Appendix 25

Coding frame for qualitative interviews

Topic area	No.	Code	Description of code	Example quote
Description	1	Access to services and information	Lack of access for the population; hoping to increase access to services for population	'that legislation came in but of course most of the promotion and everything was done in the mainstream profession and what we found is that a lot of the communities that weren't accessing mainstream media weren't getting those messages across … so there was a whole section of the New Zealand population that kind of missed that message' (P7, smoking, New Zealand)
	2	Assumptions	Researchers' assumptions about what cultural factors would be relevant or effective for the population	'I think about you know for, for African Americans or for groups that don't have a very, don't have a real obsession about being thin, you know the way that you talk about weight, the different terms that are used, the assumptions you make about whether people consider that their body size is problematic' (P11, physical activity and healthy eating, USA)
	3	Awareness raising	Awareness-raising efforts/ campaigns outside of the intervention, as a by-product of the intervention, as a direct result of the intervention	'they know from the school, they do lots of uh … health awareness about smoking and chewing stuff and we sort of do the … we do the … we working with the school' (P4, smoking, UK)
	4	Background	Information on how the intervention developed (excluding pilot/formative work); researchers' history and/ or experience leading to the intervention	'I worked with Asian immigrant refugee populations for years and I worked with the South East Asian, Vietnamese Cambodian communities as well as the Chinese community. And we've done a lot of work around lay health intervention' (P15, physical activity, USA)
	5	Community advisory or steering group	Needing or involving a community advisory or steering group formed for the purpose of the research, its benefits and the recommendations and actions stemming from the community advisory or steering group	'the other things were just small incentives to that that were, were cheap enough for us to afford and that the ah community advisor board thought would be appropriate' (P26, smoking, USA)
	6	Community considerations	Discussion of what is in the community's interest or active attempts to gauge this interest	'this is a journey, this is a long process, this is not a diet that you go on for a short period of time. A journey, but also for *your* best body so it, its for you to look and feel better but not necessarily to be thin and we conveyed a lot about how you really can't be there to take care of your family if you yourself are the one who is disabled or ill because stemming at least partly because of your weight' (P14, physical activity and healthy eating, USA)
	7	Community observations	Researchers' description of people in the community and description of the community physical environment	'it also means in terms of um what I guess academics call the informal market, which is you bring a load of stuff back in your suitcase [laughter] yeah, because if it's cheap here and chewing tobacco products are cheap, if it's cheap here it is ridiculous, absolutely ridiculously cheap in Bangladesh' (P5, smoking, UK)
	8	Community organisations or leaders	Needing or involving pre-existing community organisations or established leaders within the community; researchers discuss the benefits of this community advisory or steering group involvement, and recommendations and actions stemming from the involvement	'em what we did was we put out a request for proposals and we did fund ah organisations around the city, ah one was [name of organisation] and the [name of organisation] were the two Asian, the organisations who serve the Asian community that we gave grants to. Em and what we, our approach was that they would take the lead in creating a community advisory board and we really used community-based participatory research principles' (P18, smoking, USA)

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	9	Description of participants	Describing the intervention population	'we screened Indian and Pakistani people in [city] and [city], 35 years or older, with an oral glucose tolerance test to find those with impaired glucose levels [cough] and those people and members of their family were invited to take part in a [time] trial' (P1, healthy eating, UK)
	10	Evidence based (I)	When 'evidence-based' interventions are specifically discussed (the term is usually used)	'So there may be a higher level of sort of sophistication and em and this, people feel that if it's delivered through the church that's enough you know but they want the information to be high quality and not necessarily delivered by a pastor anymore, they want it to be delivered by a health professional. So there seems to be a shift taking place, or it may be more of an urban–rural shift, we're not really sure' (P22, healthy eating, USA)
	11	Formative research	Research work undertaken to inform the intervention	'they also take up eh Chinese herbal [mm mhm] medicine and I open the channel, I just dialogue with em people in the Chinatown and talk about how can you treat this diabetes. Sometimes even they chew on some leaves when some people tell them it work. … open mind and talk with people and collect all the data, what they are doing in terms of the diabetes. There's uh in the first of five years, I built all those kind of connection and, and data collection. Even before I have em a grant, before and I have all the connection set up already. The people know about me [mm mhm] so for five years' (P21, healthy eating, USA)
	12	Heterogeneity	Documenting researchers' observations of heterogeneity within the populations they are working with	'The other thing about Shanghai which might, it's different probably than in, than the populations you're looking into, is that it's really quite a em multiethnic city in terms of the food offered [mmm] and so in fact the people that em, many people who dine out there really do sometimes have Italian and they will have Japanese so, so you really need ah to provide the different ethnic options em to them there, which might not be the, it's not the same situation if you're looking at for example the Chinese population in ca, in em San Francisco or so. Well maybe not, I mean I guess anytime you stay in a city for any length of time or in a new country you do slowly adapt some of the other food taste, hamburgers and so forth' (P24, healthy eating, USA)
	13	Intervention attendance	Includes discussions on retention, attrition, attendance at sessions	'and other thing was fantastic was the attendance because normally you can call people and they do not turn up and then well it's no use you know [mm mhm], it defeats the entire purpose for these people who are coming because they felt very much at home that the information was getting across to them because it was culturally tailored to them' (P3, physical activity and healthy eating, UK)
	14	Intervention description	Description of intervention ethos; intervention aims and objectives and description of components (frequency, intensity)	'so the second show actually was em focused on em or the second intervention project em was focused on women with hypertension or who were at risk for hypertension [mm mhm] and they were women recruited from em clinic groups so em from a particular medical clinic or medical care provider' (P14, physical activity and healthy eating, USA)
	15	Intervention outcomes and results	Outcome measures, measurement tools, results, evaluation	'What we ended up finding was, that the policy the, the smoking prevalence dropped significantly in both communities which we attributed to the smoke-free air law and the tax increase' (P18, smoking, USA)

Topic area	No.	Code	Description of code	Example quote
	16	Intervention recruitment	Discussions relating to recruitment, including challenges and descriptions	'Now another challenge we had was em we had originally only enrolled women who em call themselves African American or black [mm mhm]. The first two shows we did that, our first two programmes we did that. And then in the, the last one with the churches em many cultural or many churches in and around [name of city] and [name of city] em are not strictly African American churches em where they used to be much more racially segregated em a lot of churches in this area are very multicultural and so just having that em requirement that the participants em participate only if they're African American or black or call themselves that em was a bit of an issue, I think it made people uncomfortable and I think it unnecessarily em caused a little bit of strife within some of the churches [mm mhm] and so we've decided for the last four churches anyway to remove that recruitment criteria. And we're not, we don't think that it's gonna make a big difference, we're still gonna probably get mostly African American women who are participating, but we think that it may make a big difference in terms of our relationship with those churches and also their comfort level with the recruitment process' (P14, physical activity and healthy eating, USA)
	17	Link with existing institutions/services (I)	Collaboration/working together on any components of the intervention (only when working together, not for incentives) and challenges of working with institutions and services	'There's also a lot of differences between churches and denominations in terms of the governance and the structure and some denominations have, like a Baptist denomination, has a consistent pastor that will be there for many years and so if they commit to working with you they're gonna stay with you, whereas other denominations like the AME, we found they rotate pastors every couple of years and so you start into it and once the new pastor comes in they may have a different priority eh and may decide not to, that they're not so enthused about working with you [laughs]. So that has been a problem in terms of you know often if, if a church, quits in the middle it's usually because there's a change in leadership [okay] so that was one thing in terms of working with an organisation' (P22, healthy eating, USA)
	18	Link with professionals (I)	Collaboration/working together on any components of the intervention (only when working together, not for incentives) and challenges of working with professionals (GPs, dieticians, etc.)	'the interesting thing was that they, some of them said that their regular customers who came in for prescriptions and other things like that knew about their service whereas sort of they weren't very good at getting new [mmm] customers [mm mhm] so um which was why some of them felt that having outreach workers in the community was a good thing [mmm] because it would target people who wouldn't necessarily know [mmm] that there um [right] a chemist was there' (P2, smoking, UK)
	19	Locations and physical environments (I)	In reference to a specific place for the intervention (type and geographical area); any challenges to the intervention associated with that place	'because I am living in [name of district] [mmm okay], they are living in [name of district] and then when we go to them, when we go to the local market then we will, we can see each other and they say hello, some people call me cigarette doctor [laughter], I always say I am not cigarette doctor, I am not doctor [laughter], somebody who is a cigarette doctor somebody is a doctor, I am not a doctor, I am a smoking advisor [mm mhm] and interesting things, one interesting things [long pause] like elderly people give up the smoking yeah and after six month they start again and he, he just saw me that passed the road and he's his hand is smoking he's just hiding smoking [laughter] like he's, he's seventy-year-old man but when he saw me just [laughter] [yeah] then say oh I'm sorry, sorry' (P4, smoking, UK)

Topic area	No.	Code	Description of code	Example quote
	20	Modelling	Intervention (educator, material) demonstrating or modelling health behaviours; participants modelling behaviour to peers and family members	'So we knew that we had their attention, that was one main reason cause they're a major target group because of their own health, and that's what we emphasised. But number two we also know that a woman in that age group, and certainly African American women, we know are the matriarchs of their families, so they are influencing not only their adult children but their grandchildren, their great grandchildren, their churches, their workplaces, they are very influential [mmm]. And so if we can change the lifestyle of one single woman, just one single woman in that age group, we have a major ripple effect that's going to impact on their entire community' (P23, general health, USA)
	21	Not involved with other activities (I)	Establishing boundaries around the intervention (in terms of scope and health areas covered)	'You know again in some ways we were sort of battling [partner organisation] sometimes as well, wanting to do something that wasn't just standard' (P8, healthy eating, UK)
	22	Outside influences (I)	Social, historical, ancestral influences on healthy or unhealthy behaviour (e.g. home country)	'Where they come from influence what they eat, but not the location and the cities in United States, have any influence on what they eat. … where they came from, from their original country, is it China but if they, they came from Hong Kong eh they like certain food, and from Taiwan they like a certain different kind of food, so it would be different' (P21, healthy eating, USA)
	23	Participant feedback	Concerns relating to the intervention components (medication, ethics, randomisation, confidentiality, etc.); positive and negative feedback about the intervention; learning and experiences relayed from participants to researchers	'Well I think some women who were not African American wanted to participate and felt excluded. Other women just felt that that was ridiculous that their friends were being excluded purely based on the colour of their skin, I mean it really is racially discriminatory against women who are not African American or black. And so and it was by design because the higher risk group is African American or black women, but within the context of the church that, that health risk is, is really immaterial' (P14, physical activity and healthy eating, USA)
	24	Participants' experiences with health	Participants' experiences with health and/or health care	'I mean we've only done a small amount of qualitative work but just generally people's attitudes about research trials, diabetes, understanding prevention and risk rather than, it's much easier to understand if you've got an illness and a disease and you get treatment. But to understand, well, you can actually prevent this happening I think is much harder, so I think that was quite complicated' (P1, healthy eating, UK)
	25	Participants' involvement with research	Past experiences with research or researchers	'No ah we didn't ever get funding to evaluate whether changes occurred in the control churches after they received the intervention [mm mhm]. I would say from, from other research that we've done that a lot of times em even though you give training to the control group or the control organisations, somehow the teachable moment has passed and a lot of times they don't implement it [laughs] [right] with the same enthusiasm and fidelity as the early intervention group does. So that is em one danger of you know assuming that the control group is going to go ahead and do it em sometimes they just don't do it. But we don't know that because we were not able to get funding to go longer and evaluate those churches' (P22, healthy eating, USA)

Topic area	No.	Code	Description of code	Example quote
	26	Political and/or policy environment	Anything concerning political will or the policy environment (enabling or inhibiting the intervention)	I: 'Is there any interest in doing interventions em like this one with the male population, the male em South Asian population?' P: 'Eh no not really em … no, there's not. I mean we tried, I've tried to track extra funding eh to do this. Ah part of the issue is the majority of the, the migrants who fit within this group actually reside within eh lower socioeconomic suburbs of [name of city] [mm mhm]. And there's another overlay that goes with that, those particular suburbs are safe em in terms of the political eh parties that always get voted in there, so there's safe Labour seats so em which means that essentially not a lot is changing there, you don't win votes by helping Pakistani women or men becoming healthier [mm mhm], and so funding, etc. that flows on there is limited' (P12, physical activity and healthy eating, Australia)
	27	Referrals to other services	Referrals to services for health or social problems outside of the intervention remit	'We make a lot of referrals, we refer to, to primary care clinics for blood pressure and other things that we identified, we refer to drug rehab programmes, em we refer for mental health; there's lots of depression [mm mhm]. We, we make referrals based on the… we see' (P16, smoking, USA)
	28	Social support	Relating to receiving support or not (within the intervention and outside of the intervention)	'the intervention group you know changed more initially but then those changes washed out faster, and even reversed in some cases, versus the control group that changed more slowly without all the handholding but you know made use of the social support of you know the other women in their, in their classes, and they were actually able to make a more sustainable change in terms of being able to stabilise their waist circumference' (P13, physical activity, USA)
	29	SES	Any reference to SES of participants, or adaptations for SES	'the area in which we did the where we had where our offices were located was in a low socioeconomic area. Em most of our participants were low poverty level or below, most of my clients did not ah have jobs or were between jobs, very transient sort of lifestyles. Eh we did have a few that were you know middle class that I can remember, eh most did not have any sort of college experience, a lot of them did not graduate from high school. Em so you know we were working with a very relatively low-educated low-income population' (P26, smoking, USA)
	30	Successes	When researchers/interviewees highlighted something that was particularly successful in the intervention	I: 'So would you consider this intervention that you ran to be quite successful?' P: 'Oh without a doubt, yeah. No, it, it, in terms of, we did some informal, I mean, more informal follow-up and that would say for example the fact that the swimming sessions continued on you know a number of the ladies who, we, we got some data on that eh who had participated in the pilot study and so some of them we collected bloods most probably 18 months down the track, after they'd finished and again yeah we most probably had you know in the pilot I think we ended up with nearly 20 women, and of those I would think most probably 50% had actually made a positive change in terms of their lifestyle. And we had, and that, that was with no active intervention since we eh we started the pilot' (P12, physical activity and healthy eating, Australia)
	31	Taking ownership	When the target community or community members or the intervention participants take ownership of the health promotion activities (or do not)	'And there is one more thing about the project which I should, I think I should mention. And that is that these physical activity groups are still ongoing, the project stopped in 2003 and now it's seven or nearly eight years afterwards, so it's a good, so that tells me that em eh there is something in the project that has been sustainable and without any eh pushing from me [yes] eh it mainly organised by the participants themselves but also with a little eh organised and financed, by a litt, small eh fee to pay eh em to attend but much cheaper than the commercial things' (P19, physical activity, Norway)

Topic area	No.	Code	Description of code	Example quote
Adaptation	32	Acculturation	Describing the level of acculturation, how level of acculturation has affected health behaviour and how acculturation affects intervention success	'the more sort of legitimate business with acculturated owners were much more likely to wanna work with us on their worksite wellness, integrating cessation into their worksite wellness, or even had a worksite wellness you know programme, than these very small, very newly immigrant-owned businesses who just really, they just, they just didn't get it, what we wanted to do' (P18, smoking, USA)
	33	Adaptation rationale	Thoughts behind carrying out the adaptation, why it is relevant to the population	'they had em lots of eh em information from em from the behaviour side for the US you know the US meetings we have certain [I wouldn't?] call them meeting guides, I don't know what they call them anymore, but you know some format for the leader to follow each week with some goal in mind as information that we want to share to help the, the person be successful in their weight loss. But there were cert, we certainly didn't know how these would translate to the, China and that's the kind of adaptation that, that were done by [name] and his group [okay]. So em but we were aware that there would be eh certainly some change is needed' (P24, healthy eating, USA)
	34	Age	Consideration of age and generational issues within the population	'We also mentioned, as we said, we have the facilitators and the experts. All of them are black women in mid-life. It was just as important to these women in, in the focus groups when we started, they said now don't bring in here as our fitness expert a 20 year old that weighs 110 lb and is perky right. They don't understand what we're going through with our back problems, our knee problems. So the issue is, age again is a very important piece of cultural competence' (P23, general health, USA)
	35	'Culture'	Consideration of 'culture' in relation to the population (not necessarily linked to adaptation, this represents more general discussion; where possible code text under 'gender', 'religion', 'age', 'family', 'work', 'soioeconomic status', 'food', 'language' as they are more specific codes)	'So, so the cultural adaptation is broadly defined in terms of something that would be appealing on the surface but also have some relevance to the context in which it, you know, permanent context in which people were living' (P11, physical activity and healthy eating, USA)
	36	Family and friends	Consideration of family and friends of the population	'But then of course as these are women, we always hook it into if you don't change your behaviour you're going to see in your grandchildren the statistics of women dying prematurely from preventable deaths. So we really try to do both, I mean we, we focus on expanding their sense of responsibility to themselves in terms of health but we always link it to how, if they change, it can help in terms of their community, in terms of their family and, and the rest of their community' (P23, general health, USA)
	37	Food	Any reference to food	'they view within their home that healthy food isn't acceptable [mm mhm], either to themselves or their family, or visitors, they come over and say oh those were horrible cause we know we recommend for instance bake your samosas and the women are like oh wait a minute, I would be considered a horrible hostess, if I did that, if I didn't offer them a [mithai] you know the Indian sweets whenever people were there then I would be a horrible hostess, and the pressure is so strong it would make them feel you know in a sense that they were ostracised from their community' (P8, healthy eating, UK)
	38	Gender	Consideration of gender issues relevant to the population	'the women couldn't get them on their saris, the saris not the best thing for a pedometer so they were trying their knickers and, and things like that. The men of course had no trouble on their belts. And the men would go out for a walk and their wives would be at home cooking dinner' (P16, smoking, USA)

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	39	Intervention health messages	The health message delivered or conveyed in the intervention, as told by the interviewees	'that was a scene that kept coming up in the focus groups, the smokers had said this is really hard, we don't like people to tell us that you know, you just, why haven't you quit it's so easy you know. Em but what was funny is that its the same tagline that the National Cancer Institute or the National Institute of Health had come up with years ago' (P18, smoking, USA)
	40	Intervention materials	Resources that researchers drew on or used or produced (booklets, pamphlets). Anything to do with lack of resources should be coded under 'funding'	'It was a picture of people who looked empowered, so that it was a group of Chinese Americans standing with sort of their arm crossed, a woman, a man and they looked healthy and, and in control of their lives [mm mhm] and that's what they wanted to project that, that quitting smoking em is associated with you know, in the same way that, that the tobacco industry promotes smoking as being associated with being empowered and you know cool and you know healthful and you know be rich and famous. They, they wanted to project the same thing for quitting and so you have this, it looked like professionals, young professionals, and some older em and ah you know standing just up there and then with this' (P18, smoking, USA)
	41	Language	Any reference to language or ability	'eh it would necessarily you know it would have to be available in the languages eh in which our participant would be most familiar. So we had the intervention materials adapted into Mandarin and Cantonese for our Chinese participants and Korean for our Korean participants, and they were also available in English for those participants who desired the English-language material' (P20, smoking, USA)
	42	Peer education and counselling	Recruiting and utilising peer workers for intervention (delivery, implementation, experience)	'But, but the, the, the eh the and the higher risk group persons, at least some of them, very successful in eh change their behaviour, started to walk eh in the district every, every evening eh every afternoon or evening, attend the classes eh walking classes which walked in the district and, and eh some of them lose weight so that anyone could, anybody could see that. Eh and they became very important role models for the others' (P19, physical activity, Norway)
	43	Population stressors	Sources of stress within the ethnic populations	'for other groups the stresses might be you know for example originally this was tailored to our low-income women, so for this group we tried to talk of you know discuss issues that were more relevant to men, other race-related issues that might be relevant such as the stress of dealing with you know recent immigration or other immigration-related issues, trying to find a job, trying to ah be able to support one's family and things of that nature. So the content was modified in that to some degree along those lines' (P20, smoking, USA)
	44	Preferences	Statements of general preference for intervention or health promotion techniques (where possible code text under 'gender', 'religion', 'age', 'family', 'work', 'socioeconomic status', 'food', 'language' as they are more specific codes)	'But getting back to their preferences, so they had a preference for em collectivism that we you know involved the whole neighbourhood, they had high preference for spirituality and in that all meetings were opened with prayer' (P16, smoking, USA)
	45	Religion and spirituality	If the intervention has been integrated into a religious setting or uses religious/spiritual components then code here; if just in a church location, for example, code under 'location'	'Religiosity is they attend church services and you know read their Bible and, and, and, listen to Gospel music and spirituality is more of an intimate personal relationship with God' (P16, smoking, USA)

Topic area	No.	Code	Description of code	Example quote
Theory	46	Intervention theory	Any mention of theory or concepts related to the intervention (rather than general discussion of theories)	'a group in Australia have developed, the ANGELO model, that is a useful grid for em kind of deconstructing macro and micro environments em physical economic em social cultural and policy eh and, and thinking through what might be different in communities of colour in order to you know what might be say excess risk factors compa, you know first of all what might be the risk factors or the influences but then which of these kind of em jump out at you as something that you know, where you know a comm, eh a community is worse off, and so that's, that's the kind of reasoning that would get us to looking at the food marketing environments for example' (P11, physical activity and healthy eating, USA)
Practical	47	Being flexible (I)	How the intervention or the research process was/should be flexible	'but one of the things that we found was that kids just abhorred having their fingers stuck, these are you know African American and Latino kids and so we just dropped the the eh serum glucose measure because … we were losing too many of our research participants you know even though they had parental consent and they had originally signed [consent?] after the first round of data collection they didn't wanna, they didn't wanna come back. So we, we were, we dropped it in favour of the other measures in being able to retain a larger proportion of our sample' (P13, physical activity, USA)
	48	Cost/cost-effectiveness	Costs associated with running the intervention or hypothetical alternatives, excluding incentives, and costs to participants (e.g. low cost, free)	'The truth is that any time you're gonna do a, whether we were in the black community, Hispanic community, we, we were gonna have to fund community organisations to do this work because you can't do this work unless you're in the community. So I don't think, I think doing any kind of tailoring or creating you know tailored programmes is a little, adds an expense to the existing programme, but then if you want to be effective in your, if you're in a city like [name of city] you, you don't really even think about it that way because it's the cost of doing business, it's, it's not a question of should we do this, its, you have to do it you know' (P18, smoking, USA)
	49	Effective strategies	Identifying specific aspects of the intervention thought to enhance effectiveness	'So we had found from our process evaluation that there were some key components which included em churchwide events that made fruits and vegetables available, em pastor support, talking with other church members and em the tailored messages, tailored newsletters seemed to be the ones that people cited the most often' (P22, healthy eating, USA)
	50	Funding (I)	Researchers' experiences with securing funding or description of the funding environment	'We just didn't have the resources to promote it the way we had hoped to promote that one, that, that event and that was partly because of the turnover at the City Health Department and the commissioner who had committed funds to this intervention left and the new commissioner came in and had his own agenda' (P18, smoking, USA)
	51	Incentives	Incentives given during the intervention to increase participation or retention	'we actually we were having such a hard time with recruitment towards the end that the last appointment em we bumped up that voucher card to uh if they, we told them at the beginning if they would complete all their appointments that they would get $40 in gift cards, if they missed em one I think they would get $35, if they missed two appointments they'd get $30 and if they just showed up for the last em contact then they would get $20' (P26, smoking, USA)
	52	Intervention issues raised	Challenges and issues within the actual intervention (delivery or components)	'The structure is, is very critical. But what we, what we don't know is really is one site different from another. Another thing we think we know, but we haven't documented it, is the facilitator is the key person to the success of the outcome of, of the and the effectiveness' (P23, general health, USA)

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	53	Personal experiences	This is in relation to the intervention under discussion, rather than past experiences – how the intervention has provided personal insights	'So me personally, no I'm not interested in doing, now granted if they want, if they did it the way I wanted, if they came to me and said we can give you £350,000 to do this intervention and you can pretty much do it the way you want and we'll just pay for it, hell yeah [mm mhm]. You know but absolutely not in terms of the way I've seen them do business. And I don't think it's just [name of slimming programme], I think that would be true of any sort of slimming programme you know, I haven't worked with them all, but in fact the others weren't even interested at all, they didn't even wanna tailor materials for anybody that wasn't white British' (P8, healthy eating, UK)
	54	Staff characteristics	Qualities that the staff possesses, e.g. skills or of the same ethnicity	'Of the same culture … South Asian and … struggled with obesity herself' (P8, healthy eating, UK)
	55	Staff management	Managing people and staff	'We actually had a few difficulties or should I say the management had a few difficulties with one particular outreach worker um who it, the role was probably not suited to him' (P2, smoking, UK)
	56	Staff safety (I)	Ensuring the safety of staff workers	'Well as a manager of a multisite project my concerns are safety, as I said we had a homicide last week we were with, we're experiencing a lot of shootings and, and you know violence in the neighbourhoods and to have outsiders come in, especially when we first go in its, it's alarming' (P16, smoking, USA)
	57	Sustainability	If the intervention or any components/staff continue after the formal research period	'So now we are just we are just enter, just ending the first year, the first year of a 3-year contract [okay] which is which has given everybody a lot of stability, a lot of eh confidence about what they're doing [mm mhm] and it's also we've also had additional money so we now have um basically the equivalent of two full-time male workers and two full-time female workers' (P5, smoking, UK)
	58	Unexpected findings (I)	Researchers reported surprising findings	'we tried to access eh em migrant I mean eh med, specific media channels but we don't know how much eh access, how much that helped eh but eh em but the, the, the strange thing then is was to see the results but even with with that little em specific adaptation we had a kind of breakthrough in ethnic minority groups' (P19, physical activity, Norway)
Lessons	59	Developing relationships	Researcher relationships with community members and leaders and gaining access to the community	'it's very time-consuming, one of the kind of ah ways of you know building trust and building partnership really have to do with spending time, going to the services, being there for events, listening. A lot of the things that go into community-based participatory research you know take a lot of time, so it's not like you just go in and recruit the church today and they start tomorrow' (P22, healthy eating, USA)
	60	Formalising the intervention (I)	Setting quality standards, creating manuals and guides, creating a distinct logo or brand	'We said we're gonna look at [name of a fast food chain] and see how they do it [laughs], a [name of a fast food chain] hamburger in New York is the same as the one in Edinburgh. But anyway, so the quality, one of the ways to maintain our quality em because we know it works and, and there are many ways, reasons that we know it works is to really eh be in charge of the training of future facilitators and community health leaders so that's a real important piece of what we're doing' (P23, general health, USA)
	61	Generalisability	Potential for generalisability (whether or not participants think it could be generalisable or have identified aspects in their intervention that would promote generalisability)	'I don't have any problem if we are identified in your research because the whole thing as I see it is about sharing and caring so it was quite interesting when I went down to my boss and I said oh look I really don't think I'll sign off on this part where it says here, the your point number 6 where it says I understand you won't put anything in your report that could be used to identify me and, and [name] says oh well scrub that out and oh no identify away' (P7, smoking, New Zealand)

Topic area	No.	Code	Description of code	Example quote
	62	Learnings	Take-home messages, lessons to be shared with others	'Lessons em is engaging with the community to make sure that this is something that they see as a priority and that they want to do [mm mhm], that you engage them to em to help develop, to come up with solutions to help, to, they need to be part of, of developing em an intervention and they have be part of the delivery of the intervention and evaluation and dissemination of the intervention, so they feel [ownership?] to it. I think that's the biggest lesson learned now' (P16, smoking, USA)
	63	Perseverance (I)	Researchers' perseverance with intervention or population	'it took me about 2 years to get eh permission to open up the swimming pool for these women at eh on the weekly basis, for few hours, which was just women only, and I had to go through many many steps because, because people who are, it's, it's very multicultural country but just eh when it comes to that sort of thing it was really really challenging, I had to go through various ah city councils and local eh government areas and all that just to get the permission for the women only because people eh it can eh classified as a discrimination against men and all, all, all that side of things. But finally because this, this part was taking so long but then' (P9, physical activity and healthy eating, Australia)
	64	Recognition of work (I)	External recognition of the work	'I think it was a big buzz for the team to realise you know that they were, they were this important, that they should have this priority placed upon them and resource, resources spent on them' (P5, smoking, UK)
	65	Staff capacity building (I)	Upskilling or training for staff	'taking lay people and upskilling them rather than taking people and trying to skill them in [out of?] the community I think would've been, I don't know actually how we would do that' (P7, smoking, New Zealand)

GP, general practitioner; I, inductive code; SES, socioeconomic status.