

## Appendix 26

### Organisation of the units of thematic analysis

Code clusters	Description of basic theme	Basic theme	Organising theme	Global theme
Funding (I) Political and/or policy environment	The broader research environment is discussed in relation to the immediate intervention and usually centres on the funding climate or the (lack of) political will and policies in place to support the research initiatives	Research environment	Development	Adapting interventions
Adaptation rationale Intervention theory Background	The background of the researchers and involvement in past projects shape the development of the intervention; similarly, rationales for adaptation and theories applied to the intervention are explored	Project rationale		
Community advisory or steering group Community organisations or leaders Taking ownership	The needs of the target community are a central concern before, during and after the intervention. Purposeful community advisory groups are established to steer the intervention; pre-existing community organisations and leaders are tapped to assist with the intervention. In some cases, intervention initiatives led to greater ownership of health promotion activities	Community involvement	Engagement	
Formative research Participant feedback Community considerations	Undertaking earlier work with the target population to gain insight for intervention development through focus groups, interviews, surveys and literature searching, as well as soliciting feedback from participations throughout the intervention	Knowing the population		
Intervention recruitment Intervention attendance Incentives	Discussion of recruitment strategies, degree of attendance by participants and incentives used to increase recruitment and retention	Recruitment and retention	Materials	
Evidence based (I) Intervention health messages Intervention materials	Evidence-based approaches seen as desirable; intervention messages and materials were tailored in some way to the target population	Resources delivered		
Peer education and counselling Staff characteristics Modelling	Peer educators used to deliver intervention components thought to increase saliency. The same rationale applied to choosing intervention staff, often matching for ethnicity and language. Emphasis on modelling behaviour of intervention participants to family members	Mode of delivery	Methods	
Developing relationships Perseverance (I) Being flexible (I)	Highlighted qualities including importance of developing relationships with target community members; persevering throughout the intervention; and being flexible during the intervention phase	Researcher qualities		
Intervention description Description of participants	General descriptions of the intervention study, as well as characteristics of the participants	Descriptive accounts	Study description	
Referrals to other services Not involved with other activities (I)	Outlining what activities are within the remit of the intervention and what lie outside and need referral services; recognising that target population may have other associated issues	Research boundaries	Linkages	
Link with existing institutions/services (I) Link with professionals (I)	Forging connections with existing institutions, services or professional groups to deliver the intervention or enhance uptake and receptivity	Professional collaboration		

Code clusters	Description of basic theme	Basic theme	Organising theme	Global theme
Age Gender Socioeconomic status	Discussion of population demographics and how they come to shape health, health behaviour and health behaviour change	Population demographics	Population demographics	Constructing ethnicity
'Culture' Food Language Religion and spirituality	Discussion of the 'traditional' dimensions of ethnicity influences on health, health behaviour and health behaviour change. Dimensions include culture (including diet, norms), language, ancestry (common geographical origin, shared history, referred to as outside influences) and religion (practices, beliefs)	Ethnicity dimensions	Conventional ethnicity	
Access to services and information Participants' experiences with health Outside influences (I) Participants' involvement with research Awareness raising	Participants past and present experiences with health, health care and health promotion activities, along with their experiences with researchers and research activities	Participants' health-care/ research exposure	Contextual ethnicity	
Locations and physical environment (I) Population stressors Community observations	Influence of locations and physical environment on health and health promotion activities; exploring stressors common to target population and observations of changes within target community	Setting-based considerations		
Family and friends Social support	Families and friends were often mentioned as motivators and barriers to successful behaviour change; importance of social support	Social environment		
Preferences Heterogeneity Acculturation	Differences within target community evident through discussion of preferences, level of heterogeneity and degree of acculturation	Acknowledging difference		
Cost/cost-effectiveness Intervention issues raised Intervention outcomes and results Successes	Cost of conducting the intervention and considerations of cost-effectiveness Issues that were of concern during the intervention were discussed, as well as any outcomes or results, if available; successes of the intervention were highlighted	Research costs Intervention assessment	Evaluation	Sustaining adapted interventions
Unexpected findings (I) Assumptions Effective strategies Learnings Generalisability	Intervention insights derived from unexpected findings; correcting initial assumptions about the target community; identifying effective strategies and relaying lessons learned for other researchers; and potential for generalisability	Intervention insights	Insights	
Formalising the intervention (I) Sustainability	Steps taken to 'manualise' or 'professionalise' the health promotion activities and discussions around increasing sustainability of activities	Intervention continuity		
Personal experiences Staff safety (I) Staff management	Reflections on personal experiences and growth Facilitating positive working environments for staff, particularly multiethnic staff, and putting in place safety measures for community workers	Researcher development Project management		Strengthening the workforce
Staff capacity building (I) Recognition of work (I)	Increasing training and up-skilling staff involved in the intervention, as well as recognition of their work (internal and external)	Workforce development		

I, inductive code.