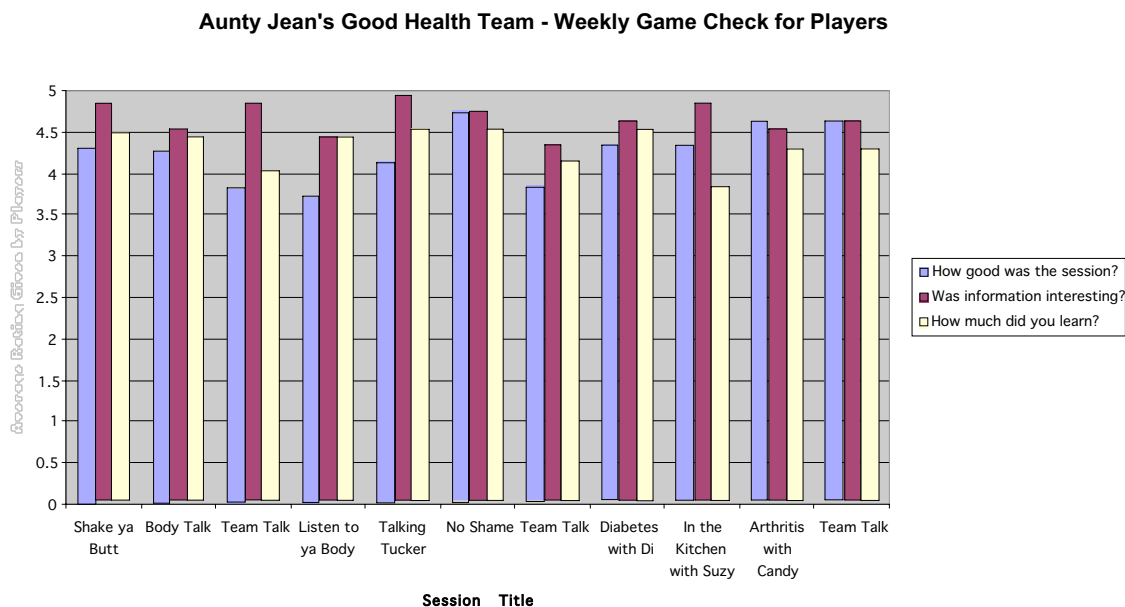
- Players acting as mentors for next group & encouraging others to come independently of Program (CCB1, CCB2, CCB4, ED5, ED2, ED6)
- Players becoming leaders and role models in their community for telling family/community (CCB4, ED2, ED6)
- Community involvement in a community-based Program in a Community venue (CCB2, CCB3, CCB4)
- Program Coaches & specialists are developing and using the Program tools for daily work (CCB2, CCB3, CCB4)
- A broad range of health professional services are continuing to work well together (CCB2, CCB4)

With the final post-Program weighting session there had been a shift to 6 participants indicating a 'much better than expected' outcomes achievement and 1 person opting for a 'better than expected' outcome (with a thick arrow pointing up to the 'much better than expected' category of outcomes achievement). It is evident from these self-generated indicators of cultural appropriateness and effectiveness, that capacity-building and educational objectives are inextricably linked in the shared vision for program outcomes. **From an Aboriginal perspective, community capacity-building and health outcomes are an integrated whole.**

3.5 Program Outcomes Represented by Responses in Weekly Game Checks for Players

The Weekly Game Checks with players provided the core of the action learning process for ongoing Program improvements. The Elders or Team players have been the expert reference group for Program development, both as participants and as key members of the community, providing feedback and insights about the relevance of Program activities and processes. This feedback enabled Program Coordinators, Coaches and Team specialists to make changes in response to individual and group learning from the session experience. The pattern of responses over time is demonstrated in the Figure 11.

Figure 11: Player's Weekly Game Check Outcomes



Players were asked to rate how good the sessions were on a scale from 5 (Excellent) to 1 (Poor). No session was rated less than 3.7 (Good to Very Good). The sessions titled No Shame; Arthritis with Candy and the Final Team Talk, were most valued by the players with greater than 4.5 (Very Good to Excellent). The sessions titled Shake ya Butt; Body Talk; Diabetes with Di and In the Kitchen with Suzie were, on average, greater than 4 (Very Good to Excellent).

The most positive feedback for the 'level of interest' in the information given was received for: Talking Tucker; Team Talk (1); In the kitchen with Suzie; and Shake Ya Butt. In fact, all of these sessions were rated as higher than 'Very Good' for interest to the players.

This information is gained by asking the players to rate the sessions on 'How much did you learn?' The players rated all sessions except one, as 'Very Good' or above, and in fact, the only session that did not rate above 4 for this component of the evaluation was for experiential rather than information input. This session engaged the players in cooking a low fat meal so the rating response is an indication of the inappropriateness of the question for this session.

As an Educational Program, the range and depth of learning that occurred is demonstrated in a Player Feedback Summary Table (Appendix 1). This table honours the voices of the Elders by directly recording their comments and locates what they had to say about the experience in the context of reflections on the same sessions, by their coaches and Team specialists. Appendix 1, also demonstrates both intended and unintended learning outcomes. These comments represent a guide for Team specialists in recognising what constitutes indicators of effective and appropriate teaching/learning strategies in their educational sessions.

The chart in Appendix 5, summarises key indicators of the Educational Program identified by Elders, as contributing to its cultural appropriateness and its educational effectiveness. As such,

this chart constitutes both a record of process-oriented Program outcomes and a checklist for ongoing quality improvement. The relevance of these indicators to meeting Aunty Jean's Good Health Team Program objectives, is indicated by the respective Program objectives codes i.e. CCB1 – self-management; ED1 - Awareness.

As a structure for mutual learning from experience, the Weekly Game Checks proved to be an important component of the Program for ongoing shaping and adaptation, with lessons learned from player's comments and weightings. From the player's comments, it is apparent that the educational objectives can be interpreted somewhat more broadly to incorporate mutual learning for players, coaches and Team specialists. It is also evident from these comments on session experiences, that cultural capacity-building and educational experiences are mutually supportive processes for effective action. For example, ED6, 'confidence' may be applied generally to confidence in voicing and expecting personal and group needs and preferences to be acted upon.

Similarly, ED4 'recognition', can be indicative of positive as well as negative circumstances. That is, recognition of effective self-management and health promoting behaviours and strategies are just as important as recognition of health risk indicators. The Elders demonstrated by their comments that it is personally empowering to affirm their increased awareness, understanding, recognition, participation and confidence. In this context, 'recognition' and 'adherence' are collapsed into one category of 'recognition' which aligns with (CCB1) 'improved self-management'. The pairing of (CCB1) 'improved self-management' and (ED5) 'understanding of condition and lifestyle modification' was one of the more significant teaching/learning outcomes achieved in the move towards improved self-management in this Program.

3.6 Program Outcomes Represented by Team Coaches' & Specialists' Weekly Evaluation Worksheets

The Weekly Session Evaluation Worksheets for Team coaches and specialists provided the complementary core of the action learning process from the perspective of those supporting the players. As the coaches and specialists became aware of and dealt with the many challenges that emerged in providing for Program activities, their feedback, insights and action continually shaped and reshaped the Program to best meet the needs of all participants.

Their action learning cycles are represented in the patterns of average ratings over time (Figure 11), for how well they believed each session went on the day (See Appendices 1 & 5) . The first four weeks of the Program represent a fairly steep learning curve, the second four weeks demonstrate a growing awareness and learning about effective action and the final four, while indicative of the challenges of a new learning cycle (albeit at a higher level of performance) indicate the perceived level of satisfaction with which the Program concluded.

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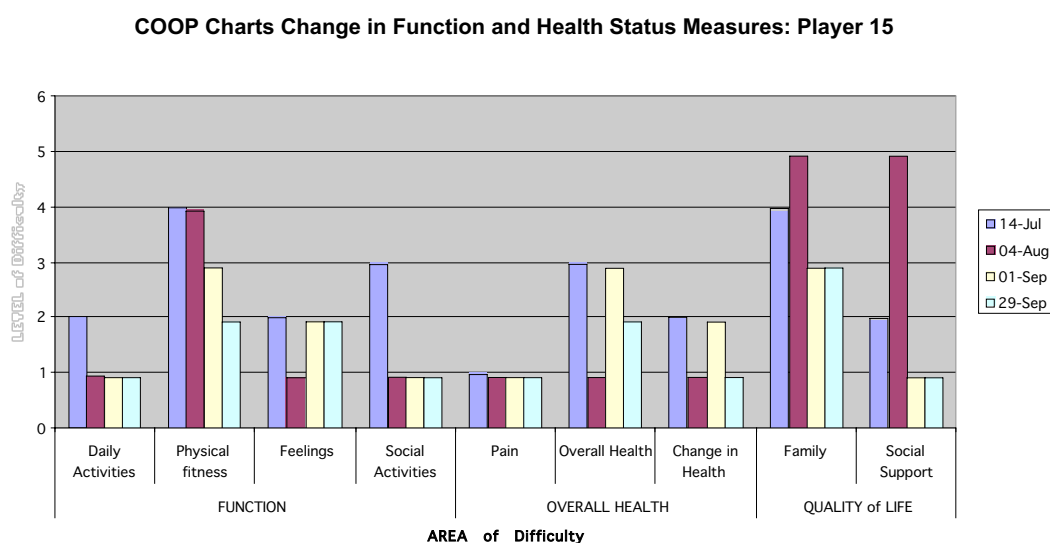
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Figure 12: Example of Team Player Program Outcomes on COOP Charts



For each of the charts, the horizontal axis identifies the Area of Difficulty, and the vertical axis, the Level of Difficulty for the individual within those areas in their life. Note that the shorter the column in the graph – the less the level of difficulty experienced. The COOP charts also indicate that, for each individual, these various Areas of Difficulty are viewed as impacting differentially in their life, with some players recording maximum degree of difficulty (5) and others, minimal impact (1) for the same Area of Difficulty.

Notwithstanding the fact that the players were experiencing a range of co-morbid pathologies (i.e. diabetes, obesity, hypertension, stroke), that a number of the players were quite unwell, and that the Program was conducted in the coldest part of the year,⁴ the Charts demonstrate the very positive impact of the Program for the players, with the directionality and magnitude of change over time represented in the Table 2.

Table 2: Directionality of Change in COOP Charts over Time

Player	Function Daily activities, Physical Fitness, Feelings & Social Activities	Overall Health Pain, Overall Health & Change in Health	Quality of Life Family, Social Support
Player No. 1	Improved ++	Worse	Improved +
Player No. 11	Improved +	Improved ++	Unchanged
Player No. 12	Improved +	Unchanged	Worse -
Player No. 13	Improved ++	Improved ++	Improved +
Player No. 15	Improved +++	Improved ++	Improved +
Player No. 17	Unchanged	Improved ++	Unchanged
Player No. 20	Improved +++	Improved ++	Improved ++
Overall Impact	Improved ++	Improved ++	Improved +

Analysis of these charts confirmed that, for the players, the overall impact of participation in the Program was considerable improvement in Function and Overall Health and modest improvement in Quality of Life.

3.8 Aunty Jean's Better Health Team Physical Activity Program Outcomes

The physical activity component of the Program consisted of a number of different elements with each of these playing a particular contribution to Program structure, expectations and improved health outcomes. The following assessments of physical function gains by players, indicate the nature and the contribution of each element of the activity sessions, to achievement of overall improvement, in relative health outcomes. These gains are represented by outcome graphs in the following physical functioning outcomes for respective Team players, in upper and lower body strength and cardiovascular fitness, as well as the relevant outcome categories in the COOP Charts.

3.8.1 Warm-up Activities

The exercise component of the Program began once every team member had their medical checks completed by one of the Team specialists or coaches. It commenced with a dynamic group warm-up to music (selected by coaches & players), which team members could participate in from a standing or seated position. This encompassed gross upper and lower body movements such as walking, knee raises, swinging arms etc. Team members participated to their own ability level, with each individual responsible for selecting the activities they participated in, and the intensity in which they were involved. They were then led through a static stretching routine by a Team specialist and assisted by their coaches. The stretching covered the muscle groups that were to be used in the following activity circuit.

Line Dancing- Coaches and team members decided to incorporate line dancing as part of their warm-up component prior to commencing the exercise circuit. This activity was introduced and led by one of the coaches and further developed by the whole team to enhance the fun elements of the project and increase team participation, co-ordination, and shared enjoyment. Line-dancing involved the whole team, with team members who were more physically mobile dancing with the coaches. Those who were less able to participate in the traditional line dancing actions and formations were encouraged to participate while seated. The important thing was that EVERYONE was able to join in the 'dancing'.

3.8.2 Individual Player Circuit Protocols & Activities

The activities selected for the strength and cardiovascular component of the Program reflected functional tasks that the team members would perform in activities of daily living. For example one of the cardiovascular exercises was stepping up and down on a low step, which is something that is encountered by team members on a daily basis.

Each of the 11 stations had a picture representing the exercise and instructions on technique. They also were numbered and had levels of difficulty within each, which were selected by the individual (with assistance from a team specialist) to match their current functional capabilities. Each level was progressively more difficult with either an increase in resistance or repetitions of the exercise. Therabands and hand weights were used as resistance, and the greater the resistance, the higher the level of difficulty was within each exercise.

Coaches were made aware of the need to monitor each player's signs and symptoms through both open communication channels when supporting the individual Team members and also through the exercise charts that each player filled out after completing each exercise in the circuit.

The circuit activity wall chart was very valuable as it enabled the player, coaches and Team specialists to monitor progress and symptoms. The chart allowed the player to record the level they achieved in each activity, as well as how it felt to them- 'Easy', 'Just Right', 'Hard'. This form of recording allowed the players to increase their body awareness through self-expression and to take ownership of their response to the exercise. There was also a place provided for the player to sign off that they had completed the activity. This was designed to support the players in expressing their feelings and giving them confidence to take responsibility for their activity levels and well-being.

Coaches monitored the player's response to how demanding they felt each exercise was, and assisted the players with the progression or regression (when needed), through the exercise levels. The team also used the signing off of each exercise as a way to reflect commitment to the team and ownership of the Program. The coloured tabs on name tags, used initially used as a quick reference identifier for coaches, quickly became a motivator as players used them as a badge of achievement and congratulated team- mates on their level of success.

The team responded well to the circuit method of exercise delivery, as shown in the team results, with significant outcomes seen in every measured parameter, and positive feedback from the players. Team members also utilised the Team specialists and coaches to assist them vary the intensity of exercises, and, where appropriate, the actual exercises within the circuit, so they could still complete them despite the limitations of their functional capacity. For example, a device was constructed for one of the team members who had difficulty with the after-effects of a stroke, keeping their foot in contact with the pedal on the cycle ergometer. The device enabled the player to participate in and complete this cardiovascular element of the Program. An example of an Individual Player's Profile is provided in Appendix 6.

3.9 Home Programs

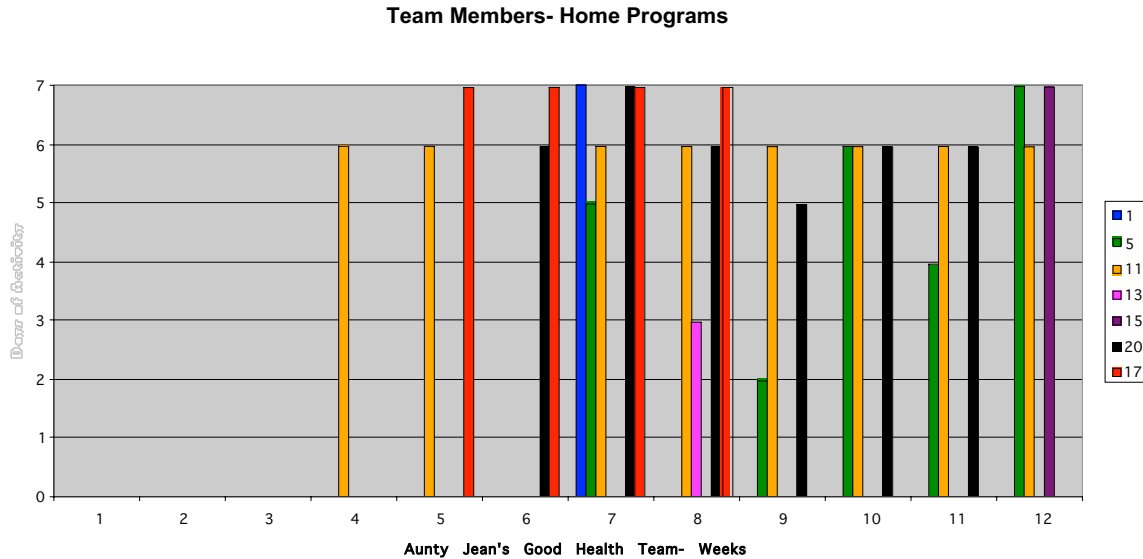
Each player was given a weekly home program sheet in which they were requested to fill out, for each day, the amount of time they were active in various tasks. These tasks focussed on the activities of daily (ADL) living and included: stretches, walking, muscle strengthening exercises, and other activities such as fishing or gardening. The sheets also provided information on the player's perceived difficulty of each task by rating them in the same way as the exercises within the activity circuit- Easy, Just Right, Hard. Players also encouraged friends to be active with them, and recorded with whom they exercised on the home program sheet.

Initially, the purpose of the home program sheets was to establish and recognise what the players were currently doing in their home environment in terms of activity. They were also designed to encourage the players to become responsible for managing their own well-being and, if they were not already doing so, to incorporate exercise participation as part of their daily routine. The emphasis was however on self-management, so players were not compared or forced to complete more activity each week, but rather encouraged just to be consistently active and were recognised with certificates, for making a conscious effort to complete and return their home program sheets.

The Team members' home program outcomes demonstrated in the Figure 13, indicate that there were four players (50%) who consistently returned their programs, with most being active for at

least four days a week. The Players Team Number equates to their Medical File Number and is represented on the Legend of Figure 13, Functional Fitness Gains in Home Programs

Figure 13: Functional Fitness Gains in Home Programs



Seven players returned their home programs during the twelve weeks, demonstrating a willingness and commitment by the players to take more responsibility and enhance self-management of their own health. The certificates of recognition became a highly valued form of personal affirmation.

3.10 The 6 Minute Walk Test

Traditionally, six -minute walk tests have been used as a measure of cardiovascular fitness in populations with chronic and complex conditions, as a means of assessing baseline and post-intervention fitness levels. Therefore it was decided that this could be used as an exercise evaluation tool, but in an alternative way.

Each player was asked to participate in the 6 minutes of walking. The rate at which the walk was conducted was not important, but rather that the individual was involved in the process. This allowed team specialists and coaches to confirm the current capability of the player to complete the activity and identify those who may need extra support in the program. It also allowed players to demonstrate their commitment to the team and to self-management, through participation.

Recommendations – Players had to build trust and confidence in themselves and their coaches, and modifying the purpose of the 6 minute test seemed appropriate. It would be a good idea to ensure that the first time this activity is conducted it is used an opportunity for the whole team to develop team spirit, and to support individuals who may find the task of walking for 6 minutes very challenging, even when performed at a very slow speed.

As individual players and their coaches become more confident in their ability to complete the 6 minute walk, it can then be used as a measure of aerobic fitness. In this case, the team players who have improved in aerobic fitness will cover greater distances in the 6 minutes, and the test can then be conducted in the manner for which it was designed.

Ratings of perceived exertion – a self reported measure of effort was also recorded, providing information on the intensity that the players were working at, and helping players to express their feelings related to exercise. The test was valuable to coaches and team specialists because it provided insights into the impact of multiple co-morbidities on the players and helped to establish support strategies based on the current capabilities of the individual. It also highlighted the role of pain and other limitations that impact on the player’s ability to walk for six minutes, and in this setting, it was found that, on occasions these factors impacted more severely on the player’s capabilities rather than did their aerobic fitness.

3.10.1 Testing Protocol & Adaptation Strategy: The initial test was conducted as a team, with all participants walking at a self-selected speed for six minutes. They were briefed on the relevance of the test and encouraged to complete the test comfortably. Each player had the test procedure explained and informed that they could cease the test or have a rest whenever they wished. Each coach was responsible for counting the number of laps of a 10 metre track that the player completed and asking them how they were feeling throughout the walk.

The initial test was conducted as a team so that all players felt supported by their team -mates and were not singled out. It however meant that the players travelled as a team, with the leaders with strong exercise capabilities decreasing their own performance, and the other members attempting to increase their performance to keep up. This strategy facilitated the development of a team environment with players motivating and encouraging one another, but limited the standard protocol expectations for this tool as a measure of current aerobic capacity.

The intent of the testing was to compare the first results with further tests conducted during the sixth and twelfth week of the Program. This did not eventuate for all participants, but those who completed a second test did improve in the distance covered during the 6 minutes. Incidentally, the results also demonstrate the very wide range of functional capacity across the Team.

3.11 Weekly Attendance Record

Over the period of the Program, 5 categories of attendance were recorded. These categories included Players, Apologies from Players, Coaches and Specialists, Ground Support Team, and visitors. With regard to the Team players, fewer attended during weeks 7 and 8 of the Program. This was a time during which there was much colder weather and a number of the Players became ill.

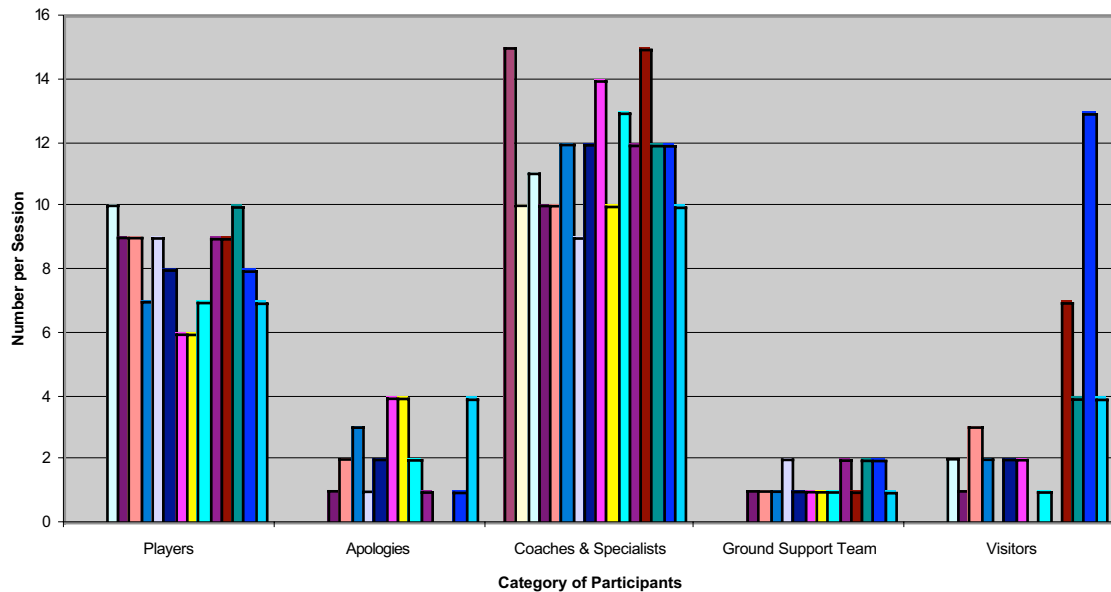
Only run Programs in Autumn and Spring (not Winter) because elderly people get sick in Winter. *Player*

As indicated in the Apologies column, Players who were unable to attend on the day, signalled their intention to continue with the Program by sending in their apologies.

Lifestyle change is acknowledged as being difficult for individuals.⁵ Fitness and cardiac exercise programs have typically reported drop-out rates ranging from 9 – 87%, highlighting the attendance problems among those who voluntarily enter physical conditioning programs. The weekly attendance records of the players are significant in their high levels of participation over the course of the Program. In fact, players who were absent due to illness or inability to find transport, returned with increased commitment to attend subsequent sessions. One player commented, ‘I yelled loud enough from home to make sure I got picked up for the Program’.

Figure 14, demonstrates the patterns of attendance by the different groups of stakeholders over the time of the Program.

Figure 14: Weekly Attendance Record



Coaches and Specialists were consistent in their attendance and this group increased in size as the Program progressed. A number of individuals from particular specialist areas (i.e. UOW/TAFE Indigenous Health Students), visited as part of their education placement program and continued to attend because they found the interactions so enjoyable. The Ground Support Staff (members of staff of the Aboriginal Cultural Centre) supported the Program by attending to administrative duties. It was evident from these attendance rates for the different stakeholders, that this Program not only retained the interest and commitment of Team players and coaches, but also the involvement of Team specialists and the interest of the broader community of Health professionals.

A wide range of visitors including Trainee Nurses, UNSW Medical Students, CEO & Deputy CEO of local Aboriginal Medical Services, GP from Illawarra Aboriginal Medical Service, Program Manager NSW Health Dept, Aboriginal Vascular Program, Area Manager Aboriginal Health, Program Manager Chronic and Complex Care Program, Cultural Officer Wollongong City Council, UOW Exercise Science Program Manager, and a number of community people from the local area as well as those visiting from other areas have attended the program. Of note was the attendance, at the final celebration for the Program, of key leaders from the Aboriginal Community, an Aboriginal sporting identity, Acting Health Services Development Officer, Illawarra Health and others totalling approximately 80 people.

The first week that the Program was opened to new members in 2003, 8 new participants arrived to take part in the Program. The first session for the year in 2004 saw seventeen participants arriving to start the Program, a strong indication that the Aboriginal community sees Aunty Jean's Good Health Team as a place where they can have their needs recognised and met.

3.12 Program Outcome: Definition of roles and responsibilities for Aunty Jean's Good Health Team

The roles and responsibilities of Team members evolved throughout the Program and the range of activities accepted by each role were recorded in a Post-Program reflection session.

These reflections provided a foundation for ongoing development and refinement of roles as well as a checklist from which new Team players could identify their prospective contribution. As such, they were an important Program outcome because they served to make explicit the type of activities that contributed towards the success of the Program Model (Appendix 4)

3.13 Program Diffusion

Program diffusion has already begun and is well-established with a high public profile. Aunty Jean's Good Health Team Program has achieved finalist status with the Illawarra Health Quality Awards Program for 2003, as one of two finalists. The Aboriginal Elders who are the Team players introduced the Program at the Quality Award presentation and the principal presenter was the Team's Aboriginal Coordinator. Presentations have also been made at the Chronic and Complex Care State Forum, the State Cardiac Rehabilitation Conference and the Aboriginal Vascular Health State Forum. Abstracts have been submitted for the 18th International Health Promotion Conference to be held in Melbourne and a State Chronic Care Forum to be held in Wagga Wagga, New South Wales.

This Evaluation Report concludes, in Section 4, with the Team's own voices and the voices of the Community with whom the Program has been developed. It is their voices which represent most clearly, why Aunty Jean's Good Health Team Program was valued by its Team members and by the Community.

3.14 Where to from here?

Further to this public profile-raising at conferences and health forums, there is also the opportunity for sharing the Program with other interested communities and allied health and health professionals. The Program Model, in itself an important Program outcome, together with:

- the Program role statements generated by Team members;
- the Lessons Learned from Team members;
- the whole collection of Program resources and materials;

could provide a rich source of information with which others who wish to emulate Aunty Jean's Good Health Team Program, might engage and learn.

In keeping with the action learning model on which this Program is based, the Program Coordinators may wish to develop an in-service program whereby allied health and health professionals could learn about the values and principles underlying the success of Aunty Jean's Good Health Team. The Program Model could be used as a template for other communities to identify the resources which they have available and the particular partnerships that could support development of a program within their own local community.

¹ Minkler, M. & Wallerstein, N.B. 'Improving Health Through Community Organization and Community Building' in Glanz, K., Rimer, B.K. & Lewis, M.C. (Eds) Health Behavior And Health Education: Theory, Research and Practice (3rd Edition), Jossey Bass, Copyright John Wiley & Sons Inc. 2002, P.285.

² Senge, P. M. *The Fifth Discipline: The Art & Practice of The Learning Organization*, Random House, Australia, 1990, pp.8-9.

³ New South Wales Aboriginal Health Strategic Plan, 1999.

⁴ Department of Meteorology: www.bom.com.au

⁵ Franklin B.A., Program factors that influence exercise adherence; Practical adherence skills for clinical staff in Dishman R., et *Exercise Adherence, Its impact on Public health*. Champaign, Ill. Human Kinetics, 1998;p.237-258.

4. OVERALL PROGRAM CONCLUSION

4.1 Introduction from Program Evaluation Facilitator

‘Aunty Jean’s Good Health Program’ brought together the members of the Aboriginal community and a wide range of key stakeholders in both Aboriginal Health and in community capacity-building. The core strength of the Program has been the contribution of community Elders, both as the Program’s expert reference group and as its principal beneficiaries. The Program outcomes, across a wide range of standardized and specially-developed evaluative measures, have not only met, but exceeded, expectations.

There is strong evidence of improved self-management, the development of appropriate and effective working partnerships and of culturally acceptable and appropriate information-sharing, activity and self-management strategies. The traditional ‘recruitment and retention’ framework has been redefined by participants in this Program, as one of ‘attraction and inclusion’. Self awareness and recognition of early warning signs was epitomized by one of the players who sought medical advice on early chest pain. Not only did this player undergo triple bypass surgery, he also returned to the Program to become one of its star performers.

At the level of the participant, their understanding of medical conditions and medications has grown with the information sessions and with the sustained individual and culturally appropriate attention provided by coaches, supported in their role by the Team specialists. Adherence to medication schedules has been greatly facilitated by open discussions, supported by the Aboriginal Medical Centre in delivering Webster Packs to players in the Program, and by the players’ participation in self reporting in their pre-activity, Weekly Medical Checks.



Let any visitor come any time and they can see how much we look forward to coming and doing the exercises. *Player*

All Team players and coaches have taken on leadership roles during this Program in one sense or another, helping to shape, through their feedback, the development of health promoting activity. In particular, the coaches have brought to the Program their specialised knowledge of the community and of the relationships of good health and community capacity-building. Underpinning their leadership, has been the input of Team specialists with their particular expertise in health and health promotion appropriate to the Aboriginal communities. The implications of emerging understandings about implementing, promoting

and managing an effective Program are listed in the Program Recommendations from Action Learning cycles, included at the beginning of this Evaluation Report.

All Program participants have been part of the learning cycles that have created and shaped this Program. Everyone has engaged in the continuous learning cycles and there is every sign that the learning will continue with the Program. Team specialists have asked for strategy development sessions based on the most successful information sharing activities. Coaches have requested learning and accreditation opportunities in the following areas: massage techniques; wound care; venapuncture; blood pressure recording; Excel database; a fitness leaders’ course and massage. Program Coordinators have indicated their desire to develop capabilities with regard to: Excel; counselling; specialist area skills including evaluation; supporting exercise; Blood Pressure recording and Blood Sugar Level recording and Vascular Disease Workshops.

The Program faces a range of challenges. These include, among other things: the development of effective protocols for integration of new players; the ongoing support of Elders who are now the Program leaders; the securing of ongoing transport arrangements; the development of training and dissemination of materials to meet the expressed demand from allied health and health care professional across the system; maintenance of the cohesive, enjoyable and positive environment that is the core the Program's success; attraction of health professionals in expressed areas of need such as pain management, massage, podiatry, negotiating the Health system, Consumer Advocacy; the development of ongoing mentoring and professional learning structures for coaches and Team specialists associated with the Program; the refinement of ongoing Program evaluation strategies and their continued use, and pipeline funding to support ongoing Program initiatives and Program diffusion to other areas where there is an expressed interest.

4.2 A concluding word from the players

- *Looking forward to Monday to see how much I have improved over the last week*
- *Really enjoying the exercising*
- *My side used to be sore and I limped a lot and down my right leg was numb. My side is much better now and my leg has cleared up.*
- *If I hadn't come to this Program I wouldn't be able to get on with my life.*
- *I love this Program – I'm sorry I missed a few lessons – now that I'm back – look out!*
- *Just for next time – run Programs in Spring and Autumn (not Winter because elderly people get sick in Winter.*
- *This Program is coming along well. Everyone can't wait till Mondays. We all have an enjoyable time and we have formed friendships.*
- *With this Program – it's addressed a bit of the things we hadn't planned on – with the laughing – the social things'*



We have all worked in together. Worked as a team, had a lot of fun and laughs and it has been really enjoyable.

Team Player

4.3 A concluding word from the coaches

- *There's really positive stuff coming out of this for the Health Workers.*
- *Players are more interested now with us (coaches) doing the warm-up. They have a laugh.*
- *Another exciting week – everyone is early and eager to start.*
- *Music is like medicine for Koori people.*
- *The Program has strengthened the connection between Workers and that will flow on to the Community.*
- *All these little things with other people coming on – other people getting interested. I can see we are going to get people coming from different groups. Barriers will break down.*
- *The challenge is to keep this group going and more and more people in the community with chronic disease will start coming.*

4.4 A concluding word from a member of the Community

- *I was around in Aboriginal Health for many years. From the 1960s and I also had my own visions. But to see it on display and taking part in exercises brings tears to my eyes – tears of happiness that is. Thank you all who took part in making this vision come true.*

4.5 A word from the Program Coordinators

- *We provide them with culturally appropriate tools to find their voices and to have their voices heard.*
- *[Following our final celebration day] I feel like I've just been to a wedding- it was a very emotional day.*
- *I have worked in Aboriginal Health for 11 years in this area and this is the most valuable and rewarding program I have been involved in. It is filled with fun, music, yarns and people supporting each other, I see people who were house bound getting out and joining in, but the best for me is the working partnerships forming between mainstream and Aboriginal health. This program is underpinned with the expertise of the health professionals we invite, which is building capacity in all areas.*
- *One of our players was able to tell her doctor that her blood pressure was too high after having it checked weekly at the program – This was a significant step in her self-management – We are getting somewhere!*

4.6 A concluding word from the Area Manager, Aboriginal Health

Today we mark the Celebration of the first round of the Aboriginal and Torres Strait Islander, Chronic and Complex Care Program – or Aunty Jean's Good Health Team. In doing so we also celebrate what we benefit as a community both in the short term and the long term.

4.7 And a final word from one of the Team coaches

This is the most positive significant thing I have seen in twenty years in this community – no politics – it's breaking down the barriers with talking and laughing. People here – have never been in the Cultural Centre before – it's all the Elders as one – communicating. They're the role models – the spin-offs are the community communicating.



APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 1 Shake ya Butt – Players’ Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ Everyone was happy and people enjoyed the company ○ We learnt more exercises <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ The staff make it interesting – very interesting to know how to keep fit ○ Different exercises – really good <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ If you follow instructions improvement will come ○ How to exercise, walking, what good it does – keep fit & have good health ○ People do differ <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ Exercise – the importance of; types, times, how long; what kind helps what; how to, how far; not to rush, go steady, be regular, smile; you are more capable than you think you are. <p>What players want to know more about:</p> <ul style="list-style-type: none"> ○ With my condition -hard to know as I improve; ○ Different exercises; ○ Keeping weight down; ○ Recipes & food for diabetics; the heart & to learn to take BSLs properly. 	<p>Cycle 1 Shake ya Butt : Coaches’ & Team Specialists’ Reflection</p> <p>The initial activities in this session, with the definition of roles, flowed much more smoothly. However, there was a deal of concern regarding the flow of non-program people into the Observations process to have their Blood Pressure and Blood Sugars measured. This presented problems because the players then had to compete for attention and coaches were not entirely sure who was a player and who might just have ‘dropped in’.</p> <p>It was recommended that the introduction to activity recording sheets should be done as a whole group – rather than to individuals because the process became quite muddled with many needing attention at the same time. The initial activity sheets required no participation on the part of the player so it was suggested that these be changed to reflect a higher expectation of participation and self-management i.e. ‘Needed activity sheets for each player with clipboard and pen attached ready to go.’</p> <p>‘Redesign activity recording sheets for players to take shared responsibility for recording and have each attached to a clipboard before the session starts.’</p> <p>Although players were very interested in the presentation session, it was felt that the specialist needed to have less talking to players and more active participation during the information session. Activity worksheets could have been used to support this process.</p>	<p>There was also only a passing mention of the Home Program sheets and, given the emphasis on self-management in this Program, these needed a more in-depth, experiential introduction. Expectations regarding return of Home Programs each week and filing of these in personal Medical Files could also be made apparent from the start. Similarly, it was suggested that there needed to be a clear explanation about roles and expectations at the beginning of the activity session.</p> <p>It was suggested that an important element for effective Program structure was shared warm-ups and cool-downs, with all participating in the activity and the stretching accompanied by reiteration of roles and responsibilities or any concerns, within the exercise component of the Program. Flow and structure were identified as key components for activity session effectiveness. So too was the recommendation of one-on-one support for players and awareness of special needs i.e. stroke (exercise participation requirements and modification to equipment and exercise routines).</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 2: Body Talk : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ Told me a lot I didn't know ○ Staff were very helpful and made it easy to do the exercises <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ It was information you wouldn't hear off your doctor ○ Because I learnt a lot about my heart <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ Made me stop and think about how to look after my heart ○ Learnt I am not as strong as I think I am <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ How blood rotates around the body – heart and lungs – easy to understand how circulation works ○ How the heart works - about cholesterol and blockages ○ How much people (we) knew about their disease ○ How to look after yourself and not overdo it – to exercise right ○ Lead a healthy life, don't smoke ○ Learnt how to take care of myself ○ How to communicate with other people <p>What players want to know more about:</p> <ul style="list-style-type: none"> ○ Lungs – how they work and what they do ○ More about exercise and eating proper foods (nutrition) <p>More information on diabetes</p>	<p>Cycle 2 Body Talk : Coaches' & Team Specialists' Reflection</p> <p>By the third week of active participation, the initial set-up, record taking and Medical Checks were working very smoothly. 'The flow of the Program became much easier. Coaches knew what to do, what needs doing'. Coaches commented that everything flowed from one station to another. A sign had been attached to the door reading 'Program Participants Only'. With this, coaches felt 'More organized – concentrated on Program participants'. Coaches felt they were learning as they went and continually improving. Someone taking responsibility for setting up the room early appeared to help the flow significantly and it was felt that 'Everyone was cooperating and working together as a team.</p> <p>However, there were two sources of concern with regard to the environment. One was a young woman, whose children were running around amongst the players. The Program Coordinator had to ask them to move out of the exercise area. The other concern was the temperature of the air-conditioning. Both of these concerns led to a closer working relationship between Cultural Centre staff (who became the Team Ground staff) and the Program Coordinators. A concern with regard to the Program provisions was raised regarding the fruit platter. It was felt that watermelon could put the players with diabetes at risk because of its affect on BSLs. This concern led to lengthy discussion regarding self-management expectations within the Program. as a time for team-building and social interaction.</p> <p>One of the players, after finding out about the impact of watermelon on BSLs indicated that they wouldn't eat it anymore if that was the effect it had on BSLs.</p>	<p>It was considered that the group interaction throughout the education session was very good and that team coaches and specialists were helping and assisting one another throughout the session. It was apparent that coaches worked closely with players during the exercise session and that the learning resources (worksheets, arteries of cardboard rolls and sponges) made it a 'really good session'. Players enjoyed using the resources they had constructed to 'tell their story'. There was a suggestion of fine-tuning because some participants 'seemed bored'. However, one of the Team players suffers from sleep apnoea and did doze off but this was more an indication of a personal need for shut-eye than a comment on the processes. Players suggested that the worksheets should have lungs as well as a heart on the diagram they were using.</p> <p>It was suggested with the exercise component, that there be more involvement with the writing down of exercise levels and stations and an emphasis on checking Home Programs. Once again, it was suggested that the Exercise specialist go over requirements for the activity session prior to commencement. It was also proposed that Program Coordinators keep a check on the number of Therabands players had taken home so that we don't run out. Coaches advised that the players use fridge magnets to put their Home Programs on the fridge so everyone in the family could see what they were doing. This strategy may help players to remember to bring their Home Program back each week.</p> <p>Finally, the Program Coordinator found it necessary to close the door so that Players, coaches and team specialists could have an uninterrupted lunch together</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 3 Early Program Team Talk : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ My health is feeling good – I feel good – feeling better ○ Stimulated the muscles & helps to strengthen body ○ Social activities <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ Gets myself out of the house – meeting friends at the Centre ○ Because I learnt a lot – information interesting because of player's involvement ○ First time exerciser – felt confident to have a go at home <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ I learnt a lot – new exercises ○ Good instruction for using the machines a& exercise equipment ○ It is hard to say – ongoing learning <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ Breathing when exercising; walking; weights; new recipes; ○ Think about coming back next time; don't over-exert yourself; ○ I am of the opinion I can do more <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ More exercises; more recipes & instruction; line dancing; lungs; exercising ○ How can I get rid of insulin tablets? ○ To help those that are here to teach us ○ Can we get footy jumpers from Clubs for players? 	<p>Cycle 3 Early Program Team Talk : Coaches' & Team Specialists' Reflection</p> <p>This session began late because the exercise room had been double-booked and the overlap in finishing off discussions with the first group caused considerable delays for the activity component of the Program and some players did the warm-up twice. Players were ready, warmed up and waiting to begin but unable to get into the exercise area. There was also the ongoing concern with uninvited interruptions to players with requests for some of the Elders to attend to other matters.</p> <p>When the whole Team did gain access to the exercise area, the Exercise specialist swung into action with the 6 Minute Walk tests, this time completed individually with one-on-one attention and support. All players had clear instructions from this new specialist and each player had their own clipboard with the new format for signing as they completed each activity. It was clear that participants knew their roles and accepted their responsibilities. All players were involved, everyone was socializing and the Observations went a lot quicker although there was a problem with the Glucose Testing machines that needed attention.</p> <p>When players completed the Goal Attainment Scale they were very outspoken and enthusiastically filled in the details of their expectations for the Program.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>... people were interested and enjoyed doing the exercises and the coaches helping and encouraging them. <i>Coach</i></p> </div>	<p>Discussion between players and coaches provided a productive background for the development of self-selected indicators or Program effectiveness.</p> <p>A number of recommendations came from this session including: better liaison with community Centre re bookings; purchase of batteries for Glucose testing machines and Checking of all equipment each week; gentle reinforcement of signs on doors re non-Program participants so that players feel secure and safe; and reducing the number of Program evaluation activities in one day i.e. leaving off the Weekly Game Check on Team Talk days.</p> <p>While there was some concern with an apparent lack of commitment from players in attending sessions it was pointed out by a player that the Program had been started in Winter and the players were all Elders who simply just get sick in Winter. Comments from players, however, told a different story about their enthusiasm and level of commitment.</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 4 Listen to ya Body: Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ The line dancing got everyone in a good mood and ready to get going ○ Learnt new exercises and enjoyed exercise sessions ○ The players are becoming more involved with the Program ○ It made me feel better in myself <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ I learned things that interested me ○ I did not know that loneliness and depression could cause (health) problems ○ Learning about risk factors – mental attitudes ○ It makes me feel proud of myself giving up filthy smokes <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ Five out of the seven ratings given for this session were a (5) ○ That you have total control of your health ○ Any knowledge you take away on how to have better health has to be a plus ○ Every session we learn something new and we have lots of fun <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ Diet – eat healthy; Exercise; Walking; take medication ○ Risk factors; loneliness and depression are risk factors; ○ Exercise can be fun – line dancing, walking, ○ Exercising correctly is important; exercising is vital to good health; breathing properly is important (when exercising) ○ Everybody is different; an improvement is made each week on the previous week ○ I've learnt to try to do my best. <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ Heart; veins in my leg ○ Mental health is linked with physical health ○ I love coming to this Program because you learn something different each session. 	<p>Cycle 4 Listen to ya Body: Coaches' & Team Specialists' Reflection</p> <p>The big innovation, introduced by one of the coaches in this session was line dancing for warm-up activities. Likewise, a great innovation came from one of the TAFE students with the design and construction of a footplate so that one of the players who had had a stroke, could ride the exercise bike without his foot slipping off the pedal. The level of individual leadership from wide range of directions reached new heights of achievement in this session and the atmosphere reflected this shared ownership of the Program.</p> <p>There were concerns, however, because there was no time to discuss Home Programs and these were considered important. The exercises were, to some extent still disorganised and there were no handouts for stretches. While players and coaches really enjoyed the line dancing there was a suggestion that we could have different steps for different levels of participation. Some players had phone calls and meetings that interrupted their circuit so it was suggested that Ground Staff take messages for them and give the information to players when they have finished their circuit.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>'Different to past workouts – everyone seemed to enjoy it and had a good laugh.' <i>Coach</i></p> <p>Everyone enjoyed it and because it is one-on-one.' <i>Coach</i></p> <p>'... everyone really knows what to do' <i>Coach</i></p> </div>	<p>The Team specialists was unsure of how their talk went because there was a lot of discussion between players and coaches around the pasting of 'personal history' parts on the body chart. However, it became evident that players were VERY interested in what they were doing and that the talk, while not being communicated for recording on the whiteboard, was ALL about risk factors. This was a clear lesson in cultural appropriateness of teaching/ learning strategies for Aboriginal participants.</p> <p>During this session, players mentioned a range of positive outcomes. These included: friends asking what the Program was all about; players telling their family about the Program and the family interested to help; feeling the difference in weight; more aware of eating better, smaller, fewer meals; walking to stop diabetes getting worse and willpower not won't power to give up smoking.</p> <p>Recommendations for the next session included: Name tags for players with coloured tabs to indicate the level of activity they were on for each exercise station and better organization so that the players could get the best out of the day.</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 5 Talking Tucker : Players' Reflection The session was good because:</p> <ul style="list-style-type: none"> ○ Enjoy the dances to warm up, it starts the day off as fun ○ I like the hands-on approach ○ We need to know more about what we can and cannot eat ○ Session was very good health-wise; for my health ○ Happy crew –good exercises today <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ Taught me more about the food groups ○ The presentation by Suzie was excellent ○ I did a bit more exercise today – going to the red next week ○ Really good dietician – tells you what's good for you and what foods you can eat ○ Gaining pride within myself on my health ○ Very informative; especially about diet <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ Shows me what to look for when I'm shopping ○ Learnt about both activity and diet; knowing about my diet; how to restrict your diet ○ How to eat properly and exercise <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ How exercise can be fun ○ The goodness of foods, differences in fats, fibres, vitamins ○ Variety of vegetables is a good thing ○ Olive oil is fattening; how much fat is in food; the different fats in foods; about weight and diet fat ○ What sort of food is good for you with cholesterol and diabetes ○ I don't eat enough calcium; I eat too big a meals ○ I should have started watching intake 30 years ago ○ How to read packaging labels <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ Line dancing – MORE ○ How to cook more low fat meals; some recipes ○ Shopping for the foods I should be eating 	<p>Cycle 5 Talking Tucker : Coaches' & Team Specialists' Reflection</p> <p>This hands-on diet session proved to be one of the most popular of the Program. The dietician was very well prepared with a wide range of models and visual resources. Both players and coaches were centrally involved in the discussion and decision-making processes in the interactive, experiential session on diet and nutrition. There was a lot of fun, lots of discussion, lots of comments, lots of learning and experimentation with menu planning. The use of varied modes of information sharing, including models, slide and information sheets worked very well.</p> <p>Coaches indicated that it worked well because Suzie brought along plastic replicas of food and drink to explain the fat content of food and the comments by players made the discussion enjoyable. One coach indicated that 'We got a better understanding of what is in our food. Suzie was very professional.' All the coaches joining in and modeling listening and giving comments, made a big difference to the learning possibilities. This session worked so well because people were actively involved in contributing their knowledge and in finding out what they did and did not know. A teaching strategy suggested was that of picking up on participant's comments and using these to introduce humour and involve them through their own comments. It was noted that 'When everyone starts talking about the information the Team specialists is giving – that's good!'</p>	<div style="border: 1px solid blue; padding: 5px; margin-bottom: 10px;"> <p>'This was a very informative session – I didn't realize how much fat I was putting in my body.'</p> <p><i>Player</i></p> </div> <p>There were concerns raised regarding transport for players to the Program. This is an ongoing issue that the Program Coordinators will need to address for some team members. One player (standing with hands on hips) said, 'I'm not leaving here till I find out who is bringing me next week!'</p> <p>It was also suggested that we need someone taking on the role of monitoring equipment at all levels to ensure everyone has what they need when they need it.</p> <p>There were reports of players being able to climb up stairs now without puffing and a comment that it was 'Lots of fun today – dancing really great – fantastic buzz today – very coherent group.'</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 6 No Shame : Players' Reflection The session was good because:</p> <ul style="list-style-type: none"> ○ The exercises are getting easier & I like the way everyone participates ○ The relaxation session ○ Made me feel good <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ Because stress is really a problem – it can be managed ○ How to meditate was helpful <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ Learnt to exercise a little slower <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ How to relax; meditation; ○ Stress can be managed; that I can cope well with stress; mental thoughts; how stress affects my chronic illness ○ How to exercise; how to use the exercise equipment properly; how to breathe during the stretching sessions ○ Heart disease <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ Meditation; more meditation ○ Self-control ○ How to pass this (meditation) on to others ○ More dancing – change the dance steps ○ More walking outside 	<p>Cycle 6 No Shame : Coaches' & Team Specialists' Reflection</p> <p>An important innovation in this session was the highlighting of Home Programs completed by players and the return of these Programs for affirmation and congratulations. The players were now the proud bearers of personal name tags with coloured tabs to indicate activity levels. New batteries were available for Glucose machines and arrangements re delivery of player's Webster Packs (medications) from Medical Centre were firmed up to ensure they were on time and delivered in person to the player concerned.</p> <p>Visiting Medical students were provided with an introduction to the Program, Program resources and an overview of the Program 'story' constructed by participants. They were encouraged to join in the activities including line dancing and provided with a very practical way of demonstrating that in this program, everyone is equal.</p> <p>An open and highly participatory discussion of stress led by a Team specialist, involved everyone and a collaborative picture of everyday stress, the options for dealing with that stress and the consequences of not dealing with it effectively, resulted in high levels of engagement from all participants. The Team specialists skillfully wove input from participants into a clear diagram of the effects of stress so that there was lot of information sharing and learning.</p> <p>Self-management provided the high point of this session with a clear indication that players were taking responsibility for their Home Programs and for returning their charts.</p>	<p>Players were very pleased with their coloured tabs, indicating their levels of achievement across the activity stations. Players were clearly taking up the challenge of self-directed activity for each of the stations and for keeping track of the different levels on which they were working.</p> <p>Recommendations from this session included: the need for more coaches to be involved in the activity session; the need for someone to be proactive in managing resources and ensuring availability of these as and when needed; and the identification of a back-up role when emerging needs exceed existing role expectations. Role responsibility for noting, recording and addressing equipment gaps could be made clearer so that 'gaps' could be covered as they appeared. Finally, it was suggested that Team specialists could be encouraged to finish on time so that coaches could complete all session requirements, particularly the evaluation section that can be 'squeezed' out of the time and energy required for completion.</p> <p>The guided meditation taken by the Team specialists provided a calm and much appreciated conclusion to what had been, for some coaches and specialists, an extremely varied and at times, challenging session. Players and coaches alike enjoyed the meditation and asked that it be offered again the following week. This was amongst the highest scoring sessions for both players and coaches alike.</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 7 Mid Program Team Check : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ Everything was great ○ Now I feel we are getting somewhere. The ongoing Program should go from strength to strength ○ All the coaches joined in with us ○ Excellent because everyone participated <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ Good to see how far we have come from week 1 ○ Very good information ○ Information coming from players was interesting ○ Shows that everyone is enjoying the Program and the coaches are getting recognition ○ Good feedback (on how Program is going) <p>How much did I learn?</p> <ul style="list-style-type: none"> ○ Knowing about my weight and diet, my heart and exercise ○ I can still exercise – pain or not ○ I have learnt much more since the start of the Program; learning all the time ○ I learnt that everyone is happy with the Program; we had a lot of good comments <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ Walking; bike; arm curls ○ Progressed with Line Dancing ○ 6 Minute Walk Test ○ Our comments are very important (feedback) ○ That we can't find <i>three</i> comments each week (just ask for comments) ○ This particular question is a waste – reporting each week ○ The sessions are going well; there is interest from outside the Program <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ Breathing while exercising ○ Dancing; how to have fun ○ [If I am able] to complete more exercise ○ More recipes for diabetics ○ Your lungs 	<p>Cycle 7 Mid Program Team Check : Coaches' & Team Specialists' Reflection</p> <p>There was a very strong feeling in this session that everything was going very well. People improvised and drew on specialist expertise when resources weren't available and everyone had a good laugh, especially with the line dancing. Program Coordinators were able to show the whole Team the Program Poster that had been presented at the State Chronic and Complex Care Conference forum. Players and coaches were very pleased to hear about the high level of interest in the Program and the resources that were being used by the Team. Team members were particularly pleased to hear an overview of comments from previous feedback sheets, with recognition of what had been achieved since the first session.</p> <p>Being organized is clearly valued by the Team and the fact that coaches and players were working together. Coaches observed that everything just flowed and things were a lot quicker for this session. Thinking outside the square was highlighted as a positive strategy with the affirmation that there was always a way around things if we think laterally (No replacement exercise recording sheets!). When asked the question, 'What didn't work well?' coaches have taken to writing –'Nil' or 'Everything Worked well'.</p> <div style="border: 1px solid blue; padding: 5px; margin-top: 10px;"> <p>'I can't see how we can improve on today's session as it all went well.'</p> <p>Coach</p> <p>'There's nothing more to be done.'</p> <p>Coach</p> <p>'This is fun.' Player</p> </div>	<p>There were two recommendations made this session in relations to administrative processes. The first was that, in addition to running off copies of all the other sets of information sheets, collecting and filing Master sheets for the activities session could become part of the Coordinator's role. Secondly, role requirements could be documented so that people other than the exercise Team specialists could take the activities if required. Apart from these suggestions, the feeling was that the Program 'had arrived'.</p> <p>Coaches are indicating that there are many more people wanting to sign on for the next Program and one player commented that they could feel their health improving.</p> <p>Recommendations for action included: change the feedback forms; the making of a video of elder's stories of their involvement in the Program and why they think it will benefit others in the Community; provision of copies of the Poster for players to show their families. One player's family has been asking what she is doing and she wants to be able to show them the photo of her exercising because they don't believe her when she tells them that she is.</p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 8 Diabetes With Di : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ They explained a lot to you (stretching demonstration session) ○ Did not do any exercises- had an easy day ○ The information was interesting because: ○ Because diabetes runs in the family I could be a possible candidate <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ How to use my joints without hurting too much ○ Up to date on everything (we covered) ○ I can see what it (diabetes) does to your body ○ Poster board was very informative (Bodylink) <p>Lessons Learned by Players:</p> <ul style="list-style-type: none"> ○ More about our body ○ Diabetes can be controlled by diet; exercise; medication ○ Insulin is like a key ○ How to control sugar levels with diabetes ○ I am lucky that I manage my diabetes ○ Exercises ○ Line dancing <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ Diabetes & the eyes; blood pressure; heart problems; angina; exercise; the body ○ When to go on tablets or insulin ○ What tests are available 	<p>Cycle 8 Diabetes With Di : Coaches' & Team Specialists' Reflection</p> <p>The focus for this session in the activity component was a coaching session on stretching for the whole Team. A booklet of stretching activities was provided for players. The seated warm-up exercises were also discussed with players and coaches with suggestions as to how each could be made either easier or more challenging. It was found that some of the players required a seated warm-up to accompany the more mobile Team members, both coaches and players, who could participate in the line dancing. The coaches in particular, appreciated the stretching explanation. They were clearer about their role and able to ask questions that concerned them as well.</p> <p>It was suggested that the exercise instructions would make people feel more confident about doing them. This level of involvement and active learning also flowed into the Diabetes information session which was well organized, and supported by interesting and easy to understand, hands-on, models and visual resources. This presentation captured the attention of the whole Team and the explanations were clear and well-targeted for cultural appropriateness. The Coordinator's encouragement for coaches to join in the diabetes discussion helped for a smooth transition between lunch and the session with 100% participation in the discussion.</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>The exercise workshop was really worthwhile for me as a coach. I feel more confident to instruct players. <i>Coach</i></p> </div> <p>However, the explanations regarding stretching had been lengthy and a number of comments indicated that this segment was too long. As a result, a number of coaches took a break and were not available for some of the one-on-one exercise support. Coaches were aware of this and indicated that they really needed a short break because they had completed all the initial Observations, taken part in the warm-up and stretching session and then had to move straight into exercise support. There was a suggestion that coaches could roster themselves for the physical activity component of the Program sessions. There was also a suggestion that we have a short introductory explanation session at the beginning of each activity segment for both coaches and players with an official break before the warm-up. Finally, that the explanations regarding exercises and stretching could occur much earlier in the Program.</p> <p>Overall, however, the Program was seen to be running smoothly and effectively with everyone knowing what to do. 'The Diabetes session was the best – everything about it was brilliant.' <i>Team player</i></p>
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APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections: Players, Coaches & Team Specialists

<p>Cycle 9 In the Kitchen with Suzie : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ The tasting was lovely ○ My health has improved <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ It is a learning session which will improve my health ○ We learned about arthritis and we hadn't spoken about it before ○ Don't need to use salt with Soy sauce <p>How much did I learn today?</p> <ul style="list-style-type: none"> ○ I learn a little every week ○ Regular meals are essential ○ Hands-on cooking as well as the food I ate ○ I feel that I am doing the right thing at home – this was confirmation of this <p>What did I learn today?</p> <ul style="list-style-type: none"> ○ Low fat cooking ○ Healthy eating; nutrition ○ What food to buy in the supermarkets ○ I eat too much meat and not enough fibre ○ Confirmation of my cooking ability and skills <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ Arthritis ○ Fluid on my knees ○ How to gain weight ○ How to get my weight down ○ Staying fit and healthy ○ More nutrition; cooking ○ How to get rid of this bloody cough 	<p>Cycle 9 In the Kitchen with Suzie : Coaches' & Team Specialists' Reflection</p> <p>The key innovation in this session was the introduction of Achievement Certificates for recognition of participation in Home Programs. Announcements and presentations were made over lunch in a social atmosphere of recognition and appreciation and it was suggested that this happen every week.</p> <p>Players were asked if they could be photographed doing the stretches so that a stretching book could be compiled with the players demonstrating what was required for a personalized instruction booklet. Both the players and coaches enjoyed the photo session and they could see the support for further development of their ownership of the Program.</p> <p>During this session, the Team Exercise specialists circulated around the room answering questions from coaches and providing individual instruction where needed. This had been requested following the successful questioning interaction that had taken place in the previous session. With the innovation of seated line dancing, everyone was able to join in and have fun, even those with 'two left feet'. There was however, a somewhat muddled end to the activity session as players seemed to finish at widely differing times and this impacted negatively on the cool-down.</p>	<p>A number of players had undiagnosed shoulder complaints when they came to this session and this type of situation may need to be factored in to Program planning and Team specialist support.</p> <p>Team players and coaches were involved in the food preparation and cooking segment and surprised at the way in which fat content of meals could be changed so easily. One player commented that 'Reading labels on food – there is so much to look for – it's like standing there reading the Bible!'</p>
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**APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections:
Players, Coaches & Team Specialists**

<p>Cycle 10 Arthritis with Candy (by request) : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ Everyone was involved and exercise can be enjoyable ○ Excellent (session) ○ Very pleased with my exercises today – done the lot ○ I went from Level 2 to Level 3 ○ Seeing the Program through to the end ○ The more we have on arthritis the better <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ Because arthritis is with us all and I will try the arthritis rubs ○ Very interesting ○ Arthritis information was great ○ Trying the oil on my feet ○ I can feel my body is feeling good <p>How much did I learn today?</p> <ul style="list-style-type: none"> ○ Like using bath salts and rubs – diet and exercise go hand in hand ○ The value of health and life itself ○ Where the money comes from to keep this Program going ○ Keeping in touch with other people ○ I have been a sufferer of arthritis since I was seven <p>What did I learn today:</p> <ul style="list-style-type: none"> ○ How to exercise; look after yourself ○ Couldn't really say how much I learned – I think I am doing right by myself though ○ Arthritis; arthritis cures; sex for arthritis ○ To try different oils and rubs <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ The oil mixtures (essential oils) ○ Arthritis ○ How to live with it and how to cope with everyday 	<p>Cycle 10 Arthritis with Candy (by request) : Coaches' & Team Specialists' Reflection</p> <p>This session was provided by request and popular choice. There was a high level of participation in the activity session and avid interest in the Arthritis information session provided by one of the TAFE people supporting the Program.</p> <p>With the introduction of new exercise levels, and some players progressing at an increasing rate, the coaches weren't sure about the filling out of exercise forms. It was suggested that coaches need more information about how and when to progress the exercise levels with players. There were a number of suggestions regarding the need for coaching of the coaches with regard to the activity component, and an information session was planned for the following week.</p> <p>However, this session overall was seen to be working very well with everyone involved and moving, 'participation, laughter and fun'.</p>	
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**APPENDIX 1: Aunty Jean's Good Health Team Weekly Game Check Reflections:
Players, Coaches & Team Specialists**

<p>Cycle 11 Final Team Check : Players' Reflection</p> <p>The session was good because:</p> <ul style="list-style-type: none"> ○ An interesting session ○ This Program is always excellent <p>The information was interesting because:</p> <ul style="list-style-type: none"> ○ Like to hear different points of view ○ I have improved out of sight <p>How much did I learn today?</p> <ul style="list-style-type: none"> ○ Good to hear how different things help different people ○ There is always something new ○ You may not realize straight away what you have learned in a session ○ These coaches we have are wonderful and very helpful <p>What did I learn today:</p> <ul style="list-style-type: none"> ○ About the statements Caroline made of the program for the Quality award; and the program is being put up for a Quality award (great!) ○ Feedback on the last 12 weeks ○ How everybody has improved their health; health is important; that everyone was getting so much out of it ○ We progressed and we learned how to count while I am exercising <p>What players want to know more about or contribute:</p> <ul style="list-style-type: none"> ○ The wonderful cream Candy gave us; Natural treatments for arthritis ○ Gardening for healthy eating ○ I enjoy being with people and learning from them ○ I think we have learned it all! 	<p>Cycle 11 Final Team Check : Coaches' & Team Specialists' Reflection</p> <p>There was a high level of participation in this session and everyone was seen to be 'keen'. The comment was that 'The program has gelled and everyone knows what to do. The strength of the program is seen to be participation, fun and enjoyment.' The general consensus- this is a 'Great Program'.</p>	
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APPENDIX 2: Aunty Jean’s Good Health Team Reflections on Evaluation Tools & Purposes Served By Team Action Learning Facilitator and Exercise Program Advisor

Evaluation Tool	Evaluative Outcomes	Reflection on Value of the Tool : Cultural Appropriateness and Usefulness for purpose
<p>Communication Compatibility System Cards (CCS) & Koori Photo Images (KPIs)</p>	<ul style="list-style-type: none"> ○ Facilitated communication across specialism boundaries for Health professionals & partnership building. <ul style="list-style-type: none"> ○ Team specialists, coaches and players selected images, words and personal visions (‘hands’ for partnerships) for involvement in the Program and clarified what they believed were potential outcomes i.e. partnership building and enhancing trust and learning. ○ Team specialists, Coaches and players developed a frame of reference for identifying and demonstrating their personal contribution to the Program i.e. <ul style="list-style-type: none"> ○ To be strong ○ To be respectful of others & recognize individual differences ○ Teamwork ○ Clarification & indication of % level achievement of elements of vision and strengths, at the conclusion of the Program 	<ul style="list-style-type: none"> ○ The two sets of cards provided excellent tools for developing a shared vision, both at the level of the individual and at the level of the team. ○ The Koori Photo Images could be implemented effectively within any co-operative venture provided the images were contextualised for the particular Aboriginal community. ○ All Program participants can recognize, acknowledge and celebrate their contribution and achievements and this can be represented quantitatively, as a Program outcome.
<p>CO-OP Charts</p>	<ul style="list-style-type: none"> ○ Straightforward identification and recognition of changes that had occurred for individual players throughout the Program ○ Considerable improvement in Function and Overall Health and modest improvement in Quality of Life for players involved in the Program, indicated by the directionality and magnitude of change for individuals. 	<ul style="list-style-type: none"> ○ An effective, guided reflection process involving explanation, modelling and support from Team coaches. ○ Confidence in and acceptance of these Charts takes time, effort and trust. However, the outcomes warrant the effort because of the value of feedback to players, coaches and to the broader Health care community with an interest in Program outcomes.

APPENDIX 2: Aunty Jean’s Good Health Team Reflections on Evaluation Tools & Purposes Served By Team Action Learning Facilitator and Exercise Program Advisor

Evaluation Tool	Evaluative Outcomes	Reflection on Value of the Tool: Cultural Appropriateness and Usefulness for purpose
Weekly Game Checks for Players	<ul style="list-style-type: none"> ○ Demonstrated regular and sustained attendance by players, Team coaches and specialists, Ground Support staff and visitors throughout the Program ○ High levels of attendance reflected all-round commitment ○ An increase in visitors as the ‘word spread’ about the Program demonstrated a growing level of interest from both the Aboriginal community and from Health professionals 	<ul style="list-style-type: none"> ○ Provided for recognition and affirmation of commitment ○ Useful instrument for determining impact of weather (& attendant ill-health) on program attendance ○ Public acknowledgement of concerns re attendance enabled individuals to address issues which could impact on attendance i.e. transport, and often overcome obstacles
Evaluation Tool	Program Outcomes & Reflection on Action	
Weekly Game Check for Players	<ul style="list-style-type: none"> ○ Provided a continuous action learning cycle that allowed for responsive management, coordination and resourcing of Program activities ○ Enabled Elders as the expert reference group, to provide both qualitative and quantitative feedback on the perceived value of each session for them. ○ Provided Team specialists with weighted indicators for the effectiveness and appropriateness of their particular contribution. ○ Provided a direct avenue for players to have their insights recorded (by coaches) so that the Program could be shaped to meet their needs. ○ Provided a resource from which player’s values and principles could be identified to guide future Program planning ○ Provided a checklist of indicators for appropriateness and effectiveness of sessions included in the Program and a resource for future planning of each of the information sessions. 	

APPENDIX 2: Aunty Jean's Good Health Team Reflections on Evaluation Tools & Purposes Served By Team Action Learning Facilitator and Exercise Program Advisor

Evaluation Tool	Program Outcomes & Reflection on Action
Team Coaches & Specialists Evaluation Worksheets	<ul style="list-style-type: none"> ○ Provided primarily qualitative feedback for continuous shaping of the Program based on the experiences of Team coaches & specialists ○ Increased levels of awareness, communication and trust within the Team ○ Enabled matching of responsibilities with preferred roles and expertise which built a positive learning environment ○ Allowed for clarification of goals and possible methods for achieving these, particularly education session formats – modification to hands-on teaching/learning strategies ○ Enabled Coordinators and coaches to become aware of emerging issues much earlier than would otherwise have been the case – and to then engage in pro-active management ○ Demonstrated the patterns of learning that occurred over the broader four-week cycles of the Program ○ Shaped refinement of roles, resourcing, protocols and processes including increased emphasis on Recognition system for progress through exercise levels and self-managed Home Programs ○ Contributed to capacity building for ALL participants across a wide range of areas through increased awareness of personal learning possibilities ○ Provided for the development and recording of the Program story as a resource for future planning
Goal Attainment Scale Ratings	<ul style="list-style-type: none"> ○ Players and coaches indicated that the Program had achieved 'much better than expected outcomes' including: <ul style="list-style-type: none"> ○ Improved flexibility ○ Better physically and emotionally ○ Better understanding through education and recall of recent learning ○ Enjoyment in meeting and being with others ○ Self management ○ Encouragement and enhancement of Elders as role models ○ FUN ○ Others keen to use Program resources ○ Promotion from within the group of the benefits of involvement ○ All involved in the Program learned new and valuable skills ○ Increased skill in and preparedness to mentor other community members ○ Growth amongst community leaders ○ Improved cooperation within the community

APPENDIX 2: Aunty Jean's Good Health Team Reflections on Evaluation Tools & Purposes Served By Team Action Learning Facilitator and Exercise Program Advisor

Evaluation Tool	Evaluative Outcomes	Reflection on Value of the Tool: Cultural Appropriateness and Usefulness for purpose
Physical Activity Program – WARM-UP	<ul style="list-style-type: none"> ○ All participated at one level or another and everyone became aware of the need for, and management of, warm-up activities 	<ul style="list-style-type: none"> ○ Process was effective as it evolved over time and improvement and enjoyment of ALL those taking part confirmed the value of the warm-up. ○ There was increasing ownership of warm-up by coaches and players and this is important. ○ Because of the nature of co-morbidities of players the warm-up needs to be managed carefully to ensure duty of care.
Upper & lower body strength and cardio-vascular fitness	<ul style="list-style-type: none"> ○ Improved performance across all three parameters of fitness for most players ○ Players motivation increased as a result of seeing the changes that occurred over time in their graphs of current performance. ○ The provision of objective evidence of changes in functional capacity was very important to the players and they took great pride in their accomplishment 	<ul style="list-style-type: none"> ○ The recording of changes in functional fitness, ie upper and lower body strength, as well as cardiovascular fitness reflected both an increase in individual confidence and an improved capacity to generate higher levels of force. It is often only after changes in self perception that an individual is prepared to increase the tension generated to perform movement. Often it requires relearning the capacity to co-ordinate contraction of muscular activity, the preparedness to 'have a go!' Changes in the level of confidence with physical activity are mirrored in changes in habitual activity levels, which translate into improved health outcomes, and particularly in the case of lower limb strength, in a reduction in falls. ○ Improvements in the levels of cardiovascular fitness are important, as it is these changes that can have a positive impact on general health and well-being. Such pathologies as diabetes, hypertension, obesity, indeed Syndrome X, are all impacted positively by increasing levels of cardiovascular fitness. It is this impact of the current program's physical activity component that is most important.
Line Dancing	<ul style="list-style-type: none"> ○ All enjoyed this activity, had fun while undertaking it, gained in dynamic balance and team spirit ○ Improved fitness and modelling of enjoyment of activity 	<ul style="list-style-type: none"> ○ Group cooperation and team spirit increased greatly through this coaching-led initiative ○ To impact falls prevention, consideration should be given to the type and range of activities included in the Program so as to ensure falls-prevention outcomes

APPENDIX 2: Aunty Jean's Good Health Team Reflections on Evaluation Tools & Purposes Served By Team Action Learning Facilitator and Exercise Program Advisor

Evaluation Tool	Evaluative Outcomes	Reflection on Value of the Tool: Cultural Appropriateness and Usefulness for purpose
Circuit activities	<ul style="list-style-type: none"> ○ Exercise recording charts were developed for each individual noting the number of repetitions of each activity and the intensity of these activities ○ Improvement was demonstrated in activities of daily living (ADLs) influenced by each player's ownership of intensity of activity. Changes in intensity were self selected. ○ There was recognition of the players' achievement through the various levels of intensity with colour-coded tabs on their name cards ○ Exercise monitoring skills were developed by both coaches and players 	<ul style="list-style-type: none"> ○ Inclusion of the circuit program allowed for individualizing the activity program. A large range of exercises, effective use of time and space, and acknowledgement of progression through the activities were managed through the circuits. ○ The exercises focused on activities of daily living, activities that had the potential to impact on quality of life. ○ Inclusion of these activities provided the opportunity for incidental education about the need for warm-up and cool-down, a most important aspect of exercise for individuals with significant pathology(ies).
Home program	<ul style="list-style-type: none"> ○ Over time, more and more of the players accepted responsibility to self manage their home exercise program ○ This management included recall of the exercises, carrying them out at the correct intensity, and recording that they had been completed 	<ul style="list-style-type: none"> ○ This proved effective for increasing self management of effective activity. ○ Acknowledgement of participation in the home program proved very motivational for the players. Once a system of acknowledgment was introduced, player participation in home programs increased/ ○ The documentation used to record the participation in the home programs needs to be simple, and easy to use.
6 minute walk test	<ul style="list-style-type: none"> ○ Players participated in an activity used to estimate aerobic fitness ○ Effectiveness of standard tests in estimation of aerobic fitness is limited initially by factors beyond the control of team specialists 	<ul style="list-style-type: none"> ○ The initial test session was far more useful in developing team spirit rather than evaluating aerobic fitness as all players were uncertain about capability to perform the task, and they were keen to support each other. ○ Self-management skills can only be applied to functional fitness tests only after an individual has gained confidence in their own ability to complete the test. ○ Self management skills need to be acquired before tests such as these can yield meaningful results

APPENDIX 3: Strengths, Weaknesses, Opportunities & Barriers (SWOB) Analysis Outcomes

3.1.1 Potential Program Strengths

State Plan Priorities 1 & 3: Identified participatory planning for ‘improved access’ and improved social and emotional well-being (CCB1- self-management, CCB2 - partnerships, CCB4 – co-creating an environment)

- Elders are involved from the beginning
- Aboriginal Health Care workers are the key people/ Aboriginal Workers know the community needs and there is a clear understanding of client needs
- Local Aboriginal staff and organizations involved, everyone being equal – including Program participants as equal partners
- Community involvement/ community-based program in a community venue and community ownership
- Communication with community members
- Everyone involved wanting this Program to be a success/ comprehensive stakeholder involvement to establish solid baseline/ teamwork
- Easier access for Aboriginal clients to attend Program

State Plan Priorities 2 & 4: Health partnerships for ‘addressing identified health issues’ and ‘increased effectiveness of health promotion’ (CCB2 - partnerships, CCB3 - culturally appropriate, CCB4 - co-creating an environment)

- Holistic approach with Aboriginal involvement in developing planning
- Broad range of Health Professional services working together/ collaborative approach
- Each of the different services bringing their own expertise to the Program

State Plan Priority 5: ‘Creating an environment supportive of good health’ (CCB2 - partnerships, CCB3 - culturally appropriate, CCB4 - co-creating an environment)

- Planned approach with support
- Common goals/ long-term goals
- Availability of excellent cardiovascular staff and equipment
- Sustainable programs
- Innovative Program that is being evaluated – New Program so it can be adapted to suit all stakeholders as we go along

3.1.2 Potential Program weaknesses or risks to be managed

State Plan Priorities 2 & 4: Health Partnerships for ‘addressing identified health issues’ and ‘increased effectiveness of health promotion’ (CCB1 – self-management, CCB3 - culturally appropriate, CCB4 - co-creating an environment)

- Large number of stakeholders with conflicting needs, conflicts may arise between team members and/or participants
- Keeping the community and clients interested in the Program
- Ongoing referrals – need to promote Program
- Seen as being run by non-Aboriginal people i.e. People implementing the Program
- Program may be too long – ie.10 weeks
- Reporting requirements for various funding organizations resulting in a lowering of the focus on participants
- Are we measuring too much with the result that there is increased stress on Workers and participants?
- Shortage or absence of funding if the program is expanded
- Not getting Pipeline funding and support so the program cannot be maintained
- Ongoing support once the program is completed – without which the gains obtained will be lost

APPENDIX 3: Strengths, Weaknesses, Opportunities & Barriers (SWOB) Analysis Outcomes

- The current Program may be another ‘flash in the pan’ with the response that ‘Why should it be supported if it is not accessible in the long term?’
- Who maintains control of the Program?
- Too many referrals to Program could mean a long waiting time/ too many participants
- Commitment of team members to the Program
- Individual/ community/ family stresses undermine participants’ follow-through
- Getting clients to the Program/ availability of suitable transport

3.1.3 Potential Opportunities arising from the Program

State Plan Priority 1: Opportunities for improved access (CCB1 – self-management, CCB2 - partnerships, CCB4 - co-creating an environment)

- Other areas to follow on – State-wide
- Program could be operating in a number of centres – locally, regionally and nationally
- Other Aboriginal Medical Services may start Programs similar to ours, where other people will benefit from our final report (mainstream)
- Could do something similar in the Shoalhaven Region
- Need to establish community phase 3 Program for sustainability of participation
- Development of maintenance programs
- Mentor programs run within/by the community – i.e. People who have completed the Program bring others in and set up community satellite programs
- At present it is difficult to assimilate Aboriginal clients into mainstream cardiac rehabilitation, so hopefully, this Program will provide easier access and greater opportunities for Aboriginal people and their communities
- Opportunities for more sustained funding

State Plan Priority 2: Opportunities for Health Partnerships in ‘addressing identified health issues’(CCB1 – self-management, CCB2 - partnerships, CCB3 - culturally appropriate, CCB4 - co-creating an environment)

- Develop better understanding of the health issues facing the community and programs that work – where the Model could be used for other health issues and settings – other communities with health challenges, health promotion opportunities could benefit from the Program
- Improved quality of life for Aboriginal communities nationwide – Aboriginal ownership of Program
- Better working relationships
- Individual assessment which may need additional sources or referrals to other services
- Training of Aboriginal people – e.g. Fitness Leaders/Trainers, volunteer support, diet aides etc.
- Better understanding of Aboriginal health problems

State Plan Priority area 5: Creating an environment supportive of good health (CCB4 - co-creating an environment)

- In the future – a healthier community. This Program could set standards that could be adopted at a bigger level (e.g. State-wide Program/Model)
- Improved quality of life for Aboriginal communities nation-wide – Aboriginal ownership of Program
- Client group support

3.1.4 Potential Program Barriers (CCB2 - partnerships, CCB4 - co-creating an environment)

APPENDIX 3: Strengths, Weaknesses, Opportunities & Barriers (SWOB) Analysis Outcomes

The listing of potential barriers by Team coaches and specialists signalled those areas in which Program Coordinators could take strategic action to minimise risk to the Program's sustainability over time.

- Cessation of funding
- Resource allocation
- Time commitments
- Lack of community interest
- Participants dropping out
- Lack of support from managers of Team coaches and specialists reducing their involvement in the program
- Availability of staff with suitable knowledge and skills
- Transport

The Program outcomes and the model that evolved as Aunty Jean's Good Health Team Program, demonstrate the extent to which this shared understanding of the Program's potential was realised in its processes and outcomes.

APPENDIX 4: Aunty Jean's Good Health Team Roles & Responsibilities

Aboriginal Elders as Team Players

- Core participants
- Expert reference group for cultural appropriateness of Program
- Advisors on Program structure, content and processes
- Community leaders in health promoting behaviours

Aboriginal Health Workers as Team Coaches

(Responsibilities were shared according to strengths & preferences)

Program Environment

- Getting morning tea set up
- Setting up the tables for Medical Checks
- Welcoming & supporting Elders, making sure needs are met
- Being a good listener, yarning & joking with Elders

Session Organisation & Structure

- Arriving early and setting up the room
- Helping to set out the lunches, washing up
- Transport (occasionally)
- Packing the equipment away

Medical Checks

- Putting out Team player's Medical files
- Medical Checks
- Making sure there is enough equipment for Medical Checks & informing Team Coordinator if new or replacement equipment is required

Individual Coaching & Modelling

- Coaching support for Team players doing exercise circuit
- Joining in Warm-up line dancing
- Support for ALL the Team and promoting harmony
- Not being judgmental of others in the Team
- Respecting everyone, promoting positive energy

Program Evaluation

- Supporting Team players in filling out evaluation forms
- Taking part in Team Talk after players go home

Program Promotion & Diffusion

- Providing Program information, promoting the Program, letting player's know the Program is FUN
- Working with student nurses involved in the Program

Program Coordinator#1

Medical Focus

Creating a Safe Environment with Medical Files/Checks

- Preparation & maintenance of medical files
- Medical Assessments for new team players
 - Corresponding with player's doctor
 - Organising referrals
 - Assessing player for safety to exercise (as per protocols) in discussion with coaches
 - Reporting any raised levels to other Team Coordinator and taking appropriate action
- Ordering & maintaining Medical Check equipment
- Developing and maintaining updated versions of program medical, evaluation and teaching/learning resources, CDs for music/line-dancing, Awards for participation in and self-managing of home Program activities
- Liaising with Aboriginal Medical Centre staff & supporting their involvement

Session Organisation & Structure

- Ordering lunches

APPENDIX 4: Aunty Jean's Good Health Team Roles & Responsibilities

- Welcoming visitors, providing them with Program Information Packages
- Introducing new players and visitors to the whole Team after warm-up and stretching activities each session
- Assigning coaches for orientation day programs with new players (1 on 1)
- Supporting players, coaches and team specialists in their roles
- Making announcements, celebrating achievements and handing out awards (for: Home Programs; Physical Activity progress feedback sheets from Team Exercise specialists; Awards) at the end of lunch each session

Program Promotion & Diffusion

- Developing and keeping updated, a Program Information Package for Program visitors, publicity and reporting presentation purposes
- Organising for Program T-shirts, name badges, team bags, ongoing team photo record
- Program promotion including development of Program posters and flyers

Program Coordinator#2

Administrative Focus

Program Environment

- Ensuring raised awareness that everyone is equal and valued in the Program
- Ensuring that everyone is respectful of individual's ideas, thoughts and suggestions
- Supporting colleagues and players each week
- Individual player support with Concerns Map every week
- Talking individually with participants (players) and listening to their stories on a weekly basis
- Making suggestions (offering choices) about how players might deal with a particular issue

Program Resources

- Monitoring and printing of resources when needed and refilling resource folders
- Ensuring COOP Charts, Concerns Maps & Home Exercise Programs are put into players' folders each week
- Working with other Program manager organising and purchasing items for Program

Program Promotion & Diffusion

- Attending meetings, conferences and forums that are relevant to Program and promoting the Program to a wide range of audiences
- Sending out letters to player's doctors

Program Evaluation

- Maintaining evaluation data collection activities, on time for each person according to their starting date in the Program (Personal Vision & goals, COOP Charts etc.)
- Maintaining evaluation baseline measures every three months with new Goal Attainment Scale for Team specialists and coaches and Team players respectively
- Organising for Exercise Team specialists to report every four months on player's progress through activity levels (as per established model of reporting)
- Facilitating feedback activities at the end of each session and recording:
 - How did it go today (Scale of 1 – 5)? + comments
 - What did we learn that was important?
 - What could we do differently?
 - What was the best thing that happened today?

APPENDIX 5: Lessons From Team Players, Coaches & Specialists

3.4.1 Program Outcome from Action Learning Cycles: Lessons from Players in Weekly Team Checks

Lessons from the Players: Shake ya Butt

- Humour and laughter is VERY important (CCB4, ED4)
- It is appreciated when the information is given in an interesting way (CCB3, ED4)
- Players like to learn different exercises and what these do for their health (CCB3, ED1, ED5)
- It is good to recognize that people differ in what they can do (CCB3, ED5)
- Players want to know if they are improving and how much (CCB3, CCB4, ED7)

Lessons from Players: Body Talk

- Never underestimate the importance of helpful and attentive coaching (CCB2, CCB4)
- Never underestimate the interest there is in detailed information about how our body works (CCB3, ED1, ED5, ED4)
- Players like an organized structure for activities (CCB4)
- Players want to know how they can look after themselves (ED5, ED4)
- Players have particular areas of interest and these vary across the Team (CCB1, CCB4)

Lessons from Players: Team Talk#1

- Players want to feel good and are aware of health gains (CCB1, ED1, ED7)
- Players are aware of their increasing level of confidence (CCB1, ED1, ED6)
- Players appreciate good instruction re exercising (CCB3, ED1, ED5)
- Players want to be recognized for their efforts (CCB4, ED2)
- Players are thinking about how much they can/cannot do (CCB1, ED1, ED4, ED2)

Lessons from Players: Listen to ya Body

- Enjoyment and fun are REALLY important (CCB4, ED2)
- Players enjoy feeling better and being involved is good (CCB4, ED2, ED7)
- Players are in control of their own health (CCB1, ED6)*
- There is a correct way to do things – medications, exercise, diet (CCB3, ED5, ED4, ED3)
- Learning is fun and players are learning a lot every session (CCB3, CCB4, ED5)

Lessons from the Players: Talking Tucker

- Enjoyment is a good start – happy crew means good exercise session (CCB4, ED2)
- Hands-on approach is good (CCB3, ED1, ED5)
- Players are proud of their progress in activity levels and their growing knowledge (CCB1, ED2, ED6)*
- Players take in a lot of information when it is presented visually and experientially (CCB3, ED1)
- Players are able to apply the information to planning guidelines for their own self-management (CCB1, CCB3, ED5)
- Players enjoy variety within a predictable structure (CCB3)
- Players want more line dancing (CCB4, ED2, ED6)

Lessons from the Players: No Shame

- Everyone participating – players, specialists and coaches - is good (CCB3, CCB4)
- Relaxation is good too – makes players feel good (CCB3, CCB4, ED2)
- The exercises are getting easier for players (CCB1, ED2, ED6)
- Sometimes it is necessary for a player to slow down (CCB1, ED1, ED4)
- Instruction on how to use the exercise equipment properly is appreciated (CCB3)
- Players want to know how to pass knowledge on to others (meditation/relaxation) (CCB3, CCB4, ED5)
- Players want some outside activity (in the sun) (CCB3, ED2)
- Players want some more line dancing – and different dance steps (CCB3, CCB4, ED2, ED6)

Lessons from the Players: Team Talk – mid Program

- It's important to give regular updates to players from Weekly Team Checks (CCB3, ED5)
- Players like to hear and see evidence of how far they have come (CCB3, ED5, ED4)
- It's excellent when everyone participates (CCB4)
- Players like to know that everyone is happy in the Program (CCB4, ED5)
- Players realize that their comments are important, *but*
- Some players can get fed up with the repetition in the feedback questions (CCB3, ED6)
- Players are proud that there is interest in the Program from outside (ED6)

Lessons from the Players: Diabetes with Di

- Explanations re exercise and stretching are appreciated (CCB3, ED1)
- Explanations should not be too long (CCB3, ED6)
- It's necessary to take it easy sometimes (CCB1, ED4)
- Players find the visual models for learning activities very informative (CCB3, ED1)
- Some players know a lot – most of what is being presented (CCB4, ED6)
- Some players want more specific information to support them in self-management of their particular condition (CCB1, ED1, ED5)

Lessons from the Players: In the Kitchen with Suzie

- Players are aware that their health is improving (CCB1, ED1)
- Players can see a direct relationship between what they are learning and improving their own health (CCB1, ED5)
- Players like to have what they are already doing for their health recognized and affirmed (CCB1, ED5)
- Incidental comments in free-flowing conversation around a practical experience, provides valuable insights for players (CCB3, CCB4, ED5, ED4)

Lessons from the Players: Arthritis with Candy

- The players are VERY pleased with their exercises & enjoy moving up the levels (CCB1, ED2)
- Players are feeling good in their bodies (CCB1, ED4)
- Players are feeling confident that they know they are doing the right thing themselves – self-management (CCB1, ED5, ED4)
- Players find information, on specific topics support them in their everyday self-management, very interesting (CCB1, ED1)
- Players like practical information (CCB3, ED1)

Lessons from the Players: Team Talk – Post-Program

- Players like to see how much they have improved in the graphs 'I have improved out of sight' (CCB1, ED5)
- Players REALLY appreciate the coaches (CCB2, CCB4, ED2)
- Players like to hear how their Program is being promoted (CCB2, CCB3, ED7)
- Players enjoy being with people and learning from them (CCB3, ED5)
- Some players feel they have 'learned it all' (CCB1, ED5, ED6)
- Players believe their Program is always excellent (CCB4, ED6, ED7)

3.5.1 Lessons from Learning Cycles: Weekly Program Feedback from Coaches and Team Specialists

Each Program session was followed by reflection and discussion with Team coaches and specialists commenting on what had happened in the Program that day, what needed to be changed and the roles that might be adapted to best meet emerging challenges and opportunities. With the established level of trust and confidence in the Team, these sessions proved to be very open and frank and Team members commented on being able to raise anything they felt needed to be discussed.

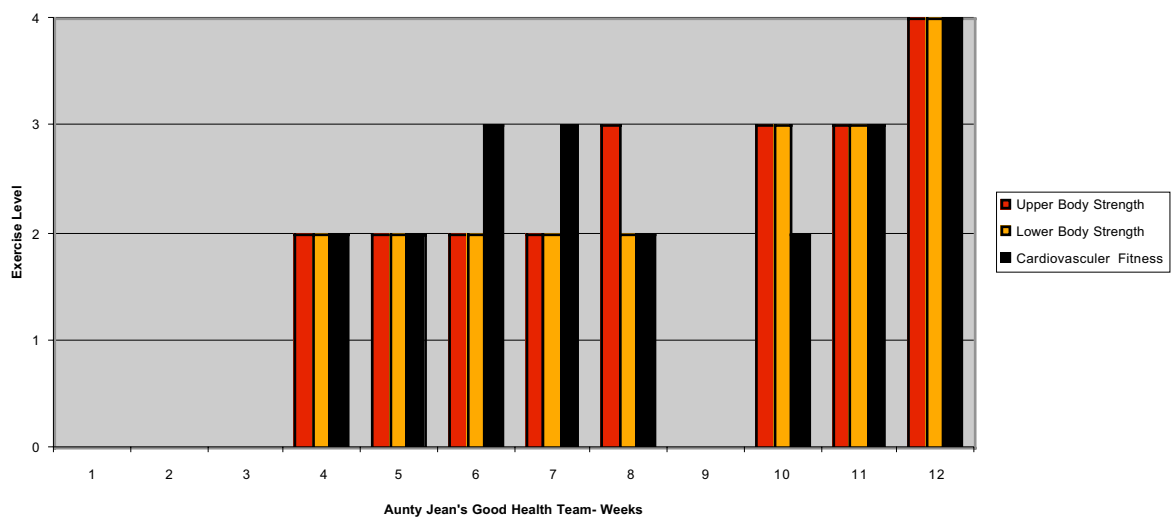
The learning from these reflective sessions, is represented in the feedback from Coaches' and Specialists' Evaluation Worksheets, which are summarized in Appendix 1. The information is presented in narrative form because this type of communication can support transferability of lessons learned, to other interested groups. Narrative reporting also gives an accurate picture, 'warts and all', of the way in which the Program evolved, and how it was shaped over time by the Team members and in so doing, demonstrates that the Program development was a shared responsibility.

APPENDIX 6: Program Outcomes - Individual Player Profile

3.7.3 Program Outcomes: Player Profile: Team Player Number 11

Following the recommendations and suggestions by Team exercise specialists, Team members, represented here by Team Player 11, self-selected the level at which they wished to participate and were encouraged and motivated by their coaches to increase their activity when exercises became easy for them. This enabled the player to increase their ownership of the Program and enabled them to develop skills in self-management related to exercise. This form of activity selection worked well, because the participant was not influenced by the team as a whole, but could make their own decision as to their health status and participation level on any particular day or at any time during the session if changes in their functional fitness required them to do so.

Team Member 11 - Exercise Progress Chart



With player 11, this protocol helped to develop self-management skills, allowing them to alter their own programs dependent on their performance, symptoms, pain and energy levels. The outcomes for team players are represented in the following feedback information provided for player 11.

Team member Number 11: Activity Circuit Outcomes

Warm-up: Team member 11 was able to participate in a dynamic warm up and standing stretches. She improved in her balance while stretching, and even participated in line dancing occasionally.

Upper Body Strength: Member 11 remained on level 2 for the initial weeks of the Program, but progressed rapidly in the final weeks to achieve level 4 in upper body strength.

Lower Body Strength: Lower body strength reflected a similar trend to the upper body, with level 4 being achieved in the final week.

Cardiovascular Fitness: Cardiovascular fitness initially progressed more rapidly, but fluctuated more during the Program, possibly impacted by variable health. However during the final week she achieved level 4 also.

Participation: Member 11 only missed one of the sessions throughout the Program due to ill health and was always a keen and enthusiastic participant.

Limitations: This team member did not allow her various pathologies to hamper her participation, and always completed every exercise each week.

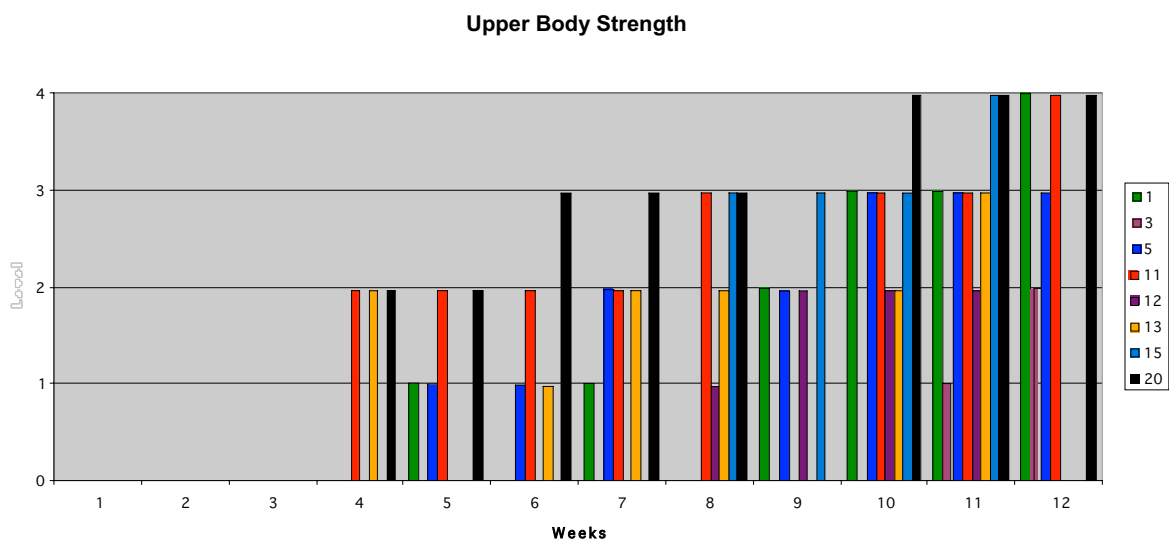
Abilities/Strengths: Team member 11 achieved level 4 in all measured parameters by the final week. She initially relied heavily upon her trainer but become independent by the completion of the Program.

Comments: This team member always provided laughs and entertainment to the other participants, and provided them with constant motivation. Throughout the Program she always participated to the best of her ability, which is reflected in her success. She showed leadership and helped the Team specialists to develop effective communication, and information sharing strategies.

3.7.4 Program Outcomes: Upper Body Strength Gains

The following Figure represents the upper body strength gains for all team members. It shows the significant progress each individual has made in upper body strength, but also shows that the team working together has been able to achieve dramatic gains in strength. Half of the participants were able to achieve the highest level for upper body strength, and almost every team member was able to reach the second highest level (See Figure 1). There was clear progression made by each individual in this aspect of functional activity, an extremely positive outcome.

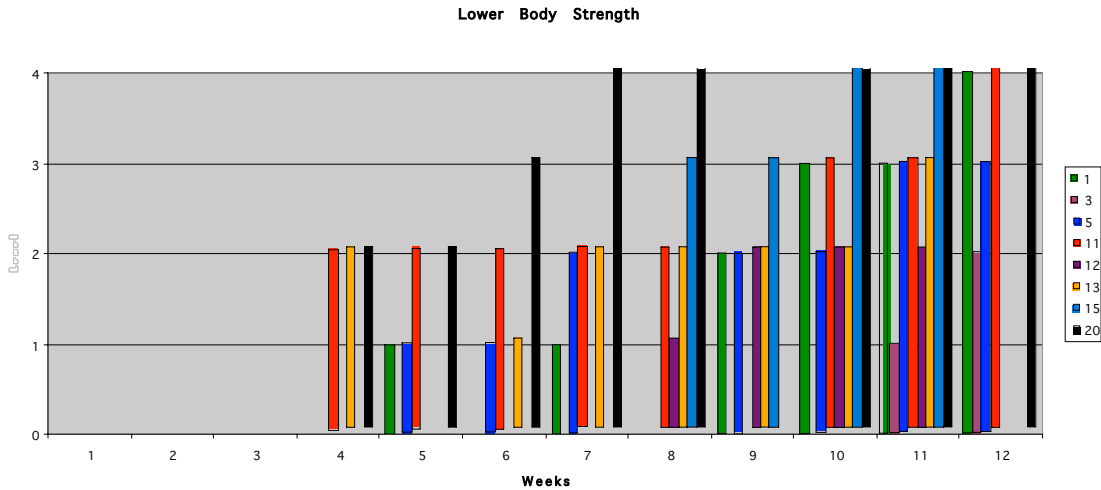
Figure 1: Upper Body Strength Gain for Respective Team Players (Player 11 = Red columns)



3.7.5 Program Outcomes: Lower Body Strength Gains

Again this Figure reflects significant improvement by most team members, with half progressing to the highest level of lower body strength. By the completion of the Program each team member had improved in these activities. Overall the team accomplished great results. The Players Team Number equates to their Medical File Number and is represented on the Legend of Figure 2, Lower Body Strength Gains

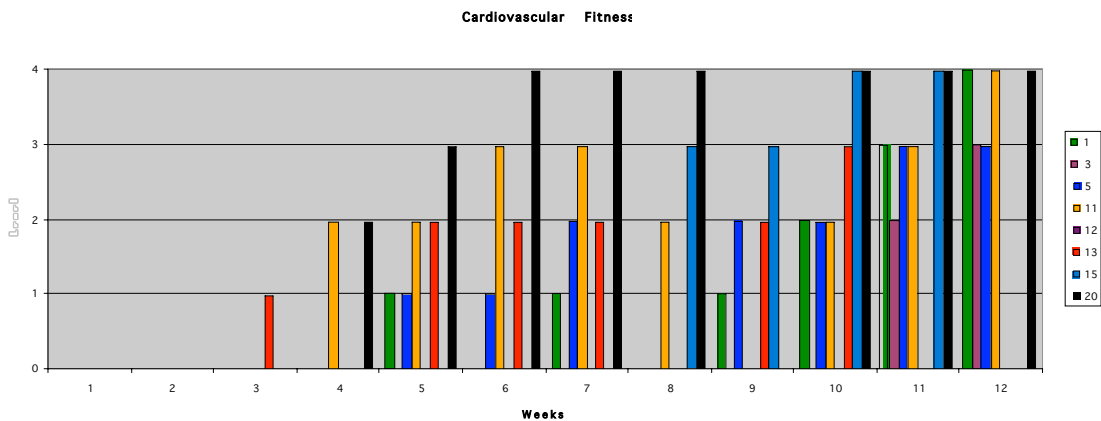
Figure 2: Lower Body Strength Gain Outcomes for Respective Players (Player 11 = Red columns)



3.7.6 Program Outcomes: Cardiovascular (CV) Fitness Gains

CV fitness was the most fluctuating parameter of physical activity as it is the one that is influenced most by the sense of well-being. When individuals are unwell, their interest in and capacity to participate in aerobic or cardiovascular-oriented activities is reduced. Each individual achieved either the highest or second highest level in some of these activities. The Players Team Number equates to their Medical File Number and is represented on the Legend of Figure 3, Cardiovascular Fitness Gains

Figure 3: Cardiovascular Fitness Gain Outcomes for Respective Players (Player 11=Orange columns)



APPENDIX 7: Reflection on Efficacy of Evaluation Tools

Note: For ease of reference, points in Appendix 5 retain the numbering sequence of relevant sections in Program Outcomes

3.1.5 Reflection on cultural appropriateness & value of the SWOB Analysis

The involvement of all stakeholders in this early planning and program-shaping activity, signalled to potential participants, that this Program was to be conducted on a 'level playing field'. The SWOB activity underlined the principle that all voices and aspirations were to be heard and respected in the planning process and that active, personal involvement was to be expected. Potential barriers and fears were put on the table and taken into consideration from the beginning. This information was collated and returned to coaches and specialists attending the first Team Talk reflective evaluation session.

In future Programs, this initial information sharing activity could be used as the beginning of an information cycle that continues throughout the Program to keep **all** key stakeholders informed of activities, insights, accomplishments and solutions to existing and emerging problems. A Program newsletter, based on the action learning cycles, could be used as a vehicle for diffusion of Program-in-process.

3.2.1 Reflection on Cultural Appropriateness and Value of CCS Cards and Koori Photo Images

This Program was, above all, about people and the building of relationships of mutual support and trust, in pursuit of better health for Aboriginal people through community capacity-building.

The CCS Cards and Koori Photo Images, provided reflective tools with which the collective vision and personal and professional strengths of Program stakeholders could be articulated. With these statements, Program stakeholders were able to weave an inclusive, shared vision and a personal image for their involvement in the whole picture of the Program, to evaluate program processes and outcomes, and to create a new and more focused vision for the future.

In particular, the CCS Cards provided a tool for partnership building that focused on personal drivers and individual perceptions. The use of this evaluation tool also facilitated communication across the boundaries of professional specialisms and roles for Team coaches and specialists. These Cards could be used anywhere, anytime, to enable program participants to find the words they need to describe their inner feelings, intuitions, expectations and reflections on a Program. Team Coaches and Specialists responded very positively to the use of CCS cards and were keen to place the small stickers (card images) on their worksheets to represent the selection they had made before writing down their thoughts on personal vision and contributions.

The Koori Photo Images (KPIs) were specific to this region and the local Community. The KPIs, provided a culturally-specific and local area focus to which Team players could not only relate, but embrace as their own. If the Program were to be transferred to another area, these photos would need to be replaced with images of the land and the people of the local Community. If local images are not used with this activity it may not be as effective as these KPIs have been in giving voice to Koori-specific understandings and aspirations for their Program. These photos were very popular with Program participants and visitors alike. The aim of this activity was to listen to the voices of the Elders and with pictures that were directly relevant to their experience, their voices were expressed in clear and focused ideas about personal goals and strengths

APPENDIX 7: Reflection on Efficacy of Evaluation Tools

3.3.1 Reflection on Cultural Appropriateness and Value of Goal Attainment Scale

The use of the Goal Attainment Scale enabled Team members to create a shared vision for the Program and shared understanding of potential consequences from certain Program-related behaviours. More than that, however, it enabled the development of shared understanding of personally relevant outcome indicators and therefore, the opportunity to voice their expectations and aspirations for the Program. With a new project, however, such as Aunty Jean's Good Health Team Program, these initial sets of indicators, in some instances, reflected a limited understanding of possibilities. As the Program develops over time, it is reasonable to expect that participants could develop more highly focussed, relevant and achievable Goal Attainment Scales.

3.5.2 Reflection on Cultural Appropriateness and Value of Team Checks

While the feedback gained from these structured reflective processes was integral to the collaborative shaping of the Program and to Program improvements, these activities will need to be streamlined and condensed for ongoing, process-oriented evaluation. Without streamlining for easy recording and turn-around into Team feedback, the burden of evaluation activities would prove to be unworkable in their current form. However, some form of information gathering for continuous improvement and reporting purposes is critical to communicating understanding about the Program's contribution to health outcomes and for these reasons alone, Program evaluation should remain integral to Program activities.

Recommendation:

It is important that the information that is provided to the players builds on their previous knowledge, that it be new, and that it be accessible to them.

3.6.1 Reflection on Cultural Appropriateness and Value of COOP Charts

The first use of the COOP Charts during the third week of the Program proved to be a useful learning experience for culturally appropriate strategies in application. An overall explanation of the Charts was given to both coaches and players. It was explained that these charts were being used as a tool for identifying and understanding the player's individual needs and what the coaches might be able to do to support them in meeting these needs. Players were assured that no names would be recorded and that the information would be kept confidential. The results of their ratings would be recorded, anonymously, so that they and their coaches could see over time, if things had changed for them.

Coaches were asked to work one-on-one with players. Each step in the reflection process was modelled for the whole Team and then coaches and players working in pairs, around a large table, used the respective Charts to reflect on what had been happening for the player of the past four weeks.

APPENDIX 7: Reflection on Efficacy of Evaluation Tools

Lessons from the Elders about the cultural appropriateness of the COOP Charts

- It cannot be assumed that just because an evaluation tool appears friendly – that it really is.
- In the past, standardized inquiry tools have represented unequal power relationships and violation of cultural and personal space for Aboriginal people, so both coaches and players were initially wary of ANY activity that appeared to belong to, or be designed by or for, someone else.
- Initial nervousness about the Charts provided an invaluable opportunity for mutual learning and the development of strategies for respecting personal and cultural space and ways of using the Charts for their intended purpose of enhancing communication.
- It was very important for coaches and players to have their own private dialogue using the Chart as the vehicle for discussion and rating.
- The introduction of this evaluation tool encountered concerns and issues very similar to that of the 6 Minute Walk Test where players needed to work as a group, both for reassurance and the maintenance of a safe space.
- Subsequent phases of the Program should have familiarization and role-playing sessions with evaluation tools for Team specialists and coaches, so that the tools can be used as intended, from the beginning of the Program, by coaches and Team players for the development of mutual understanding.
- It may prove useful for Team coaches and players to look back on both the COOP Chart results and the Concerns Maps over time, to identify patterns of need and successful self-managing initiatives to meet needs and enhance personal well-being.
- The Charts are a useful tool for communicating Project outcomes to the broader community and to stakeholders at a system level. The results can be translated into summary graphs which are readily understood by different interest groups.
- Complex Program Outcomes can be represented in simple numerical tables for those who may have to decide on the effectiveness and appropriateness of this Program for accountability of resource allocation.

3.7.1 Evaluation of line dancing activity for warm-up:

The line dancing activity reflected self-motivation and self-management in the strongest sense, as not only did the players design this element themselves but also demonstrated their own way of co-operating as a member of a group by self-selecting a method of participation reflective of their range of ability levels. This component of the Program became the symbol of shared ownership. Taking part in the line dancing united the players and enhanced their communication, breaking down barriers that inhibited players and allowing them a free and fun form of self-expression. This was one of the most successful components of the exercise program.

Recommendations:

To increase the duration of this component and to add variety, other dances could be selected throughout the program by the team and led by the coaches. Perhaps in future programs this element could become more significant component of the cardiovascular fitness training. It could also be used to improve dynamic balance by increasing the duration, the intensity and the complexity of the dance moves selected.

3.7.2b Evaluation of Circuit Activities

The activity circuit provided an excellent way for team members and coaches to form strong bonds and open lines of communication, as they could freely circulate and interact with one another throughout the exercise space. It also enabled team members to watch, support and learn from one another- some members choosing to pair up as they progressed around the circuit, enhancing motivation.

Recommendation#1 Circuit Activities:

Despite the outstanding results achieved in this section of the exercise program, there were areas which could be improved upon for future programs.

A circuit consisting of greater variety in activities may have been more beneficial to the players. Incorporating core stability and balance components in the program could have impacted on the area of falls prevention, an area of concern for health managers of an

APPENDIX 7: Reflection on Efficacy of Evaluation Tools

Safety was also controlled easily in this form of physical activity as Team specialists and coaches were able to constantly monitor the players' perceived exertion, signs and symptoms. Team exercise specialists were also able to have a greater impact in this type of format, as they were not instructing the group as a whole, but were able to wander throughout the players and offer assistance with technique and respond to questions raised by the players or coaches.

The activity circuit was an effective way for the players to monitor their own exercise progress and was essential in their confidence-building as they had ownership and control over this component of their lives. The players were responsible for their own self-management and contribution to the team and therefore reaffirming the overall aims of Aunty Jean's Good Health Team Program.

Recommendation#2 Circuit Activities: In the current program, each player was given exactly the same activity options within the circuit, an effective management technique for beginning exercisers.

The circuit could be made more role orientated and goal specific. It could be modified to include activities that would target identified movements that would enhance quality of life for each individual. This could be managed through consultation with Team specialists and coaches, with players experiencing even greater health benefits.

Recommendation#3 Circuit Activities:

Education on the importance of warming down, and instructions on how to do this independently may have been included.

Many ability levels existed within the group thus, those who were able to complete the circuit quickly were required to wait for those who took longer to finish. This meant that they did not warm down immediately following their circuit, and the postponed group-led cool down was not as effective as it might have been.

However the group warm-down, which mirrored the static stretching at the start the session, did encourage team bonding and discussion on the effectiveness of the day's activity session.

3.7.6 Evaluation of Cardiovascular Program Outcomes

The specific format of warm-up was selected because it enhanced team bonding, enjoyment level, and confidence as a team. It also allowed team members to actively contribute both to the design and their own capacity-building, by suggesting warm-up ideas and by expressing themselves through movement. It was also hoped that this warm-up strategy would be transferred to their home programs, where team members, through self-management, could select components of the group warm-up and carry them out alone prior to participation in physical activity.

Recommendations from physical activity reflection and learning cycles: This component of the physical activity sessions could have been improved by encouraging participants to lead the initial dynamic movements themselves, with the assistance of their coaches.

Given the dynamic and immediate nature of the physical activity component, however, and the fact that for people who are not used to either a structure to physical activity or indeed, demonstrating to others while undertaking it, the concept of being 'group leader' can be quite demanding, this would only be introduced after specific instruction and demonstrated competence.

It also may have been more stimulating by adding a greater array of warm-up exercises, which were more culturally appropriate based on ideas from the Team.

APPENDIX 7: Reflection on Efficacy of Evaluation Tools

Each team member was also provided with a booklet of stretches to take home, which could be used as a resource to encourage safe exercise participation and promotion of flexibility, as a component of their physical activity program. Team members used this resource to reaffirm what they had already learnt and further enhance their self-management by including the stretches in their home activity program.

Although flexibility and balance were not quantitatively measured as a physical component, there were improvements observed in team members throughout the program. Duration of team members' participation in an active warm-up increased as did their static balance whilst holding stretching positions. Flexibility also improved in some members, especially in the hamstring muscle group.

3.8.1 Evaluation of Home Program Activity

The home programs proved to be an effective tool for encouraging self-management by players, as they enhanced the player's ownership role within the program. Each program returned demonstrated that team member's dedication to their self management and to the team activities as a whole. Participation in the return of home programs increased dramatically with the awarding of certificates during the lunch break and applause from the rest of the team for player's efforts in being active at home.

Recommendations: To increase this element within future programs, explanation on the importance of regular physical activity and how to complete the home program sheets may be needed on a more regular basis. Changing the documentation to make it easier to fill out, and offering suggestions and examples of how to become more active in daily life may also improve this component of the exercise program.

A structured time within the proceedings of the exercise session to discuss the importance and content of appropriate home programs may have enhanced the return rate of the sheets much earlier in the Program. Also devoting time to sharing ideas on ways of incorporating physical activity into daily routines, may have enhanced capacity-building in self-management.

This was an effective strategy as it enhanced the significance of involvement in physical activity within the team, and enhanced feelings of responsibility, confidence and self-efficacy within individual members. The other positive outcome resulting from the home programs was the way players encouraged family and friends to become active and take part in the program with them. Many players had walking partners, which they encouraged and, in turn, drew motivation from. This extends the value of the program as it not only incorporates the players, but also draws in supporters and fans to get involved in the action and become part of the 'sporting community'.

3.10 Evaluation of Overall Physical Activity Program

The physical activity component of the Program proved most effective in enhancing the current capabilities of the players. It highlighted positive changes in general strength of arm and shoulder girdle and of the capacity to cover a greater distance during an aerobic based test. The structure of the physical activity component provided opportunities for development and support of team identity while encouraging full participation by each participant. It further provided real opportunities for generation of self-confidence in management of physical activity, both in the setting of the Program, and through the use of the home-based program, in the general life of team members.

Notwithstanding the extremely wide range of current functional capabilities of team members, the design and management of the physical activity component proved effective in improving individual functional capabilities and in generating a positive team spirit. The self-generated line dancing component became not only the symbol of the Program but its signature in public

APPENDIX 7: Reflection on Efficacy of Evaluation Tools

presentations. Line dancing epitomized what the Program was all about and was representative of possibly the most important aspect of this component of Aunty Jean's Good Health Program. EVERYONE JOINED IN and IT WAS FUN!

3.11.1 Reflection on Cultural Appropriateness and Value of Attendance Record

Attendance figures provided a very useful record for recognition of participation, affirmation of commitment and the attraction and retention of Community and interest groups in general to the Program. Recording of attendances became a matter of pride for the Team and was an identity-enhancing strategy, where the Team as a whole could demonstrate shared responsibility and commitment for Program participation.

Attendance records, because they are a quantifiable Program performance statistic, are also an accepted indicator for Program appropriateness and effectiveness. As such they are a valuable indicator for system-level accountability.