

---

2024

## Practical Strategies for Establishing a Physical Activity Program for Older Aboriginal People - Reflections About Decolonising Practice

### Corresponding Author

Correspondence concerning this article should be addressed to Anne-Marie Hill. Email: Anne-Marie.Hill@uwa.edu.au

### Authors

Margaret Gidgup, Josephine Umbella, and Anne-Marie Hill

Follow this and additional works at: <https://ro.ecu.edu.au/aihjournal>



Part of the [Community Health and Preventive Medicine Commons](#)

---

### Recommended Citation

Gidgup, Margaret; Umbella, Josephine; and Hill, Anne-Marie (2024) "Practical Strategies for Establishing a Physical Activity Program for Older Aboriginal People - Reflections About Decolonising Practice," *Journal of the Australian Indigenous HealthInfoNet*. Vol. 5 : Iss. 2 , Article 3.

DOI: <https://doi.org/10.14221/2653-3219.1041>

Available at: <https://ro.ecu.edu.au/aihjournal/vol5/iss2/3>

This Research Article is posted at Research Online.

<https://ro.ecu.edu.au/aihjournal/vol5/iss2/3>

---

# Practical Strategies for Establishing a Physical Activity Program for Older Aboriginal People - Reflections About Decolonising Practice

## Abstract

### Background

Physical activity (PA) is a vital component of healthy ageing. However, there are few culturally appropriate PA programs available for older Aboriginal and Torres Strait Islander people. The objectives of this review were to i) assist health professionals to gain understanding about working with older Aboriginal people, ii) provide practical strategies that guide a decolonising approach when delivering PA programs.

### Methods

A review of PA program delivery was undertaken by two researchers, one of whom was a Noongar Wadjak woman. The researchers conducted a weekly PA program for older Aboriginal people on Noongar Boodja (Country). The researchers took a “Nih Waangkiny Kaadatjiny” (listening, learning and knowing) approach to reflect on their practice. Practical strategies based on reflections about barriers and enablers to successful program delivery were identified.

### Results

Key learnings identified that rather than seeking to lead PA programs for older Aboriginal people, health professionals who apply a decolonising approach recognise that program decisions are shared between older Aboriginal people and the team. A key priority is building relationships with Elders and their communities. Working collaboratively assists to develop understanding about Aboriginal ways of working. Practical strategies that support a decolonising approach to PA program development include regular consultation and debriefing with Elders, using yarning circles and addressing safety and security.

### Conclusion

Decolonising practice when delivering PA programs removes barriers and facilitates strong, working partnerships with older Aboriginal people. This assists to build and sustain effective PA programs.

### Acknowledgements

This research was conducted on Noongar Boodja in the South West of Western Australia. We respectfully acknowledge the Traditional Owners of Noongar Boodjas. We honour their continuing connections to Land, waters and communities and we pay our respect to the Noongar Aboriginal Elders of the past and present. Authors have respectfully referred to Aboriginal people when describing strategies and reflections learned during the program in recognition that the research was conducted on Noongar Boodja. Where discussing studies conducted on other countries, authors have respectfully used the terms used by the researchers who reported their findings. Authors respectfully acknowledge the different language groups and Elders from different countries who were living on Noongar Boodja when the research was taking place.

### Keywords

Aboriginal and Torres Strait Islander, Aged, Physical activity, Decolonisation, Health professionals

Physical activity (PA) is a key enabler of healthy ageing, as it contributes to physical, mental, and social health (Bull et al., 2020; Langhammer et al., 2018; World Health Organisation et al., 2010). Physical activity (which includes exercise) is recommended for older adults for prevention of chronic disease, and maintaining independence (Bull et al., 2020; Langhammer et al., 2018; Tricco et al., 2017).

Prior to colonisation, Aboriginal and Torres Strait Islander people led physically active lifestyles (Gray et al., 2013; Sherwood, 2013). Colonisation led to a forced sedentary lifestyle that has contributed to substantial chronic health disease burden amongst Indigenous people (Czyzewski, 2011). Australian First Nations communities seek access to healthy ageing programs, that are culturally appropriate and assist communities to address issues related to chronic disease (Coombes et al., 2018). Colonisation has meant that health programs, including PA programs, designed for dominant Western societies have been imposed on Indigenous peoples without cultural or local context, leading to substantial health inequities (Barnabe, 2021). A systematic review identified that there are few culturally appropriate PA programs available for older Aboriginal and Torres Strait Islander people (Gidgup et al., 2022a). The review found that throughout the evolving colonisation process, the Western view of PA has not changed (Gidgup et al., 2022a). Therefore not recognising other concepts of health and well-being for Indigenous communities has been devastating. Recommendations were that PA programs be delivered using a decolonising framework that refers to local Indigenous culture and addresses barriers caused by social determinants of health (Gidgup et al., 2022a). These findings concurred with barriers to delivering PA programs that exist within other colonised Indigenous populations, worldwide (Brooks-Cleator & Lewis, 2019; Ryan et al., 2018; Warbrick et al., 2016).

Recently, a five-year research project focused on implementing a PA program for older Aboriginal people on Noongar Boodja (Boodja is the Noongar word for Country) in the South West region of Western Australia (WA) (Gidgup et al., 2022b; Gidgup et al., 2022c). The project was conducted with two groups of Elders who completed a weekly program of exercises and a yarning circle at community centres. Elders who participated in the PA

program experienced positive physical, mental, and social outcomes and stakeholders affirmed the program as being culturally appropriate (Gidgup et al., 2023; Gidgup et al., 2022c; Gidgup et al., 2022b). The research team was led by a senior Noongar Wadjuk woman in partnership with a non-Aboriginal researcher. The two researchers worked closely with the Elders to guide the team in developing a decolonising way of thinking and doing the research. Decolonisation has been described “as a long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power” (Smith, 2021). Decolonisation assists to build and sustain strong culture, which is fundamental to improving outcomes for Aboriginal and Torres Strait Islander people (Commonwealth of Australia, 2022). Health professionals invested in closing the gap can build a decolonising approach by reflecting on concepts of leadership, self-determination, local ways of working and community growth. These concepts can form a foundation for developing a strong working partnership between Indigenous Elders and health professionals (Dudgeon et al., 2020; Ryder et al., 2020).

The research provided a valuable opportunity for these two researchers to learn from Elders’ resilience. Therefore, at the completion of the program the researchers sought to reflect on their practice, to understand what they had learned about operating PA programs for older Aboriginal people on Noongar Boodja. Programs that are not culturally appropriate lack understanding about local ways of working and will most likely not take a decolonising approach. This can hinder community engagement and lead to negative outcomes (Barnabe, 2021; Coombes et al., 2018; Gatwiri et al., 2021; Laverty et al., 2017). Understanding how PA programs can be successfully implemented could be useful for other Aboriginal communities and health teams who seek to establish culturally appropriate PA programs. However, there are few guidelines that offer simple, practical suggestions, i.e. “a toolbox,” for health professionals about how to take a decolonising approach when delivering a PA program. The two researchers aimed to provide practical tips and strategies for allied health professionals, who seek to work with older Aboriginal and Torres Strait Islander people, or Indigenous people worldwide, to provide effective PA programs.

The objectives of this review were to (a) assist health professionals to gain understanding and insight to the barriers and enablers to working in partnership with older Aboriginal people; and (b) provide a toolbox of practical strategies that can guide health professionals to apply a decolonising approach when delivering PA programs.

## **Methods**

### **Design**

The study used an Indigenous methodology of “Nih Waangkiny Kaadatjiny” (listening, learning and knowing). The researchers critically reflected on their roles in the project and sought to identify what they had learnt from Elders, staff, and communities. Being familiar with other researchers who have described decolonisation of research and clinical practice (Kovach, 2018; Ryder et al., 2020; Smith, 2021) strongly influenced the first researcher, (MJRG), in completing the review.

### **Program Overview**

The researchers reflected on the delivery of the Ironbark program. This falls prevention program was designed and evaluated in NSW by Aboriginal communities and researchers in NSW (Lukaszyk et al., 2018). Through discussion and collaboration, the program was translated into practice for Aboriginal Elders in WA (Gidgup et al., 2022c). The program consisted of one hour of exercises with strong balance and functional components, followed by refreshments and a yarning circle. In WA, the program added elements such as walking, music, dancing and group activities. Two groups of Elders, in a metropolitan and a regional community, engaged in the program over approximately two years, with 52 enrolling and participating in the program and 23 Elders completing final evaluations. A project team of Aboriginal and non-Aboriginal health workers assisted in program delivery (Gidgup et al., 2022c).

### **Ethics Approvals for the Ironbark Project**

The project was conducted according to the National Health and Medical Research Council of Australia ethical guidelines for conducting research with Aboriginal and Torres Strait Islander peoples (National Health and Medical Research Council Australia, 2018).

Ethics approvals for the Ironbark project were obtained from WA Aboriginal Health Ethics Committee (HE 842) and Curtin University (HE number 2018-0425). All participants in the Ironbark studies provided written, informed consent prior to participation.

### **Researchers' Position**

The first researcher (MJRG) is a local Noongar Wadjuk woman who has a diverse range of experience across Australia. She has worked in the Central Desert Region, Kimberley, Pilbara, Gascoyne-Murchison and South West regions of WA, and Koori communities in NSW. These lived, and real experiences of working in diverse Aboriginal and Torres Strait Islander communities gave the researcher a deep insight into the marginalisation and disparities faced by these communities and a strong conviction that something needed to change. Throughout the project, it was important that this researcher showed leadership and provided feedback to Elders and communities that displayed a high level of accountability and transparency.

The second researcher (AMH) is a non-Aboriginal person who has lived and worked on Noongar Boodja throughout their life. This researcher is a physiotherapist with over 35 years' experience working with older people and completed cultural awareness training courses. They worked closely with Aboriginal researchers and community members over four years prior to commencing the project. This researcher sought to critically reflect on their position and adopted a stance of "sharing" rather than "imparting" knowledge about exercise and seeking to learn from Aboriginal researchers and Elders. This researcher recognised that the first researcher (MJRG) was a leader and holder of wisdom in Noongar Boodja. The researcher has a senior Aboriginal mentor, who provided direction and advice throughout the project.

### **Framework for the Review**

The researchers framed their reflections using (a) the first researcher's learnings from Elders and community members during the PA program and prior understanding about working with older Aboriginal people; and (b) findings from the team's systematic review,

which identified that a focus on decolonisation assisted to explain PA program barriers and enablers to success for Indigenous communities (Gidgup et al., 2022a).

## **Results**

Reflections and learnings are presented in three domains: (a) establishing a PA program; (b) considerations underpinning practice when introducing a PA program; and (c) practice tips for operating a PA program for Aboriginal Elders.

### **Establishing a Physical Activity Program**

Table 1 presents a summary of practice tips and strategies for establishing a PA program for Aboriginal Elders.

#### ***Preparations for Establishing a Physical Activity Program***

Health professionals need to gain Elders' agreement prior to commencing a PA program and present the proposal for the program at wider community meetings as desired by Elders. Initial consultations need to prioritise building strong relationships, establishing commitment, and developing trust and accountability. Building these relationships takes an extensive commitment of time over several months, or sometimes years, but is critical for success. Building a network of service providers, particularly Aboriginal services, is beneficial and can direct the team to relevant services that need to be involved. Health professionals should seek to develop partnerships with key, local Aboriginal practitioners and community members who will lead the engagement. A formal advisory group can be convened to provide advice about establishing the program. This group may consist of community members, service providers and Elders, both male and female and will provide advice and feedback about each stage of the program.

The content of the PA program needs to follow evidence-based PA guidelines for older people (Department of Health and Aged Care, 2021; World Health Organisation, 2022). A program that adheres to recommended PA guidelines facilitates good health outcomes for Elders (Department of Health and Aged Care, 2021; World Health Organisation, 2022). The program will contain strength, balance and other evidence-based components. The program content must also be designed and informed throughout by

Aboriginal and Torres Strait Islander guidelines for health care (Australian Commission on Safety and Quality in Health Care, 2017; Department of Health and Aged Care, 2023).

**Training.** A qualified health professional (for example, a physiotherapist or nurse) can lead and provide oversight to the content and delivery of the PA components of the program. Volunteers and non-health professionals can lead the PA program if they receive regular training and support. Elders may prefer a program leader who is approved by the community. Health professionals can enable success by working closely with Aboriginal team members; for example, all training programs need to be co-led by Aboriginal team members.

**Confidentiality.** Health workers need to provide Elders with clear information about what information is required by the team and why. They need to explain to the Elders how the personal information will be used, stored and kept confidential. This is important because some Elders do not want to share their personal data, as they do not trust government organisations (State of Western Australia South Metropolitan Health Services, 2018). This is because government departments have a long history of using personal information to oppress Aboriginal and Torres Strait Islander people and communities (Australian Human Right Commission, 1997).

### ***Terms of Reference***

Terms of Reference (TOR) are the rules and guidelines that Elders develop for themselves and others to follow throughout their participation in a program. Discussion needs to take place in the yarning circle about TOR and the TOR needs to be defined clearly for all stakeholders. TOR is important when lateral violence is ingrained in communities. It safeguards against abuse, aggression, and other threatening behaviours. TOR help to keep everyone grounded and committed to the tasks at hand; it is about “Nih Waangkiny Kaadatjiny” (Gidgup et al., 2023), that means listening, learning, and knowing together because you have respected each other through good communication.



### **General Considerations**

**Welcome to Country.** Always seek Elders' views and guidance about how Welcomes or Acknowledgements to Country should be incorporated into the PA program and follow the advice they provide. Welcome to Country is a ceremony performed by Aboriginal Elders who are traditional owners, or a person appointed by the Elders, as a sign of accepting and permitting people from outside their land to be in their land (South West Aboriginal Land and Sea, n.d.; The government of Western Australia, 2016).

**Reciprocity.** Offering incentives, such as a welcome dinner or a gift voucher, where Elders are attending a PA program is part of reciprocity, recognising the Elders' wisdom and contribution to the program. This concept of acknowledging two-way learning has been described by Aboriginal workers (Wilson et al., 2020). Reciprocity also acknowledges and affirms that Elders lead their communities' engagement in healthy practices by their example and wisdom (Coombes et al., 2018).

**Gender Considerations.** When establishing a PA program for Aboriginal Elders, mixed gender groups may not be viewed as acceptable. In the setting where the two researchers worked, it was observed that Elders in some regions accepted a mixed gender group, but others preferred single gender PA groups (Gidgup et al., 2023).

**Competing Priorities That May Impact on Program Attendance.** The impacts of social determinants of health can affect Elders' attendance at a PA program. Elders may need to attend funerals, family events, or medical appointments. Common reasons for absence include ill health due to chronic diseases, hospitalisation, attending doctors' appointments, Sorry Business and minding children and grandchildren. Offering multiple program sessions where possible, so that Elders can have flexibility to attend, is helpful to address these barriers.

### **Program Setting**

The choice of a venue should firstly consider whether it is a friendly, culturally safe space for Elders, their family and local community members. Consult with Elders and also consider the weather and accessibility.

## **Considerations When Introducing a Physical Activity Program**

### ***Decolonisation***

Taking a decolonising approach can be enabled when health professionals acknowledge the local history of colonisation and its ongoing negative impact on Aboriginal and Torres Strait Islander communities (Sherwood, 2013). Understanding the impacts of history on older Aboriginal and Torres Strait Islander people's health and wellness is to recognise that there will be challenges within their cultural backgrounds and sensitivity is required to be able to offer an effective PA program. Without this understanding, a health professional can sometimes blame the Aboriginal person for their own loss and trauma and injury within the life they have lived (Sherwood, 2013). In Australia, Western perceptions of how everyone should be living can appear to validate this viewpoint. However, there is strong evidence that the impact of history on Aboriginal and Torres Strait Islander peoples has created levels of despair and disparity (Australian Bureau of Statistics, 2019) from which it is not easy to escape.

Trauma and intergenerational trauma is an underlying and ongoing issue within many Elders' groups and is connected to the forced removal of Aboriginal and Torres Strait Islander people from their land throughout colonisation (Crawford, 2014; Dudgeon & Holland, 2017; Paradies, 2016; Sotero et al., 2006; Bombay et al., 2009). In WA in 2021, the population of Aboriginal people was approximately 88,693 (Australia Bureau of Statistics, 2022) and nearly half of this population are either Stolen Generations survivors or have Stolen Generations links (Healing Foundation, 2023). Health professionals can gain knowledge and understanding about the history of colonisation by reading key references such as the "Bringing them home" report (Australian Human Rights Commission, 1997).

### ***Strategies for Adopting a Decolonising Approach***

Table 2 presents a summary of practice tips and strategies for adopting a decolonising approach and hence facilitating a culturally appropriate PA program for Aboriginal Elders (Keikelame & Swartz, 2019; Smith, 2021). The PA program can seek to be a safe place of shared knowledge, learning and teaching. While team members may be at

different stages of their personal decolonising journey, a helpful team perspective is to take a stance that decolonisation is everyone's business (Andermann, 2016; Keikelame & Swartz, 2019; Sherwood, 2013). It is important for non-Aboriginal team members not to leave responsibility for all 'Aboriginal' issues solely for Aboriginal team members because 'it's their issue not mine.'

Health professionals who take a decolonising approach recognise that delivering a PA program effectively involves sharing of power between all stakeholders, so that the program becomes a two-way learning journey (Sherwood, 2013; Wilson et al., 2020). Overall, decolonising methods while working with Elders is about ways of working with the local Elders on their local Boodjas, doing things the way they see it, through their eyes and listening to their voices of what needs to be done by them and for them.

When Elders participate in designing a PA program, they are more likely to join and sustain their engagement. Health professionals can genuinely engage with Elders by listening and accepting their advice, maintaining good communication and ongoing consultation. This is a strengths-based and best-practice approach which is about good communication and involves consistent consultation and feedback with Elders to develop Elders' sense of worth, belonging and ownership of the program (Gidgup et al., 2022b; Kovach, 2018; Sherwood, 2013; Smith, 2021). Elders, as leaders in their community, seek to support programs that benefit the whole community, build community networks and share culture (Coombes et al., 2018). Therefore, all programs need to embed community leadership and participation.

### **Relationships**

A key consideration for health professionals when working with older Aboriginal and Torres Strait Islander people is to understand and prioritise the importance of relationships. Good health for Aboriginal people is centred around mental, emotional, and spiritual wellbeing of both family and community not solely on the health of the individual (Barnabe, 2021; Gidgup et al., 2022b). Elders' family relationships are important, but relationships with

communities, health service providers and PA program teams are all part of the Elders' holistic health journey.

### ***Strategies for Building Relationships***

Table 3 presents a summary of practice tips and strategies for building relationships with Aboriginal Elders and their communities. Health professionals are expected to welcome and respect all the relationships that exist. This can be achieved through sharing information respectfully, honestly and being transparent.

Relationships between Elders and their families are important, and families may like to visit the PA program. Aboriginal people may come from a Boodja outside the location of the PA program to participate and these Elders need to be made welcome by the program team. One relationship that is not often spoken about is the Elders' relationship with their Boodja. Elders like to introduce themselves and their connection to Boodja.

Debriefing is important when building relationships with Aboriginal Elders. It allows the Elders to understand the information being provided and promotes positive ways of working together. Health professionals delivering PA programs need to speak clearly, interpret using simple language and regularly debrief with older Aboriginal people. Debriefing aligns with longstanding culture as Aboriginal people have communicated orally for thousands of years. Knowledge is handed down in an oral tradition which is intrinsic with their special relationship with their Boodja, their ancestors and their community (Lin et al., 2016; Geia et al., 2013). It may take time for mutual understanding to develop. Respectfully listening to information conveyed by Elders during debriefing sessions ensures that all communication is a two-way learning experience (Geia et al., 2013; Wilson et al., 2020).

Relationships between Elders, staff and communities can be impacted by lateral violence (Gee et al., 2014). Sometimes Aboriginal health workers inform program organisers of unrest in the Elders' group. When violence occurs, discussion with community members and service providers can assist to resolve problems. People in the community are aware of dynamics around them and can be trusted to settle difficult issues, such as feuding. Health professionals can reduce the likelihood of lateral violence by making sure there is respect for

all individuals and ensuring all voices are heard. This respect assists Elders' groups to be protected from the unrest while they are participating in the PA program. Teamwork is important for building all relationships. Where there is misunderstanding among the Elders, team members are expected to take a neutral stance and remain professional and united. Relationships between staff are important, including those between Aboriginal and non-Aboriginal staff. Dedicating time to building respectful relationships within the team is another key enabler for program success.

Some Elders may share information about experiencing abuse with fellow Elders or staff during the PA program (Andermann, 2016). Health professionals can offer support, including providing assistance with the Elder's consent (National Aboriginal Community Controlled Health Organisation [NACCHO], 2022). In Aboriginal culture, community support is essential because when one person is unwell all Aboriginal people feel winyarn (sick), (NACCHO, 2022). Therefore, it is important to offer Elders more support if they are struggling.

### **Operating a PA Program**

Table 4 presents a summary of practice tips and strategies for operating a PA program for Aboriginal Elders.

### ***Using Yarning Circles***

Yarning circles are an important component when delivering a PA program for Indigenous Elders (Bessarab & Ng'andu, 2010). Yarning, as an oral tradition, is an effective way of communication between Indigenous Elders, health professionals and the team before, during and after a PA program (Bessarab & Ng'andu, 2010). This communication forms the "glue" that holds the program together. It also helps to build strong relationships between the group participants themselves but also with the health team. When topics of interest are introduced into a 'Yarning Circle' it then becomes a shared journey for everyone who takes part in the Yarning Circle. Setting the chairs in a circle for yarning is inviting for Elders. The team can support opposing Elders to share in the yarning circle peacefully. An Aboriginal project officer or health worker takes an important role of respectfully inviting each

Elder in turn to share and ensures all voices are heard. Health workers need to be present when Elders are yarning to give support and prompts to ensure everyone gets the chance to speak and if they choose not to then that is okay, as long as they are asked. Positive relationships can be enabled by structuring the yarning circle with short formal introductions, inviting health presenters to present on topics that Elders have requested and encouraging Elders to use time to socialise and discuss their personal topics of choice.

### ***Circuit Training***

Circuit training is a useful structure when conducting a PA program with Aboriginal Elders. It allows Elders to work at their own pace and ability and offers choice. This can assist Elders to feel comfortable and safe. A circuit format allows Elders to start on a preferred exercise, choose a peer partner to work with if desired, and choose equipment. Music and dance may be preferred by some Elders during a PA session.

### ***Building Participation***

The initial sessions of the PA program need to focus on developing relationships that build trust and ways of working together. If a PA program is built slowly and positively, Elders are likely to attend the program regularly and health professionals will be less likely to experience stress or lateral violence (Dimer et al., 2010; Gidgup et al., 2023). Elders may be reluctant or embarrassed to commence PA immediately, especially in a group setting. Health professionals are advised to allow sufficient personal space for these Elders and ensure their privacy is maintained. The embarrassment can be due to several factors, including that for some Elders it is their first time participating in a PA program and they are not sure what they are supposed to do. Staff need to be patient, supportive and respectful in sharing knowledge and building Elders' confidence.

### ***Social Determinants of Health***

Social determinants of health continue to form a substantial barrier to First Nations' peoples accessing health programs (Andermann, 2016). These social determinants of health include income, education, employment, living conditions, social support, and access to health care (Andermann, 2016). Health professionals, for example, may need to address

social determinants of health, including by providing free PA programs or transport to the venue. To identify the social determinants within a community, health professionals need to show commitment to engage with the community over a sustained period (Wilson et al., 2020). Listening, learning and building relationships will allow the team to understand what social determinants each community identifies as priorities to address.

### ***Safety and Security***

Personal space that creates a sense of privacy while doing exercise in a group setting is required, especially in the initial phases of the program. Other strategies are required to increase Elders' sense of safety and confidence as they engage in PA (Table 4).

### **Discussion**

This review provides an Aboriginal-led perspective about what makes a PA program successful for Aboriginal Elders on Noongar Boodja. Reflections privilege an Aboriginal perspective about what makes a PA program culturally appropriate. We identified that there is a fundamental need to understand the impacts of history when seeking to deliver health programs for older Aboriginal people. Lessons learned indicate that taking a decolonising approach works because it centres around breaking down barriers and building enablers to make PA programs culturally appropriate. Involving Elders in the development of the PA program from beginning to end, ensures cultural safety and security and provides non-Aboriginal researchers with mentorship to work with greater confidence in the community, resulting in positive and better outcomes for everyone. Our reflections on taking a decolonising approach when delivering a PA program are supported by Indigenous researchers from South Africa, New Zealand and Canada who highlight the importance of decolonising research by examining one's own approaches when conducting research (Keikelame & Swartz, 2019; Khupe & Keane, 2017; Smith, 2021; Wilson, 2008). Researchers in South Africa suggest applying a decolonising approach to research recognises community strengths, builds respectful relationships, and addresses the issue of sharing power and building cultural competence (Keikelame & Swartz, 2019; Khupe & Keane, 2017).

Practical strategies that were successful on Noongar Boodja centred around being flexible throughout the PA program delivery and building honest and accountable relationships with the Elders and the local communities (Gidgup et al., 2023). A study conducted in South Australia identified that important strategies for working in Aboriginal health included commitment to building relationships, relinquishing control, having an awareness of Aboriginal history, flexibility and humility in taking on a two-way approach to learning with Aboriginal people (Wilson et al., 2020). Indigenous researchers in Australia and worldwide have shared deep cultural knowledge as they lead the drive for the urgent changes required to provide holistic health programs for Indigenous people, led by Indigenous people (Canuto et al., 2013; Kovach, 2018; Smith, 2021; Wilson, 2008). Lessons learned when establishing and operating our PA program on Noongar Boodja are supported by studies in other Indigenous nations, both in urban and rural settings, where taking a decolonising approach, building relationships and seeking community leadership were deemed fundamental to establishing and operating successful health programs (Morley, 2015; Passmore et al., 2017; Warbrick et al., 2016; Wilson et al., 2020; Ziabakhsh et al., 2016). However, a key lesson for researchers and health practitioners is that specific ways of working will differ in each community. While Western concepts of doing PA is that one size fits all, this is clearly not the case when working with Indigenous peoples, who need to exercise control over how PA programs are to be delivered within their community (Brooks-Cleator & Giles, 2016; Giles & Darroch, 2014).

### **Strengths and Limitations of the Research**

The practical strategies suggested in this review emanate from reflections of two researchers who were involved in providing a PA program for Aboriginal Elders over several years, including prior to the program commencing and after it was completed. The design of the review was a strength because was led by an Aboriginal researcher, ensuring that the authentic voice and viewpoints of Aboriginal people were presented. The lead researcher (MJRG) is a leader within her community on Noongar Boodja and has strong local knowledge, with practical experience of Aboriginal ways of working. The non-Aboriginal



researcher (AMH) is a physiotherapist who has built relationships with Elders on Noongar Boodja over several years. Walking together in conducting the program and during this review, the two researchers sought to privilege Indigenous research voices (Geia et al., 2013).

The toolbox forms a general guide to raise understanding about working with Aboriginal people, based on the researchers' collaborations with Elders and Aboriginal communities living on Noongar Boodja. It is strongly recommended that health professionals work in close partnerships with relevant Aboriginal communities to understand local ways of working and translate these strategies accordingly.

### **Conclusion**

Health professionals or researchers who seek to develop PA programs for older Aboriginal and Torres Strait Islander people should actively facilitate Elders' leadership of the planned research or program. Embedding decolonising concepts at all stages of program development and operation is important (Morley, 2015). A decolonising approach to PA research and programs can reduce barriers and facilitate older Aboriginal and Torres Strait Islander and health professionals to develop strong relationships. Building these relationships can create a healthier future for older Aboriginal and Torres Strait Islander people by increasing their engagement in physical activity.

### **Funding**

This research was supported by a grant from Healthway, WA; (grant no: 31930). Dr Margaret Gidgup was supported to complete her PhD by a stipend from the grant. Professor Anne-Marie Hill is supported by a National Health and Medical Research Council of Australia Investigator Grant (EL2 award) and the Royal Perth Hospital Research Foundation.

### **Author Contributions**

MJRG conceptualised the design of the review from her position as a Noongar Wadjak woman and PhD student on the project. AMH provided input to the design and content relevant to evidence-based physical activity for older Aboriginal people. MJRG led analyses and presentation of data with editing support from AMH. JU provided feedback and input on the content, based on her position as a member of the team who worked closely with the Noongar Wadjak community for over five years, including working on the Ironbark program. MJRG led the original drafting of the manuscript with support from AMH. JU contributed to writing and editing of the manuscript. All authors provided critical manuscript editing and approved the final version of the manuscript for publication.

### **Acknowledgements**

This research was conducted on Noongar Boodja in the South West region of WA. We respectfully acknowledge the Traditional Owners of Noongar Boodjas. We honour their continuing connections to Land, waters and communities and we pay our respect to the Noongar Aboriginal Elders of the past and present. Authors have referred to Aboriginal people when describing strategies and reflections learned during the program in recognition that the research was conducted on Noongar Boodja. Where discussing studies conducted on other countries, authors have respectfully used the terms used by the researchers who reported their findings. Authors respectfully acknowledge the different language groups and Elders from different countries who were living on Noongar Boodja when the research was taking place.

### **Conflicts of Interest**

The authors declare that there are no conflicts of interest.

## References

- Andermann, A., CLEAR Collaboration. (2016). Taking action on the social determinants of health in clinical practice: A framework for health professionals. *Canadian Medical Association Journal*, 188(17-18), E474-E483. <https://doi.org/doi:10.1503/cmaj.160177>
- Australian Bureau of Statistics (2019). National Aboriginal and Torres Strait Islander health survey. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>
- Australian Bureau of Statistics. (2022). Western Australia: Aboriginal and Torres Strait Islander population summary. <https://www.abs.gov.au/articles/western-australia-aboriginal-and-torres-strait-islander-population-summary>
- Australian Commission on Safety and Quality in Health Care. (2017). National safety and quality health service standards. User guide for Aboriginal and Torres Strait Islander health. <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-aboriginal-and-torres-strait-islander-health>
- Australian Human Rights Commission. Bringing them home report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families. (1997). <https://humanrights.gov.au/our-work/bringing-them-home-report-1997>
- Barnabe, C. (2021). Towards attainment of Indigenous health through empowerment: resetting health systems, services and provider approaches. *BMJ Global Health*, 6(2), e00405. <https://doi.org/10.1136/bmjgh-2020-004052>
- Bessarab, D., & Ng'andu, B. (2010). Yarning about yarning as a legitimate method in Indigenous research. *International Journal of Critical Indigenous Studies*, 3(1), 37-50. <https://doi.org/10.5204/ijcis.v3i1.57>
- Bombay, A., Matheson, K., Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *International Journal of Indigenous Health*, 5(3), 6-47.

- Brooks-Cleator, L. A., & Giles, A. R. (2016). Culturally relevant physical activity through elders in motion: Physical activity programming for older Aboriginal adults in the Northwest territories, Canada. *Journal of Cross-Cultural Gerontology*, 31(4), 449-470. doi:10.1007/s10823-016-9307-z
- Brooks-Cleator, L. A., & Lewis, J. P. (2019). Alaska Native Elders' perspectives on physical activity and successful aging. *Canadian Journal on Aging*, 1-11. <https://doi.org/10.1017/s0714980819000400>
- Bull FC, A.-A. S., Biddle, S., Borodulin K., Buman, MP., Cardon, G., Carty, C., Chaput, JP., Chastin, S., Chou, R., Dempsey, PC., DiPietro, L., Ekelund, U., Firth, J., Friedenreich, CM., Garcia, L., Gichu, M., Jago, R., Katzmarzyk, PT., Lambert, E.,...Willumsen, JF. (2020). World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *British Journal of Sports Medicine*. <https://doi.org/10.1136/bjsports-2020-102955>
- Canuto, K. J., Spagnoletti, B., McDermott, R. A., & Cargo, M. (2013). Factors influencing attendance in a structured physical activity program for Aboriginal and Torres Strait Islander women in an urban setting: A mixed methods process evaluation. *International Journal for Equity in Health*, 12(1), 11. <https://doi.org/10.1186/1475-9276-12-11>
- Commonwealth of Australia. (2022). Commonwealth closing the gap annual report 2022. <https://www.niaa.gov.au/resource-centre/indigenous-affairs/commonwealth-closing-gap-annual-report-2022>
- Coombes, J., Lukaszuk, C., Sherrington, C., Keay, L., Tiedemann, A., Moore, R., & Iverse R. (2018). First Nation Elders' perspectives on healthy ageing in NSW, Australia. *Australian and New Zealand Journal of Public Health* 42(4), 361-364. <https://doi.org/10.1111/1753-6405.12796>.
- Crawford, A. (2014). "The trauma experienced by generations past having an effect in their descendants": Narrative and historical trauma among Inuit in Nunavut, Canada. *Transcultural psychiatry*, 51(3), 339-369. <https://doi.org/10.1363/461512467161> [pii]

10.1177/1363461512467161 [doi]

Czyzewski, K. (2011). Colonialism as a broader social determinant of health. *The International Indigenous Policy Journal*, 2(1). <https://doi.org/doi:10.18584/iipj.2011.2.1.5>

Department of Health and Aged Care. (2021). Physical activity and exercise guidelines for all Australians. <https://www.health.gov.au/topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>

Department of Health and Aged Care. (2023). How we support Aboriginal and Torres Strait Islander health. National agreement on closing the gap. <https://www.closingthegap.gov.au/national-agreement>

Dimer, L., Jones, J., Dowling, T., Cheetham, C., Maiorana, A., Smith, J. (2010). Heart health: New ways to deliver cardiac rehabilitation. *Australian Nursing Journal*, 18(6), 41. <https://search.informit.org/doi/10.3316/ielapa.580231706594368>

Dudgeon, P., Bray, A., Darlaston-Jones, D., Walker, R. (2020). Aboriginal participatory action research: An Indigenous research methodology strengthening decolonisation and social and emotional wellbeing, discussion paper, Lowitja Institute, Melbourne <https://www.lowitja.org.au/page/services/resources/Cultural-and-social-determinants/mental-health/aboriginal-participatory-action-research-an-indigenous-research-methodology-strengthening-decolonisation-and-social-and-emotional-wellbeing/>

Dudgeon, P.W.M., & Holland, C. (2017). Trauma of Aboriginal and Torres Strait Islander population. *Australian Clinical Psychologist*, 3(1), 004.

Gatwiri, K., Rotumah, D., & Rix, L. (2021). BlackLivesMatter in Healthcare: Racism and Implications for Health Inequity among Aboriginal and Torres Strait Islander Peoples in Australia. *International Journal of Environmental Research and Public Health*, 18, 4399. <https://doi.org/10.3390/ijerph18094399>

Gee, G., Dudgeon, P., Schultz, C., Hart, A., Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing, In Dudgeon, P.M.H., Walker, R. (Eds.),

*Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. 2nd Ed. Department of the Prime Minister and Cabinet, Canberra, pp. 55-68.

Geia, L. K., Hayes, B., & Usher, K. (2013). Yarning/Aboriginal storytelling: Towards an understanding of an Indigenous perspective and its implications for research practice. *Contemporary Nurse*, 46(1), 13-17.

<https://doi.org/10.5172/conu.2013.46.1.13>

Giles, A. R., & Darroch, F. E. (2014). The need for culturally safe physical activity promotion and programs. *Canadian journal of public health = Revue canadienne de sante publique*, 105(4), e317–e319. <https://doi.org/10.17269/cjph.105.4439>

Gidgup, M. J. R., Kickett, M., Francis-Coad, J., Hill, K., Umbella, J., Coombes, J., Ivers, R., Bowser, N., Palacios, V., & Hill, A. M. (2023). ‘Nih Waangkiny Kaadatjiny’: ‘Listening, learning and knowing’: Stakeholders’ perspectives about barriers and enablers to delivering a successful physical activity program for older Aboriginal people. *Health Promotion Journal of Australia*, <https://doi.org/https://doi.org/10.1002/hpja.774>

Gidgup, M. J. R., Kickett, M., Hill, K. D., Francis-Coad, J., Weselman, T., Coombes, J., Ivers, R., Bowser, N., Palacios, V., & Hill, A.-M. (2022b). Connecting and reconnecting to a community, with a sense of belonging – Exploring Aboriginal Elders’ perspectives of engaging in a physical activity program. *Health Promotion Journal of Australia*, <https://doi.org/https://doi.org/10.1002/hpja.582>

Gidgup, M. J. R., Kickett, M., Jacques, A., Weselman, T., Hill, K. D., Coombes, J., Ivers, R., Bowser, N., Palacios, V., & Hill, A. M. (2022c). Translating and evaluating a physical activity program for Aboriginal Elders on Noongar Boodjar (Country) — A longitudinal study. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.904158>

Gidgup, M. J. R., Kickett, M., Weselman, T., Hill, K., Coombes, J., Ivers, R., Bowser, N., Palacios, V., & Hill, A. M. (2022a). Barriers and enablers to older Indigenous people engaging in physical activity-A qualitative systematic review. *Journal of Aging and Physical Activity*, 30(2), 340-352. <https://doi.org/10.1123/japa.2020-0465> [doi]

- Gray, C., Macniven, R., & Thomson, N. (2013). Review of physical activity among Indigenous people. *Australian Indigenous Health Bulletin*, 13(3).  
[www.healthinfonet.ecu.edu.au/.../physical-activity-review-2013.pdf](http://www.healthinfonet.ecu.edu.au/.../physical-activity-review-2013.pdf)
- Healing Foundation. (2023). Who are the stolen generations?  
<https://healingfoundation.org.au/resources/who-are-the-stolen-generations/>
- Keikelame, M. J., & Swartz, L. (2019). Decolonising research methodologies: Lessons from a qualitative research project, Cape Town, South Africa. *Global Health Action*, 12(1), 1561175. <https://doi.org/10.1080/16549716.2018.1561175>
- Khupe, C., & Keane, M. (2017). Towards an African education research methodology: Decolonising new knowledge. *Educational Research for Social Change*, 6, 25-37.  
[http://www.scielo.org.za/scielo.php?script=sci\\_arttext&pid=S2221-40702017000100004&nrm=iso](http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2221-40702017000100004&nrm=iso)
- Kovach, M. (2018). Doing Indigenous Methodologies: A letter to a research class. In: Denzin NK, Lincoln YS, (Eds). *The Sage hand book of qualitative research*. Sage Publications, Inc.
- Langhammer, B., Bergland, A., & Rydwik, E. (2018). The importance of physical activity exercise among older people. *BioMed Research International*, 7856823.  
<https://doi.org/10.1155/2018/7856823>
- Laverty, M., McDermott, D.R., & Calma, T. (2017). Embedding cultural safety in Australia's main health care standards. *The Medical Journal of Australia*, 20(1), 15-16.  
<https://doi.org/doi:10.5694/mja17.00328>
- Lin, I., Green, C., & Bessarab, D. (2016). 'Yarn with me: Applying clinical yarning to improve clinician-patient communication in Aboriginal health care. *Australian Journal of Primary Health*, 22(5), 377-382. <https://doi.org/PY16051> [pii] 10.1071/PY16051 [doi]
- Lukaszyk, C., Coombes, J., Sherrington, C., Tiedemann, A., Keay, L., Mackean, T., Clemson, L., Cumming, R., Broe, T., & Ivers, R. (2018). The Ironbark program: Implementation and impact of a community-based fall prevention pilot program for

older Aboriginal and Torres Strait Islander people. *Health Promotion Journal of Australia*, 29(2), 189-198. <https://doi.org/10.1002/hpja.25>

- Morley S. (2015). What works in effective Indigenous community-managed programs and organisations. <https://aifs.gov.au/resources/policy-and-practice-papers/what-works-effective-indigenous-community-managed-programs-and> National Aboriginal Community Controlled Health Organisation. (2022). Aboriginal community controlled Health Organisation (ACCHOs). <https://www.naccho.org.au/acchos/>
- National Health and Medical Research Council Australia. (2018). Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders, <https://www.nhmrc.gov.au/about-us/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities>
- Paradies, Y. (2016). Colonisation, racism and Indigenous health. *Journal of Population Research*, 33(1), 83-96. <https://doi.org/10.1007/s12546-016-9159-y>
- Passmore, E., Shepherd, B., Milat, A., Maher, L., Hennessey, K., Havrlant, R., et al. (2017). The impact of a community-led program promoting weight loss and healthy living in Aboriginal communities: the New South Wales Knockout Health Challenge. *BMC Public Health*, 17(1), 951. <https://doi.org/10.1186/s12889-017-4955-7>
- Ryan, C. J., Cooke, M., Kirkpatrick, S. I., Leatherdale, S. T., & Wilk, P. (2018). The correlates of physical activity among adult Metis. *Ethnicity and health*, 23(6), 629-648. <https://doi.org/10.1080/13557858.2017.1294655>
- Ryder, C., Mackean, T., Coombs, J., Williams, H., Hunter, K., Holland, A. J. A., & Ivers, R. Q. (2020). Indigenous research methodology – Weaving a research interface. *International Journal of Social Research Methodology*, 23(3), 255-267. <https://doi.org/10.1080/13645579.2019.1669923>
- Sherwood, J. (2013). Colonisation - it's bad for your health: The context of Aboriginal health. *Contemporary Nurse*. 46(1), 28-40. <https://doi.org/10.5172/conu.2013.46.1.28>
- Smith, L.T. (2021). *Decolonising Methodologies. Reseach and Indigenous peoples*. 3rd ed. Bloomsbury Publishing Plc, London, United Kingdom



South West Aboriginal Land & Sea Council. (n.d). Living culture - Living land and its people.

<https://www.noongarculture.org.au/wp-content/uploads/2019/09/Living-Culture-Living-Land.pdf>

State of Western Australia, South Metropolitan Health Services. (2017). Patient centred cultural care guidelines. Aboriginal health strategy.

[https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=647996&title=Patient+centred+cultural+care+guidelines%3A+Aboriginal+health+strategy&contentid=41064\\_1](https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=647996&title=Patient+centred+cultural+care+guidelines%3A+Aboriginal+health+strategy&contentid=41064_1)

Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice* 1(1), 93-108.

The Government of Western Australia, Department of Health. (2016). Welcome to country and acknowledgement of traditional ownership.

<https://www.health.wa.gov.au/Improving-WA-Health/About-Aboriginal-Health/Welcome-to-Country-and-Acknowledgement-of-Traditional-Ownership>

Tricco, A. C., Thomas, S. M., Veroniki, A. A., Hamid, J. S., Cogo, E., Striffler, L., Khan, P. A., Robson, R., Sibley, K. M., MacDonald, H., Riva, J. J., Thavorn, K., Wilson, C., Holroyd-Leduc, J., Kerr, G. D., Feldman, F., Majumdar, S. R., Jaglal, S. B., Hui, W., & Straus, S. E. (2017). Comparisons of interventions for preventing falls in older adults: A systematic review and meta-analysis. *JAMA*, 318(17), 1687-1699.

<https://doi.org/10.1001/jama.2017.15006>

Warbrick, I., Wilson, D., & Boulton, A. (2016). Provider, father, and bro--sedentary Māori men and their thoughts on physical activity. *International Journal for Equity in Health*,

15, 22. <https://doi.org/10.1186/s12939-016-0313-0>

Wilson, A. M., Kelly, J., Jones, M., O'Donnell, K., Wilson, S., Tonkin, E., & Magarey, A. (2020). Working together in Aboriginal health: A framework to guide health

professional practice. *BMC Health Services Research*, 20(1), 601.

<https://doi.org/10.1186/s12913-020-05462-5>

Wilson, S. (2008). *Research Is Ceremony, Indigenous Research Methods*. Fernwood Publishing.

World Health Organisation. (2022). Physical activity. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/physical-activity>

World Health Organisation. (2010). Global recommendation for physical activity for health. [[http://www.who.int/dietphysicalactivity/factsheet\\_olderadults/en/](http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/)]

Ziabakhsh, S., Pederson, A., Prodan-Bhalla, N., Middagh, D., Jinkerson-Brass, S. (2016). Women-Centered and Culturally Responsive Heart Health Promotion Among Indigenous Women in Canada. *Health Promot Pract*, 17(6), 814–826. <https://doi.org/10.1177/1524839916633238>

## Appendix

**Table 1**

*Establishing a Physical Activity Program*

Practice Tips	Strategies
<i>Preparations for Establishing a PA Program</i>	
Seek community approval	Explain unambiguously to Elders and their community the aims, content and potential program health benefits, where and for how long the program will be conducted, any costs and who has approved and funded the program.
Convene a formal advisory group	<ul style="list-style-type: none"> <li>• Develop an advisory group with Elders' agreement, including Elders, community members, service providers and the program team.</li> <li>• Advisory group members need to be paid for their time.</li> </ul>
Follow relevant PA guidelines	<ul style="list-style-type: none"> <li>• Prepare PA program content by following national and international guidelines for PA for older people.</li> <li>• Align the content with Aboriginal local and national health delivery guidelines.</li> <li>• Seek feedback and guidance from the community about the final program structure.</li> </ul>
Provide training for team members to build capacity	Train Aboriginal team members, including Aboriginal health workers, to lead the PA program or program sections and provide opportunities to do so.
Program enrolment	<ul style="list-style-type: none"> <li>• Some Elders may require support to guide them through any registrations.</li> <li>• Assist Elders to obtain a medical clearance for engaging in PA if they do not have a preferred medical doctor.</li> </ul>
Explain use of personal information	Always explain to Elders exactly what information is required, why, and how it will be kept confidential. Explain how information will be recorded, stored, and who will have access to that information.
<i>Terms of Reference</i>	
Form group rules	<ul style="list-style-type: none"> <li>• Terms of Reference (TOR) – Elders need to work out a list of the TOR (or group rules) themselves.</li> <li>• Include a team worker who can give relevant information about what the program can offer.</li> </ul>

- These group rules need to be completed at the first PA session in the YC and revised periodically.
- Be prepared to give this important task sufficient time at the first session.

Definition of TOR	Define clearly what TOR is to the Elders at the first meeting as they will only know it as group rules for meeting.
Draft of TOR	Once Elders have agreed on TOR, record these and give all a copy, the TOR document may be placed in the venue as well.
<i>General Considerations</i>	
Listen to Elders	<ul style="list-style-type: none"> <li>• Ensure all voices are heard, seek regular feedback from the Elders – ask them as a group and individually about suggestions for improvements.</li> <li>• Use simple easy to read and hear terms and descriptions -allow for low Western-focused health literacy and unfamiliarity with medical terms.</li> </ul>
Seek guidance regarding welcome to country	<ul style="list-style-type: none"> <li>• Discuss with Elders regarding the welcome to country (WTC) and acknowledgement to country - who will do it, when, and where it will be done.</li> <li>• Only an Elder from the Boodja you are meeting on can conduct a WTC.</li> <li>• If there are no traditional owners to conduct a WTC, consider conducting an acknowledgement to country (ATC) that allows people in the community to show respect to the traditional owners and abide by the protocols that are in place.</li> <li>• ATC can be done by anyone using the right terms (respecting past, present and future) and paying respect.</li> <li>• Seek approval from the Elders before delivering ATC.</li> </ul>
Engage in reciprocity	<ul style="list-style-type: none"> <li>• The PA program should be about giving and receiving knowledge.</li> <li>• Vouchers, praise, certificates and providing formal and informal assistance and remuneration to Elders and community form an important part of reciprocity, as they respectfully acknowledge Elders and community contributions.</li> </ul>
Understand Elders' health conditions	<ul style="list-style-type: none"> <li>• Elders will often have chronic health conditions.</li> <li>• Provide a meal after they have exercised and regular drinks throughout the session.</li> </ul>

Acknowledge sorry business	<ul style="list-style-type: none"> <li>• Allow mourning and grieving time for family or community deaths.</li> <li>• It is important to allow the group to debrief together when community deaths occur.</li> </ul>
Mixed gender groups	<ul style="list-style-type: none"> <li>• Explore the Elders' views about the group comprising mixed genders when undertaking the PA program.</li> <li>• Take Elders' advice on which type of group will be conducted (either single or mixed gender).</li> </ul>
Adapt for absences	<ul style="list-style-type: none"> <li>• Accept Elders' absences and support them through their journey, keep contact when they are absent.</li> <li>• Create a welcoming environment when Elders return after absence.</li> </ul>
Offer choice	<ul style="list-style-type: none"> <li>• Where possible, conduct a PA program two or three days a week for Elders to aid regular engagement in PA.</li> <li>• Provide and encourage a regular home exercise program.</li> </ul>
<i>Program Setting</i>	
Select a welcoming location	Choose a location/organisation that shows evidence that it welcomes and supports the local Aboriginal community.
Check venue facilities	<ul style="list-style-type: none"> <li>• Select a venue with air conditioning for both summer and winter.</li> <li>• Ensure there is enough space for exercise, including for privacy.</li> <li>• Kitchen and toilets need to be accessible for Elders with disability.</li> </ul>
Provide safe food service	<ul style="list-style-type: none"> <li>• Offering refreshments to Elders during and after a PA program creates an atmosphere of relaxation and socialisation.</li> <li>• Where the venue is not community owned, explain to Elders and community members that for safety purposes they won't be allowed to use the kitchen, to avoid misunderstanding or perceived disrespect.</li> <li>• Team workers can offer service from the kitchen.</li> <li>• Ensure staff have relevant occupational health and safety training, including for food service.</li> </ul>

**Table 2***Adopting a Decolonising Approach when Delivering a Physical Activity Program*

Practice Tips	Strategies
Understand history and the impacts of history	<ul style="list-style-type: none"> <li>• Listen and learn about history from local Aboriginal people.</li> <li>• Identify gaps in your knowledge and unpack your colonial view of history.</li> <li>• Know the impact of the Stolen Generations.</li> <li>• Understand the current perspectives of Aboriginal and Torres Strait Islander people.</li> </ul>
Build cultural awareness	Non-Aboriginal team members - engage with Aboriginal-led cultural awareness and training programs in your local setting.
Accept individual responsibility	Recognise and accept that decolonisation of a PA program is everyone's business.
Take a collaborative approach to program delivery	Seek to understand the ways that Aboriginal Elders want to engage in a PA program.
Work according to local cultural needs	<ul style="list-style-type: none"> <li>• Do not replicate a PA program from another Boodja in your setting – each group will have some differences (such as language and protocols).</li> <li>• Work by collaborating with Elders. Recognise Elders' needs and the culture of their local community.</li> </ul>
Seek Aboriginal leadership	Engage with the community when seeking to commence a PA program in your local Boodja.
Take a position of seeking to learn	Know that your expectations will not be the same as that of the Elders and the community and this is a great learning space.

**Table 3***Building Relationships with Families, Communities, and Service Providers*

Practice Tips	Strategies
Work with local service providers	<ul style="list-style-type: none"> <li>• Identify relevant services, including Aboriginal controlled organisations that work with the local community.</li> <li>• Recognise importance of wider community views about the PA program and accept feedback.</li> </ul>
Acknowledge connections to Boodja	Respectfully ask Elders to share information with the team and group about their Boodja.
Listen and learn from Elders	<ul style="list-style-type: none"> <li>• Make time to talk and share with Elders, for example prior to or after the group.</li> <li>• Join in yarning circles.</li> </ul>
Understand community networks	<ul style="list-style-type: none"> <li>• Older Aboriginal people have a network that includes family, friends and service providers.</li> <li>• Extend staff networks beyond the PA program, regularly meet with communities at local events, e.g., NAIDOC week, to build positive working partnerships.</li> </ul>
Expect diversity	<ul style="list-style-type: none"> <li>• Elders with different cultural identities outside of the local Boodja may attend your PA program.</li> <li>• Welcome all Elders and ask about their Boodja – ensure they are introduced formally to Elders from the local Boodja.</li> </ul>
Treat all stakeholders respectfully	<ul style="list-style-type: none"> <li>• All Elders need to be treated with respect regardless of which Boodja they are from.</li> <li>• Respect the different cultural identities in the group and team, but make sure you know who the local owners are.</li> <li>• Working with local owners of Boodja is essential.</li> </ul>
Debrief with Elders regularly	Debrief regularly with Elders when operating the PA program, seek their feedback about the program -at least monthly.
Work as a team	<ul style="list-style-type: none"> <li>• Share tasks and knowledge when operating a PA program, don't look at it as "them and us."</li> <li>• Engaging older Aboriginal people in the program is not up to Aboriginal team members alone, but is every team member's role.</li> </ul>

Practice Tips	Strategies
Be collaborative	Be aware of power imbalances between health professionals, junior team members and Elders – reflect on how to engage and collaborate, show respect which should go both ways.
Respect community leadership	Be aware of which families are often leading and speaking for community.
Address lateral violence in a professional manner	<ul style="list-style-type: none"> <li>• Never get involved in community lateral violence with Elders. Intervene professionally in yarning circle discussions.</li> <li>• If a person is running someone else down, discreetly change the subject.</li> <li>• All team members need to be united in their aims to engender respect for all at each session – maintain positive professionalism.</li> </ul>
Support Elders as needs arise	<ul style="list-style-type: none"> <li>• Keep in contact and check on Elders if they do not attend the PA program.</li> <li>• Message them or ask an Elder friend if they are OK, if there is unexpected absence.</li> <li>• Recognise and support Elders who may need assistance outside the program.</li> </ul>



**Table 4***Operating a Physical Activity Program*

Practice Tips	Strategies
Share knowledge	Learning is a two-way street, have an attitude of learning from the group, rather than leading with Western knowledge.
Prompt all staff to engage in PA	All staff present at the group - not just Elders - should engage in the PA to promote and lead by example and build a positive group culture.
<i>Using Yarning Circles</i>	
Take a holistic approach to the program	Always offer a yarning circle (YC) as part of the PA program.
Prepare for the YC	Regardless of how many Elders are expected to attend, having the YC prepared (chairs in a circle) and visible as people enter the room is appealing, welcoming and appropriate.
Structure the YC	<ul style="list-style-type: none"> <li>• Seek help from Elders to plan the YC.</li> <li>• YC can have a formal structure, such as presenters speaking on health topics, informal such as Elders' socialising and talking about their family, health or holidays, or combine both formal and informal aspects.</li> <li>• For the introduction, know if an Elder would like to start the YC by a welcome (<i>see Table 1</i>). If the group is comfortable with the health worker starting off the YC discussion then that is also good.</li> <li>• Start by asking if anyone has something that they want to share with the group and generally this will start everyone joining in.</li> <li>• If it is a formal setting, have an agenda and give everyone a copy so they can see the discussion points especially if there is a guest speaker on a health topic that the Elders want to hear about.</li> <li>• Sometimes a YC will start with a minute silence if the community has had a loss, these moments are important because many Aboriginal people are passing away, and</li> </ul>

Practice Tips	Strategies
	<p>not necessarily just older people. Aboriginal health workers will know to do this.</p> <ul style="list-style-type: none"> <li>• For non-Aboriginal health workers, if they know there is something up, they can ask an Elders what has happened and take the initiative to do a minute silence for the loss in community.</li> </ul>
Introduce all group members and the team	<ul style="list-style-type: none"> <li>• At the first YC, schedule Elders to introduce themselves to the group, and the team to introduce themselves to the Elders.</li> <li>• Repeat this when new members join the group and at regular intervals.</li> </ul>
<i>Physical Activity</i>	
Use exercise circuits	<ul style="list-style-type: none"> <li>• Recognise Elders' ability and support them through the circuit as per health professional recommendations.</li> <li>• Aim to build Elders' confidence to participate.</li> </ul>
Allow Elders to lead	<ul style="list-style-type: none"> <li>• Allow Elders choice, including type of exercises, choosing equipment and who to be near, throughout the sessions.</li> </ul>
Make exercise enjoyable	<ul style="list-style-type: none"> <li>• Encourage fun, with activities such as ball games, obstacle courses, and dancing.</li> <li>• Offer choice of music.</li> <li>• Have equipment designed to promote participation and enjoyment.</li> </ul>
Build participation slowly	<ul style="list-style-type: none"> <li>• Extend the length of the exercise sessions gradually.</li> <li>• Allow Elders several weeks to increase their participation in the exercise sessions.</li> <li>• Start participation with easy exercises, e.g. walking and simple stretches, lower limb body weight exercises.</li> </ul>
Provide clear explanations about the exercises	<p>Give rationale for the exercise – e.g. explain how it is helping functional ability in daily life, explain importance of warming up, clearly mention number of repetitions and count down.</p>
Offer feedback to Elders	<ul style="list-style-type: none"> <li>• Move around to give each Elder specific and respectful one-to-one advice as needed to adapt exercise – have multiple levels of exercise difficulty.</li> </ul>

Practice Tips	Strategies
	<ul style="list-style-type: none"> <li>• Always support an Elder who may not be mentally or physically prepared to do PA, until they are ready to engage or be independent.</li> </ul>
Use positive affirmation	Warmly welcome and affirm Elders' attendance, effort and leadership in the PA space.
Consider social determinants of health	<ul style="list-style-type: none"> <li>• Acknowledge and respect Elders' time and freedom to attend medical treatments, hospitalisation, and funerals.</li> <li>• Offer transport or financial assistance to attend the PA program if required.</li> </ul>
<i>Safety and Security</i>	
Provide supervision	<ul style="list-style-type: none"> <li>• Display visual exercise prompts, include supports, e.g. chair support exercises, especially in early stages of the program so Elders feel safe.</li> <li>• Provide trained supervision.</li> </ul>
Have clear rules regarding mobile phones	All mobile phones should be switched off or to silent (Elders and staff) during the PA program.
Facilitate personal security	<ul style="list-style-type: none"> <li>• Use circuits and small group structures during exercise so Elders can feel comfortable that other group members are not observing them.</li> <li>• Have separate stations and equipment for varied abilities.</li> </ul>
Acknowledge community dynamics	<ul style="list-style-type: none"> <li>• Respectfully, always ask an Elder where they want to sit, allow them to make their own decision.</li> <li>• Be aware that community relationships mean that Elders may want to choose a safe place to sit and to avoid some community members.</li> </ul>
Privacy and space	<ul style="list-style-type: none"> <li>• Ensure there is space to allow Elders to do exercises easily and to feel comfortable.</li> <li>• Allow enough personal space around each participant.</li> <li>• Avoid exercises that require personal contact between participants. (<i>also see information regarding mixed genders in Table 1</i>).</li> </ul>
Promote the use of footwear	<ul style="list-style-type: none"> <li>• Encourage suitable footwear.</li> <li>• Some Elders may wish to go bare feet – check that the ground is safe to do so.</li> </ul>