

APPENDIX A

Definitions

KEY DEFINITIONS

Eight key definitions were used to scope and focus the review.

HEALTH LITERACY

Health literacy represents basic skills (reading and writing) (functional health literacy), the cognitive and social skills (communicative health literacy) to actively participate in everyday living to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances to exert greater control over life events and situations (critical health literacy).⁴¹

LIFESTYLE RISK FACTORS

The lifestyle risk factors for inclusion were: smoking, nutrition, alcohol, physical activity, and weight.

LOW SOCIO-ECONOMIC STATUS

Low socio-economic status was determined by the studies stating that their population groups were of low socio-economic status.

LOW EDUCATION

Study participants were considered to have low education if they were reported not to have matriculated from secondary school or equivalent.

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Culturally and linguistically diverse communities (CALD) were considered to be ethnic minority groups including indigenous populations, African American and Latino populations.

PRIMARY HEALTH CARE

First level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most at need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes: health promotion, illness prevention, care of the sick, advocacy, and community development.

PROVIDERS

Providers were included in the review if they worked within a primary health care setting including general practice (family practice, primary care), community health, home nursing, private or public allied health, aboriginal and multi-cultural health and health education and information.

DRIVERS AND BARRIERS

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A driver or barrier influences behaviour of a provider, organization or consumer with regards to the uptake or use of an intervention. Two levels of drivers have been defined.⁴²

- **Primary drivers** are system components which will contribute to moving the primary outcome.
- **Secondary drivers** are elements of the associated primary driver. They can be used to create projects or change packages that will affect the primary driver.

A barrier must be known to be effective (evidence) in preventing the uptake or use of an intervention by an organization, provider or consumer that aimed to influence the knowledge, skills and motivation of consumers.

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CONCEPTUAL FRAMEWORK

Patient characteristics	Intervention	Provider	Drivers / Barriers	Health Literacy	Outcomes		
					Health Literacy Outcome*	Behaviour Change	Cost Outcome
Note: These are things known to predict level of health literacy	Note: Provided in two main settings: PHC (including family practice) Community	Note:	Note:	Note:	Note: One of these must be present in addition to SNAPW to prove effect through HL	Note: One of these must be present in addition to HL outcome	
Age Gender Ethnicity SES Education level Cognitive ability Cultural factors Medical conditions Lifestyle risks	Information – written, video, oral, pictures,	Doctor Nurse Allied health Educator Lay health worker	Individual Language Knowledge/beliefs Ideologies Experiences Medical conditions Social/community Environment Social support Social norms Networks Culture/Traditions Health system/provider Accessibility Interpreters Incentives Continuity of care Time / workload Communication skills Training Providers no. Provider types Up-to-date verbal and written information Inter-sectoral	Functional health literacy Health related knowledge Understanding	Disease knowledge, Health related skills, Health literacy score: TOFLA, REALM, HALS, TVS	Smoking status Nutrition Alcohol use Physical activity Weight	Cost of intervention, cost effectiveness cost utility, cost benefit, cost minimization
	Web based						
	Group self-management support, goal setting or education			Critical health literacy Cognitive skills Social skills Personal skills Self-efficacy			
	Individual Motivational interviewing or Coaching						
	Telephone based (eg coaching)						

*Lack of comprehensive measures of health literacy

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ELECTRONIC DATABASE SEARCH STRATEGIES

DATABASES SEARCHED

- APAIS
- Australasian Medical Index
- CINAHL
- Cochrane Library (includes DARE, EED, HTA)
- Community of Science
- Embase
- Google Scholar
- Joanna Briggs Institute (JBI)
- Psycinfo
- Scopus
- Social Science Index
- Web of Science

SEARCH TERMS

Search Fields	Search terms
Health Literacy	Health literacy, literacy, functional health literacy, interactive health literacy, knowledge, numeracy,
Outcomes	WRAT (Wide range achievement test), REALM (Rapid estimate of Adult Literacy in Medicine). TOFHLA (Test of functional health literacy in adults), HALS (Health Activity Literacy Scale), NVS (Newest Vital Sign), risk taking, exercise, smoking cessation, Social Support Scale, Diabetes Care Profile
Primary Health Care	Primary health care, primary medical care, primary care, general practice, family practice, community health, community health centres, general physician, community care, family physician, community based clinic, community nurse, primary health, primary medicine, community based, community health nursing, primary health care service delivery
Interventions	Health Promotion, group programs, group education, patient education, educational material, individual education, motivational interviewing, coaching, self management support, motivation, teaching, counseling, behaviour therapy, brief intervention, consumer health information, self management, self care
Lifestyle risk factors	Lifestyle Risk Factors, smoking, nutrition, alcohol, physical activity, obesity, weight, lifestyle change, lifestyle, risk factors, behavioural risk factors, food habits, health knowledge, health behaviour, lifestyle modification, lifestyle, lifestyle change
Economic	

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DATABASE SPECIFIC SEARCH TERMS

APAIS

Search Fields	Database specific terms (Text& MESH)
Health Literacy	Literacy, health, knowledge
Outcomes	Smokers, exercises, exercising, WRAT, REALM,
Primary Health Care	Medical/Health/, GP, nurse, nurse/, nurse/client
Interventions	Health/, group, group/, education, education/, educational, educate, educational/, self, self/, motivated, motivating, motivation, motivation/, motivational, motivators, motivator, counseling, counseling, coaching, intervention, interventions, brief, information, information/
Lifestyle risk factors	Smoking, nutrition, nutritional, alcohol, alcohol/, exercise, exercising, obesity, obese, weight, lifestyle, lifestyles, behaviour, behaviour/, behavioural, behavioural/,

CINAHL

Search Fields	Database specific terms (Text& MESH)
Health Literacy	Information literacy, literacy, computer literacy, functional health literacy (keyword), health knowledge, knowledge (keyword)
Outcomes	
Primary Health Care	Primary Health Care, patient centred care, medical care, family practice, professional practice, medical practice, nursing practice, community health centers, community health nursing, community health services, community health workers, community networks, community health (keyword)
Interventions	Self care, health promotion, health promoting behaviour, support groups, patient education, teaching materials, motivational interviewing, motivation, coaching (keyword), decision support systems, nutritional support
Lifestyle risk factors	Risk factors, cardiovascular risk factors, smoking, smoking cessation programs, nutrition, nutrition services, home nutritional support, nutritional assessment, nutritional counseling, alcohol
Economic	Health Resources Allocation

EMBASE

Search Fields	Database specific terms (Text& MESH)
Health Literacy	health literacy.mp. functional health literacy.mp. interactive health literacy.mp. critical health literacy.mp. health knowledge.mp.
Outcomes	TOFHLA.tw. social support scale.mp. HALS.tw. diabetes care profile.mp. nvs.mp. realm.mp. wrat.mp. exp rating scale/ or exp scoring system/ exp rating scale/ or exp scoring system/ exp questionnaire/ exp psychological rating scale/
Primary Health Care	exp primary health care/ exp general practice/ exp General Practitioner/ exp community care/ or exp community health nursing/ (general adj1 practi\$).tw. (gps or gp).tw. (family adj1 doctor\$).tw. (family adj1 physician\$).tw. (family adj1 pract\$).tw. (primary adj1 care).tw. primary health.tw. family medicine.tw. practice nurse.mp.
Interventions	group program.mp. health promotion.mp. or exp Health Promotion/ exp Motivation/ exp diabetes education/ or exp health promotion/ or exp nutrition education/ or exp patient education/ exp Behavior Therapy/ or exp motivational interviewing/ or motivational interviewing.mp. exp education program/ exp "Outcome of Education"/ exp Teaching/ Risk reduction behavio*r.mp. exp high risk behavior/ or exp risk factor/ or exp risk management/ or exp risk reduction/ exp Counseling/ or exp Patient Counseling/ or counseling.mp. or exp Nutritional Counseling/ exp patient guidance/ or exp peer counseling/ exp exercise/ or exp physical

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	activity/ exp physical capacity/ exercise.mp. physical activity.mp. brief intervention.mp. exp consumer health information/ or exp patient information/ exp Self Care/ self-manage\$.tw
Lifestyle risk factors	exp Smoking/ exp Obesity/ exp alcohol consumption/ exp Feeding Behavior/ exp Physical Activity/ or exp Exercise/
Economic	

MEDLINE

Search Fields	Database specific terms (Text& MESH)
Health Literacy	Patient Education as Topic/ or exp Health Education/ or health literacy.mp. or exp Health Knowledge, Attitudes, Practice/ exp Patient Compliance/ exp Educational Status/ (functional adj health adj literacy).tw. interactive health literacy.tw. critical health literacy.tw.
Outcomes	wrat.tw. realm.tw. tofhla.tw. hals.tw. social support scale.tw. diabetes care profile.tw. newest vital sign.tw. exp Physician-Patient Relations/ exp Self Efficacy/ exp rating scale/ or exp scoring system/ exp questionnaire/ exp Psychological Rating Scale/
Primary Health Care	Primary Health Care/ exp Comprehensive Health Care/exp Patient Care Management/exp Family Practice/exp Physicians, Family/exp Community Health Services/ (primary adj1 (care or health)).tw. (family adj1 (doct\$ or medic\$ or pract\$ or physic\$)).tw. (general adj1 pract\$).tw. (gp or gps).tw.
Interventions	exp Health Promotion/ exp Motivation/ motivation\$ interviewing.tw. exp Behavior Therapy/ exp Risk Reduction Behavior/ exp Consumer Health Information/ exp Smoking Cessation/ self management.mp. exercise.mp. or exp Exercise/ brief intervention.mp. exp nutrition assessment/ exp Patient Education as Topic/ exp Self Care/ed [Education] exp Self Care/ "group education".mp. exp Education/
Lifestyle risk factors	exp Smoking/ec, pc [Economics, Prevention & Control] exp drinking behavior/ or exp alcohol drinking/ or exp feeding behavior/ or exp habits/ or exp health behavior/ exp Exercise/ exp Overweight/ exp Obesity/ exp risk factors/ exp Life Style/ exp Health Behavior/
Economic	

PSYCHINFO

Search Fields	Database specific terms (Text& MESH)
Health Literacy	Health knowledge, literacy, literacy programs, functional knowledge, procedural knowledge, functional status, ability level,
Outcomes	Health locus of control, readiness to change, consumer satisfaction, self efficacy, self control, self confidence, self congruence, wide range achievement test, health behaviour, social support, social support networks
Primary Health Care	Primary health care, general practitioners, community services,
Interventions	Health promotion, health screening, groups, social groups, group intervention, group instruction, client education, client participation, motivational interviewing, coaching psychology, individual education programs, problem solving, self medication, self monitoring, self referral, readiness to change, teaching, teaching methods, psychotherapeutic processes, self management, self care skills
Lifestyle risk factors	Tobacco smoking, smoking cessation, nutrition, ethanol, alcohol drinking attitudes, alcohol drinking patterns, drug education, physical activity, obesity, obesity attitudes towards, body weight, weight control, weight gain, weight loss, weight perception, lifestyle changes, risk factors, risk management, at risk populations, risk taking, food

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	intake,
Economic	Health care utilization, health status disparities, health care costs, health care economics,

SCOPUS

Search Fields	Database specific terms (Text& MESH)
Health Literacy	
Outcomes	
Primary Health Care	physician
Interventions	
Lifestyle risk factors	Behaviour modification, habit
Economic	

APPENDIX D

QUALITY ASSESSMENT TOOL FOR QUANTITATIVE STUDIES COMPONENT

RATINGS A) SELECTION BIAS

Ref ID: _____
Author: _____
Year: _____
Reviewer: _____

(Q1) Are the individuals selected to participate in the study likely to be representative of the target population?

Very Likely Somewhat Likely Not Likely

(Q2) What percentage of selected individuals agreed to participate?

80 - 100% 60 – 79% Less than 60% Not Reported Not Applicable Agreement Agreement Agreement

Rate this section (see dictionary)	Strong	Moderate	Weak
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B) ALLOCATION BIAS

Indicate the study design

RCT Quasi-Experimental Case-control, Before/After study,
(go to i) (go to C) No control group, or Other:
_____ (go to C)

(i) Is the method of random allocation stated? Yes No

(ii) If the method of random allocation is stated is it appropriate? Yes No

(iii) Was the method of random allocation reported as concealed? Yes No

Rate this section (see dictionary)	Strong	Moderate	Weak
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C) CONFOUNDERS

(Q1) Prior to the intervention were there between group differences for important confounders reported in the paper?

Yes No Can't Tell Please refer to your Review Group list of confounders.

See the dictionary for some examples. Relevant Confounders reported in the study:
(Q2) If there were differences between groups for important confounders, were they adequately managed in the analysis?

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Yes

No

Not Applicable

(Q3) Were there important confounders not reported in the paper?

Yes

No

Relevant Confounders NOT reported in the study:

Rate this section (see dictionary)	Strong	Moderate	Weak
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D) BLINDING

(Q1) Was (were) the outcome assessor(s) blinded to the intervention or exposure status of participants?

Yes

No Not Reported Not Applicable

Rate this section (see dictionary)	Strong	Weak	Not Applicable
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E) DATA COLLECTION METHODS (Q1)

Were data collection tools shown or are they known to be valid? Yes No

(Q2) Were data collection tools shown or are they known to be reliable?

Yes

No

Rate this section (see dictionary)	Strong	Moderate	Weak
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F) WITHDRAWALS AND DROP-OUTS

(Q1) Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).

80 -100% 60 - 79% Less than Not Reported Not Applicable
60%

Rate this section (see dictionary)	Strong	Moderate	Weak	Not Applicable
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G) ANALYSIS (Q1) Is there a sample size calculation or power

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calculation?

Yes Partially

No

(Q2) Is there a statistically significant difference between groups?

Yes

No Not Reported

(Q3) Are the statistical methods appropriate?

Yes

No Not Reported

(Q4a) Indicate the unit of allocation (circle one)

Community

Organization/
Institution

Group

Provider

Client

(Q4b) Indicate the unit of analysis (circle one)

Community

Organization/
Institution

Group

Provider

Client

(Q4c) If 4a and 4b are different, was the cluster analysis done?

Yes

No Not Applicable

(Q5) Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?

Yes

No Can't Tell

H) INTERVENTION INTEGRITY

(Q1) What percentage of participants received the allocated intervention or exposure of interest?

80 -100% 60 - 79% Less than 60% Not Reported Not Applicable

(Q2) Was the consistency of the intervention measured?

Yes No Not reported Not Applicable

SUMMARY OF COMPONENT RATINGS

Please transcribe the information from the gray boxes on pages 1-3 onto this page.

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A SELECTION BIAS

Rate this section (see dictionary)	Strong	Moderate	Weak
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B STUDY DESIGN

Rate this section (see dictionary)	Strong	Moderate	Weak
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CONFOUNDERS

Rate this section (see dictionary)	Strong	Moderate	Weak
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D BLINDING

Rate this section (see dictionary)	Strong	Weak	Not Applicable
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E DATA COLLECTION METHODS

Rate this section (see dictionary)	Strong	Moderate	Weak
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F WITHDRAWALS AND DROPOUTS

Rate this section (see dictionary)	Strong	Moderate	Weak	Not Applicable
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G ANALYSIS Comments

H INTERVENTION INTEGRITY Comments

WITH BOTH REVIEWERS DISCUSSING THE RATINGS:

Is there a discrepancy between the two reviewers with respect to the component ratings?

No Yes

If yes, indicate the reason for the discrepancy

1Oversight

2Differences in

3Differences in

APPENDIX D

Interpretation of Criteria Interpretation of Study

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APPENDIX E

Table: Typology of Health Literacy Interventions and whether or not they were associated with significant outcomes related to disease or risk factor knowledge, self-efficacy, stage of change, patient activation, patient skills, shared decision making

√ = intervention associated with a significant HL outcome

(1) = number of studies that reported using the health literacy intervention in relation to the significant finding per outcome type

X = intervention not associated with a significant HL outcome

Bold & italic text = Interventions used in the studies that were found not to have a significant HL outcome

ID	Health Literacy Intervention	Impact on Health Literacy Components						SNAP outcome sig.	SNAP outcome Not Sig.
		Knowledge	Self Efficacy	Stage of Change	Pt Activation	Pt Skills	Shared decision making		
ID	Group Education								
2,4, 57, 80, & 274	Group Education	√ (4)	√ (1) (ID274) X (1) (ID57)			X (ID80)		N,W&P (ID4), N (ID57&80)	W (ID 2)
348	Group Education + culturally sensitive curriculum	√ (1)	X (1)	√ (1)				P	
139	Group education + 1 additional individual session	√ (1)						N	
427	Group education + booklets (core information) + stage based letter		X (1)	√ (1)				N	
314	Group education targeting participants stage of change +culturally appropriate written resources + decision tree			√ (1)				Not reported	Not reported
341	Language specific SM Program + audiocassette + program booklet		√ (1)					P	
92	CDSMP		√ (1)					N&P	
322	2.5 non residential education + weekly meetings for 6 months with small group support		√ (1)					N&P	S
200	Lifestyle intervention program		√ (1)						S
40	Cognitive & behavioural strategies + Motivational Interviewing	√ (1)	√ (1)	X (1)				P	
313	Tailored activities by language & culture relevance with cooking and exercise classes	√ (1)		√ (1)				W	P
108	Health promotion train the trainer sessions in the community	X				√ (1)			N,P
ID	Motivational Interviewing and Counseling								
42	Disease education (COPD) & counseling on RF	√ (1)						P & S	
286	Individual consultation + advice by nurse					√ (1)			
318	Individual brief counseling by a nurse (1-3 sessions)		√ (1)	√ (1)				P	S
360	Lifestyle Counselling			√ (1)				P	
418	Motivational Counselling + patient setting targets			√ (1)				S	

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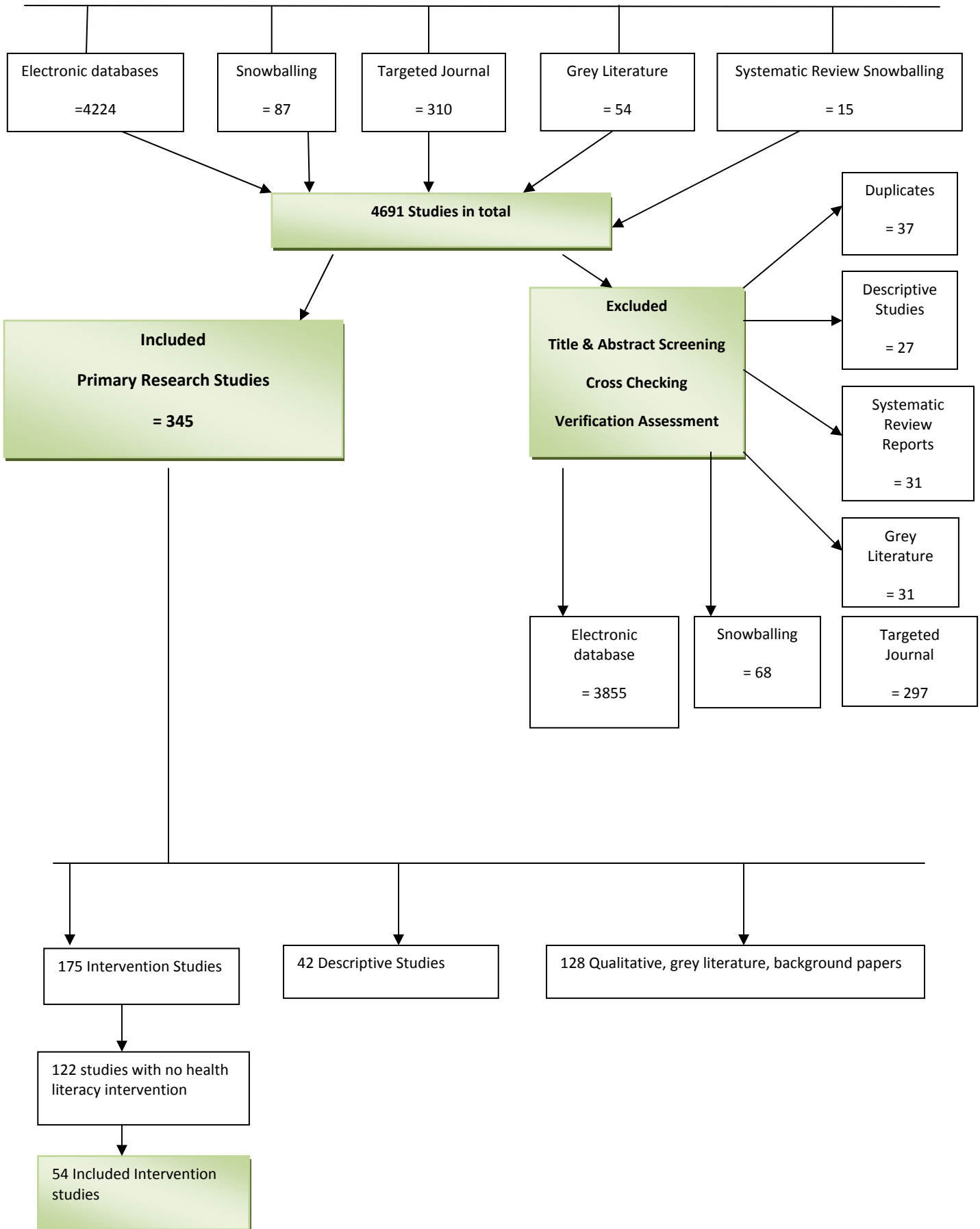
	Health Literacy Intervention	Impact on Health Literacy Components						SNAP outcome sig.	SNAP outcome Not sig.
		Knowledge	Self Efficacy	Stage of Change	Pt Activation	Pt Skills	Shared decision making		
419	Motivational counseling + patient setting goals + activity log + examples of activities**		X (1)	√ (1)				P	
170	Individual physician tailored counseling + 2 phone calls (5-10mins) + follow up consultation			√ (1)				P	
110	Brief behavior based counseling using PACE tool		X (1)					P	
423	Brief advice by a doctor followed by counseling		X (1)						S
50	Individualised motivational counseling, goal setting + PA prescription + mailed monthly materials			X(1)					P
	Mixed interventions								
426	General advice and written materials or counseling and 4 staged booklets or 4 staged booklets and action planner for all groups		X (1)	√ (1)					P
425	Exercise Prescription provide by GP + counseling by practice nurses and booklet			√ (1)				P	
102	Training program to providers to give information + advice to patients								W
420	Tailored recommendations & stage matched booklets by mail + Motivational Counseling + personalized letter + physician endorsement +option of referral to counselor			√ (1)				N	
416	6 group sessions, 1 individualised counseling + diary	Unsure		Unsure				W	NP
421	A series of tailored feedback, brief telephone counseling+booklets	√ (1)	√ (1)					N	
180	Range of activities by lay community members to be health promotion leaders	Unsure			Unsure			N, P	
81	Group education + community development (one off special events)	√ (1)	√ (1)	√ (1)				N	S, A, P
399	Group education (Stanford Nutrition Action Program) + multiple mail/telephone follow up calls	√ (1)	√ (1)					N	W
131	Group education mix with individual education sessions		√ (1)					W	
252	Individual counseling & feedback on stage of change + take home leaflets + offer of referral to PA specialist (at ¼ of cost) + follow up session computer assisted tool (PA & motivation assessment) + telephone reminders (3)			X (1)					P
332	Computer feedback with nurse + stage based RF manual + audio-tapes + stress management exercise instructions			√ (1)				S	
	Computer								
350	Self Guided interactive computer program + goal setting + handouts			√ (1)				N	
285	Internet-delivered, computer-tailored lifestyle intervention			X (1)				N,P	S

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Written material									
347	Tailored nutrition newsletters & profile feedback related to stage of change	√ (1)		√ (1)					N
481	Tailored letter			√ (1)					S
35	3 iterative tailored feedback letters		√ (1)						P, N
356	Self help materials			X (1)			X (1)		N
428	Asked if a smoker and given a brochure	HL results not reported for patients							S
351	Written materials + Postcards + Email + Newsletter	√ (1)							N, P
358	Repeated mailing (3 times) Self-help manuals + motivational messages related to stage of change			√ (1)					P
259	individually-tailored behavior change information with health risk assessment			X (1)					SNP
375	8-Week Mailed Healthy-Weight Intervention	Unsure	X (1)	X (1)	X (1)				N
353	Individual & tailored counseling messages + motivationally matched manuals + feedback on progress		√ (1)	√ (1)					P
354 & 355	Mailed computer generated profile reports (stage of change, use of change processes, pros & cons of changing) + self help manual + strategies on how to progress stages			√ (1)					S & N (ID 354 & 355)
Telephone									
12	Telephone Counselling + exercise logs		√ (1)						P
334	Telephone individual education & mailed brochure	√ (1)		√ (1)					P

Appendix F

Results of Search Strategy



APPENDIX G

Included Research studies

1. Adolfsson ET, Walker-Engstram ML, Smide B, Wikblad K. Patient education in type 2 diabetes-A randomized controlled 1-year follow-up study. *Diabetes Research and Clinical Practice*. 2007;76(3):341-50.
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16. Fries E, Edinboro P, McClish D, Manion L, Bowen D, Beresford S, et al. Randomized trial of a low-intensity dietary intervention in rural residents: the Rural Physician Cancer Prevention Project. . *Am J Prev Med*. 2005;28:162-8.
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Included Intervention studies and summary of results

ID	Authors	Title	Journal	Year	Country	Intervention type	SNAP significant	Health literacy significant
2	Adolfsson ET, Walker-Engstram ML, Smide B, Wikblad K	Patient education in type 2 diabetes-A randomized controlled 1-year follow-up study	Diabetes Research and Clinical Practice	2007	Sweden	Group education	-	K
4	Aldana SG, Greenlaw RL, Diehl HA, Salberg A, Merrill RM, Ohmine S, et al	Effects of an intensive diet and physical activity modification program on the health risks of adults	Journal of the American Dietetic Association	2005	Sweden	Group education	N,W,P	K
285	Oenema A, Brug J, Dijkstra A, de Weerd I, de Vries H	Efficacy and use of an internet-delivered computer-tailored lifestyle intervention, targeting saturated fat intake, physical activity and smoking cessation: a randomized controlled trial	Annals of Behavioral Medicine	2008	Netherlands	Computer	N,P	-
200	Boylan MJ, Renier CM, Knuths JS, Haller IV	Preventing cardiovascular disease in women: an intervention-control randomized study	Minnesota medicine	2003	USA	Group education	-	SE
356	Beresford SA SJC, A R Kristal, D Lazovich, Z Feng and E H Wagner	A dietary intervention in primary care practice: the Eating Patterns Study.	American Journal of Public Health	1997	USA	Written materials	N	-
347	Campbell J, Aday RH	Improving dietary behavior: the effectiveness of tailored messages in primary care settings	Am J Public Health	1994	USA	Written materials	N	SC
35	de Vries H, Kremers SP, Smeets T, Brug J, Eijmael K	The effectiveness of tailored feedback and action plans in an intervention addressing multiple health behaviors	American journal of health promotion	2008	Netherlands	Written materials	P,N	SC, Other HL
40	Dunn AL, Marcus BH, Kampert JB, Garcia ME, Kohl HW, Blair SN	Reduction in cardiovascular disease risk factors: 6-month results from Project Active	Preventive Medicine	1997	USA	Motivational interviewing and counseling	P	K,SE
110	Norris SL, Grothaus LC, Buchner DM, Pratt M	Effectiveness of physician-based assessment and counseling for exercise in a staff model HMO	Preventive Medicine	2000	USA	Motivational interviewing and counseling	P	-
42	Efraimsson EÄ, Hillervik C, Ehrenberg A	Effects of COPD self-care management education at a nurse-led primary health care clinic	Scandinavian Journal of Caring Sciences	2008	Sweden	Motivational interviewing and counseling	S,P	K
341	Swerissen H, Belfrage J, Weeks A, Jordan L, Walker C, Furler J, et al	A Randomized Controlled Trial of Financial Incentives for Smoking Cessation	Patient Education and Counseling	2006	Australia	Group education	P	SE
318	Steptoe A, Rink E, Kerry	Psychosocial predictors of changes in	Preventive	2000	UK	Motivational	P	SE,SC

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ID	Authors	Title	Journal	Year	Country	Intervention type	SNAP significant	Health literacy significant
	S	physical activity in overweight sedentary adults following counseling in primary care	Medicine			interviewing and counseling		
322	Toobert DJ, Glasgow RE, Strycker LA, Barrera M, Ritzwoller DP, Weidner G	Long-term effects of the Mediterranean lifestyle program: a randomized clinical trial for postmenopausal women with type 2 diabetes	International Journal of Behavioral Nutrition and Physical Activity	2007	USA	Group education	N,P	SE, SS
313	Simmons D, Voyle JA, Fout F, Feot S, Leakehe L	Tale of two churches: Differential impact of a church-based diabetes control programme among Pacific Islands people in New Zealand	Diabetic Medicine	2003	New Zealand	Group education	W	K,SC
102	Moore H, Summerbell CD, Greenwood DC, Tovey P, Griffiths J, Henderson M, Hesketh K, Woogar S, Adamson AJ.	Improving management of obesity in primary care: Cluster randomised trial	British Medical Journal	2003	UK	Multiple intervention	-	-
274	Miller CK, Edwards L, Kissling G, Sanville L	Evaluation of a theory-based nutrition intervention for older adults with diabetes mellitus	Journal of the American Dietetic Association	2002	USA	Group education	NR	SE
139	Sadur CN, Moline N, Costa M, Michalik D, Mendlowitz D, Roller S, et al	Diabetes management in a health maintenance organization: Efficacy of care management using cluster visits	Diabetes Care	1999	USA	Group education	N	K,SE
131	Ridgeway NA, Harvill DR, Harvill LM, Falin TM, Forester GM, Gose OD	Improved control of type 2 diabetes mellitus: A practical education/behavior modification program in a primary care clinic	Southern Medical Journal	1999	USA	Multiple intervention	W	K
50	Goldstein MG, Pinto BM, Marcus BH, Lynn H, Jette AM, Rakowski W, et al	Physician-based physical activity counseling for middle-aged and older adults: a randomized trial	Annals of Behavioral Medicine	1999	USA	Motivational interviewing and counseling	-	-
360	Graham-Clarke P, Oldenburg B	The effectiveness of a general-practice-based physical activity intervention on patient physical activity status	Behaviour Change	1994	Australia	Motivational interviewing and counseling	-	SC
259	Kreuter MW, Strecher VJ	Do tailored behavior change messages enhance the effectiveness of health risk appraisal? Results from a randomized trial	Health Education Research	1996	USA	Written materials	-	-
314	Ryan A, Smith C	Change for Life/Cambia tu vida: a health promotion program based on the stages of change model for African descendent and	Preventing Chronic Disease	2006	USA	Group education	NR	SC

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ID	Authors	Title	Journal	Year	Country	Intervention type	SNAP significant	Health literacy significant
		Latino adults in New Hampshire						
358	Marcus B H Emmons KM, Simkin-Silverman L R, Linnan L A, Taylor E R, Bock B C, Roberts M B, Rossi J S, Abrams D B	Evaluation of motivationally tailored vs standard self-help physical activity interventions at the workplace	American journal of health promotion	1998	USA	Written material	-	SC
286	Ogden J, Hoppe R	The relative effectiveness of two styles of educational package to change practice nurses' management of obesity	International Journal of Obesity	1997	UK	Motivational interviewing and counseling	-	PS
108	Nies MA, Artinian NT, Schim SM, Vander Wal JS, Sherrick-Escamilla S	Effects of lay health educator interventions on activity, diet, and health risks in an urban Mexican American community	Journal of Primary Prevention	2004	USA	Group education	NR	-
12	Brassington GS, Atienza AA, Perczek RE, DiLorenzo TM, King AC	Intervention-Related Cognitive Versus Social Mediators of Exercise Adherence in the Elderly	American Journal of Preventive Medicine	2002	USA	Telephone	-	SE
57	Hartman TJ, McCarthy PR, Park RJ, Schuster E, Kushi LH	Results of a community-based low-literacy nutrition education program	Journal of Community Health	1997	USA	Group education	N	-
332	Hoffman AM, Redding CA, Goldberg D, Añel D, Prochaska JO, Meyer PM, et al	Computer expert systems for African-American smokers in physicians offices: A feasibility study	Preventive Medicine	2006	USA	Multiple intervention	S	SC
252	Jimmy G, Martin BW	Implementation and effectiveness of a primary care based physical activity counselling scheme	Patient Education and Counseling	2005	Switzerland	Multiple intervention	-	-
80	Klassen AC, Garrett-Mayer E, Houts PS, Shankar S, Torio CM	The relationship of body size to participation and success in a fruits and vegetables intervention among low-income women	Journal of Community Health	2008	USA	Group education	N	NR
351	Koffman DM BT, Mosca L, Redberg R, Schmid T, Wattigney WA	An evaluation of Choose to Move 1999: an American Heart Association physical activity program for women.	Archives of Internal Medicine	2001	USA	Written materials	N,P	K
	Marcus BH BB, Pinto BM, Forsyth LH, Roberts MB, Traficante RM	Efficacy of an individualized, motivationally-tailored physical activity intervention	Annals of Behavioral Medicine	1998			P	SE,SC
353	Bock Beth C, Pinto Bernardine M	Maintenance of Physical Activity Following an Individualized Motivationally Tailored Intervention	Ann Behav Med.	2001	USA	Written materials		
92	Lorig KR, Ritter PL, Jacquez A	Outcomes of border health Spanish/English Chronic Disease Self-	Diabetes Educator	2005	USA	Group education	N,P	SE

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ID	Authors	Title	Journal	Year	Country	Intervention type	SNAP significant	Health literacy significant
		management Programs						
180	Yajima S, Takano T, Nakamura K, Watanabe M	Effectiveness of a community leaders' programme to promote healthy lifestyles in Tokyo, Japan	Health Promotion International	2001	Japan	Multiple intervention	N,P	HL, interest and access to info
416	Agurs-Collins, TD, Kumanyika, SK, Ten Have, TR, Adams-Campbell, LL	A randomised controlled trial of weight reduction and exercise for diabetes management in older African-American subjects.	Diabetes Care	1997	USA	Multiple intervention	W	-
418	Butler, CC, Rollnick, S, Cohen, D et al,	Motivational consulting versus brief advice for smokers in general practice: a randomized trial	British Journal of General Practice	1999	UK	Motivational interviewing and counseling	S	SC
419	Calfas, KJ, Sallis, JF, Oldenburg, B et al,	Mediators of change in physical activity following an intervention in primary care: PACE	Preventive Medicine	1997	USA	Motivational interviewing and counseling	P	SC
420	Delichatsios, HK, Hunt, MK, Lobb, R et al,	EatSmart: efficacy of a multifaceted preventive nutrition intervention in clinical practice	Preventive Medicine	2001	USA	Multiple intervention	N	SC
421	Fries,E, Edinboro, P, McClish, D, Manion, L, Bowen, D, Beresford, SAA, Ripley, J	Randomized trial of a low-intensity dietary intervention in rural residents: the Rural Physician Cancer Prevention Project.	American Journal of Preventive Medicine	2005	USA	Multiple intervention	N	-
423	Lancaster, T, Dobbie, W, Vos, K et al	Randomized trial of nurse-assisted strategies for smoking cessation in primary care	British Journal of General Practice	1999	UK	Motivational interviewing and counseling	S	-
425	Little, P, Dorward, M, Gralton, S, Hammerton, L, Pillinger, J, White, P et al.	A randomised controlled trial of three pragmatic approaches to initiate increased physical activity in sedentary patients with risk factors for cardiovascular disease.	British Journal of General Practice	2004	UK	Multiple intervention	P	SC
426	Naylor, PJ, Simmonds, G, Riddoch, C et al.	Comparison of stage-matched and unmatched interventions to promote exercise behaviour in the primary care setting	Health Education Research	1999	UK	Multiple intervention	P	SC
427	Siero, FW, Broer, J, Bemelmans, WJ, Meyboom-de Jong, BM	Impact of group nutrition education and surplus value of Prochaska-based stage-matched information on health-related cognitions and on Mediterranean nutrition behavior.	Health Education Research	2000	Netherlands	Group education	N	SC
348	Collins R, Lee RE, Albright CL, King AC	Ready to be Physically Active? The Effects of a Course Preparing Low-Income	Health Educ Behav	2004	USA	Group education	P	K,SC,SS

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ID	Authors	Title	Journal	Year	Country	Intervention type	SNAP significant	Health literacy significant
		Multiethnic Women to be more Physically Active						
350	Gladys Block PW, Rochelle Mandel, Diane Metz, Mary L Fujii, Nancy Feldman, and Barbara Sutherland	A Randomized Trial of the Little by Little CD-ROM: Demonstrated Effectiveness in Increasing Fruit and Vegetable Intake in a Low-income Population	Preventing chronic disease	2004	USA	Computer	N	SC
354	Prochaska JO, Velicer WF, Redding C, Rossi JS, Goldstein M, DePue J, et al	Stage-based expert systems to guide a population of primary care patients to quit smoking, eat healthier, prevent skin cancer, and receive regular mammograms	Preventive Medicine	2005	USA	Written materials	S,N	SC
355	Prochaska JO, Velicer WF, Rossi JS, Redding CA, Greene GW, Rossi SR, et al	Multiple Risk Expert Systems Interventions: Impact of Simultaneous Stage-Matched Expert System Interventions for Smoking, High-Fat Diet, and Sun Exposure in a Population of Parents	Health Psychology	2004	USA	Written materials	S,N	SC
428	Slama K, Redman S, Perkins J et al	The effectiveness of two smoking cessation programmes for use in general practice: a randomised controlled trial.	BMJ Publishing Group Ltd	1990	Australia	Written materials	S	-
81	Kloek GC, van Lenthe FJ, van Nierop PWM, Koelen MA, Mackenbach JP	Impact evaluation of a Dutch community intervention to improve health-related behaviour in deprived neighbourhoods	Health and Place	2006	Netherlands	Multiple intervention	N	K,SE,SC
481	Lennox A, Osman LM, Reiter E, Robertson R et al	Cost effectiveness of computer tailored and non-tailored smoking cessation letters in general practice: randomised controlled.	BMJ	2001	UK	Written materials	S	SC
334	Wolf RL, Lepore SJ, Vandergrift JL, Basch CE, Yaroch AL	Tailored telephone education to promote awareness and adoption of fruit and vegetable recommendations among urban and mostly immigrant black men: A randomized controlled trial	Preventive Medicine	2009	USA	Telephone	NR	K,SC
399	Winkleby MA, Howard-Pitney B, Albright CA, Bruce B, Kraemer HC, Fortmann SP	Predicting achievement of a low-fat diet: a nutrition intervention for adults with low literacy skills	Preventive Medicine	1997	USA	Multiple intervention	N	K,SE
170	Van Sluijs EMF, Van Poppel MNM, Twisk JWR, Van Mechelen W	Physical activity measurements affected participants' behavior in a randomized controlled trial	Journal of Clinical Epidemiology	2006	Netherlands	Motivational interviewing and counseling	P	SC
375	O'Loughlin, Jennifer Paradis, Gilles Meshefedjian, Garbis Kishchuk, Natalie	Evaluation of an 8-Week Mailed Healthy-Weight Intervention	Preventive Medicine	1998	Canada	Written materials	N	-

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Key: NR=Not reported, -=not significant, K=knowledge, SE=self efficacy, SC=stage of change, PS=patient skills, SS=social support