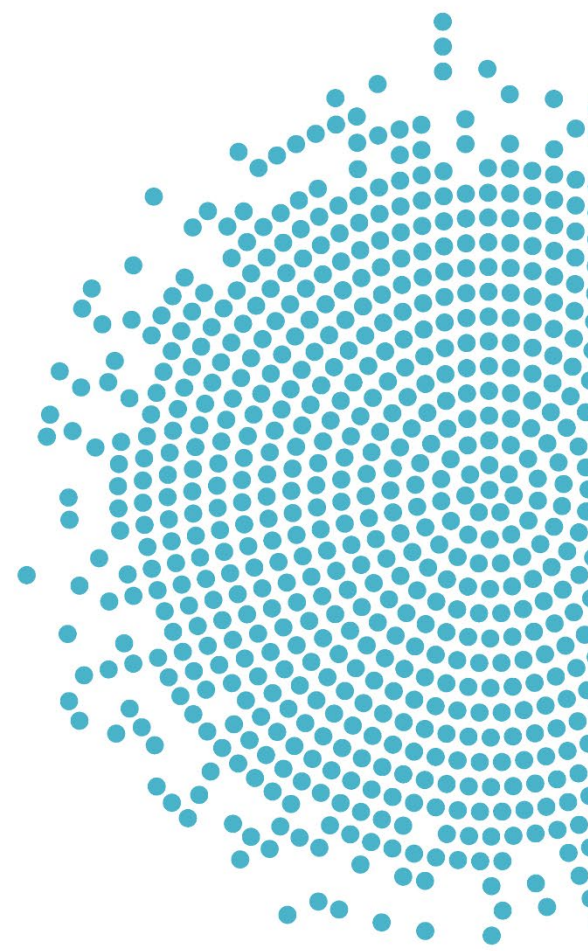


Culturally Tailored Dietary Interventions and Diet-Related Psychosocial Factors, Dietary Intake, Diet Quality, and Health Outcomes: An Evidence Scan

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Plain language summary

What is the question?

The question is: What evidence has been published on the relationship between culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes? The populations of interest for this question include children, adolescents, adults, older adults, and individuals during pregnancy and postpartum.

Why was this question asked?

This evidence scan was conducted by the 2025 Dietary Guidelines Advisory Committee as part of the process to develop the *Dietary Guidelines for Americans, 2025-2030*.

How was this question answered?

The Committee conducted an evidence scan to answer this question with support from the USDA Nutrition Evidence Systematic Review team.

What is the answer to the question?

The body of evidence included 178 articles. Most articles were in adults and included both male and female participants. The most frequently assessed outcomes were growth, body composition, and risk of obesity and dietary intake. Many different strategies were used to culturally tailor the interventions; common examples included translating materials into the native language of participants and including community members in designing and implementing the studies. Most articles received funding from the United States or Canadian government.

How up-to-date is this evidence scan?

This evidence scan is based on articles published between January 1980 and September 2023.

Abstract

Background

This evidence scan was conducted by the 2025 Dietary Guidelines Advisory Committee as part of the process to develop the *Dietary Guidelines for Americans, 2025-2030*. The U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on high priority scientific questions related to diet and health. Their review forms the basis of their independent, science-based advice and recommendations to HHS and USDA, which is considered as the Departments develop the next edition of the *Dietary Guidelines*. As part of that process, the Committee conducted an evidence scan with support from USDA's Nutrition Evidence Systematic Review (NESR) team to answer the following question: What evidence has been published on the relationship between culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes?

Methods

The Committee conducted an evidence scan using the methodology of the USDA NESR team. The Committee first developed a protocol. The interventions of interest were those that have been culturally tailored, modified, or adapted to alter intake of foods in children, adolescents, adults, older adults, and individuals during pregnancy and postpartum. The outcomes were Diet-related psychosocial factors including food-related norms, attitudes, values, and self-efficacy; Dietary intake; Diet quality; Energy intake; Risk factors for cardiovascular disease, including: cholesterol (high-density lipoprotein [HDL], low-density lipoprotein [LDL]), triglycerides, hyperlipidemia, blood pressure (systolic and diastolic), hypertension; and Risk factors for type 2 diabetes, including: fasting blood glucose, fasting insulin, glucose tolerance/insulin resistance, hemoglobin A1c, prediabetes in children, adolescents, adults, and older adults; Growth (in children and adolescents) including: height, weight, stunting, failure to thrive, wasting, BMI-for-age, body circumferences (arm, neck, thigh); Body composition (in children, adolescents, adults, older adults) including: skinfold thickness, fat mass, ectopic fat, fat-free mass or lean mass, waist circumference, waist-to-hip-ratio; Risk of obesity (in children, adolescents, adults, older adults) including: BMI, underweight, normal weight, overweight and/or obesity, weight gain, and weight loss and maintenance (in adults and older adults); Pregnancy and postpartum-related weight change (in individuals during pregnancy or postpartum) including: adequacy of total gestational weight gain (i.e., in relation to recommendations based on pre-pregnancy BMI) and postpartum weight change. Additional inclusion criteria were established for the following study characteristics: a) use randomized controlled trial (RCT) or non-randomized controlled trial (NRCT) study designs, b) be published in English in peer-reviewed journals, c) be conducted in the United States or Canada, and d) enroll participants with a range of health statuses. The evidence scan excluded observational studies, studies with infants and young children (birth up to 24 months), studies that exclusively enrolled participants diagnosed with a disease, and studies with interventions that changed consumption of a single food.

NESR librarians conducted a literature search in PubMed to identify articles published between January 1980 and September 2023. Two NESR analysts independently screened titles of search results up to a 93% recall rate of citations eligible for full-text screening, as assessed by DistillerSR's natural language processing capabilities. Two NESR analysts independently performed abstract and full-text screening to determine if inclusion criteria were met.

NESR analysts extracted data, from each included article, with a second analyst verifying accuracy of the extraction. Two classification frameworks were used to categorize 1) strategies used to culturally tailor interventions, and 2) their degree of cultural sensitivity. The Committee reviewed the evidence, with attention given to the overarching themes or key concepts from the findings, similarities and differences between studies, gaps in the existing literature, and opportunities for future directions.

Results

Summary of the evidence:

- 178 articles met inclusion criteria for this review (139 RCTs, 39 NRCTs). Nearly all studies were conducted in the U.S. (172 articles). Analytic sample sizes ranged from n=20 to n=4333. Most studies were in adults only (104 articles), and 67 articles included only children and/or adolescents. Twenty-two articles enrolled or randomized adults *and* children and/or adolescents. Six articles were in pregnant or postpartum populations. Most articles (127 articles) included both men and women, although in many cases these participant populations were predominantly female. The most common racial and/or ethnic groups (defined as articles with ≥20% of participants from a given racial and/or ethnic group) were Black, African American, or of African Descent (78 articles), and Hispanic or Latinx (71 articles), followed by American Indian, Alaska Native, or Indigenous (27 articles), White (16 articles), Asian (11 articles), and Native Hawaiian or Pacific Islander (3 articles).
- Most articles reported either a high level of community involvement (71 articles) or at least some community involvement (58 articles) in designing the intervention, and 49 articles did not report involving community members in intervention design. The proportion of articles reporting a high degree of community involvement grew over time.
- Constituent involving strategies were most frequently used (161 articles), followed by sociocultural (150 articles), peripheral (100 articles), linguistic (83 articles), and evidential (18 articles) strategies. Peripheral and evidential strategies were all considered to be

surface-structure, as were all but one linguistic strategy. Constituent involving strategies encompassed a range of surface- and deep-structure levels of cultural sensitivity. Sociocultural strategies were all considered to be deep-structure.

- Growth, body composition, and risk of obesity and dietary intake were the most commonly reported outcomes (117 and 109 articles, respectively). Fewer articles assessed risk of cardiovascular disease (52 articles), diet-related psychosocial factors (50 articles), energy intake (38 articles), risk of type 2 diabetes (35 articles), diet quality (23 articles), and postpartum weight change (4 articles). No articles examined gestational weight gain as an outcome.
- Most studies were funded by the U.S. or Canadian government (144 articles).

Introduction

To prepare for the development of the *Dietary Guidelines for Americans, 2025-2030*, the U.S. Departments of Health and Human Services (HHS) (**Appendix 1**) and Agriculture (USDA) identified a proposed list of scientific questions based on relevance, importance, potential federal impact, and avoiding duplication, which were posted for public comment.* The Departments appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on the scientific questions. The Committee's review of the evidence forms the basis of the Scientific Report of the 2025 Dietary Guidelines Advisory Committee,[†] which includes independent, science-based advice and recommendations to HHS and USDA and is considered during the development of the next edition of the *Dietary Guidelines*. In addition, the Committee was asked to review all of the scientific questions with a health equity lens to ensure that the next edition of the *Dietary Guidelines* is relevant to people with diverse racial, ethnic, socioeconomic, and cultural backgrounds.

Federal data show that Americans fall short of meeting *Dietary Guidelines* recommendations, and diet-related chronic disease rates have risen to pervasive levels and continue to be a major public health concern. Therefore, when refining and prioritizing scientific questions, the Committee expressed interest in understanding food-based strategies that can improve adherence to the *Dietary Guidelines*, particularly among diverse populations. For example, the *Dietary Guidelines for Americans, 2020-2025* includes the following key recommendation: "Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations."[‡] Culturally tailored dietary interventions have been conducted that are designed to align with specific cultural practices, beliefs, and preferences of the target population, with the aim of improving the quality of their diet and health outcomes. However, the breadth of these interventions in the scientific literature is unclear at this time.

As such, the following scientific question was prioritized: What evidence has been published on the relationship between culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes? The Committee conducted an evidence scan to address these research needs, in collaboration with USDA's Nutrition Evidence Systematic Review (NESR) team (**Table 1**).

Table 1. Evidence scan history

| Date | Description | Citation |
|--------------|--|--|
| October 2023 | Evidence scan protocol for the 2025 Dietary Guidelines Advisory Committee published online | Palacios C, Anderson CAM, Andres A, Fisher JO, Gardner CD, Giovannucci E, Hoelscher DM, Jernigan VBB, Odoms-Young A, Raynor HA, Stanford FC, Obbagy J, Callahan EH, Cole NC, Fultz A, Kingshapp BJ, Webster A, Higgins M, Butera G, Terry N. Culturally Tailored Dietary Interventions and Diet-Related Psychosocial Factors, Dietary Intake, Diet Quality, and Health Outcomes: An Evidence Scan Protocol. September 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/protocols |

* Dietary Guidelines for Americans: Learn About the Process. 2022. Available at: <https://www.dietaryguidelines.gov/work-under-way/learn-about-process>

[†] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. <https://doi.org/10.52570/DGAC2025>

[‡] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020. Available at: [DietaryGuidelines.gov](https://www.dietaryguidelines.gov).

Methods

The Committee used NESR's methodology to conduct this evidence scan. A NESR evidence scan is an exploratory evidence description project in which systematic methods are used to search for and describe the volume and characteristics of evidence available on a nutrition question or topic of public health importance. NESR evidence scans involve the following: development/refinement of the research question, protocol development, searching for and screening studies, minimal data extraction, and description of evidence. NESR evidence scans do not include: data extraction of study results, risk of bias assessment, synthesis of the evidence, development of conclusion statements, or grading the strength of the evidence.

NESR's evidence scan methodology is described in detail in its methodology manual,^{*} as well as in the Committee's scientific report.[†] This section presents an overview of the specific methods used to answer the evidence scan question: What evidence has been published on the relationship between culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes?

Develop a protocol

An evidence scan protocol is the plan for how NESR's methodology will be used to conduct a specific evidence scan and is established by the Committee, *a priori*, before any evidence is reviewed. The protocol is designed to capture the most appropriate and relevant body of evidence to answer the evidence scan question. Development of the protocol involves discussion of the strengths and limitations of various methodological approaches relevant to the question, which then inform subsequent steps of the evidence scan process. The protocol describes all of the methods that will be used throughout the evidence scan process. Additionally, the protocol includes the following components, which are tailored to each evidence scan question: the analytic framework, the inclusion and exclusion criteria, and the evidence description plan.

The protocol was posted online (<https://nesr.usda.gov/protocols>) for the public to view and comment on.

Develop an analytic framework

An analytic framework visually represents the overall scope of the evidence scan question and depicts the contributing elements that were examined and evaluated. **Figure 1** is the analytic framework for the evidence scan. The interventions of interest were those that have been culturally tailored, modified, or adapted to alter intake of foods in children, adolescents, adults, older adults, and individuals during pregnancy and postpartum. The outcomes were:

- Diet-related psychosocial factors including food-related norms, attitudes, values, and self-efficacy;
- Dietary intake;
- Diet quality;
- Energy intake;

^{*} USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: <https://nesr.usda.gov/methodology-overview>

[†] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. <https://doi.org/10.52570/DGAC2025>

- Risk factors for cardiovascular disease, including cholesterol (high-density lipoprotein [HDL], low-density lipoprotein [LDL]), triglycerides, hyperlipidemia, blood pressure (systolic and diastolic), and hypertension;
- Risk factors for type 2 diabetes, including fasting blood glucose, fasting insulin, glucose tolerance/insulin resistance, hemoglobin A1c (HbA1c), and prediabetes in children, adolescents, adults, and older adults; and
- Growth, including height, weight, stunting, failure to thrive, wasting, BMI-for-age, body circumferences (arm, neck, thigh) in children and adolescents; Body composition, including skinfold thickness, fat mass, ectopic fat, fat-free mass or lean mass, waist circumference, waist-to-hip-ratio in children, adolescents, adults, older adults; Risk of obesity, including BMI, underweight, normal weight, overweight and/or obesity in children, adolescents, adults, older adults, and weight gain, and weight loss and maintenance in adults and older adults; Pregnancy and postpartum-related weight change, including adequacy of total gestational weight gain (i.e., in relation to recommendations based on pre-pregnancy BMI) and postpartum weight change in individuals during pregnancy or postpartum.

Figure 1. Analytic framework for the evidence scan question: What evidence has been published on the relationship between culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes?

| <i>Population</i> | <i>Intervention</i> | <i>Outcome</i> |
|--|---|---|
| Children and adolescents (2 up to 19 years) | Interventions that have been culturally tailored, modified, or adapted to alter intake of foods | Diet-related psychosocial factors, including food-related norms, attitudes, values, and self-efficacy |
| Adults and older adults (19 years and older) | | <ul style="list-style-type: none"> Dietary intake Diet quality Energy intake Risk of cardiovascular disease <ul style="list-style-type: none"> • HDL cholesterol • LDL cholesterol • Triglycerides • Hyperlipidemia • Blood pressure (systolic, diastolic) • Hypertension Risk of type 2 diabetes <ul style="list-style-type: none"> • Fasting blood glucose • Fasting insulin • Glucose tolerance/insulin resistance • HbA1C • Prediabetes Growth (in children and adolescents) <ul style="list-style-type: none"> • Height • Weight • Stunting, failure to thrive, wasting • BMI-for-age • Body circumference (arm, neck, thigh) Body composition (in children, adolescents, adults, older adults) <ul style="list-style-type: none"> • Skinfold thickness • Fat mass, ectopic fat • Fat-free mass or lean mass • Waist circumference, waist-to-hip-ratio Risk of obesity (in children, adolescents, adults, older adults) <ul style="list-style-type: none"> • BMI • Underweight • Normal weight • Overweight and/or obesity • Weight gain • Weight loss and maintenance (adults and older adults only) |
| Individuals during pregnancy and postpartum | | <ul style="list-style-type: none"> Diet-related psychosocial factors, dietary intake, diet quality, and energy intake as described above. Pregnancy and postpartum-related weight change <ul style="list-style-type: none"> • Gestational weight gain • Postpartum weight change |

Develop inclusion and exclusion criteria

The inclusion and exclusion criteria provide an objective, consistent, and transparent framework for determining which articles to include in the evidence scan (**Table 2**). These criteria ensure that the most relevant and appropriate body of evidence is identified for the evidence scan question, and that the evidence reviewed is:^{*}

- Applicable to the U.S. population of interest
- Relevant to Federal public health nutrition policies and programs
- Rigorous from a scientific perspective

Table 2. Inclusion and exclusion criteria

| Category | Inclusion Criteria | Exclusion Criteria |
|--------------------------------|--|--|
| Study design | <ul style="list-style-type: none"> • Randomized controlled trials • Non-randomized controlled trials[†] | <ul style="list-style-type: none"> • Uncontrolled trials[‡] • Case-control studies • Cross-sectional studies • Ecological studies • Narrative reviews • Systematic reviews • Meta-analyses • Modeling and simulation studies • Prospective cohort studies • Retrospective cohort studies • Nested case-control studies |
| Publication date | <ul style="list-style-type: none"> • January 1980 – September 2023 | <ul style="list-style-type: none"> • Before January 1980; after September 2023 |
| Country | <ul style="list-style-type: none"> • Studies conducted in the United States and/or Canada | <ul style="list-style-type: none"> • Studies conducted outside of the United States or Canada |
| Population: Study participants | <ul style="list-style-type: none"> • Human • People living in the United States or Canada | <ul style="list-style-type: none"> • Non-human • People living outside of the United States or Canada |

^{*}USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: <https://nesr.usda.gov/methodology-overview>

[†] Including quasi-experimental and controlled before-and-after studies

[‡] Including uncontrolled before-and-after studies

| Category | Inclusion Criteria | Exclusion Criteria |
|------------------------------|--|--|
| Population: Life stage | <p>Diet-related psychosocial factors; dietary intake; diet quality; energy intake; growth, body composition, and risk of obesity:</p> <ul style="list-style-type: none"> At intervention and outcome: <ul style="list-style-type: none"> Children and adolescents (2 up to 19 years) Adults and older adults (19 years and older) Individuals during pregnancy Individuals during postpartum <p>Risk of cardiovascular disease and Risk of type 2 diabetes:</p> <ul style="list-style-type: none"> At intervention and outcome: <ul style="list-style-type: none"> Children and adolescents (2 up to 19 years) Adults and older adults (19 years and older) At intervention: <ul style="list-style-type: none"> Individuals during pregnancy Individuals during postpartum | <p>At intervention and outcome:</p> <ul style="list-style-type: none"> Infants and young children (birth up to 24 months) <p>Risk of cardiovascular disease and Risk of type 2 diabetes:</p> <ul style="list-style-type: none"> At outcome: <ul style="list-style-type: none"> Individuals during pregnancy Individuals during postpartum |
| Population: Health status | <ul style="list-style-type: none"> Studies that <u>exclusively</u> enroll participants not diagnosed with a disease* Studies that enroll <u>some</u> participants: <ul style="list-style-type: none"> diagnosed with a disease; with severe undernutrition, failure to thrive/underweight, stunting, or wasting; who became pregnant using Assisted Reproductive Technologies; with multiple gestation pregnancies; receiving pharmacotherapy to treat obesity; pre- or post-bariatric surgery; and/or hospitalized for an illness, injury, or surgery | <ul style="list-style-type: none"> Studies that <u>exclusively</u> enroll participants: <ul style="list-style-type: none"> diagnosed with a disease;† with severe undernutrition, failure to thrive/underweight, stunting, or wasting; who became pregnant using Assisted Reproductive Technologies; with multiple gestation pregnancies; receiving pharmacotherapy to treat obesity; pre- or post-bariatric surgery; and/or hospitalized for an illness, injury, or surgery‡ |
| Intervention | <ul style="list-style-type: none"> Interventions that have been culturally tailored, modified, or adapted to alter intake of foods | <ul style="list-style-type: none"> Studies with interventions that have not been culturally tailored, modified, or adapted Studies with interventions that change consumption of a single food |
| Comparator | N/A | <ul style="list-style-type: none"> No comparator |

* Studies that enroll participants who are at risk for chronic disease were included

† Studies that exclusively enroll participants with obesity were included

‡ Studies that exclusively enroll participants post-cesarean section were included

| Category | Inclusion Criteria | Exclusion Criteria |
|--------------------|--|---|
| Outcomes | <p>Diet-related psychosocial factors, including food-related norms, attitudes, values, and self-efficacy</p> <p>Dietary intake assessed by intake of foods or food group(s)</p> <p>Diet quality</p> <p>Energy intake</p> <p>Risk of cardiovascular disease</p> <ul style="list-style-type: none"> • LDL cholesterol • HDL cholesterol • Triglycerides • Hyperlipidemia • Blood pressure (systolic, diastolic) • Hypertension <p>Risk of type 2 diabetes</p> <ul style="list-style-type: none"> • Fasting blood glucose • Fasting insulin • Glucose tolerance/insulin resistance • HbA1C • Prediabetes <p>Growth (in children, adolescents)</p> <ul style="list-style-type: none"> • Height • Weight • Stunting, failure to thrive, wasting • BMI-for-age • Body circumferences (arm, neck, thigh) <p>Body composition (in children, adolescents, adults, older adults)</p> <ul style="list-style-type: none"> • Skinfold thickness • Fat mass, ectopic fat • Fat-free mass, lean mass • Waist circumference, waist-to-hip ratio <p>Risk of obesity (in children, adolescents, adults, older adults)</p> <ul style="list-style-type: none"> • BMI • Underweight • Normal weight • Overweight and/or obesity • Weight gain • Weight loss and maintenance (in adults, older adults) <p>Pregnancy- and postpartum-related weight change (individuals during pregnancy or postpartum)</p> <ul style="list-style-type: none"> • Adequacy of total gestational weight gain (i.e., in relation to recommendations based on pre-pregnancy BMI) • Postpartum weight change | <ul style="list-style-type: none"> • Dietary intake assessed only by intake of individual nutrient(s) • Urinary measures of glucose • Non-fasting blood glucose • Non-fasting insulin • Gestational weight gain only during certain time periods or trimesters of pregnancy • Absolute total gestational weight gain (i.e., not in relation to recommendations based on pre-pregnancy BMI) • Weight loss that is specifically classified as unintentional weight loss (e.g., a component of frailty) |
| Publication status | <ul style="list-style-type: none"> • Peer-reviewed articles published in research journals | <ul style="list-style-type: none"> • Non-peer-reviewed articles, unpublished data or manuscripts, pre-prints, reports, editorials, retracted articles, and conference abstracts or proceedings |
| Language | <ul style="list-style-type: none"> • Published in English | <ul style="list-style-type: none"> • Not published in English |

Search for and screen studies

NESR librarians, in collaboration with NESR analysts and the Committee, used the analytic framework and inclusion and exclusion criteria to develop a comprehensive literature search strategy. The literature search strategy included selecting and searching the appropriate bibliographic databases, translating search using syntax appropriate for the databases being searched, and employing search refinements, such as search filters. In this evidence scan, the search was limited to one database (PubMed). The full literature search is documented in **Appendix 2**.

The screening of electronic database search results was facilitated using a web-based tool (DistillerSR, DistillerSR Inc., Ottawa, Ontario, Canada). After removal of duplicates, a re-ranking function was utilized in DistillerSR to reorder articles by relevancy. Two NESR analysts independently screened titles of search results up to a 93% recall rate of citations eligible for abstract screening (goal recall rate: 90%), as assessed by DistillerSR's natural language processing capabilities. NESR analysts stopped screening remaining titles of citations past this 93% recall rate. Two NESR analysts independently performed abstract and full-text screening to determine which articles met the inclusion criteria. Differences in screening decisions were resolved by consultation with a third NESR analyst. A manual search to find peer-reviewed published articles not identified through the electronic database search was not conducted.

Extract data

NESR analysts extracted the most essential data from each included article to describe key characteristics of the available evidence, such as the author, publication year, study design, population life stage, intervention, approach and methods for cultural tailoring, comparator, and outcomes. One NESR analyst extracted the data and a second NESR analyst reviewed the extracted data for accuracy.

Describe the evidence

The Committee described the evidence from all included studies to answer the evidence scan question. The description of the evidence includes a detailed summary of the volume and characteristics (population, intervention, outcome) of the included evidence. The evidence is described and presented in text, figures, and tables.

Recommend future research and considerations for future review projects

The Committee identified and documented research gaps and methodological limitations throughout the evidence scan process. These gaps and limitations were used to develop research recommendations and considerations for future work that may strengthen and build on the body of evidence. In addition, the Committee noted several considerations for future review projects that could be conducted on this topic.

Health equity considerations

The Committee was charged by HHS and USDA to review all scientific questions with a health equity lens to ensure that the next edition of the *Dietary Guidelines* is relevant to people with diverse racial, ethnic, socioeconomic, and cultural backgrounds. The Committee made a number of health equity considerations

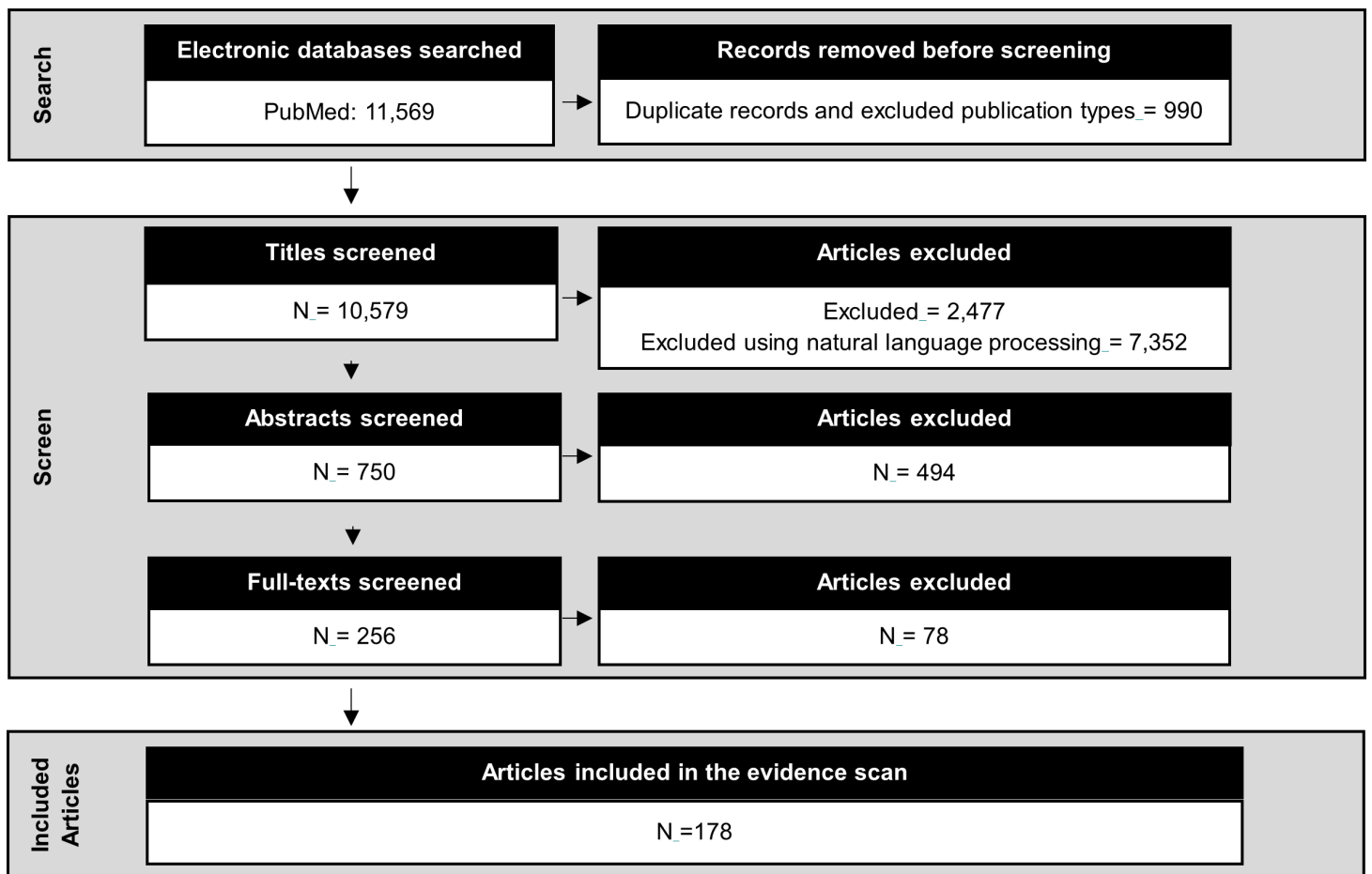
throughout the NESR evidence scan process. The Committee’s Scientific Report* includes a more detailed discussion of their approach to applying a health equity lens to their review of evidence, but examples of how the Committee incorporated health equity considerations into this evidence scan include assessing the cultural sensitivity of intervention techniques and reviewing the degree of community involvement in intervention design and implementation.

Results

Literature search and screening results

The literature search (**Appendix 2**) yielded 10,579 search results after the removal of duplicates and excluded publication types (see **Figure 2**). Dual-screening resulted in the exclusion of 2,477 titles, and screening assisted by natural language processing resulted in the exclusion of 7,352 additional titles. Dual-screening resulted in the exclusion of 494 abstracts and 78 full-text articles. Reasons for full-text exclusion are in **Appendix 3**. The body of evidence included 178 articles.

Figure 2. Literature search and screen flowchart



* 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. <https://doi.org/10.52570/DGAC2025>

Description of the evidence

The body of evidence published on the relationship between culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes in children, adolescents, adults, older adults, and individuals during pregnancy and postpartum included 178 articles.¹⁻¹⁷⁸ **Table 3** summarizes the characteristics of the included articles.

Eighty-seven articles were from parallel-design RCTs,^{7,10-15,18,19,21-25,28,30,31,34,36,37,39,40,42,46,48,49,55,56,59,62,64,66,71,72,74,75,78-80,82,85-88,90,92,94-99,101,107,108,112,114,115,119,120,123,131,133,134,137,142-149,151-156,162,163,165,166,170,171,175-177} 52 articles were from cluster RCTs,^{1-4,6,9,17,26,33,35,38,43-45,47,51-54,60,61,63,65,70,76,83,100,103,104,106,116,121,126-130,138-140,150,157-159,164,167-169,172-174,178} and 39 were from NRCTs.^{5,8,16,20,27,29,32,41,50,57,58,67-69,73,77,82,84,89,91,93,102,105,109-111,113,117,118,122,124,125,132,135,136,141,160,161,177} Seven articles were published from January 1980 to December 2000^{7,46,57,61,109,115,146}; the remainder were published between January 2001 to September 2023. Beginning with the 5-year time frame between 2001-2005, the number of articles published per 5-year cycle increased over time, reaching an apex of 53 articles published between 2016-2020. Nearly all of the studies were conducted in the U.S. (172 articles). Six articles were from studies conducted in Canada, 4 of which were from the Healthy Foods North study.^{6,16,93,110,118,132}

Table 3. Characteristics of included articles

| Study Characteristic | Category | n | % |
|-----------------------------------|---|---|------|
| Study design* | RCT-Parallel | 87 | 48.9 |
| | RCT-Cluster | 52 | 29.2 |
| | NRCT | 39 | 21.9 |
| Country | United States | 172 | 96.6 |
| | Canada | 6 | 3.4 |
| Year of publication | 1980-1985 | 0 | 0 |
| | 1986-1990 | 1 | 0.56 |
| | 1991-1995 | 3 | 1.6 |
| | 1996-2000 | 3 | 1.6 |
| | 2001-2005 | 13 | 7.3 |
| | 2006-2010 | 29 | 16.2 |
| | 2011-2015 | 48 | 27.0 |
| | 2016-2020 | 53 | 29.8 |
| | 2021-September 2023 | 28 | 15.7 |
| Population: Life stage | Adults | 105 | 59.0 |
| | Children and adolescents | 45 | 25.3 |
| | Both children and/or adolescents and adults | 22 | 12.4 |
| | Pregnant | 1 | 0.56 |
| | Postpartum | 3 | 1.6 |
| | Both pregnant and postpartum individuals | 2 | 1.1 |
| Population: Gender | Both men and women | 127 | 71.3 |
| | Women | 45 | 25.3 |
| | Men | 1 | 0.56 |
| | Women and children | 3 | 1.6 |
| | Men and children | 1 | 0.56 |
| | Not reported | 1 | 0.56 |
| | Gender expansive | 0 | 0 |
| | Outcomes† | Growth, body composition, and risk of obesity | 117 |
| Dietary intake | | 109 | 61.2 |
| Risk of cardiovascular disease | | 52 | 29.2 |
| Diet-related psychosocial factors | | 50 | 28.1 |
| Energy intake | | 38 | 21.3 |
| Risk of type 2 diabetes mellitus | | 35 | 19.7 |
| Diet quality | | 23 | 12.9 |
| Postpartum weight change | | 4 | 2.2 |
| Gestational weight gain | | 0 | 0 |

* Abbreviations: NRCT: non-randomized controlled trial; RCT: randomized controlled trial

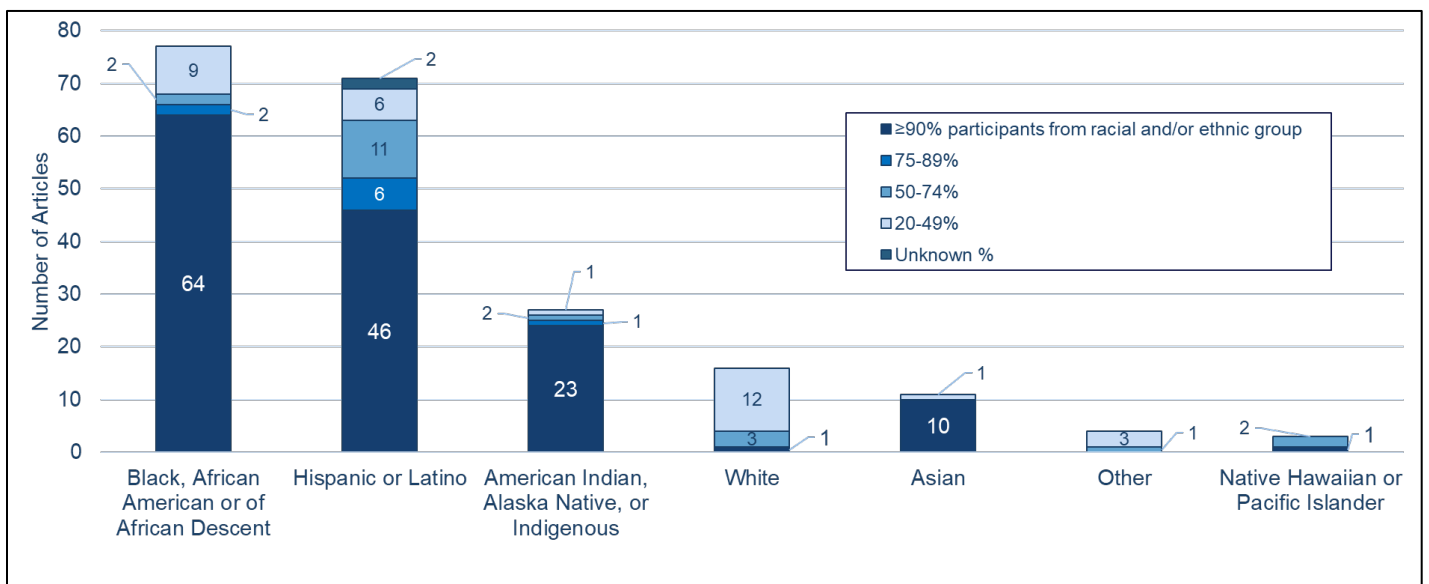
† Many articles included more than one outcome, so total n sums to >178

Population

Analytic sample sizes ranged from $n=20$ ^{36,84} to $n=4,333$.¹¹⁶ Most studies were conducted in adults only (58%, 104 articles),^{1-5,7-9,12-17,20,24,25,27,31-33,35-37,43,44,46,53-55,58,59,62-67,70-73,75-77,80-86,89,91,93-99,101-108,110,111,115,118,120,121,124,126-128,130,131,133,134,136,138,140,143-145,147,152,158,159,162-164,167-169,171,172,175,176} and 23 articles enrolled or randomized both adults *and* children and/or adolescents.^{6,11,18,19,22,23,45,56,69,79,87,117,123,137,139,146,149,150,154-156,166,170} Forty-five articles included only children and/or adolescents.^{10,21,26,29,30,34,38-42,47-52,57,60,61,68,88,92,100,109,112,113,116,122,125,130,132,135,141,142,148,151,153,157,161,165,173,174,177,178} Six articles were conducted in pregnant or postpartum populations.^{28,74,78,90,114,119} Most studies (127 articles) included both males and females, although in many cases these participant populations were predominantly female. Forty-five articles included only females,^{5,8,9,12,14-16,23,24,28,46,48,60,67,72,74,75,78,80,84,90,92,95,103,107,114,117,119,120,130,131,136,138,139,143-148,152,153,163,171,175} while 1 article included only males.⁶⁶ Three articles included mother-child dyads,^{21,45,149} 1 article included father-child dyads,¹⁸ and 1 article in adults did not report the gender of participants.⁵⁴ The protocol for this evidence scan was inclusive of studies with gender expansive participants; however, no articles in these populations were identified in the final body of evidence.

Figure 3 describes the racial and/or ethnic groups included in the evidence base. The most common racial and/or ethnic groups included in the body of evidence (defined as articles with $\geq 20\%$ of participants from a given racial and/or ethnic group) were Black, African American, or of African Descent (77 articles)^{1-4,7-9,12-15,20,22-24,27,28,30,32,33,39,53,57-59,61,63,67,71,73,76,78,84,85,88,89,91,92,95-97,99,101,103,106,107,109,114,120,122,124,125,128-131,136,138,140,141,144,146-148,153,157,158,160,162,165-170,172,175} and Hispanic or Latinx (71 articles),^{5,10,11,17-19,21,31,35,37,39,41,43-56,60-62,64-66,68,72,74,75,77,79,80,85,90,94,100,104,106,108,111,112,117,119,122,123,133-135,139,142,143,145,151,156,161,163-166,173,174,177,178} followed by American Indian, Alaska Native, or Indigenous (27 articles),^{6,16,26,29,34,36,38,51,70,83,87,93,110,113,115,116,118,126,127,132,133,137,150,152,154,155,171} White (16 articles),^{22,28,37,41,43,51,62,64,65,85,89,108,121,145,150,156} Asian (11 articles),^{25,40,42,57,81,82,86,98,102,149,176} and Native Hawaiian or Pacific Islander (3 articles).^{69,105,116} Within Black, African American, or of African Descent, Hispanic or Latinx, American Indian, Alaska Native, or Indigenous, and Asian populations, most of the articles included $\geq 90\%$ of participants from that group, indicating a more homogenous participant population with regard to race or ethnicity. Four articles had at least 20% of participants reporting another racial and/or ethnic designation, such as “more than 1 race”, “other”, or “none of these”. In 3 of these 4 articles, $>50\%$ of participants also indicated Hispanic or Latinx ethnicity^{37,64,108}; in the other article nearly two-thirds of participants also indicated that they were American Indian, Alaska Native, or Indigenous.¹¹⁶

Figure 3. Number of articles by racial and/or ethnic group



Interventions

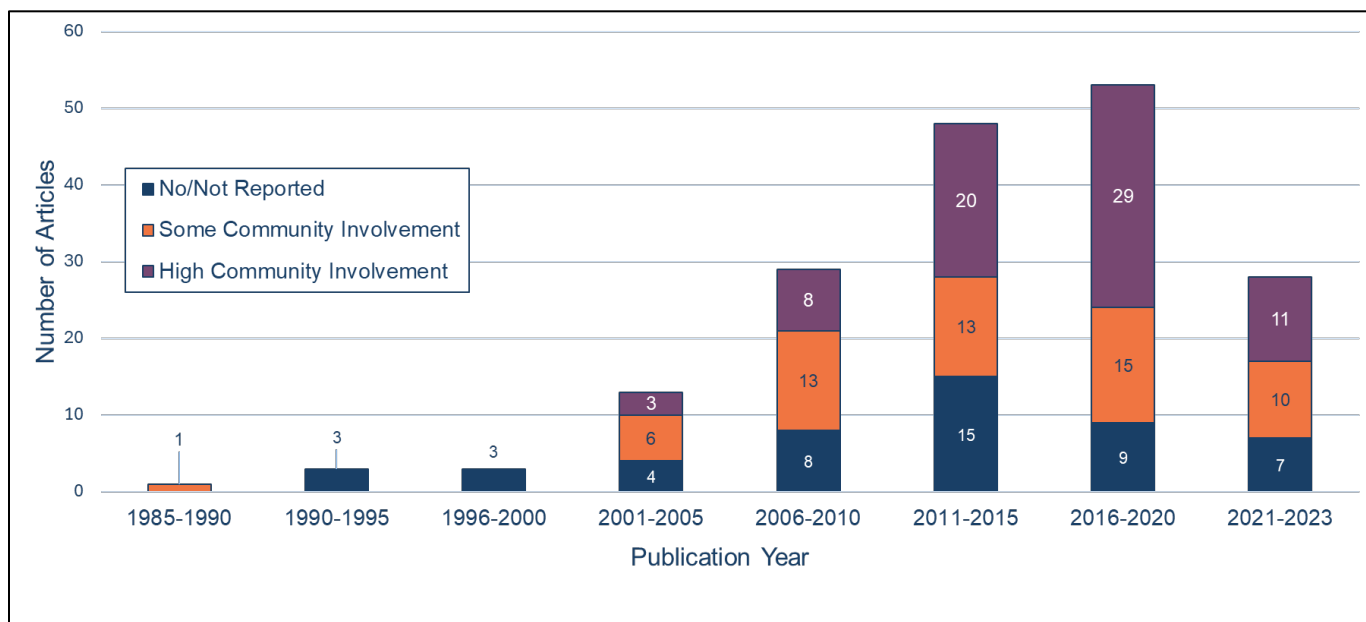
Intervention characteristics

Intervention duration ranged from a single session (e.g., watching an educational video) to 5 years. Of the 178 included articles, 24 articles (from 21 studies) were modeled after the Centers for Disease Control and Prevention's Diabetes Prevention Program.^{24,25,34,55,58,66,71,81,82,98,102,103,106,114,119,133,134,137,142,143,162-164,176} One hundred seventy-two articles used an approach consistent with cultural targeting, as described by Kreuter et al* to mean that the intervention program and/or materials were the same for all participants. Six articles used both cultural targeting and tailoring, meaning that the intervention was capable of being further modified based on characteristics of individual participants.^{44,64,95,120,133,170} Examples of tailoring in this sense include a study with an online intervention tailored to the individual, based on their survey responses to constructs such as cultural factors, personal values, motivation, parent communication style¹⁷⁰ and another study that tailored magazine articles to constructs of religiosity, collectivism, racial pride, and time orientation.⁹⁵ Strategies such as goal-setting, motivational interviewing and individual counseling were not considered to be culturally tailored. One hundred forty-one articles reported employing an underlying theory of behavior change. Of those that did, most (84 articles) reported 2 or more theoretical frameworks, while 57 articles cited a single framework. Eighty-four articles employed social cognitive theory, and 23 articles referenced the transtheoretical model. Information on theoretical frameworks for each article can be found in **Table 6**.

Seventy-one articles (40%) reported a high level of community involvement (e.g., involving the target community in the research process via partnerships, advisory boards, and steering committees; community members delivering the intervention).^{9,12,14,16-18,20,23,27,29,32-37,45,53,55,58,63,69,70,73,77,81-83,86,87,89-91,93,94,98,100,102-105,108,110,111,114,116,118,121,124,126,127,133-137,150,154,155,157-161,166-169,172-174} Fifty-three of these articles specifically mentioned using a community-based participatory research model to guide their research.^{9,14,16-18,20,32-34,36,45,53,58,63,69-71,73,81-83,86,89,90,91,93,94,98,100,102,103,110,111,118,121,124,133,136,137,150,154,155,159-161,165-169,172-174} Fifty-eight articles reported at least some community involvement in the intervention design (e.g., conducting focus groups on intervention design plans; community members providing feedback on materials but not being involved in their design).^{3,4,6,8,15,21,24-26,30,38,39,41,51,56,59,60,62,64-67,71,72,76,79,84,88,99,106,107,109,113,117,122,123,129-132,138-142,147-149,151-153,156,164,165,171,175,176,178} Forty-nine articles did not involve community members in the intervention design, or did not report doing so.^{1,2,5,7,10,11,13,19,22,28,31,40,42-44,46-50,52,54,57,61,68,74,75,78,80,85,92,95-97,101,112,115,119,120,125,128,143-146,162,163,170,177} **Figure 4** illustrates community involvement in 5-year cycles beginning in 1980, demonstrating that the proportion of articles reporting a high degree of community involvement has grown over time.

* Kreuter MW, Lukwago SN, Bucholtz RD, Clark EM, Sanders-Thompson V. Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. *Health Educ Behav.* 2003;30(2):133-46. doi: 10.1177/1090198102251021.

Figure 4. Degree of community involvement in intervention design



Intervention strategies for cultural tailoring

Strategies for cultural tailoring were categorized by layering two classification systems. The first of these systems, developed by Kreuter and colleagues* and outlined in **Table 4**, provided a comprehensive overview of 5 strategies commonly used to target health promotion programs to culturally defined groups.

* Kreuter MW, Lukwago SN, Bucholtz RD, Clark EM, Sanders-Thompson V. Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. *Health Educ Behav.* 2003;30(2):133-46. doi: 10.1177/1090198102251021.

Table 4. Intervention strategies for cultural tailoring*

| Intervention Strategy | Description | Examples |
|-----------------------|--|--|
| Peripheral | Seeks to give programs or materials the appearance of cultural appropriateness by packaging them in ways likely to appeal to a given group | Use of colors, images, fonts, photos, music, etc., that resonate with the target population |
| Evidential | Seeks to enhance the perceived relevance of a health issue for a given group by presenting evidence of its impact on that group | Epidemiological or other data specific to a given population (e.g., cardiovascular disease incidence in Black women) |
| Linguistic | Seeks to make health education programs and materials more accessible by providing them in the dominant or native language of the target group | Translations of intervention materials Bilingual research staff delivering intervention |
| Constituent Involving | Draws directly on the experience of members of the target group | Community member involvement in planning and implementing interventions Hiring staff members who belong to the target population |
| Sociocultural | Discusses health-related issues in the context of broader social and/or cultural values and characteristics of the intended audience | Incorporation of traditional foods, cooking methods, and activities into intervention Use of spiritual messages to target fruit and vegetable intake in those who value religiosity Use of social support and social circles to promote health changes Family-centered intervention due to importance of <i>familismo</i> in Hispanic culture |

The second framework, developed by Resnicow and colleagues,[†] considers cultural sensitivity as defined by two dimensions: surface- and deep-structure. Surface-structure involves matching intervention materials and messages to observable, “superficial” characteristics of a population. Examples include using people, places, language, music, food, brands, and locations familiar to and preferred by the target audience, and identifying which media and study settings are most appropriate for message and program delivery. Deep-structure cultural sensitivity involves incorporating the cultural, social, historical, environmental, and psychological forces that influence health behaviors in the target population. This includes perceptions on how religion, family, society, and economics may influence the target behaviors. Examples of deep-structure cultural sensitivity include incorporating core cultural values for a given cultural group, such as communalism, religion/spirituality, expressiveness, respect for verbal communication skills, connection to ancestors and history, commitment to family, and intuition and experience vs. empiricism in Black and African American individuals, and family (*familismo*), respect for elders (*respeto*), fatalism, and the importance of positive social interactions (*simpatia*) in Hispanic populations.

Figure 5 illustrates the number of articles that included each type of strategy and their level of cultural sensitivity; this information is also provided in **Table 6**. Constituent involving strategies were the most

* Kreuter MW, Lukwago SN, Bucholtz RD, Clark EM, Sanders-Thompson V. Achieving cultural appropriateness in health promotion programs: targeted and tailored approaches. *Health Educ Behav.* 2003;30(2):133-46. doi: 10.1177/1090198102251021.

† Resnicow K, Baranowski T, Ahluwalia JS, Braithwaite RL. Cultural sensitivity in public health: defined and demystified. *Ethn Dis.* 1999;9(1):10-21.

frequently used (161 articles),^{1-4,6-18,20,21,23-27,29,30,32-41,45-47,50-53,55,56,58-75,77-111,113-118,120-124,126-142,145-178} such as adapting the intervention based on input from Hispanic adolescents and parents during focus groups (surface-structure), involving community partners in study design and implementation (deep-structure), and intervention delivery by community members (e.g., *promotoras* in Hispanic communities, deep-structure). Sociocultural strategies were next-most common (150 articles)^{1,2,4,5,7-9,12,14,16-29,31-39,41,42,44-47,50-60,63,64,66-68,71-75,77,78,81-100,102-106,108-111,113-137,139-144,146-148,150-155,157-171,173,174,176,178}; examples included emphasizing traditional, cultural foods and common cultural activities related to food, the use of scripture and religious themes and a focus on improving community health as motivations for behavior change, and regional adaptations to lessons in a multi-site intervention (e.g., modification of vocabulary, replacing cultural references, food items demonstrated as per local availability). One hundred articles included peripheral strategies, such as the use of images of people and foods relevant to the target audience,^{3-6,9,11,12,14-16,19,20,23,25,27,30,33-35,37-41,44,55,59,61,63-67,69,74,77,79-83,85,87,88,93-95,98-102,105-108,110-114,117,118,120,121,123,124,126-129,131-134,136,137,140,146,147,149,150,152-158,160,164,168,170,171,173-175,178} and 83 articles used linguistic strategies, including translating intervention materials and delivering the interventions in the native language of participants.^{5,11,16-19,21,26,29,35,40,41,43-56,60,61,64-66,68,70,72,74,75,77,79-83,85,86,90,93,94,98,100,102,104-106,108,110,111,117-119,123,126,127,130,134,135,139,142,143,145,149-151,156,161,163-166,173,174,176-178} Evidential strategies were the least-commonly included (18 articles)^{13,33,35,67,81,82,84,95,98,101,102,107,126,127,151,172,175,176}; articles that used this strategy provided specific information about disease risk for community members (e.g., including education modules on health disparities affecting African Americans,³³ discussion of diabetes among Sikh Asian Indians¹⁰²). Peripheral and evidential strategies were all considered to be surface-structure, as were all but one linguistic strategy: in a cluster RCT enrolling female African American adolescents with overweight, input on language and terminology to be used or avoided in the intervention was provided by adolescents via focus groups.¹³⁰ This approach was considered to be deep-structure, given the cultural context and community involvement in developing the linguistic strategy. Constituent involving strategies encompassed a range of surface- and deep-structure levels of cultural sensitivity. Sociocultural strategies were all considered to be deep-structure. Most articles reported using between 2 to 4 types of strategies (164 articles); 7 articles used all 5 strategies^{35,81,82,98,102,126,127} and 7 articles used only 1 strategy.^{43,48,49,112,125,138,144} An example of a study that used all 5 strategies is illustrated in **Table 5**.

Figure 5. Intervention strategies and level of cultural sensitivity

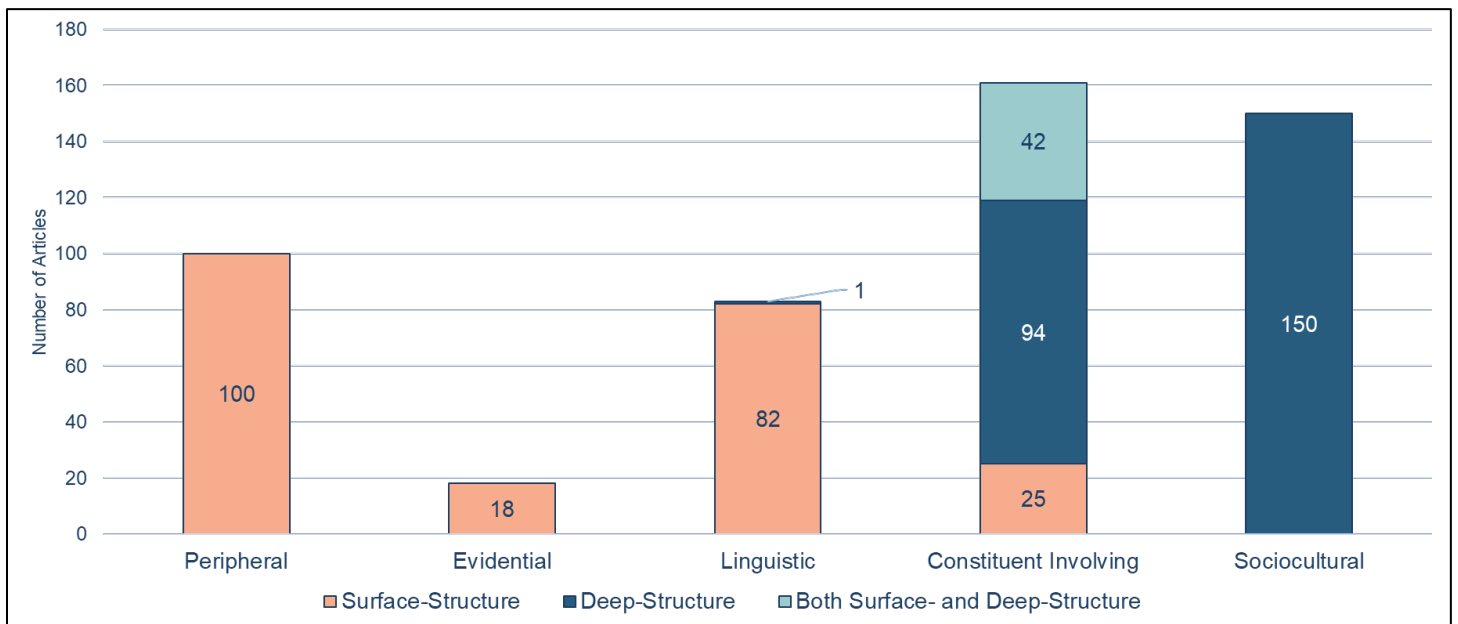


Table 5. Example article using all 5 intervention cultural tailoring strategies*

| Cultural tailoring strategy | Description |
|-----------------------------|--|
| Peripheral | Use of culturally appropriate images and photos of typical Korean foods. (<i>surface-structure</i>) |
| Evidential | Diabetes prevention session included: discussion of diabetes prevalence and increased risk of diabetes in Asian American communities, explanation of BMI and at-risk BMI in Asian communities, and dispelling common cultural misconceptions regarding diabetes. (<i>surface-structure</i>) |
| Linguistic | All curriculum materials developed in English, translated into Korean, and reviewed by bilingual study staff. (<i>surface-structure</i>) Session topics translated into Korean using collaborative process with community–academic partnership; translated sessions piloted before study (<i>surface-structure</i>) |
| Constituent Involving | Coalition of community partners, researchers, health providers, and community health workers (CHWs) was engaged as active and equal partners in research process. (<i>deep-structure</i>) CHW and staff at Korean American-serving community-based organization were active members of coalition and a source of community knowledge, providing input and guidance during all study phases (<i>deep-structure</i>) Intervention was led by bilingual Korean American CHW (<i>deep-structure</i>) |
| Sociocultural | Findings from formative research were used to add culturally relevant topics and strategies to curriculum (<i>deep-structure</i>) Discussions involved: <ul style="list-style-type: none"> ▪ Traditional Korean practice to eat fruits as alternative to high-fat desserts ▪ Healthy elements in traditional Korean cooking and potential diabetes triggers in Korean foods ▪ Small plates typical of Korean dining in relation to the Plate Method ▪ Managing cultural expectations for eating in other homes when invited as a guest ▪ Guilt related to family members and perceived shortcomings ▪ List of community resources/providers (<i>all deep-structure</i>) |

Outcomes

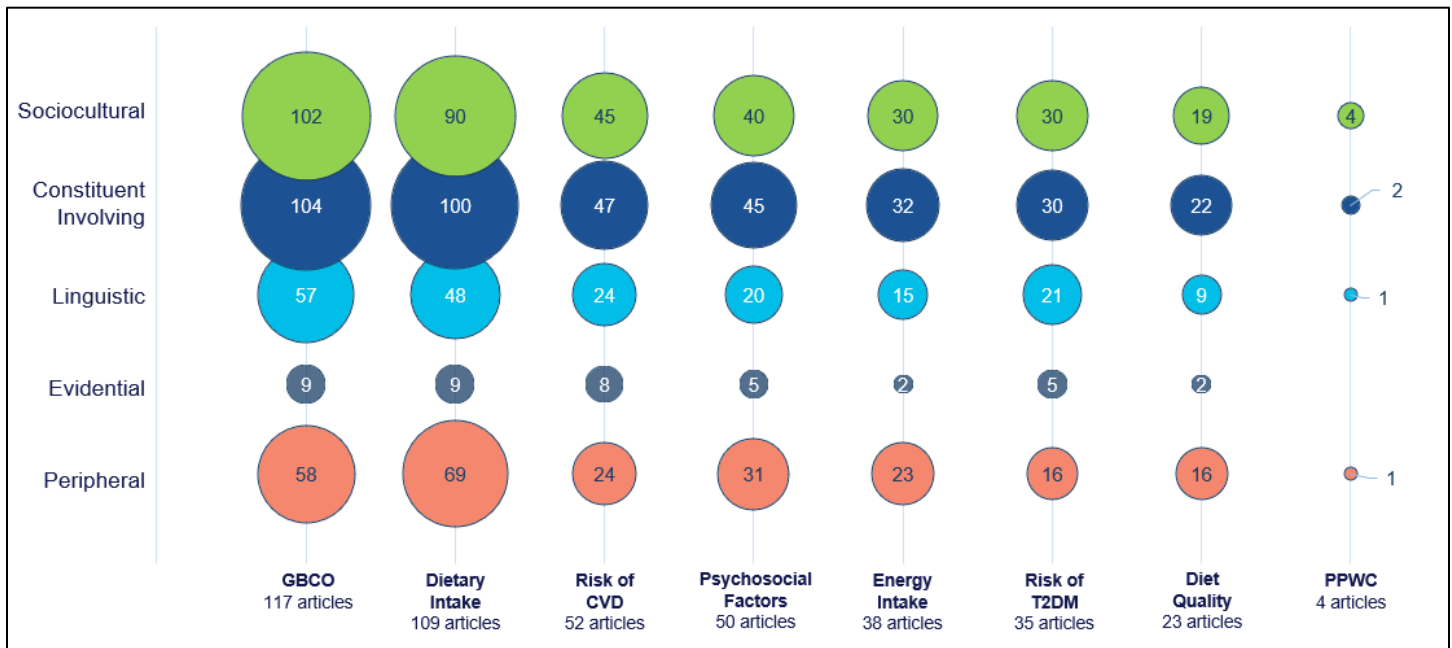
Growth, body composition, and risk of obesity (GBCO)^{6-10,12,14,17-20,23-25,27,28,30,32-34,36,38,40,42,43,45-54,56-61,66,70,73-78,81,82,85-87,89,91,92,94,96-98,100,102-104,106,110-113,115-117,119,121-123,125,130-137,142-152,154,155,159-167,170-178} and dietary intake^{3,4,6,9,11-13,16-18,20-24,26,29-32,34,35,37-42,44,45,47-50,55,58-60,62-65,67,69,71,73,74,77,79-81,83-86,88-93,95,100,105-107,109,112,114-118,121,123,124,126-129,131,132,134,138-141,143-148,150,152,154-158,161,164,167-171,173,177} were the most commonly reported outcomes (117 and 109 articles, respectively). Fewer articles assessed risk of cardiovascular disease (52 articles)^{6,8,9,17,20,32,33,35,36,40,43,48,50,53,56,57,75,78,81,82,85,86,89,94,96,98,102-104,112,115,121,122,130,132,133,136,137,144,145,150,152,159,160,162,163,165,166,168,171,172,176} diet-related psychosocial factors (50 articles)^{1-3,5,6,12,13,15,17,23,24,26-29,31,34,36,38,40,42,52,54,58,63,68-70,75,80,81,87,98,101,102,105,108,110,128,132,136,137,140,148,149,154,164,169,171,173} energy intake (38 articles)^{6,9,12,16,22-24,30,31,34,38,43,48-50,58,66,69,74,85,86,90,92,105,107,112,115,118,127,134,141,147,148,150,152,157,162,170} risk of type 2 diabetes (35 articles)^{9,17,25,32,33,36,43,48,49,55,56,74,81,82,85,86,94,96,98,103,104,106,112,115,125,130,133,137,142,145,152,162,163,165,176} diet quality (23 articles)^{4,6,9,26,27,29,33,40,53,69,72,89,99,110,120,127,133,144,147,153,156,160,166} and postpartum weight change (4 articles)^{28,78,114,119} No articles included gestational weight gain as an outcome. A greater proportion of articles in *only* children and/or adolescents included GBCO outcomes compared with articles only in adults (76% and

* Kwon SC, Wyatt LC, Kum SS, et al. Evaluation of a Diabetes Prevention Intervention for Korean American immigrants at Risk for Diabetes. *Health Equity*. 2022;6(1):167-177. Published 2022 Mar 3. doi:10.1089/nehq.2021.0137

60% of articles, respectively). Higher proportions of articles in adults included risk of cardiovascular disease and risk of type 2 diabetes outcomes, compared with articles in children and/or adolescents. Similar proportions of articles in each life stage included dietary intake, diet-related psychosocial factors, energy intake, and diet quality outcomes. Information on all outcomes assessed in each article is provided in **Table 6**. **Appendix 4** includes figures illustrating the number of articles published by outcomes and across racial and/or ethnic groups and number of articles published by outcomes across levels of community involvement.

Figure 6 illustrates the number of articles published by outcomes across intervention tailoring strategies. The frequency of strategy use was generally consistent across outcomes. Sociocultural and constituent involving were the most commonly employed strategies for each outcome, with linguistic strategies included about half as often. The use of peripheral strategies tended to be either equal to or somewhat higher than linguistic strategies for each outcome, with the exception of type 2 diabetes: here, linguistic strategies were used in a greater number of articles, compared with peripheral strategies. This observation can be at least partially explained by the fact that there were a larger proportion of articles assessing type 2 diabetes outcomes in Hispanic or Latinx populations, which was also the group that employed linguistic strategies - such as translations or intervention delivery in Spanish - more often than any other strategy type.

Figure 6. Use of intervention cultural tailoring strategies across outcomes*



Funding sources

The U.S. government was a funding source for most of the articles conducted in the United States. (139 articles, 81%),^{5,8,9,12-15,17-23,25-30,32,33,35,37-45,47,49,51-55,57-60,62-66,69-78,81-90,92,94-100,102-109,112-114,116,119-121,123,124,126-131,133-143,145,147,148,150-158,161-176,178} and the Canadian government provided funding for 5 of the 6 articles from studies conducted in Canada.^{6,16,93,110,118} In the United States, 108 articles (63%) were funded by the National Institutes of Health (NIH),^{9,12-14,17,19,20,22,23,25-30,33,35,37,38,40,43,45,47,49,51-55,57,59,60,62-65,71,73,76-78,81-83,85-90,92,94-98,102-109,112-114,116,119-121,123,124,127-129,131,133,136-140,142,143,147,148,150,152-158,162-166,168,170,172-176,178} 19 articles (11%) received funding from the USDA,^{15,18,21,29,39,41,44,69,70,72,84,99,100,116,126,135,141,151,153} and 18 articles (11%) received funding from the Centers for Disease Control and Prevention.^{15,32,33,47,58,74,75,81,82,89,90,98,102,145,158,167,169,171} Other U.S. government funding

* Abbreviations: CVD: cardiovascular disease; GBCO: growth, body composition, and risk of obesity; PPWC: postpartum weight change; T2DM: type 2 diabetes mellitus

sources included the Agency for Healthcare Research and Quality^{53,71,134} and the HHS Office of Minority Health.^{12,161}

Other sources of funding included nonprofit organizations (31 articles),^{7,11,16,19,22,24,33,40,42,47-49,56,59,79,80,93,96,110,112,118,121,128,132,133,141,146,149,173,174,177} academic institutions (27 articles),^{4,5,19,39,42,48,50,57,62,66-68,70,73,77,96,100,104,117,121,137,144,149,154,157,158,177} state governments (4 articles),^{19,69,106,111} the food industry (3 articles),^{157,159,160} and a variety of other sources (e.g., hospital systems, private funding, or professional associations; 15 articles).^{7,10,32,50,52,58,67,68,101,122,132,141,157,163,166} Ten articles did not report funding sources^{1,3,8,34,36,46,61,91,115,125} and 2 articles reported receiving no funding.^{2,31} Information on funding source(s) for each article is provided in **Table 6**.

Considerations and recommendations for future work

This evidence scan demonstrated that many diverse culturally responsive dietary interventions have been conducted in the United States and Canada to improve diet and energy intake as well as various health outcomes such as growth, body composition, risk of obesity, and risk of cardiovascular disease and type 2 diabetes.

There are several considerations and limitations to note for this evidence scan. There is an understanding that cultural tailoring can occur without being explicitly captured in a study's published methodology, and also that there may be differences in how a study is conducted in practice and what is reported in the publication. As a result, it is likely that there were instances where culturally tailored intervention strategies were used but not explicitly reported in a publication, and therefore were not counted in this body of evidence. In an effort to reduce these occurrences, NESR analysts reviewed formative research and study design publications cited by articles within this body of evidence to collect more information, whenever possible.

The search strategy for this evidence scan was tightly scoped to only include research that explicitly named both a community of interest (e.g., racial and/or ethnic groups) *and* a research approach of interest (e.g., "culturally tailored", "culturally sensitive") in the title or abstract. This requirement may have resulted in the exclusion of articles that, even if eligible, did not report study details in this fashion in the title or abstract. The search was limited to the PubMed database, which may have limited the number of eligible articles published in social science-oriented journals. Lastly, because of the size of the evidence base and the scope of the project, a manual search of the citations of included articles was not conducted. Despite these limitations, evidence scans are exploratory in nature, and this project may be considered as a jumping-off point to other projects that would expand the methodology to include a more targeted search strategy, inclusion of additional databases in the search, and manual searches of included article citations.

The Committee identified the following research recommendations that describe the research, data, and methodological advances that are needed to strengthen the body of evidence on culturally tailored dietary interventions:

- Tailor interventions not only to racial and/or ethnic group considerations but also to other relevant characteristics such as time spent in the United States or country of birth. It is equally important to apply this tailored approach across all levels of research (design, implementation, and evaluation), ensuring that the lived experiences of leadership and staff at the community and research team are reflected.
- Address social determinants of health when tailoring interventions to enhance the effectiveness and equity of dietary interventions across diverse populations. The Nutrition Equity Framework, introduced by Nisbett and colleagues,^{*} conceptually illustrates how addressing sociopolitical determinants of

^{*} Nisbett N, Harris J, Backholer K, Baker P, Jernigan VBB, Friel S. Holding no-one back: The Nutrition Equity Framework in theory and practice. *Glob Food Sec.* 2022;32:100605. doi:10.1016/j.gfs.2021.100605

nutrition is essential for sustainable improvement in nutrition equity and can provide a broader context for understanding the fundamental and sustainable ways to enhance nutrition equity, reinforcing the importance of culturally responsive dietary interventions.

- Communicate plans for community involvement and intervention sustainability in academic and professional publications; for example, details about use of the community-based participatory research approach.
- Develop a classification system and checklist similar to tools such as Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Equity* or Consolidated Standards of Reporting Trials (CONSORT)[†] for researchers to submit as an attachment when publishing manuscripts describing culturally responsive dietary interventions. This checklist would include the details of how the culturally tailored dietary interventions were developed and implemented, using the frameworks highlighted in this report.
- Allocate sufficient funding for culturally responsive research given that these types of interventions take extended time to develop and implement, due in part to the process of building trusted relationships with community members and authentically engaging them in all stages of the intervention. These essential activities enhance the relevance and effectiveness of interventions and contributes to their sustainability.
- Revise funding mechanisms to allow extended time to develop the trusting relationships that are critical for culturally responsive research. The current standard of five years of research funding should be lengthened as investigators build partnerships that engage community-based organizations in driving the research agenda and co-creating research questions and methods.

For future systematic reviews or projects that should stem from this evidence scan, the following recommendations were identified:

- Diversify search terms and use an iterative process to better understand and incorporate common terminology relevant to the interventions of interest when conducting future systematic reviews.
- Expand the range of search databases to provide a more comprehensive view of the available literature.
- Consider additional relevant outcomes for specific populations of interest. This evidence scan was focused on an exploratory set of outcomes; however, there is a need to focus on other outcomes that are important for specific communities and populations. For example, in individuals during pregnancy, nutritional adequacy could be assessed to ensure that the research addresses pertinent health concerns of this group.

* Welch V, Petticrew M, Petkovic J, et al. Extending the PRISMA statement to equity-focused systematic reviews (PRISMA-E 2012): explanation and elaboration. *International Journal for Equity in Health*. 2015/10/08 2015;14(1):92. Doi: <https://doi.org/10.1186/s12939-015-0219-2>

[†] Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials.

Table 6. Evidence on culturally tailored dietary interventions and diet-related psychosocial factors, dietary intake, diet quality, and health outcomes*

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|---|---|--|
| <p>Abbott, 2018¹ RCT-Cluster, With Every Heartbeat Is Life, U.S. Analytic N = 229 (12 churches)</p> <p>Study Setting: In-person at churches in rural northern Florida</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Rural, church-attending African American adults (predominately female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 19% did not finish HS, 32% graduated HS/GED, 24% attended some college, 25% bachelor's degree or higher; Employment status: 43% full-time; 32% retired • <u>Health status:</u> 25% with diabetes; 13% with heart disease <p>Funding: NR</p> | <p>Intervention: Intervention churches received weekly CVD health promotion education for 6wk. Content was based on NHLBI's CVD program "With Every Heartbeat Is Life" developed to be culturally relevant for African Americans. Sessions were 90min, included lecture, discussion, multimedia aids (pictures, video, and handouts), and were delivered by a registered nurse educator.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Integrated Model of Behavioral Prediction • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control churches offered intervention after completion of the study, but all pastors declined.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors (Moderators of intervention effects on intentions, attitudes, norms, and self-efficacy for produce, dietary fat) • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

* Abbreviations: AME: African Methodist Episcopal; BIA: bioelectrical impedance analysis; BMI: body mass index; BMIZ: body mass index z-score; BP: blood pressure; CBPR: community-based participatory research; CHW: community health worker; CVD: cardiovascular disease; d: day(s); DASH: Dietary Approaches to Stop Hypertension; DBP: diastolic blood pressure; DGA: Dietary Guidelines for Americans; DM: diabetes mellitus; DPP: Diabetes Prevention Program; DRI: Dietary Reference Intake; FBG: fasting blood glucose; FPG: fasting plasma glucose; FV: fruits and vegetables; GBCO: growth, body composition, and risk of obesity; GDM: gestational diabetes mellitus; GED: General Educational Development; h: hour(s); HAZ: height-for-age z-score; HbA1c: hemoglobin A1c; HC: hip circumference; HDL-C: high-density lipoprotein cholesterol; HEI: Healthy Eating Index; HHI: household income; HOMA-IR: Homeostatic Model Assessment for Insulin Resistance; HS: high school; kcal: kilocalorie(s); LDL-C: low-density lipoprotein cholesterol; min: minute(s); mo: month(s); MUFA: mono-unsaturated fatty acid; NA: not applicable; NHLBI: National Heart, Lung, and Blood Institute; NIH: National Institutes of Health; NR: not reported; NRCT: non-randomized controlled trial; PA: physical activity; PE: physical education; PUFA: poly-unsaturated fatty acid; RCT: randomized controlled trial; SBP: systolic blood pressure; SD: standard deviation; SE: standard error; SEP: socioeconomic position; SES: socioeconomic status; SFA: saturated fatty acid; SNAP: Supplemental Nutrition Assistance Program; SSB: sugar-sweetened beverage; svg: serving(s); T2D: type 2 diabetes; TG: triglycerides; UFA: unsaturated fatty acid; WAZ: weight-for-age z-score; WC: waist circumference; WFL: weight-for-length; WHR: waist-to-hip ratio; WIC: Special Supplemental Nutrition Program for Women, Infants, and Children; wk: week(s); WLC: waitlist control; x: times; y: year(s); percentile: percentile

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|--|---|--|
| <p>Abbott, 2018² RCT-Cluster, With Every Heartbeat Is Life, U.S. Analytic N = 213 (12 churches)</p> <p>Study Setting: In-person at churches in rural northern Florida</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Rural, church-attending African American adults (predominately female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 19% did not finish HS, 32% graduated HS/GED, 24% attended some college, 16% graduated from college, 9% graduate/professional degree; Employment status: 43% full-time; 32% retired • <u>Health status:</u> NR <p>Funding: None</p> | <p>Intervention: Intervention churches: Received weekly CVD health promotion education for 6wk. Content was based on NHLBI's CVD program "With Every Heartbeat Is Life" developed to be culturally relevant for African Americans. Sessions were 90min, included lecture, discussion, multimedia aids (pictures, video, and handouts), and were delivered by a registered nurse educator.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Integrated Model of Behavioral Prediction (amalgamation of major theoretical components of Theory of Reasoned Action, Health Belief Model, and Social Cognitive Theory) • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control Churches: Offered intervention after completion of the study, but all pastors declined.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors (Intentions, attitudes, norms, and self-efficacy for produce, dietary fat) • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|--|---|--|
| <p>Abbott, 2019³ RCT-Cluster, Every Heartbeat is Life, U.S. Analytic N = 229 (12 churches)</p> <p>Study Setting: Churches in 2 rural counties of northern Florida</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American church-going adults (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 19% did not finish HS, 32% graduated HS/GED, 24% attended some college, 16% graduated college, 9% graduate/professional degree; Employment status: 43% full-time, 6% part-time, 32% retired, 19% not employed • <u>Health status:</u> NR <p>Funding: NR</p> | <p>Intervention: With Every Heartbeat is Life curriculum developed by the NHLBI as a culturally relevant cardiovascular health program for use among African American populations, delivered over 6wk with sessions lasting ~90min. A public health nurse researcher delivered the intervention at the church. Topics addressed major CVD risk factors such as diabetes, hypertension, diet, elevated serum cholesterol, excessive weight, physical inactivity, and smoking.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Integrated model of behavioral prediction • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Received no intervention. Church pastors given opportunity to have the program delivered in the church after the conclusion of the study.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Daily fruit, daily vegetables, vegetables/meat, soda, drinks, processed, sodium, dairy, condiment) • Diet-related psychosocial factors (Confidence (cooking, labels)) • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic • Sociocultural |
| <p>Abbott, 2020⁴ RCT-Cluster, Project POWER, U.S. Analytic N = 146 (12 churches)</p> <p>Study Setting: Churches in rural, northern Florida</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults with diabetes or prediabetes, living in rural, northern Florida • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: ~22% did not finish HS, ~55% with HS/Some college, ~23% with Undergrad/Grad degree; ~61% not employed • <u>Health status:</u> 100% with diabetes or prediabetes <p>Funding: Florida State University</p> | <p>Intervention: Project POWER diabetes health promotion curriculum delivered by an advance public health nurse which included 3 sessions lasting 90 min to 2 h each. Sessions provided educational information consistent with other general other general diabetes health programs and included interactive strategies to facilitate participant engagement and learning.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Information-Motivation-Behavioral Skills model of Diabetes Self-Care • <u>Intervention Duration:</u> 0.75mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Diabetes health brochure</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Produce, dietary fat) • Diet quality (General diet (following a physician-recommended dietary plan)) • <u>Outcomes assessed at:</u> Baseline, 3wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|--|--|--|
| <p>Amaro, 2017⁹ NRCT, U.S. Analytic N = 68</p> <p>Study Setting: In-person at community sites in Los Angeles, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina women with low income • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Latina • <u>SEP:</u> Education: 53% HS education completed or above; Food Assistance: 34% household received WIC; 33% household received food stamps • <u>Health status:</u> NR <p>Funding: USC Community Benefits and Sponsorship Program; Hispanic Health Services Research Grant Program/Centers for Medicare and Medicaid Services/HHS</p> | <p>Intervention: 2-video intervention: Viewed El Carrito Saludable and Ser Consciente videos. El Carrito Saludable: 13min video featuring a Latina nutritional health educator shopping in a Latino supermarket while explaining the components of MyPlate and adapting them to the quadrants of the shopping cart. She discusses her choice to purchase culturally relevant options that are cost efficient and of high nutritional value. Ser Consciente: 11min video featuring a Latina mother and her child shopping in a Latino supermarket and demonstrates the mother's use of mindfulness.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Consumer behavior and Social Cognitive Theories • <u>Intervention Duration:</u> 0mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: 1-video intervention: only viewed the El Carrito Saludable video.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors (Self-efficacy of eating and purchasing healthy foods) • <u>Outcomes assessed at:</u> Baseline (pre-test), immediate post-test, 2mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Constituent involving |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Anand, 2007⁶ RCT-Cluster, SHARE-ACTION, Canada Analytic N = 159 (51 households)</p> <p>Study Setting: Aboriginal households from the Six Nations Reserve in Ohsweken, Canada.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Aboriginal households with at least one male or female adult and one child age >5y • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Aboriginal, Six Nations Reserve • <u>SEP:</u> 73% employed adults >18y; 75% adults >18y with HS education; 100% children 5-10y currently in school; 52% children and teens 5-18y currently in school • <u>Health status:</u> Majority at risk for obesity-related health consequences; BMI (kg/m²) in intervention vs. usual care: adults: 34.8 vs. 32.7, teens: 25.6 vs. 23.9, children: 22.8 vs. 20.6 <p>Funding: Canadian Institutes of Health Research (CIHR)</p> | <p>Intervention: Intervention households received regular home visits from Aboriginal Health Counsellors to assist families in setting dietary and physical activity goals; 2, 18 L containers of filtered water and 24 bottles of spring water provided each week, a physical activity program for children 1-2 x/wk, and educational events about healthy lifestyles; sub-set, n=77 participants, underwent DEXA.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Protection motivation theory, social learning theory, normative influences and theories • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Usual care group received Canada’s Food Guide to Healthy Eating and Canada’s Physical Activity Guide to Healthy Active Living. After-school activity program (1-2x/wk) offered to usual care children as well.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Change from baseline to study end in abdominal fat, body weight (loss, gain, no change), body fat, and WC) • CVD (Change from baseline to study end in BP (data NR)) • Dietary intake (Change from baseline in intakes (kcal/d) of: bread, cereal, rice, pasta; fats, oils, sweets; fruit and vegetables; meat, poultry, fish, dry beans, eggs, nuts; milk, yogurt, cheese; bottled or distilled water, SSB (soda pop/juice), and trans fats (g/d); % kcal from carbohydrate, protein, and fats; States they examined changes in cooking oil from SFA to UFA (data NR)) • Diet quality (Food pattern (data NR)) • Energy intake • Diet-related psychosocial factors (Attitudes, behaviors: healthy dietary practices in children (food labels; Six Nation recipes; Grocery store tours; Food preparation classes)) • <u>Outcomes assessed at:</u> Baseline, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|--|--|--|
| <p>Ard, 2000' RCT-Parallel, The Duke University Rice Diet , U.S. Analytic N = 44</p> <p>Study Setting: In-person classes in Durham, NC</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults (predominantly female) with overweight/obesity living in and around Durham, NC • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Many were employees at an academic or medical institution • <u>Health status:</u> At baseline - mean (SD) BMI: 37.8 (7.9) kg/m²; 22.6% clinical hypertension; 3% DM requiring insulin <p>Funding: Rice Diet Program; Va Career Development Program in Health Services Research; Robert Wood Johnson Generalist Physicians Faculty Scholars Program</p> | <p>Intervention: Immediate intervention: Attended 30-60min twice weekly classes taught by an African American diet administrator (except for stress management). Diet: 1000 kcal, 7% fat, vegan vegetarian diet for first 2wk, first wk meals provided from Rice Diet kitchen (self-prepared meals remainder of study); wk 3 - Eggs, milk, cheese added; wk 5 - Lean meats added, 1200 kcal, 14% fat until wk 8</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Delayed intervention: Participants received same intervention but delayed 8wk</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • CVD (SBP, DBP) • <u>Outcomes assessed at:</u> Baseline, 8wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|--|--|---|
| <p>Ard, 2010⁸ NRCT, EatRight, U.S. Analytic N = 27</p> <p>Study Setting: Choice between workplace (sessions held during workday) and university (evening sessions)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly African American women with obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 95% African Americans in agency workforce, 4% Caucasian in agency workforce, 1% Other in agency workforce • <u>SEP:</u> Education: 85% with HS education, 7.7% with college degree, 7.7% with graduate degree, HHI: 26% <\$20,000, 38% \$20-39,000, 23% \$40-59,000, 3% \$60-79,000, 10% \$80,000+ • <u>Health status:</u> Mean baseline BMI: 36.4 kg/m²; Self-reported health status: 5% Excellent, 26% Very Good, 62% Good, 8% Fair <p>Funding: NR</p> | <p>Intervention: 15, 60-90min group sessions covering material from modified EatRight intervention materials.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Framework for developing and executing culturally appropriate behavior modification clinical trials developed by study author • <u>Intervention Duration:</u> 11mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: One counseling session and 2 newsletters over 22-wk period. Counseling session occurred during a workplace health fair and included written material on approaches for adopting a healthy lifestyle to improve health conditions such as overweight/obesity, hypertension, and diabetes. Newsletters included a healthy recipe idea and an article on a behavioral approach to improve their lifestyle</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC) • <u>Outcomes assessed at:</u> 44wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|---|---|---|
| <p>Ard, 2017⁹ RCT-Cluster, Journey to Better Health (JTBH) project, U.S. Analytic N = 369</p> <p>Study Setting: Rural, low-resource communities in Mississippi and Alabama</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American women with overweight/obesity in rural Alabama and Mississippi • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Income: 19.8% \$10,000/y or less, 22.2% \$10,000-\$19,000/y, 20.5% \$20,000-\$29,000/y, 14.9% \$30,000-\$39,000/y, 8.3% \$40,000-\$49,000/y, 9.5% \$50,000/y or more; Employed: 68%; Education: 39.9% college graduate or more; Marital status: 39.6% Married • <u>Health status:</u> 100% with overweight/obesity <p>Funding: NIH/NCI Center to Reduce Cancer Health Disparities (CRCHD)</p> | <p>Intervention: Weight Loss Plus counties: randomized to receive the evidence-based behavioral weight loss intervention with curriculum to reflect recipes, sources of physical activity, and other content likely to resonate with the target audience; participant handouts and materials that were modified to include pictures and graphics of African American women and rural community settings; plus additional support for implementing strategies to promote healthy eating and/or physical activity in the local community that included a community garden, enhancement of a walking trail, incentives for the purchase of fresh produce from the local farmers' market, and a dance class.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, behavioral self-management techniques, the transtheoretical model, Motivational enhancement techniques • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Weight Loss Only counties received the evidence-based behavioral weight loss intervention only</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, height, WC) • CVD (SBP, DBP, HDL-C, LDL-C, TG) • T2D (FBG) • Dietary intake (Macronutrient composition, nutrient and food group estimates) • Diet quality (Yes (data NR; global score)) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|---|---|--|
| <p>Arlinghaus, 2017¹⁰ RCT-Parallel, U.S. Analytic N = 140</p> <p>Study Setting: School with predominantly Hispanic student body in Houston, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic children and adolescents with overweight/obesity • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> NR • <u>Health status:</u> Mean BMI: 26.30 kg/m², Mean BMI percentile: 93.86 <p>Funding: The Oliver Foundation for Health and Aging</p> | <p>Intervention: Obesity intervention for 50min, 5d/wk, for 6mo delivered during students' physical education class period, led by PE teachers who were trained by research staff members. Participated in 1 d of healthy eating activities and 4 d of physical activity each wk. Received additional support from compañeros, trained HS students who engaged in intervention activities with the target middle school students and initiated discussions on selected topics with their group of middle school students.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Obesity intervention without compañeros support.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Height, weight, BMI, BMIZ, BMI percentile) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Sociocultural |
| <p>Arredondo, 2018¹¹ RCT-Parallel, Entre Familia: Reflejos de Salud (Within Family: Reflections of Health), U.S. Analytic N = 327</p> <p>Study Setting: Home and via telephone in Imperial County California, U.S. (along U.S.-Mexico border)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino children and their families in a rural community at the U.S.-Mexico border • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> 49% of mothers completed HS, 35% of mothers employed, 52% of households on food assistance, 43% of households own a home • <u>Health status:</u> NR <p>Funding: American Cancer Society</p> | <p>Intervention: Family-based intervention that targeted promotion of fruit and vegetable intake through modification of parent health behaviors, parenting strategies, and other family and household influences on diet. Intervention was delivered by promotoras at home visits, weekly for the first 2mo, then biweekly for the third mo with 2 additional biweekly phone calls, and once for the fourth mo with 1 additional phone call. Activities at the home visits included a 9-part DVD series, a mini presentation on the topic of the day, weekly goal setting, reviewing homework assignments.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Family systems theory • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Delayed intervention: received the DVD series and family manual after completing the final assessment protocol</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit, vegetables, variety of fruits, variety of vegetables, SSB, fast food) • <u>Outcomes assessed at:</u> Baseline, 4mo, 10mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Auslander, 2002¹² RCT-Parallel, Eat Well, Live Well (EWLW), U.S. Analytic N = 294</p> <p>Study Setting: Not specified; in-person group and individual sessions</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American women with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: ~39% HS or less; 61% more than HS; Monthly family income: ~\$1,494, 48% below poverty line • <u>Health status:</u> All with BMI >27 kg/m²; mean BMI ~35.5 kg/m² <p>Funding: NIH/NIDDK; Office of Research on Minority Health</p> | <p>Intervention: 6 group sessions (6-8 participants/group) and 6 individual sessions with a peer educator. Group sessions focused on specific skill areas, including: 1) "rate your plate": assessing fat in diet and target areas for change; 2) label reading; 3) comparison shopping; 4) recipe modification; 5) eating out; 6) coping with high-risk situations. Each individual session focused on a dietary pattern that represented a way to reduce fat in the diet. During the individual sessions, the peer educator assessed each participant's stage or readiness to change each of the five dietary patterns, and then tailored the session content to that stage.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Stages of change theory; community organization theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: No intervention; participants were given a self-help workbook that reflected the content of the program and were offered a half-day workshop on healthy, low-fat eating after their follow-up assessment</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • Dietary intake (% calories fat, % calories saturated fat) • Energy intake • Diet-related psychosocial factors (Attitudes about diet (importance of meat, models (what friends do), high-fat meals, eating fiber-rich foods); readiness to change dietary patterns (total, substitution, avoiding fat as a seasoning, avoiding fried foods, modifying meat, replacement)) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Aycock, 2023¹³ RCT-Parallel, SCORRE (Stroke Counseling for Risk Reduction), U.S. Analytic N = 97</p> <p>Study Setting: In-person at an urban university</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American young adults (predominantly female) with 1 or more modifiable risk factors for stroke • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 95% with some education; mean - 14.89y; Annual Income: 67% <\$30,000; 33% ≥ \$30,000; Employment: 66% worked full/part-time; 34% not working 79% with health insurance • <u>Health status:</u> All with at least one modifiable stroke risk factor (inclusion criteria); 60% with BMI ≥25 kg/m²; 47% with elevated BP <p>Funding: NIH/National Institutes of Nursing Research</p> | <p>Intervention: In-person, one-on-one intervention with 5 components: 1 90-min visit where: participants read a brochure about stroke in African Americans (AA) from the former National Stroke Association; (b) watched an investigator-developed, 16-min video of 6 African American adults ages 20–44, 4 experienced strokes and discussed how it affected their lives, and 2 without stroke discussed lifestyle changes made to reduce stroke risk; (c) received the American Heart Association’s Life’s Simple 7 (LS7) cardiovascular risk assessment and education tool coupled with stroke risk reduction counseling from a nurse practitioner who included a comparison of their perceived versus actual stroke risk. Participants then completed an 8wk, printed behavior-specific, daily risk reduction diary, based on one less than ideal behavior (i.e., diet, physical activity or smoking cessation), they chose to work on over 8 wk; and received weekly text messages with risk reduction behavior tips and a reminder to complete the daily diary.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health belief model, precaution adoption process model • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Attention placebo-control: same level of interpersonal interaction and intensity as intervention group. One nurse-led, individual session with five components: (a) a safe sex brochure from Planned Parenthood; (b) a 23-min video on HIV/STD prevention from CDC; (c) printed results of participants’ health indicators (e.g., BP, blood glucose) but no risk reduction counseling or select stroke risk reduction behavior to work on over the 8-wk period; (d) a daily diary with an open-ended question of what step was taken each day to improve their health; and, (e) weekly text messages with safe sex tips and a reminder to complete the diary.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Dietary change (LS7 dietary measure, 5 components: FV, whole grains, fish, SSB, sodium)) • Diet-related psychosocial factors (Perceived competence to live a healthy lifestyle) • <u>Outcomes assessed at:</u> Baseline, 8wk, 16wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Linguistic • Sociocultural |

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| <p>Babatunde, 2020¹⁴ RCT-Parallel, Sistas Inspiring Sistas Through Activity and Support (SISTAS), U.S. Analytic N = 337</p> <p>Study Setting: In-person in Florence, SC</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American women with obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 21% with HS or less, 42% with some college, 18% completed college, 20% with postgraduate; Employment: 60% full-time, 13% part-time, 9% retired, 18% not employed • <u>Health status:</u> All with BMI ≥30 kg/m² (inclusion criteria) Mean BMI: ~39 kg/m²; Perceived health: 29% excellent or very good, 55% good, 16% fair or poor <p>Funding: NIH/NIMHD</p> | <p>Intervention: 12 weekly 2-h sessions followed by 9 monthly booster sessions for a total participation period of 1 y. The targets of the intervention were increasing consumption of whole foods and reducing consumption of calorically-dense, high-fat foods. Classes focused on hands-on healthy cooking experiences, along with physical activity and stress reduction exercises.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC: participants did not attend any classes but received biweekly correspondence of small participation gifts for the first 3 mo and monthly materials for the following 9 mo</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, Weight, WHR, body fat percentage) • <u>Outcomes assessed at:</u> Baseline, 3mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Backman, 2011¹⁵ RCT-Parallel, Fruit, Vegetable, and Physical Activity Toolbox for Community Educators, U.S. Analytic N = 327</p> <p>Study Setting: Community settings (church, Boys and Girls Club, clinics) at urban and suburban sites</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adult females with SNAP-eligibility • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> ~48% receiving SNAP; ~35% <\$17,000/y HHI • <u>Health status:</u> NR <p>Funding: CDC, USDA SNAP-Ed (via contract with California Department of Public Health's Network for a Healthy California)</p> | <p>Intervention: Fruit, Vegetable, and Physical Activity Toolbox for Community Intervention included: classes on nutrition (3), physical activity (2), and community empowerment (1) with each offered 1 h once/wk over 6wk and developed to encourage participants to articulate concerns, seek responses from peers, and problem solve issues for situations and environmental contexts that are familiar and common. Health educators led and delivered the Toolbox lessons. Participants received a \$50 gift card after the 3rd lesson and a \$100 grocery gift card after the final lesson.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Did not receive the Toolbox lessons. Received a \$100 grocery gift card following completion of post-intervention data collection.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors: Attitudes related to fruits and vegetables, self-efficacy or confidence in practicing fruit and vegetable-related habits, confidence in advocating for more fruit, vegetables, and physical activity in their communities. • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic • Sociocultural |

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| <p>Bains, 2014¹⁶ NRCT, Healthy Foods North (HFN), Canada Analytic N = 136 (6 communities)</p> <p>Study Setting: 6 communities (4 intervention, 2 control) in Nunavut and the Northwest Territories; implementation sites included food stores, health clinics, offices, and community events</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Inuit or Inuvialuit women of childbearing age living in Arctic Canada • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Inuit or Inuvialuit • <u>SEP:</u> Education: 33% low, 44% medium, 23% high; Material style of life: 32% low, 32% medium, 35% high; Household members on income support: 51% ≥ 1; Household members working: 76% ≥ 1 • <u>Health status:</u> NR <p>Funding: American Diabetes Association; Health Canada</p> | <p>Intervention: 4 communities: Multicomponent intervention delivered in 7 phases, each with a different theme; consisted of stocking healthy foods in retail environments, displaying educational materials (posters, fliers, displays) in stores, organizations, and worksites (e.g., posters, fliers), shelf labels, interactive sessions (cooking demos, taste tests), message distribution via TV and radio, coffee station makeovers at worksites, giveaways, and a pedometer challenge. Some of the activities of the program included healthy breakfasts, meal planning and cooking, sufficient intake of vitamins and minerals, pedometer challenges and walking clubs.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: 2 communities; delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Energy from: protein, carbohydrate, fat, alcohol Intake of: protein, carbohydrate, added sugars, dietary fiber, fat, saturated fat, monounsaturated fat, polyunsaturated fat, omega-3 fatty acids, omega-6 fatty acids, cholesterol, vitamin A, thiamin, riboflavin, niacin, pantothenic acid, vitamin B6, total folate, vitamin B12, iron, vitamin C, vitamin D, vitamin E, calcium, magnesium, potassium, sodium, selenium, zinc • Percentage and percentage change of participants with nutrient intake below DRI by treatment group; Impact of HFN on post-intervention nutrient consumption (energy, protein, fat, carbohydrate, sugar, dietary fiber)) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Balcazar, 2010¹⁷ RCT-Cluster, Project HEART (Health Education Awareness Research Team), U.S. Analytic N = 284</p> <p>Study Setting: Lower Valley of El Paso, TX, follow-up by phone and in-person at community clinic</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adults (predominantly female) living in U.S.-Mexico border community • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Education: mean ~10y; Employment: 32% employed; Income: 37% <\$10,000/y; 35% \$10,000 to <\$20,000/y; 26% ≥\$20,000/y; Self-reported financial status: 10% "very well off or well off", 61% "getting by", 28% "not getting by" 41% were uninsured; 27% received food stamps/welfare • <u>Health status:</u> Mean BMI: ~31.5 kg/m²; All with at least 1 risk factor for CVD (smoking, with overweight or obesity, diabetes, hypertension, or high cholesterol) <p>Funding: NIH/NCMHD</p> | <p>Intervention: Series of 8 weekly, 2h health classes using the Su Corazón, Su Vida curriculum conducted by promotores. 2-mo follow-up period included 3 phone calls and a small group session guided by promotores to discuss changes made as a result of health classes and encourage further changes.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Received basic educational materials from the curriculum in person at baseline; no promotora involvement.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, WC) • CVD (LDL-C, HDL-C, SBP, DBP, TG, systolic hypertension, diastolic hypertension) • T2D (Fasting glucose, HbA1c) • Dietary intake (Intake of: salt, cholesterol and fat) • Diet-related psychosocial factors (Self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 4mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Baltaci, 2022¹⁸ RCT-Parallel, Padres Preparados, Jovenes Saudables (Padres), U.S. Analytic N = 94 dyads</p> <p>Study Setting: In-person in Minneapolis/St. Paul metro area</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic fathers with low income and their adolescent children • <u>Life stage:</u> Children, Adolescents, Adults • <u>Gender:</u> Males+Children • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> Education: 39% with middle school or less, 41% with HS grad or GED, 20% with college (any) or technical school; Annual income: 44% with <\$25,000, 42% with \$25,000-\$50,000, 14% with ≥\$50,000; Employment: 16% self-employed, 4% unemployed, 8.5% part-time employment, 72% full-time employment • <u>Health status:</u> Mean BMI percentile (adolescents): 78.5; Mean BMI (adults): 29.2 kg/m² <p>Funding: USDA NIFA</p> | <p>Intervention: Padres program: 8 in-person, 2.5-h weekly group sessions. Parents and adolescents participated in skill-building activities together and separately in parent-only, youth-only, or parent/youth joint activities. intervention sessions included food preparation, eating a meal together, parenting skills education, nutrition/physical activity education and physical activity</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, CBPR • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed-treatment control; participated in program 3mo after post-data collection</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI% for age and sex (adolescents) and BMI (fathers)) • Dietary intake (FV svg/d, frequency of: SSB, sweet/salty snacks, fast food intake) • <u>Outcomes assessed at:</u> Baseline, 9wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |
| <p>Barkin, 2012¹⁹ RCT-Parallel, Salud Con La Familia (Health with the Family), U.S. Analytic N = 75 dyads</p> <p>Study Setting: Community recreation center</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino adults (predominantly female) and their preschool age child • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic/Latino • <u>SEP:</u> ~65% <HS education • <u>Health status:</u> BMI, mean of parent ~30 kg/m², ~53% of children with BMI ≥5percentile and <85percentile <p>Funding: State of Tennessee (Project Diabetes Implementation grant), Vanderbilt Clinical and Translational Science Award (NIH/NCRR), American Heart Association</p> | <p>Intervention: Salud Con La Familia program consisted of: 12 weekly, 90 min group skills building sessions for parents and preschool-aged children designed to improve nutritional family habits, increase weekly physical activity, and decrease media use. Participants additionally randomly assigned to small social groups and participated in small group activities at sessions.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, transtheoretical model of change • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Brief school readiness program: over the 12 wk study period, received 3, 60 min sessions to increase parent engagement e.g., daily reading, playing word games, reading picture books with children</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Constituent involving |

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| <p>Barnidge, 2015²⁰ NRCT, Men on the Move Growing Communities (MOTMGC), U.S. Analytic N = 794 (baseline survey), 692 (mid-intervention survey)</p> <p>Study Setting: Community sites in rural counties of southeast Missouri</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults living in two rural counties in Missouri • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> ~46% education at 12th grade or GED; ~35% \$0-9,999 HHI; ~46% "have just enough" for perceived income adequacy • <u>Health status:</u> ~54% with hypertension; ~68% with overweight/obesity (baseline survey participants) <p>Funding: NIH/NIMHD</p> | <p>Intervention: Intervention county received activities at individual and environmental levels. Individual level: nutrition education and cooking demonstrations based on REACH (Reach for larger vegetable portions, Eat less salt, Aim to eat more fruits and vegetables every day, Choose to season your vegetables with less fat, Hunt for a variety of fruits and vegetables) held at churches and community centers (education/cooking), grocery stores and community venues (taste tests), physician offices and community sites (bulletin boards with REACH messages, tips, recipes). Environmental: increasing access to healthy food through expanding community garden and new production gardens</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Comparison county: Similar population demographics to intervention county, but did not receive intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Overweight/obesity) • CVD (hypertension) • Dietary intake (FV (servings, greater variety); vegetables (larger portions)) • <u>Outcomes assessed at:</u> Baseline, 2y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Barragan, 2022²¹ RCT-Parallel, Abriendo Caminos, U.S. Analytic N = 356 mother-child dyads</p> <p>Study Setting: In-person in Illinois, California, Texas, and Iowa</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Children with Mexican or Puerto Rican heritage • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Females+Children • <u>Race and/or ethnicity:</u> 100% with Mexican or Puerto Rican heritage • <u>SEP:</u> Education (mothers): ~54% with HS or more; Income (mothers): 69% with <\$30,000, ~31% with \$30,000 or more • <u>Health status:</u> BMI percentile (child): ~44% 5th-85th, 19% 85th-95th, 36% >95th; Mean BMI (mothers): ~32.5 kg/m²; ~30% with overweight, ~59% with obesity <p>Funding: USDA NIFA Agriculture and Food Initiative</p> | <p>Intervention: Family-based intervention: Six weekly, 2h workshops, each covering 3 components: nutrition, family wellness, and physical activity. Mothers and children attended separate classes. Curriculum developed based on 2015-2020 DGA and MyPlate recommendations. Nutrition topics included: portions and Nutrition Facts label, fruits and vegetables, whole grains and legumes, salts and sugars, fats and proteins.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Applied behavior theory, social cognitive theory • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: No intervention; completed questionnaires but did not participate in weekly workshops. Received educational materials after intervention.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (SSB, 100% fruit juice, fruit, french fries, vegetables, fast foods, sweets, and salty snack intake) • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Bean, 2012²² RCT-Parallel, Nourishing Our Understanding of Role modeling to Improve Support and Health (NOURISH), U.S. Analytic N = 60 (parents), 55 (children)</p> <p>Study Setting: Community-based clinic in Richmond, VA, metropolitan area</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Parents (primarily female) and children predominantly with obesity • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 61% African American (parents); 65% African American (children), 39% White (parents); 35% White (children) • <u>SEP:</u> ~20% with parent education ≤ HS; ~40% with HHI <\$35,000/y; • <u>Health status:</u> All children with BMI ≥85percentile; mean ~98percentile; Mean Parent BMI: ~34 kg/m² <p>Funding: NIH; American Cancer Society</p> | <p>Intervention: Parent-only intervention: Weekly, 90-min in-person group sessions involving participatory activities, including self-assessments, group discussions, and experiential activities. Strategies to enhance nutrition were integrated throughout the intervention, including those focused on label reading, reducing sugar-sweetened beverages and increasing fruit and vegetable intake, and portion control. Homework was assigned between sessions. Participants were invited to a 1h booster session ~2mo after the end of intervention.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory; Stages of change theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: One group session moderated by independent interventionist addressing the roles of diet and exercise in pediatric overweight. Parents were mailed publicly available brochures on pediatric overweight on two occasions.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (% kcal from: fat, protein, carbohydrate; total fat; cholesterol; protein; carbohydrates; total sugar; added sugar; fiber; calcium) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 12wk, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Beech, 2003²³ RCT-Parallel, Memphis GEMS (Girl's health Enrichment Multisite Studies), U.S. Analytic N = 60</p> <p>Study Setting: In-person at community centers in Memphis, TN</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American girls (8-10y) with a BMI at or above 25th percentile for age-and-sex and parents/caregivers • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 57% tech school/some college; HHI: 33% \$20,000-\$39,999; 37% female single-parent household • <u>Health status:</u> Baseline mean BMI: 23.7 (6.3) kg/m²; baseline mean % body fat: 35.3 (13.7)% <p>Funding: NIH/NHLBI</p> | <p>Intervention: Child Targeted Intervention "GEMS Jamboree": 12wks, 90min - 15 intro, 30min "movin' it" PA component focused on music and dance, hip-hop aerobics, 30min "Munchin' It" nutrition component focused on experiencing FVs, low-sugar bevs, and low-fat food items while providing knowledge and skills to help them make healthy lifestyle modifications, 15min "taking it home" wrap up. Parent Targeted Intervention "Eating and Activity for Youth (EASY): 12wks, 90min focused on PA (dancing), didactic nutrition segment, alternating segment on food preparation and nutrition related games.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory; family systems theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Comparison group: 3 monthly 90min sessions over the 12 wk study. Sessions included 15min intro segment, 35min activity segment featuring arts and crafts, "friendship building/social support activities. Nutrition and PA were not addressed. Received personalized greeting cards and general health info mailed bi-monthly to maintain contact/build rapport</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WC) • Dietary intake (FV, sweetened beverages, water svg/d; % kcal from fat) • Energy intake • Diet-related psychosocial factors (Low and high-fat food practices; body image and weight concern) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Befort, 2008²⁴ RCT-Parallel, U.S. Analytic N = 33</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person and via phone at a health center serving African Americans with low income in Kansas City, MO</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: African American women with obesity and low income • Life stage: Adults • Gender: Females • Race and/or ethnicity: 100% African American • SEP: Education: 74.4% HS graduates or some college; 19% college graduate; 7% GED or some HS; Employment: 60.4% employed full-time, 12% employed part-time, 12% out of work, 9% student/retired/homemaker, 7% receives government assistance; Marital status: 67.4% divorced/widowed/never married, 19% married, 14% living with partner • Health status: All with BMI 30-50 kg/m² (inclusion criterion); Mean BMI: 39.8 (6.4) kg/m²; Co-morbid medical conditions: 49% with hypertension; 30% with history of depression or anxiety, 21% with high cholesterol, 16% with diabetes, 12% with asthma, 5% with history of heart disease or cancer, <p>Funding: American Cancer Society</p> | <p>Intervention: Both groups: Sixteen, 90-min weekly group behavioral weight loss program adapted from "Lifestyle Balance" DPP program + self-monitoring. Each session included 30min for weigh-ins, review of self-monitoring logs, and shared strategies and 60min addressing the weekly topic, including nutrition and PA education and behavioral modification skill building (e.g., problem-solving, stimulus control, social skills, relapse prevention). Motivational interviewing and health education participants were in same group sessions. Treatment goals including 7% wt loss, 500-100 calorie deficit, 25% of kcal from fat, 5-9 servings FV/day, 150min/wk of PA.</p> <p>Motivational interviewing group: additionally received 4, 30-min individual motivational interview sessions at wk 0, 3, 8, 13 either in-person or via phone.</p> <ul style="list-style-type: none"> • Theoretical framework(s): NR • Intervention Duration: 4mo • Community Involvement in Intervention Design: Yes-Some <p>Comparator: Attention control, health education group: Received additional 4, 30min individual health education sessions at wk 0, 3, 8, 13 either in-person or via phone. Participants chose 4/6 topics (breast, colon, or cervical cx screening; smoking cessation; helping others quit smoking; improving sleep)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • Dietary intake (FV svg/d; % kcal from fat) • Energy intake • Diet-related psychosocial factors (Diet self-efficacy) • Outcomes assessed at: Baseline, 16wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Bender, 2018²⁵ RCT-Parallel, Filipinos Fit and Trim - A feasible and efficacious DPP-based intervention trial, U.S. Analytic N = 61</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Home, community, social media and office visits in the bay area of San Francisco, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Filipino Americans with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Filipino • <u>SEP:</u> 76.1% completed college, 47.8% married/cohabitating, 91% employed full/part-time • <u>Health status:</u> BMI, mean: 30.5 ± 4.4 kg/m²; FBG, mean: 91 mg/dL; HbA1c, mean: 5.8% <p>Funding: NIH/NIDDK/NCATS/NHLBI, UCSF-CTSI; UCSF Research in Implementation Science for Equity (RISE) Program</p> | <p>Intervention: Fit & Trim intervention 1) attended 5 in-person intervention office visits, 2) tracked real-time steps by wearing a Fitbit Zip on their torso at least 10 h/d, 3) logged daily food/drink intake and weekly home weights on a mobile app/diary, and 4) received weekly postings of discussion topics (related to weight loss, PA and healthy eating) via private Facebook group</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive learning theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Active wait-list received Hep A education and handout and tracked physical activity via Fitbit Zip</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight change (%), kg), WC) • T2D (FBG, HbA1c) • <u>Outcomes assessed at:</u> Baseline, 3mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Beresford, 2022²⁶ RCT-Cluster, Yeego!, U.S. Analytic N = 213 (6 schools)</p> <p>Study Setting: Elementary schools in Navajo Nation in Shiprock, NM and Tsaile, AZ</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Students attending elementary schools in Navajo Nation (mostly of the Diné people) • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 96.7% American Indian or Alaska Native • <u>SEP:</u> NR • <u>Health status:</u> BMI percentile, mean: 70.9, 46% with overweight/obesity <p>Funding: NIH/NCI</p> | <p>Intervention: Intervention combined a school garden with a culturally relevant nutrition and gardening curriculum delivered by trained health educators and master gardeners. Gardens: Schools planted cool season crops in the fall and Three Sisters gardens in the spring with seeds provided by the study. The gardens were maintained by schools' custodial staff and teachers. Curriculum: Drew from Life Lab and LA Sprouts and aimed to build confidence in gardening and healthy eating behaviors. The curriculum consisted of 17 lessons (45 min each) delivered twice per mo during school y. 8 lessons focused on healthy eating topics, 8 lessons focused on gardening; the planned, final combined healthy eating and gardening lesson was not completed due to the COVID-19 pandemic. Each lesson incorporated aspects of Dine culture, a hands-on activity in the classroom/garden, and a healthy snack in the healthy eating lessons.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 9mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Scheduled to receive a delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fast food daily, soft drinks daily) • Diet quality (AHEI-2010 sub-scale healthy food score; AHEI-2010 total score, ratio of healthy-to-total foods) • Diet-related psychosocial factors (Self-efficacy to eat fruits and vegetables, self-efficacy to grow fruits and vegetables at home and school) • <u>Outcomes assessed at:</u> Baseline, end of school y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Bernhart, 2023²⁷ NRCT, Nutritious Eating with Soul @ Rare Variety Café Feasibility (NEW Soul @ RV), U.S. Analytic N = 60</p> <p>Study Setting: African-American-owned restaurant in a low-income neighborhood in southeastern U.S.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults (mostly female) with overweight/obesity in Columbia, SC • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African-American • <u>SEP:</u> Education: 83% had college or advanced degree • <u>Health status:</u> 100% with overweight or obesity <p>Funding: NIH/NHLBI</p> | <p>Intervention: Virtual synchronous group: received plant-based nutrition education, live cooking demonstrations led by the CHW or pre-recorded cooking demonstration on YouTube, facilitated discussion about successes and challenges of eating plant-based in the previous week, and plant-based meals via vouchers from Rare Variety Café.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Dissemination and implementation (D&I); Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework; Social Cognitive Theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Virtual asynchronous group: received a link of the previous evening's virtual synchronous class the following day and a link to electronic versions of the PowerPoint slides, handouts, and recipes discussed in class.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight; BMI) • Diet quality (Diet quality based on 'Rapid Eating Assessment for Patients') • Diet-related psychosocial factors (Self-efficacy for healthy eating) • <u>Outcomes assessed at:</u> Baseline, 3mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Berry, 2015²⁸ RCT-Parallel, U.S. Analytic N = 44</p> <p>Study Setting: Community-based health clinic in Raleigh, NC</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Postpartum women with overweight or obesity and low income • <u>Life stage:</u> Adults during postpartum • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 77% African American, 23% Non-Hispanic White • <u>SEP:</u> Education: 22% grade school, 65% HS/GED, 13% college grad; Employment: 82% unemployed; Income: 72% total family income <\$19,999/y • <u>Health status:</u> All postpartum with BMI >25 kg/m² <p>Funding: NIH/NCRR (via North Carolina CTSI and John Rex Foundation)</p> | <p>Intervention: 12 weekly, 60min classes followed by 3 monthly follow-up classes addressing problem-solving around nutrition and exercise barriers and including nutrition and exercise education and coping skills training. Women received 1-page handout to reinforce class content each week. At end of each session, women were asked to set a nutrition or PA goal for the coming wk or mo. Women were assisted in starting a home exercise program designed for postpartum women and received a handout for each wk with new ways to increase exercise. Pedometer and exercise journal given to participants to track progress. After 12 classes, women came back monthly for 3 more mo to receive support and discuss progress and any issues with reaching nutrition and exercise goals.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: WLC; received "usual care" (not specified)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Triceps skinfolds, subscapular skinfolds, WC) • Postpartum weight change • Diet-related psychosocial factors (Negative affect eating self-efficacy, socially acceptable eating self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 9mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

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| <p>Bersamin, 2019²⁹ NRCT, Neqa Elicarvigmun Pilot Study, U.S. Analytic N = 76</p> <p>Study Setting: Schools in rural, remote Native communities with high rates of poverty and food insecurity in southwestern Alaska</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Yup'ik adolescents at middle and high-schools in remote Alaska • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 99% Yup'ik • <u>SEP:</u> All communities were considered to be low-income • <u>Health status:</u> NR <p>Funding: USDA NIFA; NIH/NIGMS</p> | <p>Intervention: Neqa Elicarvigmun: school-based, multilevel intervention that included locally-caught salmon served in weekly school lunch, five culturally responsive, experiential lessons delivered by researchers that highlighted the benefits of eating a traditional diet to personal, community, and environmental well-being and four intergenerational community events celebrating traditional foods that linked school-based activities with home and community.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory combined with indigenous traditional knowledge; Behavior change theory • <u>Intervention Duration:</u> 9mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control community: received the classroom lessons after the 4mo data collection point. Because the school district uses a single menu, students in the control community also received the cafeteria intervention.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fish and marine mammal intake via biomarker) • Diet quality (HEI-2010) • Diet-related psychosocial factors (Attitudes and beliefs: enculturation and around traditional foods/salmon (benefits, importance, impact)) • <u>Outcomes assessed at:</u> Baseline, 4mo, 9mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described: Peripheral Evidential</p> |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Black, 2010³⁰ RCT-Parallel, Challenge!, U.S. Analytic N = 179</p> <p>Study Setting: University medical center and home and community sites in Baltimore, MD</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Non-Hispanic Black adolescents residing in low-income community • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 97% Non-Hispanic Black • <u>SEP:</u> 75% with caregivers with HS diploma or GED, 51% living below federal poverty line, 60% living in female-led single parent household • <u>Health status:</u> 38% with overweight or obesity <p>Funding: Maternal and Child Health Research Program (HHS), NIH/NCRR</p> | <p>Intervention: Challenge! Intervention included 12 sessions led by race and gender-matched college-enrolled mentors and delivered in the adolescents' homes. Mentors also accompanied participants on field trips to community sites (e.g., convenience stores). Intervention focused on principles of mentorship, participatory learning, and goal setting; intervention also included making and tasting healthy snacks, and engaging in physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 10mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: No intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ, overweight/obesity, total % body fat, fat mass, fat free mass) • Dietary intake (Total dietary fat, saturated fat, fiber, calcium, fruits, vegetables, snacks and desserts, milk, non-diet soda, fried foods) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 10mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Blow, 2022³¹ RCT-Parallel, Fit U, U.S. Analytic N = 235</p> <p>Study Setting: University campus in El Paso, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latinx college students (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latinx • <u>SEP:</u> Education: all undergraduate college students • <u>Health status:</u> Mean BMI: 25.7 kg/m² (males), 24 kg/m² (females) <p>Funding: None</p> | <p>Intervention: Fit U intervention: augmented self-monitoring with personalized, culturally-tailored motivational enhancement feedback and goal setting. Body composition measured at baseline and provided at baseline visit to participants to help with other intervention components (i.e., goal setting). At baseline session, participants worked with interventionists to discuss components contributing to health, nutrition, and PA choices (decisional balance, motivation), barriers to maintaining a healthy diet and participating in PA, debunking food myths, and goal setting. Each participant initiated a tailored activity plan and goals were generated for diet and exercise for the upcoming week. Handouts that were personalized and tailored for each participant were provided. Participants were given same instruction in completing food and activity logs as self-monitoring group. Goal attainment was assessed 1 wk later at the first check-in. New goals or the continuation of current goals were outlined.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Self-determination theory, transtheoretical model • <u>Intervention Duration:</u> 0.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Self-monitoring only: Body composition measured at baseline and results were provided at study completion. Participants were given instruction in completing food and activity logs, which included accurately recording various food servings, the manner in which the food was prepared, and minutes engaged in PA. Participants were asked to record their food and physical activity intake for 2wk.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (FV intake) • Energy intake • Diet-related psychosocial factors (Perceived competence for diet) • <u>Outcomes assessed at:</u> Baseline, 1 wk (intervention group only), 2wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

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| <p>Bopp, 2009³² NRCT, 8 Steps to Fitness (a program within The Health-e-AME-Physical-e-Fit program), U.S. Analytic N = 95 (3mo), 77 (6mo)</p> <p>Study Setting: In-person, at AME churches in South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults with sedentary behavior attending AME churches in South Carolina • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> NR, but likely 100% African American • <u>SEP:</u> ~91% with ≥ HS education; 71% with income >\$25,000/y; ~64% employed • <u>Health status:</u> All classified as sedentary or underactive according to CDC/ACSM recommendations; mean ~1.8 chronic health conditions per person <p>Funding: CDC, American College of Sports Medicine</p> | <p>Intervention: Intervention group: Attended weekly sessions taught by a volunteer facilitator and included 20 to 30 min of PA, scripture related to week’s topic, suggested questions for discussion, participant handouts, and a homework assignment based on weekly topic</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory; transtheoretical model • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC: Participants were from churches not participating in the PA program</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, Weight, WC, HC, WHR) • CVD (SBP; DBP) • T2D (FBG) • Dietary intake (Dietary Risk Assessment for dietary fat and cholesterol intake) • <u>Outcomes assessed at:</u> Baseline, 3, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Brewer, 2022³³ RCT-Cluster, Fostering African-American Improvement in Total Health [FAITH!] App Trial, U.S. Analytic N = 68 (16 churches)</p> <p>Study Setting: Faith communities of African Americans in Rochester and Minneapolis–St Paul, MN</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults (mostly female) at high-risk for cardiometabolic disease in Rochester and Minneapolis–St Paul, MN • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African-American • <u>SEP:</u> Income: ~19% less than \$35,000/y to 26% \$75,000/y or more; Health insured, 88%; Education: 59% had < 4 year college; 79% Employed • <u>Health status:</u> 71% with overweight or obesity; 44% with poor cardiovascular health <p>Funding: NIH/NIMHD/NCATS, American Heart Association Amos Medical Faculty Development Program, CDC</p> | <p>Intervention: FAITH! App mobile intervention: participants self-selected lifestyle journey and received education modules with a Life's Simple 7 (LS7) focus (e.g. diet/PA) and up to 2 personalized messages that were informational, cues to action, reminders, or motivational/praise for healthy behavior change; self-monitored diet/PA, and social networking with moderated discussions via sharing board. Included a 10wk intervention phase with a 6mo maintenance phase where participants continued to receive both message types at same frequency as intervention phase and were encouraged to use app features.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Precaution Adoption Process Model; Social Ecological Model; Stage/step of change; CBPR • <u>Intervention Duration:</u> 2.5mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI from LS7) • CVD (SBP and DBP from LS7) • T2D (FBG from LS7) • Diet quality (Healthy diet score from LS7) • <u>Outcomes assessed at:</u> Baseline to 6 mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Brown, 2013³⁴ RCT-Parallel, Journey to Native Youth Health (Journey DPP), U.S. Analytic N = 64</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person, classroom and community and fitness centers in Montana</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Northern Plains Indian youth (10-14y) living on American Indian reservations in Montana • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Northern Plains Indian • <u>SEP:</u> NR • <u>Health status:</u> Mean BMI: ~22.6; BMI percentile: ~77; BMIZ: 1.05 (1.2) <p>Funding: NR</p> | <p>Intervention: Journey DPP: Based on the DPP; 9 group sessions every 1.5wks to address youth's knowledge of and access to healthy food including hands-on interactive learning activities with cultural aspects incorporated throughout program. Sessions followed similar format/topic as original DPP including discussions about knowledge on topic, new information presented; assignments were created to complete at home with families; and goal setting. Sessions allowed for sharing of success/challenges, reporting on PA and nutrition goals reached and assignments.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Transtheoretical Model-Stages of Change; Social Cognitive Theory, CBPR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Received alcohol and drug prevention curriculum using Oklahoma University's "Beyond the 7th Generation Fetal Alcohol Spectrum Disorder" which was adapted for cultural relevance, reduced to 9 sessions and taught by lifestyle educators.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMI percentile, BMIZ) • Dietary intake (% kcal from fat; % kcal from SFA) • Energy intake • Diet-related psychosocial factors (Nutrition knowledge, attitudes, and behavior) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Brown, 2015³⁵ RCT-Cluster, Stroke Health and Risk Education (SHARE), U.S. Analytic N = 760</p> <p>Study Setting: In-person at Catholic churches in Corpus Christi, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adult Catholic Mexican and European Americans (predominately female) with family/friend pair • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> ~84% Hispanic/Latino, ~15.5% Non-Hispanic white • <u>SEP:</u> Education: 13% with <HS, 29% with HS, ~35% some college education, 22% with College or more; Income: ~47% ≥\$30,000; Employment: ~52% employed full-time, 10% part-time, 38% not employed • <u>Health status:</u> ~47% hypertension; mean BMI: 31.2 kg/m² <p>Funding: NIH</p> | <p>Intervention: Intervention churches (n=5): 5 main components including self help materials (short film, photonovella, cookbook, PA guide), partner support (weekly talks with partner, teaching partners to give autonomy support), motivational interviewing (received 5 motivational interviewing phone calls), tailored newsletters (2, 4-page customized newsletter during intervention year), parish social environmental change (creation of Parish Health Committee and worked to enhance the parish environment by assuring that low salt and high FV foods are included in parish functions that serve food)</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Self-Determination Theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed control churches (n=5): Received skin cancer awareness education materials at 3mo and 9mo, received holiday cards, and received stroke prevention program after 12 mo assessment</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • CVD (SBP, DBP) • Dietary intake (Sodium (mg/d) and FV intake (cups/d)) • <u>Outcomes assessed at:</u> 6, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • NA |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Brown, 2020³⁶ RCT-Parallel, U.S. Analytic N = 20</p> <p>Study Setting: In-person in Northern Plains American Indian reservation community</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Native American adults (predominately female) with prediabetes or diabetes • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Native American • <u>SEP:</u> Education: 100% some college; 40% college degree; HHI: 10% <\$20,000/y, 20% >\$60,000/y • <u>Health status:</u> NR <p>Funding: NR</p> | <p>Intervention: Group Gardening Program: 10 sessions focused on: classes and hands-on activities for gardening techniques; hands-on educational activities for food preparation, safety, and preservation techniques using FVs; activities using food commodities and locally grown veg to prepare meals. Participants prepared raised garden beds, planted, and cultivated radishes, potatoes, strawberries, currants, beets, peas, beans, squash, corn, carrots, tomatoes, and peppers for one growing season. Structured gardening and food-related sessions ~90min each implemented semimonthly</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social-ecological Model, CBPR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Comparison: no treatment. Received information on diabetes and managing diabetes after diagnosis</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • CVD (SBP, DBP) • T2D (HbA1c) • Diet-related psychosocial factors (Motivation to eat FVs, grow FVs, FV stages of change, garden stages of change) • <u>Outcomes assessed at:</u> Baseline, post-intervention (~7mo) | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Buller, 2008³⁷ RCT-Parallel, 5 a Day, the Rio Grande Way, U.S. Analytic N = 473</p> <p>Study Setting: Computer website</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults (mostly female, Hispanic) from the Upper Rio Grande Valley • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> ~9% American Indian/Alaska Native, ~1% Asian, ~1% Native Hawaiian/Pacific Islander, ~1% Black, ~65% Hispanic origin, ~36% White, ~46% "none of these" • <u>SEP:</u> Education: ~13% 11th grade or less, ~25% HS/GED, ~32% trade school or some college, ~11% 2y college, ~9% 4y college, ~11% postgraduate; ~65% currently used the internet • <u>Health status:</u> NR <p>Funding: NIH/NCI</p> | <p>Intervention: Website condition: Instructed to log-on to the 5 a Day, the Rio Grande Way website at least once a month over the 4-mo study period. Website content included information on health benefits of FV and instruction on skills for buying, storing, preparing FV, and for increasing FV in the family diet. The website provided advice on gardening, recipes that included FVs, and information on FV in season, a community directory of organizations that sold FV or supplies for gardening in the region and a list of health resources on the internet related to FV.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory, Diffusion of Innovations model • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed access control group: received access to website after post-test</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruits and vegetables) • <u>Outcomes assessed at:</u> Baseline, 4mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Caballero, 2003³⁸ RCT-Cluster, Pathways, U.S. Analytic N = 1,409 (41 schools)</p> <p>Study Setting: Schools in American Indian communities</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Children attending schools in American Indian communities • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> ≥90% American Indian (100% from schools in American Indian Communities) • <u>SEP:</u> NR • <u>Health status:</u> Mean BMI: ~19 kg/m², % body fat: ~33 <p>Funding: NIH/NHLBI</p> | <p>Intervention: The Pathways Study intervention included 4 components: classroom curriculum, food service, physical activity, family involvement. Each component included a specific training plan for teachers, food service staff and PE teachers and aides.</p> <p>Classroom curricula: 2, 45 min lessons delivered by teachers weekly for 12 wk during 3rd and 4th grade and 8 wk during 5th grade; designed to promote healthful eating behaviors and increase physical activity</p> <p>Food service: provided nutrient guidelines and practical tools for reducing fat content while complying with nutrient requirements of USDA School Lunch and Breakfast programs; guidelines for food service staff provided skill-building techniques for planning, purchasing, and preparing lower-fat school meals</p> <p>Physical education: minimum of 3, 30 min sessions/wk of moderate-vigorous physical activity; also included 2-10 minute exercise breaks to increase energy expenditure and promote physical activity in the classroom.</p> <p>Family involvement: introduced families to the intervention and assisted them in creating a supportive environment for healthy behaviors including family action packs and family events at school (such as cooking demonstrations and activities for healthier lifestyle).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social learning theory • <u>Intervention Duration:</u> 36mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: No intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (% body fat, height, weight, BMI, triceps skinfold thickness, subscapular skinfold thickness) • Dietary intake (fat (% of energy; 24h and at school)) • Energy intake • Diet-related psychosocial factors (Food self-efficacy, food choice intentions) • <u>Outcomes assessed at:</u> Baseline, 3y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Cepni, 2021³⁹ RCT-Parallel, Families Understanding Nutrition and Physically Active Lifestyles (FUNPALs), U.S. Analytic N = 50 parent-toddler dyads</p> <p>Study Setting: In-person in a playground setting and virtual, Houston, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Children ages 12-36mo from households with predominantly low income • Life stage: Children • Gender: Both Males and Females • Race and/or ethnicity: 14% Asian, 32% Non-Hispanic African American, 38% Hispanic/Latino, 12% non-Hispanic White, 2% Other • SEP: Education (parent): 10% HS graduate, 28% some college or technical school, 62% college degree; Annual HHI: 28% <\$24,999, 28% \$25,000-49,999, 34% with ≥\$50,000 • Health status: Mean BMI (parent): 28.4 kg/m²; Mean child BMI for-age percentile: 76.2 <p>Funding: The University of Houston GEAR Grant; USDA, ARS</p> | <p>Intervention: FUNPALs intervention: included 10 weekly, 90min, in-person sessions at community center in a playground setting (both parents and young children). Lesson plans involved physical activity, snack preparation, positive parenting coaching, delivery of health information. Parents received handouts on snack recipes prepared during playgroup with related price info and a map of stores where food ingredients could be purchased, and a summary of nutrition, PA, and parent topics discussed in playgroup. Additional touch points included emails and text messages each wk of the upcoming playgroup session. A password-protected website and a private Facebook group were provided for parents to access additional resources.</p> <ul style="list-style-type: none"> • Theoretical framework(s): Intervention mapping framework, social cognitive theory, family system theory, self-determination theory • Intervention Duration: 2.5mo • Community Involvement in Intervention Design: Yes-Some <p>Comparator: Healthy Toddler Parent Group (HGTP): dose-matched to FUNPALs intervention; 10 weekly, 90min health education sessions for parents only at YMCA. HTPG sessions, modeled after the WIC program, included same nutrition and physical activity lessons as the experimental group. Unlike experimental group, this group did not include coaching on parenting, snack preparation and guided physical activity, and a playgroup setting with their child. Did not receive handout with recipe, food store maps, or parenting info.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Intake of: snacks, FV (via FFQ and skin carotenoids), SSB (child)) • Outcomes assessed at: Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Chen, 2010⁴⁰ RCT-Parallel, Active Balance Childhood (ABC), U.S. Analytic N = 57</p> <p>Study Setting: Community</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Chinese American children and their parents • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Chinese or of Chinese origin • <u>SEP:</u> Education: ~14 y maternal education, ~16y paternal education • <u>Health status:</u> Mean BMI: 19.22 kg/m² <p>Funding: NIH/NCRR; Chinese Community Health Care Association</p> | <p>Intervention: ABC program included 45 min sessions delivered once per wk for 8wk for children, and 2, 2h sessions for parents delivered during this 8wk period. The children's intervention consisted of educational play-based activities and was designed to improve self-efficacy and self-competence and to promote internal motivation to change health behaviors and maintain a healthy weight. At the beginning of each session children spent 15min on physical activities. The remaining 30 min was focused on children's knowledge of nutrition and physical activity. Parents took part in "Healthy Eating and Healthy Family: A Hands-on Workshop" which was led by an RD and included sets of exercises to increase parents' knowledge and skills regarding healthy food preparation, discussion of issues related to dealing with children's eating habits and problems and brainstorming about specific family/children activities to improve dietary intake and physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: WLC: after final follow-up assessment, received the ABC intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WHR) • CVD (SBP, DBP) • Dietary intake (Fat, sugar, vegetables and fruit) • Diet quality (Usual food choices (from Health Behavior Questionnaire developed for CATCH study)) • Diet-related psychosocial factors (Nutrition knowledge, nutrition self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 2mo, 6mo, 8mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |

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| <p>Chen, 2014⁴¹ NRCT, U.S. Analytic N = 378</p> <p>Study Setting: In-person in classrooms in California</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> K-2 students (5-8y) and their parents with low income • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 9.1% Hmong, 32.4% Latino/Hispanic, 42.3% White, 16.2% Other • <u>SEP:</u> NR • <u>Health status:</u> NR <p>Funding: USDA NIFA/AFRI</p> | <p>Intervention: Intervention: over 3mo cultural/ethnic food recipes (20min per recipe) were used to conduct in-class monthly tasting activities. Nutrition educators taught information provided on recipe card developed to represent Hmong, Latino, and mainstream American cultures. Recipe cards featured local ethnic produce and 'fun facts' including food history, food culture, and nutrition. After in-class activity, students received a food kit to take home which included cooking equipment, spices, foods, recipe for the recipe taught in class.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control: no program materials or in-class activities; control schools received cultural/ethnic recipes at the end of the study</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Parent report of child FV consumption) • <u>Outcomes assessed at:</u> Baseline, 3mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |
| <p>Chen, 2019⁴² RCT-Parallel, iStart Smart for Teens, U.S. Analytic N = 36</p> <p>Study Setting: Home, including online educational modules (3mo) and biweekly text messages (3mo)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Chinese adolescents with overweight/obesity • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Chinese American • <u>SEP:</u> 95% with annual family income <\$40,000 • <u>Health status:</u> All with BMI ≥85th percentile (CDC) <p>Funding: American Nurses Foundation Research Award, UCSF-CTSI</p> | <p>Intervention: iStart Smart for Teens educational program: 1) wearable sensor (Fitbit Flex) for 6mo; 2) 8 online educational modules for 3mo, and; 3) after completion of modules, tailored, biweekly text messages for 3mo; Fitbit Flex app used to track PA, sedentary activity, and dietary intake progress, set realistic individualized goals, monitor progress related to goal attainment, provide tips for everyday activities, and provide strategies for maintaining healthy weight.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Given pedometer and blank food-and-activity diary; asked to track PA, sedentary activity, and food intake in the diary for 3 mo, and to access 8-module online program related to general adolescent health issues.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMIZ) • Dietary intake (Intake of: breakfast, fast food, Vegetable/fruit, soda) • Diet-related psychosocial factors (Diet self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

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| <p>Christian, 2011⁴³ RCT-Cluster, U.S. Analytic N = 263</p> <p>Study Setting: 2 large community health centers in Pueblo, CO</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults (predominantly female) with overweight or obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 44% Hispanic/Latino, 51% White, 5% Other • <u>SEP:</u> All participants either uninsured, Medicaid-eligible, or Medicare beneficiaries • <u>Health status:</u> All with BMI ≥ 25 kg/m² and at least 2 components of metabolic syndrome <p>Funding: NIH/NIDDK</p> | <p>Intervention: Computer program used to help patients set tailored self-management goals for weight loss, nutrition, and physical activity. Goals were then reviewed and reinforced at clinic visits with participants' physicians at baseline and again at 6 months. Participants were given a 30-page planning guide that provided supplemental information on diabetes and achieving a healthy lifestyle.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Transtheoretical model of change, social cognitive theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: One study-related visit and no computer assessment. Participants were given a packet of health education materials addressing diabetes, diet, and exercise; otherwise received usual care.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight; loss of $\geq 5\%$ body weight; loss of $\geq 10\%$ body weight; WC) • CVD (SBP, DBP; HDL-C, LDL-C, TG) • T2D (Fasting glucose, fasting insulin) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Constituent involving • Sociocultural |

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| <p>Clarke, 2011⁴⁴ RCT-Cluster, Quick! Help, U.S. Analytic N = 706 (6 pantries)</p> <p>Study Setting: Community food pantries</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults (predominantly Spanish-speakers) patronizing community food pantries • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> NR (~72% Spanish language preference) • <u>SEP:</u> All patronizing community food pantry; ~53% with food insecurity; ~26% not working full- or part-time • <u>Health status:</u> NR <p>Funding: USDA NIFA</p> | <p>Intervention: Tailored pantries: Staff members asked clients about their preferences for different kinds of recipes and tips, as well as preferences for cover illustration for booklet. Clients received tailored booklet with the relevant recipes and tips, as well as the selected image/title for the booklet, within minutes of profiling interview. Some tailored recipes had identifying "banners" that indicated that the recipe was kid-friendly or Hispanic, Asian, or African-American/Soul Food flavors. Also received extra vegetables.</p> <p>Generic pantries: Staff members asked clients about how they generally prepared food. Clients received standardized booklet that contained all recipes and tips, with a standardized cover depicting the vegetable-of-the-day. Content of recipes and tips was identical to that of the tailored material but without identifying "banners". Also received extra vegetables.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Self-determination theory, Reactance theory, Construal theory • <u>Intervention Duration:</u> 0mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Received supplementary vegetable of the day on-site at the community food pantry but did not receive any recipes or food-use-tips</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Vegetable use) • <u>Outcomes assessed at:</u> 6d, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Constituent involving |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Cloutier, 2018⁴⁵ RCT-Cluster, The Early Childhood Obesity Prevention (ECHO) Program , U.S. Analytic N = 41 mother-child dyads at 6mo; 34 dyads at 12mo</p> <p>Study Setting: Home and community of those served by Brighter Future Family (BFF) Centers serving areas with high-poverty and low-income neighborhoods in Hartford, CT</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mother/infant dyads served by Brighter Future Family (BFF) Centers targeted underserved minorities in low-income neighborhoods of Hartford, CT • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Females+Children • <u>Race and/or ethnicity:</u> 19% African American/Black, 60% Hispanic, 19% Other, 2% Unknown • <u>SEP:</u> 43% had family income < \$15,000/y; 40% with maternal education < 12 grades/HS; 77% single, 21% married • <u>Health status:</u> 60% primigravida <p>Funding: NIH/NICHD</p> | <p>Intervention: Nurturing Families Network, enhanced group, (NFN+) mothers received NFN plus (i) education and enhanced support regarding breastfeeding; (ii) creation of a Family Wellness Plan that taught mothers goalsetting and self-monitoring skills; (iii) education and skill-building in behavioral strategies (e.g., problem-solving and stimulus control) to implement desired changes in infant target areas; (iv) toolkit with items to support the changes (e.g., 6 oz sippy cup, play mat); and (v) linkages to community programs that support healthy behavior change, including \$3/wk of coupons for fruits and vegetables and a bonus gift worth ~ \$30, cooking classes, exercise classes and breastfeeding support resources.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Chronic Care Model, Ecological models of obesity • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: NFN standard curriculum: weekly 60-min visits for 2mo then biweekly home visits that focuses on the link between child development and parenting and on key developmental topics (i.e., attachment, discipline, health, nutrition, safety, sleep, transitions/routines, healthy births) as well as family well-being with a focus on family strengths, capabilities, skills and the building of protective factors</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI; WFL) • Dietary intake (SSB/juice and Introduction to solids at 6mo (child); Fruit/vegetable intake (mothers)) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Cousins, 1992^{4b} RCT-Parallel, Cuidando El Corazon (CEC, Taking Care of Your Heart), U.S. Analytic N = 86</p> <p>Study Setting: South TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mexican American women • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Mexican American • <u>SEP:</u> Education: ~10y; Income: ~24% with income below \$10,000 • <u>Health status:</u> All "20 to 100% above ideal body weight". All without hypertension and diabetes. <p>Funding: NR</p> | <p>Intervention: Family group: Cuidando el Corazon manual+24 weekly classes+6 monthly classes. Manual included additional information on partner support and parenting skills to encourage family changes in eating and exercise behaviors. Spouses were encouraged to attend classes with subjects and separate classes were held for preschool-aged children. Children's classes based on heart-healthy educational program for preschool and kindergarten children that uses age-appropriate sensory experiences and games to teach about heart-healthy foods and physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Manual-only group: received a bilingual manual ("Cuidando el Corazon") with low-fat eating plan, nutrition information, recipes, exercise plan, and behavior modification strategies modified to reflect the cultural values of the population. Calories in eating plan were limited to 1200/d.; Individual group: Cuidando el Corazon manual + 24 weekly classes and 6 monthly classes taught by RDs. Weekly classes provided individualized instruction on nutrition, feedback on subjects' food records, and use of behavior modification techniques for weight loss. Classes also included group exercise, food tastings, cooking demos, videotaped instructions on preparing low-fat foods. Six monthly maintenance classes focused on problem-solving strategies for preventing or minimizing relapse following treatment.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Crespo, 2012⁴⁷ RCT-Cluster, Aventuras para Niños, U.S. Analytic N = 441 (13 schools)</p> <p>Study Setting: Schools and homes in South Bay region of San Diego County</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino children and their parents (predominately female), living in San Diego County • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> Education: 67% parents ≤HS; Income: 35.2% being at or below the 100% federal poverty level of \$1,720/mo for family of 4 • <u>Health status:</u> 17% with overweight, 29.5% with obesity <p>Funding: NIH/NHLBI/NIDDK; CDC, American Cancer Society</p> | <p>Intervention: Family/Home intervention: delivered by trained promotoras with knowledge of relevant neighborhood resources and barriers. Promotoras discussed ways to overcome barriers to healthy eating and physical activity, ways to prepare healthy meals at home, benefits of promoting healthy eating and physical activity in children, ways to set appropriate goals for family and monitor healthy eating at home, and modeling healthy eating. Delivered over 7 monthly home visits, and 4 phone calls.</p> <p>School/Community intervention: designed to alter physical structures (improvements to school playgrounds, salad bars, and community parks), social structures and policies (teachers' discipline and classroom practices and public park maintenance), availability of protective or harmful products (physical education equipment and healthy children's menus in restaurants), and culturally-appropriate media messages (posters, newsletters, point-of-choice messages in grocery stores). Study staff and promotoras implemented some environmental changes directly while others were directed at adults who controlled aspects of the children's daily environments outside of the home. Intervention included several previously developed programs including SPARK, Peaceful Playgrounds, and Take 10!</p> <p>Family/Home+School/Community intervention: received both interventions</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health belief model, Social cognitive theory, Structural model of health behavior • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control: asked to maintain regular lifestyles and to attend yearly scheduled measurements</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Child: BMIZ, BMI percentile, weight status; Parent: BMI, BMI category (data not shown, discussed in results)) • Dietary intake (Fruit and vegetable, snacks, SSB, water) • <u>Outcomes assessed at:</u> Baseline, 1y, 2y, 3y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Davis, 2007⁴⁸ RCT-Parallel, U.S. Analytic N = 23</p> <p>Study Setting: Participant home (home-based group) or USC classroom (group sessions)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina adolescent females with overweight/obesity • <u>Life stage:</u> Adolescents • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Latina • <u>SEP:</u> NR • <u>Health status:</u> All with BMI above 85th percentile for age and sex (inclusion criteria); Mean BMI: 33.2 (6.9) kg/m²; Mean BMIZ: 2.1 (0.5) <p>Funding: Dr. Robert C. Atkins Foundation, the General Clinic Research Center; ADA</p> | <p>Intervention: Home-based intervention: two goals: 1) ≤10% calories from added sugar; 2) ≥14g/1000 kcal of fiber/day. Achieve 45-55% calories as carbohydrates and 30-45% as fat; Not energy restrictive but encouraged intuitive eating; Received 10-15min of motivational interviewing. 90min weekly home visits from a nutrition educator for 12wks. \$25 grocery items/wk.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Group session: identical goals/lessons/curriculum as home-based but group classroom delivered. Received \$25 grocery store gift card.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, BMIZ, WC, total fat mass, % fat, total lean tissue) • CVD (SBP, DBP, TG, LDL-C, HDL-C) • T2D (FBG, fasting insulin, HOMA-IR) • Dietary intake (Added sugar, fiber, refined carbohydrate, sugary beverage intake) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 12wk with dietary factors at 3wk, 5wk, 7wk, 9wk, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Constituent involving • Sociocultural |

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| <p>Davis, 2009⁴⁹ RCT-Parallel, U.S. Analytic N = 54</p> <p>Study Setting: University laboratory</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino adolescents with overweight • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> NR • <u>Health status:</u> All ≥85percentile for age and sex specific BMI; All without any diagnostic criteria for diabetes <p>Funding: NIH/NCI/NICHD/NCRR; Dr. Robert C. and Veronica Atkins Foundation</p> | <p>Intervention: Nutrition education intervention: 16wk culturally tailored dietary intervention (1, 90min session/wk) targeting 2 goals - ≤10% total daily kcal intake from added sugars and consuming ≥14g/1000kcal dietary fiber/d. Intervention included 4 individual motivational interviewing sessions to enhance intrinsic motivation for behavior change. Parent(s) asked to attend ≥4 classes and taught same curriculum separate from participants.</p> <p>Nutrition education plus strength training: included nutrition education (as described above) in addition to twice weekly (60min/session) strength training. Program was personalized and progressive. Received at minimum 4 group motivational interviewing session to enhance intrinsic motivation for PA.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control group: No intervention for 16wk, then offered abbreviated 1mo intervention consisting of biweekly nutrition and strength training classes after post-testing. Nutrition ed + strength training group: nutrition intervention, and 60min strength training sessions 2x/wk for 16wk.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMIZ, BMI percentile, weight, total fat, total lean) • T2D (Fasting glucose, fasting insulin, HOMA, insulin sensitivity) • Dietary intake (Carbohydrate, protein, fat, total sugar, added sugars, fiber) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 16wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Constituent involving • Sociocultural |

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| <p>Davis, 2011⁵⁰ NRCT, LA Sprouts, U.S. Analytic N = 104</p> <p>Study Setting: After-school care program at community garden in Los Angeles, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly Latino elementary school-aged children in Los Angeles • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> ~3% Asian, ~94% Latino, ~3% White • <u>SEP:</u> 69% with computer at home, 56% with mother that has own car • <u>Health status:</u> Mean BMI percentile ~78 <p>Funding: Kaiser Foundation Hospital Los Angeles, Childhood Obesity Research Center at the University of Southern California</p> | <p>Intervention: LA Sprouts program taught at community garden near elementary school. Intervention classes taught once weekly for 12wk (90min sessions). Sessions began with a 45min interactive cooking and nutrition education lesson taught by study staff/graduate student and supervised by an RD. Students worked in team to cook/prepare sample recipe each wk and snack was eaten family-style afterwards. Participants then received a 45min interactive gardening lesson taught by a Latina Master Gardener. The gardening curriculum used a hands-on approach. Monthly visits to a local farmers market were integrated into the program. Parents received 3 separate 60min parental nutrition and gardening classes during the 12wk intervention; the material covered mirrored that in student classes but were taught primarily in Spanish.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control: Children not enrolled in an existing after-school care program. After post-testing completed, school hosted gardening/nutrition/cooking workshops for all students and parents as delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Height, weight, BMI, BMI percentile, BMIZ, WC, body fat %) • CVD (SBP, DBP) • Dietary intake (Protein, Fat, Carbohydrates, Added sugar, Dietary fiber, Meat, Dairy, Vegetables, Fruit, Whole grains) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Davis, 2016⁵¹ RCT-Cluster, Child Health Initiative for Lifelong Eating and Exercise (CHILE), U.S. Analytic N = 1,816 (16 centers)</p> <p>Study Setting: Head Start centers</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> American Indian and Hispanic children attending Head Start centers • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 38.3% American Indian, 57.2% Hispanic, 59.0% White, 2.7% Other race • <u>SEP:</u> 100% participating in Head Start • <u>Health status:</u> 14.9% with obesity, 16.3% with overweight, 67.4% with "healthy weight", 1.4% with underweight <p>Funding: NIH/NIDDK</p> | <p>Intervention: CHILE intervention (n=8 sites) included 6 components: nutrition and physical activity curriculum designed to provide children with repeated opportunities to taste a new fruit or vegetable and to add 30 min of physical activity to daily class activities, quarterly professional development for Head Start teachers and food service staff to provide assistance in implementing the intervention, a component focusing on integrating policy and behavior change in food purchasing, preparation, and serving by food service staff, a family component consisting of take-home materials about nutrition and physical activity and family events 2 x/school year, a grocery store component with goal of increasing availability and visibility of healthier food options and providing recipes and nutrition-related information to families while shopping, and a component that asked local healthcare providers to emphasize healthy eating and physical activity during routine patient visits and invited health professionals to attend family events.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Socio-ecological model • <u>Intervention Duration:</u> 18mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: No intervention (n=8 sites)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight status, BMIZ) • <u>Outcomes assessed at:</u> Baseline, ~6mo,~12mo,~18mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>de Heer, 2011⁵² RCT-Cluster, U.S. Analytic N = 804 (85 classrooms from 6 schools)</p> <p>Study Setting: In-person during an elementary after-school program in El Paso, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Students in grades 3-5 in a predominately Hispanic elementary school in El Paso, TX • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> NR; predominantly Hispanic student population • <u>SEP:</u> 72% of children with low SES • <u>Health status:</u> 22% at risk for overweight; 26% with overweight; Mean BMI percentile: ~72% <p>Funding: Center for Border Health Research via Paso del Norte Health Foundation; NIH Hispanic Health Disparities Research Center</p> | <p>Intervention: After-school program: 24 sessions (2x/wk for 12 wk) occurring on the schoolyard or multipurpose room. Sessions included 20-30min health education followed by 45-60min of PA. The Bienestar (well-being) curriculum was culturally targeted to Mexican Americans; included 16 modules on healthy eating, exercise, diabetes, and self-esteem. PA component was adapted from the Coordinated Approach To Children's Health curriculum which emphasized cardiovascular activity and aerobic recreational games.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory, social network theory, diffusion-of-innovation theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Spillover (those who did not participate but agreed to be surveyed and measured) and control groups: received 4th grade health workbooks and incentives at pretest and f/up measurements but did not attend the after-school sessions.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI percentile) • Diet-related psychosocial factors (Intentions to eat healthy food; willingness to choose healthier food options) • <u>Outcomes assessed at:</u> Baseline, 4mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Derose, 2019⁵³ RCT-Cluster, Eat, Pray, Move (Come, Ora, Muévete), U.S. Analytic N = 213 (5 churches)</p> <p>Study Setting: Churches in South Los Angeles</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: African American and Latino churchgoing adults predominantly with overweight or obesity from South Los Angeles • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 45.3% African American, 19.2% English-speaking Latino, 31.9% Spanish-speaking Latino • SEP: Education: 31.3% <HS, 20.5% HS or GED, 30.3% some college/associate's degree, 9.5% bachelor's degree, 8.5% some graduate school or degree. Income: 41.0% <\$20,000, 28.3% \$20,000-39,999, 14.0% \$40,000-59,999, 16.6% ≥60,000 • Health status: Mean BMI: 31.7 kg/m², 33.4% with overweight, 52.1% with obesity <p>Funding: NIH/NIMHD; AHRQ</p> | <p>Intervention: Intervention included a community garden, cooking and nutrition classes (series of 5 conducted over 5 wk), weekly physical activity classes, messaging regarding healthy eating and physical activity (daily text/email messages to study participants, two sermons, bulletin inserts and posters), and mapping church and community food and physical activity environments.</p> <ul style="list-style-type: none"> • Theoretical framework(s): Socioecological theory, CBPR • Intervention Duration: 5mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: WLC: given option to complete intervention activities after post-implementation assessment completed</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (weight, BMI) • CVD (SBP, DBP) • Diet quality (Overall healthiness of diet) • Outcomes assessed at: Baseline, 6-7mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Di Noia, 2021⁵⁴ RCT-Cluster, U.S. Analytic N = 273 (3 WIC sites)</p> <p>Study Setting: Large, New Jersey-based, urban WIC agency</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults receiving WIC benefits • <u>Life stage:</u> Adults • <u>Gender:</u> NR • <u>Race and/or ethnicity:</u> 14% Black, 73% Hispanic • <u>SEP:</u> Education: 55% reported HS education or less; 100% receiving WIC benefits • <u>Health status:</u> 75% with overweight or obesity <p>Funding: NIH/NCI</p> | <p>Intervention: 1) WIC-based farmers' market; 2) group-based instruction (1 session at WIC clinic and during field trips); 3) field trips to an area farmers' market (up to 3 trips per participant); 4) telephone coaching and support before and after field trips; 5) recipe demonstrations and tastings (3 recipes per field trip); 6) recipe pack containing handouts and ingredients for a recipe to try at home. Participants learned that they had option to purchase FV at WIC-based farmers' market with their FMNP vouchers. Nutrition educators provided personalized, 1:1 instruction to participants after WIC appointments.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social ecological model, social cognitive theory • <u>Intervention Duration:</u> 5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: No intervention; routine WIC services only</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • Diet-related psychosocial factors (Self-efficacy for vegetable consumption) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Constituent involving |

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| <p>Duggan, 2014⁵⁵ RCT-Parallel, Partnership for a Hispanic Diabetes Prevention Program, U.S. Analytic N = 320</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Homes in lower Yakima Valley, WA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adults with elevated HbA1C and overweight/obesity living in a rural, low-income area • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Education: 35.4% with 4th grade or less, 30% with 5th-8th grade, 16% with 9th-12th grade(no diploma), 11.8% HS graduate or GED, 4.1% with some college through associate degree, 2.6% with bachelor's degree or more; Employment: 30.6% employed full time, 61.8% not employed • <u>Health status:</u> 100% with elevated HbA1C levels, 67.3% with prior diagnosis of diabetes; BMI, mean: 32.9 kg/m² <p>Funding: NIH</p> | <p>Intervention: Intervention consisted of: 5 weekly, 1h guided educational sessions conducted in participants' homes by CHWs. Sessions included educational curriculum involving diabetes education and awareness and methods to increase self-management of diabetes. Participants encouraged to invite family/friends to participate.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 1.25mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention, 3mo post-randomization</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • T2D (HbA1C) • Dietary intake (Fruit and vegetable, soft drink) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Falbe, 2015⁵⁶ RCT-Parallel, Active and Healthy Families (Familias Activas y Saludables), U.S. Analytic N = 41</p> <p>Study Setting: Federally qualified health centers</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic children with overweight/obesity • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> 100% attending federally qualified health center, 73% with parent with <HS education • <u>Health status:</u> 13% with overweight, 87% with obesity <p>Funding: Safeway Foundation, American Heart Association</p> | <p>Intervention: Five, 2h group medical appointments delivered every other wk for 10 wk by an RD, a physician, and a promotora. Promotoras called families twice between sessions to check on progress, answer questions, and remind families about the next session. Intervention content was based on guidelines from the Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity and from the AAP. The intervention was designed to be family-centered. Topics included: definition and consequences of obesity, sugar sweetened beverages, parenting, nutrition labels, healthier snacks and fast food, portion size, meal planning, screen time, physical activity, emotional eating, and stress and immigration.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Transtheoretical model • <u>Intervention Duration:</u> 2.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: WLC: usual care, then offered the intervention ~1-2mo after trial completion</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMIZ, weight, height, parent weight) • CVD (SBP, DBP, LDL-C, HDL-C, TG) • T2D (Glucose, HOMA-IR, HbA1C) • <u>Outcomes assessed at:</u> Baseline, 10wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |
| <p>Fardy, 1995⁵⁷ NRCT, Healthy People 2000 , U.S. Analytic N = 54</p> <p>Study Setting: Public school in New York City</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adolescents (predominantly female) attending public school in New York City • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 39% Asian American, 33% Black, 11% Hispanic, 2% White, 15% others • <u>SEP:</u> NR • <u>Health status:</u> NR <p>Funding: NIH; PSC-CUNY Research Foundation Grants</p> | <p>Intervention: 25 classroom sessions (40min each), alternating daily with a comparable number of outdoor walking and running sessions of 20-25min duration. Lecture classes consisted of education modules about PA, nutrition, smoking cessation, stress management, and personal problem solving, adapted from Stanford Adolescent Heart Health curriculum.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 2.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Nonintervention control; group of volunteers from the same grade.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • CVD (SBP, DBP) • <u>Outcomes assessed at:</u> Baseline, 10wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Faridi, 2010⁵⁸ NRCT, Partners Reducing Effects of Diabetes: Initiatives through Collaboration and Teamwork (PREDICT), U.S. Analytic N = 161</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person at churches in Connecticut</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American (predominantly female) adults with overweight and diabetes or be at risk for diabetes • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: ~38% some HS or HS, ~38% some college, ~24% associate or bachelor degree; HHI: ~42% <\$29,999, ~28% \$30,000-\$49,000, ~30% >\$50,000 • <u>Health status:</u> Mean (SD) BMI: 32.9 (7.8) kg/m² <p>Funding: Connecticut Health Foundation and CDC</p> | <p>Intervention: Intervention churches: Overall intervention was based on the DPP; Intervention methods, frequency, and teaching methods were decided independently by the community health advisors (CHA) including some churches that held group sessions with Bible study classes while others conducted sessions individually. Overall themes included intro to diabetes, treating diabetes, healthful nutrition, health promoting physical activity, and diabetes management. Activities of the PREDICT program and DPP lifestyle intervention were not uniform and varied considerably with dose and duration.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control churches: Received delayed intervention after completing post-intervention surveys/measurements</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • Dietary intake (total protein, total carbohydrates, total cholesterol, trans fats, SFA, mono/poly unsaturated fat) • Energy intake • Diet-related psychosocial factors (nutrition self efficacy) • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Fitzgibbon, 2005⁵⁹ RCT-Parallel, Faith on the Move, U.S. Analytic N = 46</p> <p>Study Setting: Sessions conducted at a hospital in Chicago</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Black women with overweight/obesity and strong Christian faith living in an urban U.S. city • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Black or African American • <u>SEP:</u> ~13y education; median income \$20,500, ~48% work full-time outside home • <u>Health status:</u> All with BMI ≥25 kg/m², mean BMI: ~39 kg/m² <p>Funding: Avon Foundation Breast Cancer Care and Research Program at Robert H. Lure Comprehensive Cancer Center, NIH/NCI</p> | <p>Intervention: Culturally tailored intervention (received by both intervention and control groups): 24 small-group sessions (2x/wk). First weekly session included 45 min of exercise and 45 min of weight loss/breast health topics such as: self-monitoring, FV intake, reading food labels, meal planning, goal setting, barriers to making healthy changes, and maintaining behavior changes. Second weekly session was 45 min of exercise.</p> <p>Faith-based intervention: incorporated scripture into intervention content; delivered by a women with thorough knowledge of Bible and scripture readings</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Received culturally tailored intervention only (no faith-based component)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight) • Dietary intake (Dietary fat (% kcal)) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Fitzgibbon, 2006⁶⁰ RCT-Cluster, Hip-Hop to Health Jr., U.S. Analytic N = 331</p> <p>Study Setting: In-person at Head Start sites in Chicago</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino children of parents with low acculturation • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> ~11% Black, ~81% Latino, ~7% Multi-racial/other • <u>SEP:</u> Parent education: ~11y • <u>Health status:</u> mean (SD) BMI: 17.2 (2.5) kg/m²; BMIZ for age and sex: 1 (1.1); ~45% ≥85th percentile and ~27% ≥95th percentile <p>Funding: NIH/NHLBI</p> | <p>Intervention: Weight Control Intervention: Focused on the traffic light diet the intervention was 14wks (3x/week) of diet/physical activity topics. Each session included 20min of a nutrition activity based on hand puppets that reflected the food pyramid and 20min of aerobic activity focused on moderate to vigorous movement. The parent intervention included weekly newsletters mirroring the children's curriculum with accompanying 12 homework assignments.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, self determination theory, transtheoretical model • <u>Intervention Duration:</u> 3.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control: Received an intervention for 14wks (1/wk) for 20min focused on general health concepts (seat belt safety, immunization, dental health) and parents received weekly newsletters mirroring curriculum without homework assignments</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, BMIZ) • Dietary intake (Total fat, SFA, Fiber) • <u>Outcomes assessed at:</u> Baseline, 14wk, 1y, 2y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |
| <p>Flores, 1995⁶¹ RCT-Cluster, Dance for Health, U.S. Analytic N = NR</p> <p>Study Setting: Middle school in Palo Alto, CA.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American and Hispanic adolescents with low HHI • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 44% African American, 43% Hispanic, 13% other • <u>SEP:</u> NR, but described as "low income" • <u>Health status:</u> NR <p>Funding: NR</p> | <p>Intervention: Dance-oriented physical activity curriculum that replaced the intervention group's regular physical education program. 3x/wk for 50 min. Health education program 2x/wk covering 25 lessons; topics included nutrition, exercise, obesity and unhealthy weight regulation practices, smoking prevention, substance abuse, stress management, and peer pressure.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Usual physical activity class</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |

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| <p>Franckle, 2018⁶² RCT-Parallel, U.S. Analytic N = 148</p> <p>Study Setting: Urban, community supermarket in Chelsea, MA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adults with predominantly low income • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 97% Hispanic/Latino, 71% White • <u>SEP:</u> "low-income", SNAP use in IG vs. CG: 66% vs. 49%; HH size equally distributed • <u>Health status:</u> NR <p>Funding: Harvard Clinical and Translational Science Center, NIH/NCATS</p> | <p>Intervention: Intervention: received 5 monthly letters about the traffic-light labels (red, yellow, green) for beverages, beverage education topics, and a healthy beverage recipe. First letter explained the beverage labels and how participants could earn incentives each month; subsequent letters provided feedback on beverage purchases and notifications of reward.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control (CG) received monthly letters with general nutrition information from MyPlate.gov</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Self-reported weekly intake of Sugar-Sweetened Beverages (red, yellow, green)) • <u>Outcomes assessed at:</u> Baseline, 5mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Sociocultural |

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| <p>Frerichs, 2020⁶³ RCT-Cluster, Heart Matters, U.S. Analytic N = 108 (7 sites)</p> <p>Study Setting: Community- and faith-based organizations in rural North Carolina counties</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults (predominantly female) living in rural communities • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 42% HS or less; 52% some college or Bachelors; 5% more than college Income: 38% <\$20,000, 17% \$20-40,000, 18% \$40-60,000, 9% >\$60,000 • <u>Health status:</u> All with at least one of the following CVD risk factors: pre-diabetes or diabetes, hypertension, obesity, family history of early CVD, or prior diagnosis of CVD <p>Funding: NIH/NHLBI/NCRR</p> | <p>Intervention: Initial intensive 6mo of behavior change intervention sessions followed by 6mo maintenance period with less frequent sessions (this paper reports on results after first 6mo only) First 6mo: 14, 90min group sessions and 4, 60min individual sessions. Sessions included content on PA and diet; motivational interviewing was conducted during individual sessions</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, behavioral self-management techniques, relapse prevention model, and the transtheoretical model • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention; were mailed monthly newsletters with non-health content (e.g., holiday greetings, AA historical facts)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Mean change in intake of: FV, sugary foods, SSB, non-SSB, fast/convenience foods, protein, whole grains) • Diet-related psychosocial factors (Dietary self-efficacy (reduce calories, reduce salt, increase FV, stick to dietary change)) • <u>Outcomes assessed at:</u> Baseline, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Gans, 2009⁶⁴ RCT-Parallel, Your Healthy Life/Su Vida Saludable (YHL-SVS), U.S. Analytic N = 1,068</p> <p>Study Setting: Mailed and via phone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Ethnically diverse adults with lower income • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 0.04% Native Hawaiian/Pacific Islander, 0.7% Asian, 4.2% American Indian, 12.5% Black/African American, 55% Hispanic, 35.6% White/Caucasian, 37.9% more than one race, 8.7% unknown • <u>SEP:</u> Education: 33.9% with < HS, 30.5% HS graduate, 35.6% with >HS; • <u>Income:</u> 56.4% with ≤ \$20,000, 23.6% with \$21-\$40,000, 9.9% with >\$40,000 • <u>Health status:</u> All without any medical condition that would preclude dietary changes (inclusion criteria) <p>Funding: NIH/NCI</p> | <p>Intervention: Participants were randomized into one of four groups: Single tailored (ST): received a single educational packet tailored based on results of baseline survey Multiple tailored (MT): received tailored information similar to the ST group, except that it was mailed in 4 installments over 12 wk Multiple Re-tailored (MRT): received tailored information in 4 installments, but the information in the three later mailings was re-tailored according to feedback collected via brief telephone surveys prior to each of these mailings.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Transtheoretical Model and Social Cognitive Theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Nontailored (NT) comparison group: received a single mailing of non-tailored nutrition brochures purchased from national health promotion agencies that contained approx. 60 pages of nutrition messages related to lower fat and increased fruit and vegetables</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fat intake, Fruit and vegetable intake) • <u>Outcomes assessed at:</u> Baseline, 4 and 7mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Gans, 2018⁶⁵ RCT-Cluster, Live Well, Viva Bien (LWVB), U.S. Analytic N = 1,274</p> <p>Study Setting: Subsidized housing complexes in Providence County, RI</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adult residents of subsidized housing • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 17.3% Black, 53.9% Hispanic (44.5% Dominican, 44.4% Puerto Rican, 11.2% Other), 48% White, 15.2% other; 19.5% mixed • <u>SEP:</u> Education: 34.9% with 1st-9th, 453.7% with Grades 10-12, 15.3% with Vocational/Tech/Some college, 4% with BA degree/Post grad; 33.1% Disabled; 21.4% Unemployed; HHI: 16.3% with <\$6000/y, 51.6% with \$6,000-\$11,999/y, 21% with \$12,000-\$17,999/y, 11.1% with >\$18,000/y; 82% receiving any food assistance; 14.4% married; • <u>Health status:</u> NR <p>Funding: NIH/NCI</p> | <p>Intervention: Intervention group (n=8): 12mo intervention that included discount fresh FV markets (Fresh to You, FTY) + multicomponent education (2, 6wk campaigns = "just add 2", "color your plate"). The FTY market included cooking demos/taste tests, recipes, and featured fresh, staple, seasonal, culturally-desired ethnic/exotic produce sold at or below retail value. Markets were held for 2h for first 2wk/mo. 3, 20min DVDs and monthly newsletters included.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control sites (n=7): Received 2, 6wk non-nutritional education and motivational campaigns ("take 10" focused on PA, "stress less" focused on stress reduction) + free 6wk YMCA membership</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (FV intake, cups/d) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |

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| <p>Garcia, 2019⁶⁶ RCT-Parallel, Animo Trial, U.S. Analytic N = 43</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person and via phone in Tucson, AZ</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic males with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Males • <u>Race and/or ethnicity:</u> 100% Hispanic (Mexican (64%) and Mexican American (34%)) • <u>SEP:</u> 70% with ≥HS diploma equivalent • <u>Health status:</u> All with overweight or obesity (BMI between 25-50 kg/m²) <p>Funding: University of Arizona Cancer Center Disparities Pilot Project Award; University of Arizona Foundation, Dean’s Canyon Ranch Center for Prevention and Health Promotion Fund</p> | <p>Intervention: Participants randomized to one of two groups: gender- and culturally sensitive weight loss intervention (GCSWLI, n = 25) or WLC (n = 25). GCSWLI participants: weekly in-person individual sessions with lifestyle coach for 12wk; prescribed a daily reduced calorie goal and 225 min of moderate-intensity physical activity/wk. GCSWLI group continued with 12 additional wk of follow-up, including biweekly phone calls with lifestyle coaches.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Tailoring process: framework developed by Bernal and Sáez-Santiago (2006); social cognitive theory, problem solving theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: WLC: usual diet and physical activity for 12wk; then received GCSWLI intervention + mHealth technology support (delayed intervention)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC, % body fat) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 12wk, 24wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Gaston, 2007⁶⁷ NRCT, Prime Time Sister Circles (PTSC), U.S. Analytic N = 106 (10wk), 42 (6mo), 52 (12mo)</p> <p>Study Setting: 11 sites including 4 churches, state health education center, mental health center, community center, hospital, feminist bookstore, predominantly African American college, and a social club across Illinois, Washington, DC, Florida, and Maryland.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American/Black women (predominantly college-educated and middle-income) • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American/Black • <u>SEP:</u> Education: 67% with college degrees; Income: 60% with annual salary of ≥\$40,000 ; Employment: 51% employed full-time, 19% retired, 5% not employed • <u>Health status:</u> Self-reported health rating: 64% (intervention) and 82% (comparison) "good" to "very good" <p>Funding: Ford Foundation; Office of Policy & Planning, School of Medicine, University of Maryland.</p> | <p>Intervention: PTSC groups (10 sites, 8-13 women/group): 10 weekly, 90min meetings. Participants set goals related to nutrition, physical activity and stress management. Members received a copy of Prime Time: The African American Woman 's Complete Guide to Midlife Health and Wellness, to use as the course text; a curriculum/workbook, and \$10/session to defray transportation or child care costs. Sessions focused on information related to spirituality, self-esteem, prioritizing themselves first, stress, nutrition and exercise, cardiovascular disease and diabetes. Stress management, nutrition and exercise sessions were conducted by expert consultants, and specific cognitive behavioral strategies and skills were taught to help develop and implement an individualized health plan in the targeted areas.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, transtheoretical model, Person, Extended Family, Neighborhood (PEN) model • <u>Intervention Duration:</u> 2.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: 2 sites: received copy of Prime Time: The African American Woman 's Complete Guide to Midlife Health and Wellness, but did not receive a curriculum, facilitator, or expert consultants.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Consumption of nutritious foods) • <u>Outcomes assessed at:</u> Baseline, 10wk, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Gatto, 2012⁸⁸ NRCT, LA Sprouts, U.S. Analytic N = 104</p> <p>Study Setting: After-school care program at community garden in Los Angeles, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly Latino elementary school-aged children in Los Angeles • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 2% Asian, 88% Latino, 10% Mixed • <u>SEP:</u> 69% with computer at home, 56% with mother that has own car, 94% of student body qualified for free/reduced-price school meals • <u>Health status:</u> Mean BMI percentile ~78 <p>Funding: Kaiser Foundation Hospital Los Angeles, Childhood Obesity Research Center at the University of Southern California</p> | <p>Intervention: LA Sprouts program taught at community garden near elementary school. Intervention classes taught once weekly for 12wk (90min sessions). Sessions began with a 45min interactive cooking and nutrition education lesson taught by study staff/graduate student. Students worked in team to cook/prepare sample recipe each wk and snack was eaten family-style afterwards. Participants then received a 45min interactive gardening lesson taught by a Latina Master Gardener. The gardening curriculum used a hands-on approach. Monthly visits to a local farmers market were integrated into the program. Parents received 3 separate 60min parental nutrition and gardening classes during the 12wk intervention; the material covered mirrored that in student classes but were taught primarily in Spanish.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control: Children not enrolled in an existing after-school care program. Did not receive any nutrition/gardening/cooking information between pre- and post-testing, and no similar competing nutrition/gardening activities or lessons at school or after-school program. After post-testing completed, school hosted gardening/nutrition/cooking workshops for all students and parents as delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors (Attitudes and perceptions about eating and preparing fruits and vegetables, gardening, and cooking, self-efficacy to choose, eat, or cook fruits and vegetables) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Gittelsohn, 2010⁶⁹ NRCT, Healthy Foods Hawaii, U.S. Analytic N = 116 caregiver-child dyads</p> <p>Study Setting: Stores within 2 communities on the Islands of Oahu and Hawaii</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Multiethnic, predominantly female, Hawaiian caregivers and children with low income • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 64% Native Hawaiian or Pacific Islander • <u>SEP:</u> Education: mean ~12.5y; Employment: over 34% unemployed; Other: 67% households received at least one form of food assistance • <u>Health status:</u> NR <p>Funding: USDA; Hawaii Department of Health</p> | <p>Intervention: Store-based intervention. Four 6-8wk phases. Increased store stocking of nutritious foods, point-of-purchase promotions, interactive sessions, and involved local producers and distributors. Posters, educational displays, and shelf labels were used as educational tools. Cooking demonstrations/taste tests were held 4-6 x/phase at each intervention store, with brochures and recipe cards distributed during demonstrations/taste tests. Local food producers and distributors provided product and/or promotional items for taste tests and cooking demos; some distributors also provided gift certificates and giveaways for participants</p> <p>Each phase targeted one category: 1) healthier beverages (water, diet soda, lite nectars, 100% juices); 2) healthier snacks for children (whole grain, lower sugar cereals, low-fat milk, fruit and vegetables with low-fat dips, pretzels, and baked chips); 3) healthier condiments (lite mayonnaise, low-fat salad dressings, and homemade dressings); and 4) healthier meals (drain and rinse ground meat, lite/low sodium Spam, tuna in water, locally produced “chop suey” mix (bean sprouts and vegetables)).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, theory of planned behavior • <u>Intervention Duration:</u> 7mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: No store intervention.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Healthy food consumption score; unhealthy food consumption score; water; grain; vegetables; fruits; dairy; meats/beans; fat; saturated fat; cholesterol; sodium) • Diet quality (HEI) • Energy intake • Diet-related psychosocial factors (Self-efficacy, food intention score, health belief score) • <u>Outcomes assessed at:</u> Baseline, post-intervention | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Gittelsohn, 2013⁰ RCT-Cluster, Navajo Healthy Stores (NHS), U.S. Analytic N = 145 (10 store regions)</p> <p>Study Setting: Supermarkets, trading posts, and convenience stores in Navajo Nation</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Navajo adults (predominantly female) living on reservation • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Navajo tribal members • <u>SEP:</u> Education: ~10y of schooling; Employment: ~42% not employed or retired; Food assistance: ~23% receive SNAP, ~18% receive WIC, ~17% receive commodity foods, ~5% receive food from food bank/Navajo Way • <u>Material style of life (MSL, ownership of different household items):</u> mean ~13 • <u>Health status:</u> 87% with overweight or obesity; ~46% with obesity; ~72% with personal or family history of chronic diseases <p>Funding: USDA/Cooperative State Research, Education and Extension Service/National Research Institute/Nutrition and Obesity Program; Center for a Livable Future</p> | <p>Intervention: 5 store regions, 6 phases (6-10wk/phase): healthy beverages and breads; healthy cooking methods and better potatoes; healthier luncheon meats and eat in moderation; better, healthier meals; healthier snacks and desserts; planning ahead and healthy and affordable meals</p> <p>Bilingual interventionist conducted a 1-2h interactive educational session 2-4 x/mo. Sessions included demonstrating healthier cooking methods, taste-testing healthy foods, giving away promotional items, and responding to questions from store customers. Interventionists created and maintained relationships with food stores, worked with stores to stock key promoted healthier foods, and set up media materials such as educational displays, posters, and shelf labels.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory; Theory of planned behavior • <u>Intervention Duration:</u> 14mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention, 5 store regions</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, % with overweight or obesity; % with obesity) • Diet-related psychosocial factors (Healthy food self-efficacy; healthy food intentions; Perceptions of healthy food) • <u>Outcomes assessed at:</u> Baseline, 15-20mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Halbert, 2017¹ RCT-Parallel, U.S. Analytic N = 524</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person at university office in Philadelphia, PA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Income >\$20,000: 48%; Employed: 34%; ≥ some college: 49%; Insured: 78%; Married: 12% • <u>Health status:</u> BMI: 29.9 (6.6) kg/m²; DM: 10%; hypertension: 30% <p>Funding: NIH/NIMHD/NCI; AHRQ, Charleston Health Equity and Rural Outreach Innovation Center/VA medical center</p> | <p>Intervention: Integrated Risk Education (INT) group: Disease foci were integrated into this intervention group to discuss shared risk factors for cancer and CVD; 4 weekly group sessions, 1.5-2h. INT and DSE sessions focused on: (i) risk factors for disease, (ii) dietary behaviors, (iii) PA and (iv) post-intervention action planning, differing by cancer/CVD or CVD only; Materials adapted from Supporting Healthy Activity and Eating Right Everyday Study and DPP. Motivational interviewing used in session 1 and motivational interviewing rating techniques were incorporated into each session.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health Belief Model • <u>Intervention Duration:</u> 1mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Disease Specific Education (DSE) group: Only addressed CVD; 4 weekly group sessions, 1.5-2h; motivational interviewing as in intervention group.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (FV intake/d) • <u>Outcomes assessed at:</u> Baseline, ~8wk (1mo after last intervention session) | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Hammons, 2019¹² RCT-Parallel, Abriendo Caminos, U.S. Analytic N = 65 dyads</p> <p>Study Setting: In-person at a university or community center in Illinois, California, Texas and Iowa</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mothers with Mexican or Puerto Rican heritage • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% with Mexican or Puerto Rican heritage • <u>SEP:</u> Education: 49% middle school education or less, 25% HS, 10% trade school, 9% college or graduate school, 7% missing; HHI: 72% <\$30,000/y; Employment: 52% employed in the past 12mo • <u>Health status:</u> 58% of mothers with overweight, 29% with obesity; 17% of children with overweight, 27% with obesity <p>Funding: Agriculture and Food Research Initiative from USDA NIFA</p> | <p>Intervention: Family-based intervention: Six weekly, 2h workshops, each covering 3 components: nutrition, family wellness, and physical activity. Whole family was invited and encouraged to attend but parents and children attended separate classes; Each class included a different theme, an activity, and a hands-on food demo with weekly classes building on each other. Curriculum developed based on 2015-2020 DGA and MyPlate recommendations. Nutrition topics included: portions and Nutrition Facts label, fruits and vegetables, whole grains and legumes, salts and sugars, fats and proteins.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Family Resilience Approach; Sociocultural Approach; Social Cognitive Theory • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: No intervention: Families participated in questionnaires but did not attend workshop classes. Received program materials at the end of the program; at one site they were given the option to participate in workshop unrelated to health</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet quality (Yes, using "Rate Your Plate" questionnaire) • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Harmon, 2014⁷³ NRCT, Dash of Faith, U.S. Analytic N = 23</p> <p>Study Setting: African-American Baptist Churches in South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adult attendees of a Baptist, African American church • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% attending African American churches • <u>SEP:</u> 13% with some HS, 48% HS graduate, 26% some college or tech school, 13% college graduate • <u>Health status:</u> Mean body weight ~202 lb <p>Funding: University of South Carolina Office of Research, NIH/NCI</p> | <p>Intervention: Dash of Faith intervention consisted of 12 weekly classes, followed by 4 monthly booster sessions. Each class was 2h and was led by a health professional. Classes focused on the following: skill development and meal preparation, use of guest speakers to explain topics, discussion and methods to overcome barriers related to congregation motivation, and the use of recipes and taste testing to reinforce the idea that healthy eating tastes good.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, CBPR • <u>Intervention Duration:</u> 8mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC: received general cancer information and presentations at 3mo and 8mo assessment, then offered the Dash of Faith intervention after 8mo follow-up</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight) • Dietary intake (Fruit and vegetable, fat (% of calories)) • Outcomes assessed at: Baseline, 2mo, 4mo, 6mo, 8mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |
| <p>Hawkins, 2015⁷⁴ RCT-Parallel, Estudio VIDA, U.S. Analytic N = 53</p> <p>Study Setting: In-person at medical centers and via phone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic females during pregnancy/postpartum with overweight or obesity • <u>Life stage:</u> Adults during pregnancy and postpartum • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Education: 38% <HS, 28% HS graduate or GED, 34% Technical school/some college education/graduate; Income: 34% ≤\$15,000, 4% \$15,000-30,000, 13% >\$30,000 • <u>Health status:</u> 100% with pre-pregnancy overweight or obesity <p>Funding: CDC/ASPH</p> | <p>Intervention: Lifestyle intervention consisting of 6 monthly in-person behavioral counselling sessions and 5 telephone-delivered booster sessions. Goals of the program: achieve ACOG guidelines of physical activity during pregnancy; decrease intake of foods high in saturated fat and to increase dietary fiber. Health educators assessed stage of change and assisted women in developing goals, problem-solving challenges, and introducing tailored materials.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Transtheoretical model; Social cognitive theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Standard care</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight) • T2D (Glucose, insulin) • Dietary intake (% calories from fat, fiber intake) • Energy intake • <u>Outcomes assessed at:</u> Baseline, mid-pregnancy, 6wk postpartum | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Hayashi, 2010⁷⁵ RCT-Parallel, California WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) named Heart of the Family (Corazon de la Familia), U.S. Analytic N = 869</p> <p>Study Setting: Health centers in Los Angeles and San Diego, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adult females at high-risk for CVD with low-income • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Education: ~71% less than HS • <u>Health status:</u> BMI, mean (SD): 31.9 (5.9) kg/m²; ~10% normal weight, ~32% overweight, ~49% with obesity 30-40kg/m², ~9% with obesity >40 <p>Funding: CDC</p> | <p>Intervention: Enhanced Intervention Group (EIG): Lifestyle intervention based on New Leaf curriculum developed by UNC, Chapel Hill. Participants had three face-to-face sessions of assessment and counseling for nutrition and physical activity. Interventions conducted by CHWs and occurred at one, two, and six months after enrollment for ~30min. Participants were provided with the curriculum at enrollment and asked to review material at home and bring it with them to counseling sessions.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Ecological Model • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Usual Care Control: did not receive the intervention but were provided with usual care for elevated BP and cholesterol. Educational pamphlets were general and covered topics relating to high BP and high cholesterol. At three sites participants were referred to educational classes and at another, were provided with verbal education.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • CVD (SBP, DBP, BP, HDL-C) • Diet-related psychosocial factors (Behavior improvements for eating habits, change in action stage of readiness items (vegetables, fruits, low-fat dairy, sweets, whole grains, fatty foods, salt)) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Hebert, 2013⁶ RCT-Cluster, Healthy Eating and Active Living in Spirit (HEALS) , U.S. Analytic N = 159 (13 churches)</p> <p>Study Setting: In-person at churches in the Midlands of South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults (82% female) with overweight/obesity attending church in Midland, SC • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 23% HS or less; 31% some college; 26% complete college; 13% postgraduate; Employment: 51.6% full-time; 30% retired • <u>Health status:</u> BMI (kg/m²), mean: 33.6 (7.6) vs. 32.6 (6.3); Excellent or very good perceived health: 41% vs. 38% <p>Funding: NIH/NCI/NIMHD, Cancer Training Branch of NCI; Cancer Education and Career Development</p> | <p>Intervention: Intervention churches: Phase 1, 12wk intensive healthy diet and PA program combined with stress reduction. Phase 2, monthly boosters for 9mo to reinforce and expand on topics in phase 1</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Ecological Models; PEN-3 cultural identity model; Social Cognitive Theory; Transtheoretical Model • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Delayed intervention (Churches established monthly meeting sequence with participants focusing on health issues not related to include and PA; received intervention after intervention ended).</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WHR, Body fat %) • <u>Outcomes assessed at:</u> 12wk, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Heredia, 2017¹⁷ NRCT, Tu Salud ¡Si Cuenta! (TSSC), U.S. Analytic N = 799</p> <p>Study Setting: Brownsville, TX (intervention) and Laredo, TX (control)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mexican American adults (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 98% of Mexican origin • <u>SEP:</u> Education: 54% completed grade 9 or higher Employment: 30% employed • <u>Health status:</u> NR <p>Funding: NIH/NCI/NIMHD; University of Texas Medical Branch, UTHHealth School of Public Health</p> | <p>Intervention: Multi-component intervention, including TV and radio segments, newsletters, and home-based, individual and small-group discussions with CHWs. CHWs used motivational interviewing techniques to help participants set goals for healthy eating, identify social support sources, and provide feedback on eating behaviors and persuasion on participants' ability to eat healthy. Content also included cooking demos, how to make eating FV more affordable, gardening ideas, and portion control using USDA Food Pyramid and USDA MyPlate guidelines. CHWs delivered education in people's homes a maximum of once a month (average of 20 min of conversation), while newsletters (4 page brochure) were distributed to the home but also through churches monthly. TV segments (average 4–5 min within 1-h TV shows) were aired weekly and radio segments (30 seconds) were aired daily on 3 stations.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, transtheoretical model, ecological model • <u>Intervention Duration:</u> 60mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: No intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (WC, hip circumference) • Dietary intake (Healthy food consumption; unhealthy food consumption) • <u>Outcomes assessed at:</u> Time 3 (~5y) | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Herring, 2021⁷⁸ RCT-Parallel, Healthy4Baby, U.S. Analytic N = 22</p> <p>Study Setting: In-person, telephone, home, and WIC clinic in Philadelphia, PA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Black or Latina women with current and pre-pregnancy obesity • <u>Life stage:</u> Adults during postpartum • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 86% Black, 14% Hispanic • <u>SEP:</u> Education: 23% some HS or less, 27% HS graduate, 46% some college or more; 36% food insecure • <u>Health status:</u> All with pre-pregnancy BMI of at least 30 kg/m² and baseline BMI between 30-50 kg/m² (inclusion criteria). Mean BMI: 37.8 kg/m²; 78% perceive weight too heavy; ~11kg gestational weight gain; ~64% exceeded IOM gestational weight gain guidelines <p>Funding: NIH/NHLBI</p> | <p>Intervention: Peer-led intervention: adaption of Healthy4Baby, consisting of 6 calls, 2 in-person visits, and one visit at participant's home by peer coach. Participants were assigned a set of 6 behavior change goals designed to create an energy deficit sufficient to produce weight loss (e.g., weigh yourself weekly, limit SSB and junk and high-fat foods, track your calories, walk ≥5000 steps/d, sleep ≥7h/night). Each call/session included: evaluating participants' progress achieving (or not achieving) the behavior change goal set in the previous session; discussing what, why, and how of the next goal; and problem-solving barriers/ facilitators to achieving the next goal. Self-monitoring text messages and a private Facebook group were used to provide support and behavioral skills.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Usual WIC care: received current standard of care offered to postpartum mothers at Philadelphia WIC community clinics.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (WC) • Postpartum weight change • CVD (SBP, DBP) • <u>Outcomes assessed at:</u> Baseline, 14wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Horton, 2013⁷⁹ RCT-Parallel, Entre Familia: Reflejos de Salud (Within Family: Reflections of Health), U.S. Analytic N = 323</p> <p>Study Setting: Home and via telephone in Imperial County California, U.S. (along U.S.-Mexico border)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino children and their families in a rural community at the U.S.-Mexico border • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> Household: 66% income below poverty level, 53% receive any food assistance, 44% home owners • <u>Health status:</u> NR <p>Funding: American Cancer Society</p> | <p>Intervention: Family-based promotora-delivered nutrition intervention consisting of a 9-part Spanish-language DVD TV series about a family trying to make healthy dietary changes, an accompanying family manual that included goal setting sheets, skill building activities, and other parent- and child-focused activities, and 9 home visits (once weekly for 2 mo, biweekly for 1mo) and 3 telephone calls from a promotora (biweekly on non-visit wk in third mo).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Family systems theory • <u>Intervention Duration:</u> 3.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Delayed intervention: received the DVD series and family manual after completing the final assessment protocol</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit, vegetable, variety of fruits, variety of vegetables, SSB, and fast food intake) • <u>Outcomes assessed at:</u> Baseline, 4mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |
| <p>Horton, 2018⁸⁰ RCT-Parallel, Entre Familia: Reflejos de Salud (Within Family: Reflections of Health), U.S. Analytic N = 327</p> <p>Study Setting: Home and via telephone in Imperial County California, U.S. (along U.S.-Mexico border)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina mothers with a child between age 7 to 13y in a rural community at the U.S.-Mexico border • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Latina; 82% of mothers were Mexican-born • <u>SEP:</u> Education: 49% completed HS; 35% employed; 52% on food assistance • <u>Health status:</u> NR <p>Funding: American Cancer Society</p> | <p>Intervention: Intervention: Promotoras conducted 11 home visits (90-120min/each) delivered over a 4mo period with 3 telephone calls in the last 6wks to promote independence. During sessions, promotora's introduced goals and discussion topics, played an episode of a DVD series and then engaged family in discussion.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory, Family Systems Theory • <u>Intervention Duration:</u> 10mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Delayed intervention: received the DVD series and family manual after completing the final assessment protocol</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (FV, Fat (% energy, and sugary beverages intake; FV variety) • Diet-related psychosocial factors (Perceived diet quality) • <u>Outcomes assessed at:</u> Baseline, 4mo, 10mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Islam, 2013⁸¹ RCT-Parallel, Project RICE (Reaching Immigrants through Community Empowerment), U.S. Analytic N = 35</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person in a community setting and via phone calls, New York City</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Korean Americans identified as at-risk for diabetes living in New York City • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 100% Korean American • SEP: Education: 37.5% with education ≤HS; Income: 20% with annual HHI of ≤\$20,000, 41% with \$20,000–\$49,999, 23% with ≥\$50,000 ; Employed: 39.6%; Uninsured: 44.6% • Health status: All identified as at-risk for diabetes; Mean BMI: 24.3 kg/m²; 55.4% with overweight, 16.1% with obesity; 21.7% with hypertension, 52.2% with pre-hypertension;; 15.6% with high cholesterol, 6.7% with blood glucose ≥140 mg/dL <p>Funding: CDC; NIH/NIMHD/NCATS</p> | <p>Intervention: Six 2-h group sessions (held every 3 wk) facilitated by bilingual CHW were held at a convenient community setting , which included the following topics: diabetes prevention overview, nutrition, physical activity, diabetes complications and other cardiovascular diseases, stress and family support, and access to health care. 10 follow up phone calls (2 calls after each session 1 through 5) over the 6-month intervention period by CHW during which challenges and strategies for improving diet and physical activity and reducing stress were discussed. Project curriculum adapted from DPP.</p> <ul style="list-style-type: none"> • Theoretical framework(s): NR • Intervention Duration: 6mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: No intervention after first education session.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, WC) • CVD (SBP, DBP) • T2D (Blood glucose) • Dietary intake (Intake of: SSB, brown rice, substituting fruit for desserts or snacks with high amounts of sugar) • Diet-related psychosocial factors (Nutrition self-efficacy: portion control, preparation/buying, planning, barriers, confidence) • Outcomes assessed at: Baseline, 3, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • NA |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Islam, 2014⁸² NRCT, Project RICE (Reaching Immigrants through Community Empowerment), U.S. Analytic N = 108</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person and via phone calls, community settings in two neighborhoods in Queens, New York City</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Sikh Asian Indians identified as at-risk for diabetes living in Queens, NY • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Sikh Asian Indians • <u>SEP:</u> Education: 9% with education ≤HS, 48% HS/some college, 12% college degree; Health insurance: 20% uninsured, 69% public/hospital card, 11% private • <u>Health status:</u> All identified as at-risk for diabetes; Mean BMI: ~28.4 kg/m²; With overweight: ~35%; with obesity: ~59%; ~32% with hypertension, ~48% with pre-hypertension <p>Funding: CDC; NIH/NIMHD/NCATS</p> | <p>Intervention: Multi-component, CHW-led intervention: consisted of 2h, 6 bilingual CHW-facilitated interactive group sessions (once every 3wk) held at a convenient community setting and included topics on: diabetes prevention, nutrition, physical activity, diabetes complications and other cardiovascular diseases, stress and family support, and access to health care. 10 follow up phone calls (2 calls after each session 1 through 5) from the CHWs were conducted to discuss individualized challenges, strategies, and action plans for improving diet and physical activity and reducing stress. Intervention modeled after DPP.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention. During first 6mo, control participants were instructed to engage in standard care, including seeking preventive and acute care from their usual healthcare source as needed. All participants in control groups were invited to receive the full intervention after initial 6mo study period.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, WC) • CVD (SBP, DBP) • T2D (Glucose) • <u>Outcomes assessed at:</u> Baseline, 3, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • NA |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Jernigan, 2019⁸³ RCT-Cluster, THRIVE, U.S. Analytic N = 1,204 (4 stores)</p> <p>Study Setting: Tribally owned convenience stores in the Chickasaw and Choctaw Nations of Oklahoma</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Native American adults, predominantly with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Native American • <u>SEP:</u> Education: ~16% <HS/GED, ~25% HS diploma, ~30% some college or technical school, ~11% associate's degree/technical college degree, ~18% ≥4y college degree; ~76% employed ≥ part time • <u>Health status:</u> Mean BMI ~31 kg/m² <p>Funding: NIH/NHLBI</p> | <p>Intervention: THRIVE study sought to increase the availability, variety, and convenience of healthy foods and implement placement, promotion, and reduced pricing interventions in Tribal convenience stores. 11 meals and 20 snacks were identified for promotion. Open-air coolers were stocked with intervention foods in the stores, fresh fruit baskets were displayed near store entrances and other prominent locations, healthy foods were marketed and promoted with in-store signs and displays, and combination meals were offered that were priced at 30% below sum of individually priced items.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, CBPR • <u>Intervention Duration:</u> 10.5mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: No changes to control Tribal convenience stores</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit, green salad and other vegetables, fried potatoes, high fat meats (hot dogs, hamburgers, bacon/sausage, fried meat/cheese, regular and canned luncheon meats), leaner meats (lean lunch meats (turkey, chicken, lean ham), canned chicken, tuna, or sardines), nonbaked chips, baked chips) • <u>Outcomes assessed at:</u> Baseline, 9-12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Johnson, 2010⁸⁴ NRCT, Steps for a New You, U.S. Analytic N = 20</p> <p>Study Setting: In-person at beauty salons in rural South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adult women • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 55% HS graduates, 10% bachelor's degree • <u>Health status:</u> 15% with diabetes, 35% with high BP <p>Funding: USDA</p> | <p>Intervention: Intervention: Scripted motivational session between cosmetologist and client for 6wks. Sessions focused on role modeling, motivating to promote behavior change, checking on status and recognition. Clients received an information packet to help increase FV consumption, physical activity, and water consumption. In addition, clients received a starter kit with sample including FVs and bottle of water.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Comparison beauty salon: no intervention activities during the 6wk intervention; after posttest data collection, the comparison participants received Steps for a New You materials</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruits and vegetables, water) • <u>Outcomes assessed at:</u> Baseline, 6wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Linguistic |
| <p>Kanaya, 2012⁸⁵ RCT-Parallel, Live Well, Be Well, U.S. Analytic N = 230</p> <p>Study Setting: Telephone and neighborhood settings</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults (predominantly female) at elevated risk for diabetes • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 1% Native American/Pacific Islander, 15% Asian, 23% African American, 37% Latino, 23% Non-Hispanic White, 1% Multiethnic/mixed • <u>SEP:</u> Education: 23% <HS, 15% HS/GED, 25% some college/tech, 37% ≥Bachelor's degree; 39% employed full- or part-time; 31% financial hardship in past y • <u>Health status:</u> 100% with blood glucose 106-160 mg/dL and moderate to high diabetes risk appraisal score; mean BMI ~30 kg/m²; 54% with obesity, 32% with overweight <p>Funding: NIH/NIDDK/NIA</p> | <p>Intervention: Live Well, Be Well intervention delivered by trained health department counselors who provided education and skills training to modify diet and physical activity through telephone-based counseling (12 calls), in-person sessions (2), and optional group workshops (5). In-person session and group workshops held in neighborhood settings. Self-selected and attainable goal-setting and action plans emphasized to enhance self-efficacy. Motivational interviewing techniques to develop and enhance motivation used in telephone calls.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health belief model, Social cognitive theory, Transtheoretical model • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: WLC: offered the intervention following completion of trial</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC) • CVD (SBP, TG, LDL-C, HDL-C) • T2D (FBG) • Dietary intake (Total fat, total fiber, fruits and vegetables) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Kandula, 2015⁸⁶ RCT-Parallel, South Asian Heart Lifestyle Intervention (SAHELI), U.S. Analytic N = 63</p> <p>Study Setting: In-person at a community based organization and via phone in Chicago, IL</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Asian Indian or Pakistani adults with increased risk for CVD • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Asian Indian or Pakistani (South Asians) • <u>SEP:</u> 27% with less than or equal to HS education • <u>Health status:</u> BMI: 30 kg/m²; WC: 96.5 cm; HbA1c: 6.3; FPG: 111.5 mg/dl; Total cholesterol: 185 mg/dl; SBP: 128.5 mmHg; <p>Funding: NIH</p> | <p>Intervention: Group classes weekly for 6wk for 60-90min focused on increasing PA, healthful diet, weight, and stress management; intervention activities include a video on class topic, followed by discussion, experiential activities, goal setting, and closing review. 15min telephone support (includes MI) started after classes ended for 10wk. 4 heart health melas (festive gatherings, mela= "to meet" in Hindi and Urdu) over 12mo to reinforce healthy behaviors and increase group cohesion and support</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR, multidimensional framework (Glass & McAtee, 2006) • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention; received intervention classes once the final 6mo assessments were complete. Participants in the control arm were mailed their test results, a brief explanation of results, and translated, pre-existing print education materials about ASCVD, diet, exercise, and weight loss.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC) • CVD (SBP) • T2D (HbA1c, FPG) • Dietary intake (Change in % kcal from saturated fat; FV svg/d) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 3mo, and 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Karanja, 2010⁸⁷ RCT-Parallel, Toddler overweight and tooth decay prevention study (TOTS), U.S. Analytic N = 178</p> <p>Study Setting: Community cluster of the Portland Area Indian Health Service (IHS) in Idaho, Oregon, and Washington</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Expectant mothers and their families who are members of the Northwest Portland Area Indian Health Board (NPAIHB) • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% American Indian (AI) • <u>SEP:</u> NR • <u>Health status:</u> NR <p>Funding: NIH</p> | <p>Intervention: Community + Family intervention: 8-visit clusters (up to 3 contacts) at home with visits 1 and 2 intended to establish rapport, solidify contact guidelines between participants and their assigned CHWs, and collect baseline data. CHWs created a client-specific plan for initiating and maintaining breastfeeding along with water and sugar-sweetened beverage interventions in visit cluster 1–3. Clusters 4–7 consisted of intervention implementation and monitoring. Visit cluster 8 covered closure activities. This is in addition to community-based intervention media-based (e.g., brochures; videos, newspapers; articles; flyers) 6mo cycles using five strategies: a) raising awareness b) providing health education c) facilitating individual behavior change, d) augmenting public health practice and e) modifying environments and/or policies related to breastfeeding, sugar-sweetened beverages and water consumption.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Compared between Community+Family intervention, community interventions and a separate sample pretest, post test design (simulated before and after design). Community-intervention: media-based (e.g., brochures; videos, newspapers; articles; flyers) 6mo cycles using five strategies: a) raising awareness b) providing health education c) facilitating individual behavior change, d) augmenting public health practice and e) modifying environments and/or policies related to breastfeeding, sugar-sweetened beverages and water consumption.</p> <p>No active control group. A separate pre-test sample, a cohort of AI/AN children born 2 years earlier in the same tribes, and whose data was collected as part of the CDC’s Pediatric and Nutrition Surveillance System (PedNSS) was identified and measured before the intervention.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIz; WAZ; HAZ at 18 to 24 mo.) • Diet-related psychosocial factors (Retrospective confidence in implementing intervention to lower SSB intake) • <u>Outcomes assessed at:</u> 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Kerr, 2013⁸⁸ RCT-Parallel, Promoting Health Among Teens (PHAT), U.S. Analytic N = 1,542 (3mo); 1,512 (6mo), 1,495 (12mo)</p> <p>Study Setting: Community of middle and high-school students in Macon, GA, Providence, RI, Syracuse, NY, and Columbia, SC</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American youth who are socioeconomically disadvantaged • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 0.06% American Indian/Alaska Native, 1.15% Asian/Pacific Islander, 1.15% Asian/Pacific Islander, 92.02% African descent, 4.72% Hispanic/Latino, 0.18% Non-Hispanic White, 4.66% Mixed; 1.93% Other • <u>SEP:</u> 73% participate in free or reduced lunch • <u>Health status:</u> NR <p>Funding: NIH/NIMHD</p> | <p>Intervention: PHAT: uses various interactive learning activities (group facilitation, role-playing, games, and classroom multimedia messages) to increase knowledge building, reexamination of beliefs regarding risk and consequences, development of skills to delineate and execute behaviors that reduce health risk, self-efficacy to engage in health-beneficial behavior, and motivation to implement healthy behaviors.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Focus on Youth (FOY): a sexual risk reduction HIV/STI-prevention intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit and vegetable intake) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Keyserling, 2016⁸⁹ NRCT, Heart Healthy Lenoir Project, U.S. Analytic N = 256</p> <p>Study Setting: Community</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American and White adults (predominantly female) with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 65% African American, 35% White SEP: 56% HS education or less; Annual HHI: 20% <\$10,000, 21% \$10,000-<\$20,000, 28% \$20,000-<\$40,000, 11% \$40,000-<\$60,000, 9% \$60,000-<\$80,000, 11% ≥\$80,000; 37% working full-time • <u>Health status:</u> 86% with hypertension, 18% with known CVD, 14% with known CHD, 37% with diabetes, 77% taking BP lowering medication, mean (SE) BMI = 36 (0.5) kg/m² <p>Funding: NIH, CDC</p> | <p>Intervention: Phase 1 (all participants): 6mo lifestyle intervention focused on dietary and physical activity behaviors; intervention dietary pattern (Med-South Diet) similar to PREDIMED nut intervention diet. Intervention included 4 monthly sessions delivered by a trained counselor (75% dietary counseling, 25% physical activity counseling). Participants chose intervention format - 60 min individual counseling sessions or 120 min group sessions given at central research office or participants' clinics. Spouses/friends invited to intervention sessions and counseling was offered by telephone for participants who could not attend in person. Phase 2 (participants with BMI ≥25): offered participation in 16wk weight loss intervention consisting of either weekly group sessions or 5 group sessions plus 10 phone contacts (modality chosen by participants) Phase 3 (participants with weight loss ≥8 lb): randomized to 36 phone contacts (weekly for 6mo, biweekly for next 6mo)</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Phase 2 comparison: lifestyle maintenance intervention consisting of 3 phone calls Phase 3 comparisons: randomized to 18 phone contacts (biweekly for 6mo, monthly for next 6mo) or those who did not qualify for randomization or elected to not participate in randomization received brief quarterly lifestyle maintenance intervention calls</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, 5% weight loss) • CVD (SBP, DBP, HDL-C) • Dietary intake (Fat quality screener score, fruit and vegetable) • Diet quality (DRA (Dietary Risk Assessment)) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Kieffer, 2014⁹⁰ RCT-Parallel, Spanish-language Healthy Mothers on the Move (MOMs), U.S. Analytic N = 243</p> <p>Study Setting: In-person group sessions and home visits in Detroit, MI</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina adults who are pregnant • <u>Life stage:</u> Adults during pregnancy • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 91% Mexican/Chicano; Birthplace: 88% born in Mexico • <u>SEP:</u> Education, mean (SD) (y): 9.3 (3); 88% homemakers; 15% received food stamps in past 6mo; 77% received WIC services in past 6mo • <u>Health status:</u> BMI, mean (SD): 24.5 (5.1) kg/m²; 23% with overweight; 14% with obesity <p>Funding: NIH/NIDDK, CDC, Maternal and Child Health Bureau</p> | <p>Intervention: MOMs intervention: two home visits and 9 group meetings in 11wks delivered by trained Latina CHWs. Content integrated general pregnancy education and information, discussion, and activities aimed at developing knowledge and skills needed to reduce social and environmental barriers to healthy eating, regular exercise, and management of daily life stressors. Meetings 2/3 were home visits. A key component of MOMs intervention was informational and emotional social support from the CHWs and peers. Received monthly newsletters.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 2.75mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Minimal intervention: 3 group pregnancy education meetings delivered by Spanish professional staff in a separate community setting using MOMs curriculum materials related to pregnancy, childbirth, fetal, newborn, and postpartum development and care. Received monthly newsletters.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit, vegetable, fiber, added sugar, total fat, total SFA, % total calories from solid fats/added sugars, % calories from SFA) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 11wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Kim, 2008⁹¹ NRCT, WORD (Wholeness, Oneness, Righteousness, Deliverance), U.S. Analytic N = 61</p> <p>Study Setting: Churches in rural central North Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults attending rural churches • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 46% HS or less, 25% some college, 29% Bachelor or more; Employment: 70% employed; Annual Income: 30% ≥ \$50,000, 25% \$30-\$49,000, 19% \$20-29,000, 26% <\$20,000 • <u>Health status:</u> Mean BMI: 37.2 (8.5) kg/m²; Mean WHR: 0.87 (0.09) <p>Funding: NR</p> | <p>Intervention: Intervention churches (n=2): behavioral focused weight-loss program meeting 1x/wk for 2 h for 8wk with 8 to 10 people/group. Program consisted of 30min learning module, 10min measurements and mingling; 10min review of previous meetings topic; 15min PA exercise tape; 15min Bible study; 5min prayer. Topics included calories, low fat, PA, FVs, portion sizes, eating out, and healthy cooking</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR; lay health advisor model; transtheoretical model; social cognitive theory; social support models • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control churches (n=2): One received intervention 1mon after the intervention arm was complete; one was mailed health magazine 1x mo/3mon after intervention arm was complete</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC, HC) • Dietary intake (FV servings; % kcal from fat) • <u>Outcomes assessed at:</u> Baseline, 8wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Klesges, 2010⁹² RCT-Parallel, Memphis GEMS (Girl's health Enrichment Multisite Studies), U.S. Analytic N = 243</p> <p>Study Setting: Local community centers and YMCAs in Memphis, TN</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American female children and their caregivers from Memphis, TN • <u>Life stage:</u> Children • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> NR • <u>Health status:</u> 42.9% with BMI <85percentile, 16.5% with BMI 85-<95percentile, 40.6% with BMI ≥95percentile <p>Funding: NIH/NHLBI</p> | <p>Intervention: Obesity prevention intervention delivered to children and their caregivers with weekly meetings for 14wk, then monthly meetings for 20mo, with sessions lasting approximately 90min. Children and caregivers participated in a combination of separate and joint sessions. Children developed behavioral goals related to diet and physical activity and a variety of behavioral strategies were used throughout the intervention including skill building, self-monitoring, feedback and positive reinforcement, goal-setting, problem-solving, and social support. Caregivers were encouraged to make changes in the home food environment.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory; family systems theory • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Alternative intervention: designed to provide meaningful benefits with goal of improving self-esteem and social efficacy with no focus on changing behaviors at home or activities related to diet, physical activity, or body weight; weekly meetings for 14wk, then monthly meetings for 20mo, with sessions lasting approximately 90min; only children participated</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WC, body fat %, fat-free mass, triceps skinfold thickness, weight, height) • Dietary intake (Sweetened beverages, water, vegetables, fruit, total fat) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 1y, 2y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Kolahdooz, 2014⁹³ NRCT, Healthy Foods North (HFN), Canada Analytic N = 332 (pre/post FFQ), 378 (pre/post AIQ) (6 communities)</p> <p>Study Setting: 6 communities (4 intervention, 2 control) in Nunavut and the Northwest Territories; implementation sites included food stores, health clinics, offices, and community events</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Inuit or Inuvialuit adults (predominantly female) living in Arctic Canada • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Inuit or Inuvialuit • <u>SEP:</u> Education: 39% low, 39% medium, 21% high Material style of life: 28% low, 35% intermediate, 37% high; Household members on income support: 75%; People in household working: 44% • <u>Health status:</u> NR <p>Funding: American Diabetes Association; Government of Nunavut Dept. of Health and Social Services; Government of Northwest Territories Dept. of Health and Social Services; Health Canada; Public Health Agency of Canada; Nunavut and Northwest Territories Public Health Association</p> | <p>Intervention: 4 communities: Multicomponent intervention delivered in 7 phases, each with a different theme; consisted of stocking healthy foods in retail environments, displaying educational materials (posters, fliers, displays) in stores, organizations, and worksites (e.g., posters, fliers), shelf labels, interactive sessions (cooking demos, taste tests), message distribution via TV and radio, coffee station makeovers at worksites, giveaways, and a pedometer challenge. Some of the activities of the program included healthy breakfasts, meal planning and cooking, sufficient intake of vitamins and minerals, pedometer challenges and walking clubs.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: 2 communities; delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Frequency, total intake, and portion size of consumption of de-promoted food groups: high-fat meats, high-fat dairy products, refined grain products, unhealthy drinks, unhealthy snacks, unhealthy additions) • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Koniak-Griffin, 2015⁹⁴ RCT-Parallel, Mujeres Sanas y Precavidas (Healthy Women Prepared for Life), U.S. Analytic N = 194</p> <p>Study Setting: In-person group sessions in community locations and via phone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina adult females with overweight • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic or Latino: 84% Mexico; 2% U.S. (but raised in Mexico); 14% Other (Dominican, Central or South American) • <u>SEP:</u> Education: 53% ≤8th grade, 34% 9th-12th grade, 13% ≥13 years; Income: 55% ≤\$20,000, 29% \$20,001-\$40,000, 17% \$40,001-\$75,000; Employment: 74% unemployed • <u>Health status:</u> 6% with diabetes; 12% with hypertension <p>Funding: NIH/NHLBI</p> | <p>Intervention: Mujeres Sanas y Precavidas (Healthy Women Prepared for Life) group consisted of: 6mo of group education plus individual teaching and coaching. First 2mo included 8 weekly classes for 2h based on Your Heart, Your Life (Su Corazon, Su Vida) to promote diet and physical activity for reduction of CVD. After completion, participants received Individual Teaching and Coaching including 8 contacts (4 home visits plus 4 telephone calls) over 4mo</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control group consisted of: 6mo safety/disaster preparedness educational program with 8 class followed by Individual Teaching and Coaching (8 contacts) that provided more in-depth discussion about class content. Upon completion, participants were offered two classes highlighting key information presented in sessions of Su Corazon, Su Vida.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, Weight, WC) • CVD (SBP, DBP, LDL-C, HDL-C, TG) • T2D (FBG) • <u>Outcomes assessed at:</u> Baseline, 6mo, 9mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Kreuter, 2005⁹⁵ RCT-Parallel, U.S. Analytic N = 948 (6mo), 881 (18mo)</p> <p>Study Setting: Urban public health centers in St. Louis, MO</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African-American women with no history of breast cancer • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> 66% with \$20,000/y or less annual HHI pre-tax; Education, mean 12.3 years (range: 2-20); Employed: 46% full-time, 16% part-time • <u>Health status:</u> NR (Free of breast cancer) <p>Funding: NIH/NCI</p> | <p>Intervention: Participants randomized to one of 4 groups: cancer-prevention magazines developed from behavioral construct tailoring (BCT), culturally relevant tailoring (CRT), both (BCT + CRT), or delayed intervention/usual care (CONTROL) to promote mammography (for women ages 40-65y) or intake of fruits and vegetables (ages 18-39y). Women in the BCT, CRT, and BCT+CRT groups received magazines between baseline and 1mo, then every 2mo (2nd and 3rd magazines), then every 4mo (4th, 5th, 6th magazines).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CRT based upon 4 constructs of religiosity, collectivism, racial pride, and time orientation; health behavior change • <u>Intervention Duration:</u> 18mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: BCT, CRT, BCT + CRT, or CONTROL. Control group: received no magazines during the trial, but were sent a full set of six tailored magazines when the study was completed.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit and Vegetable intake) • <u>Outcomes assessed at:</u> Baseline, 6mo, 18mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Linguistic |

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| <p>Kumanyika, 2005⁹⁶ RCT-Parallel, The Healthy Eating and Lifestyle Program (HELP), U.S. Analytic N = 87</p> <p>Study Setting: Family practice department of urban university health system</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults with obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> 70.2% with >12y education; 56.2% with professional occupation • <u>Health status:</u> All with obesity (BMI 30-50 kg/m²); 75% with obesity-related comorbidity (reported history of high BP, gallbladder disease, gout or elevated uric acid, obstructive sleep apnea, breathing problems, stroke, angina, heart disease, arthritis, joint pain, DM, hypercholesterolemia or high cholesterol) <p>Funding: American Heart Association National Center, NIH/NCRR, Penn-Cheyney EXPORT Center for Inner City Health</p> | <p>Intervention: HELP classes: Participants received 10wk (75 min/session) group counseling program (Phase 1 HELP), adapted from the TONE weight loss intervention, delivered by part-time nutrition, exercise, or behavior change specialists. Following Phase 1, participants were offered six, 1h classes, twice per month, followed by monthly classes through the end of follow-up (Phase 2). Missed classes in Phase 2 were followed-up with mailings of handouts, and telephone call make-ups were attempted. Counselors occasionally led Saturday morning walks and provided individualized nutrition, physical activity, or behavioral consultations upon request. Self-HELP: Participants received 10wk (75 min/session) group counseling program (Phase 1 HELP), adapted from the TONE weight loss intervention, delivered by part-time nutrition, exercise, or behavior change specialists. Following Phase 1, participants were given a Self-HELP kit containing a personalized calendar, packet describing local resources for healthy eating and physical activity, a personal diary, and a pedometer, and ad hoc telephone support from a HELP outreach worker to facilitate self-directed long-term weight management. All participants invited to a group orientation meeting to explore ways to approach self-directed weight management and participant teams were formed to facilitate peer support. Facilitator routinely attempted monthly calls to participants to review progress and provide coaching on nutrition and physical activity behavior change strategies, and led several walks.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 18mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Clinic visits only: received 10wk group counseling program (Phase 1 HELP) followed by semi-annual follow-up clinic visits with their physician</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, WC) • CVD (SBP, DBP, HDL-C, LDL-C, TG) • T2D (Blood glucose) • <u>Outcomes assessed at:</u> Baseline, 3-6mo, 8-20mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Kumanyika, 2009⁹⁷ RCT-Parallel, SHARE (Supporting Healthy Activity and eating Right Everyday), U.S. Analytic N = 215</p> <p>Study Setting: NR</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults (predominantly female) with obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> 76.7% >12y education, 39.3% with professional occupation • <u>Health status:</u> Mean (SD) BMI: 38.0 (6.4) kg/m², 100% with BMI 27-55; 53.8% with any obesity-related comorbidity <p>Funding: NIH/NHLBI/NCRR</p> | <p>Intervention: High-support groups: Weight loss intervention delivered by trained counselors consisting of 90 min group sessions held weekly (first 6 mo), biweekly (next 6mo), then monthly (next 1y). Sessions included weight and activity checks, review of skill building assignments, a physical activity break, topic presentation, counseling in enhancing social support, and a closing/relaxation activity. Sessions in the 2nd y reviewed skills required for weight maintenance. Periodic personal sessions (45-60 min) for problem solving replaced several group sessions in each phase. Quarterly newsletter to facilitate motivation and provide information about raffles, community events, and resources. Participants completed the intervention with a family member (family high-support group) or chose/were assigned a team member within their group (individual high-support group); teams were encouraged to work together during sessions and counseled/advised on how to support each other.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Low-support groups: Same intervention content but in the family condition, only index participants were allowed to attend group sessions, and in the individual condition, no teams were created.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight change) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo, 18mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Kwon, 2022⁹⁸ RCT-Parallel, Project RICE (Reaching Immigrants through Community Empowerment), U.S. Analytic N = 215</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person and via phone calls, community setting in metropolitan New York City area</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Korean American adults identified as at risk for diabetes living in the metropolitan New York City area • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Korean American • <u>SEP:</u> Education: 10% with education ≤HS, 50% HS/some college, 40% college degree; Employment: 51.2% employed; Insurance: 48% uninsured • <u>Health status:</u> Identified as at risk for diabetes based on risk assessment tool adapted from American Diabetes Association (scores based on GDM diagnosis, family history of diabetes, high BP diagnosis, BMI, and prediabetes diagnosis); Mean BMI: 25.1 kg/m²; Mean glucose: 109.3; Mean cholesterol: 203.7 <p>Funding: CDC; NIH/NIMHD/NCATS</p> | <p>Intervention: Bilingual CHW facilitated six sessions (2 h in length) in a convenient community setting. Session topics included: an overview of diabetes prevention; nutrition; PA; diabetes complications and other CVDs; stress and family support; and access to health care. Participants also received 10 bi-monthly follow-up phone calls from a CHW during months 1–5, lasting from 15 to 25 min. During each call, CHWs reinforced session learning content and discussed individualized challenges, strategies, and nutrition and exercise related goal-setting activities using motivational interviewing. The CHW recorded the information in the call, as well as additional information on how the participant was doing with their health goal, potential strategies, and follow-ups on referral or health needs. Intervention modeled after DPP.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health Belief Model, Social support theory, CBPR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control group participants received only the first educational session.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • CVD (SBP, DBP) • T2D (Glucose) • Diet-related psychosocial factors (Nutrition self-efficacy, barriers to healthy eating) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> |

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| <p>Landry, 2017⁹⁹ RCT-Parallel, Mississippi Communities for Healthy Living (MCHL), U.S. Analytic N = 241</p> <p>Study Setting: In-person (6mo) nutrition education at convenient locations identified by participating organization champions (leaders) in the Lower Mississippi Delta</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adults living in lower Mississippi delta • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 94.6% African American, 5.4% Other • <u>SEP:</u> Education: 45.2% ≥college degree; HHI: 25.7% ≥\$50,000 • <u>Health status:</u> 84.6% with overweight or obesity; ~24% with high blood glucose and ~65% with high BP <p>Funding: USDA</p> | <p>Intervention: Multiple-message arm (MMA): five 60-min education sessions with each session targeting a key message related to consumption of vegetables, fruits, whole grains, lean proteins (to reduce saturated fat), solid fats, and added sugars. A sixth session for both arms was used to summarize educational content and share modified recipes at a potluck style event.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> RE-AIM model; diffusion of innovations theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Single message arm (SMA): Five 60-min education sessions focused on discretionary calories with each session targeting a distinct aspect of solid fats and added sugars. A sixth session for both arms was used to summarize educational content and share modified recipes at a potluck style event.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet quality (HEI-2005) • <u>Outcomes assessed at:</u> Baseline, 3mo, 9mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |
| <p>Lavolette, 2023¹⁰⁰ RCT-Cluster, Haz Espacio para Papi Make Room for Daddy (HEPP), U.S. Analytic N = 42</p> <p>Study Setting: In-person in Texas-Mexico border community</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mexican-heritage parents and their children living in Texas-Mexico border towns • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% with Mexican heritage • <u>SEP:</u> 68.4% with food insecurity • <u>Health status:</u> Mean BMI percentile (children): 77.6; 19.3% with overweight, 42.1% with obesity <p>Funding: USDA NIFA, Internal grant from Texas State University</p> | <p>Intervention: HEPP consisted of 3 intervention components: weekly in-person group sessions, check-ins (home visits and phone calls) and at-home activities. The program's overall theme was embracing existing health-promoting traditions awhile encouraging new healthy traditions with families.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Family-centered Action Model of Intervention Layout and Implementation Approach, Family Ecological Model, and Family Systems Theory and Social Cognitive Theory were used to develop a unique theory of action, CBPR • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention/ Wait list control</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI%, BMIZ) • Dietary intake (FV intake (via skin carotenoid levels)) • <u>Outcomes assessed at:</u> Transition, baseline, 6wk, 3-4mo post-intervention | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Lesley, 2007¹⁰¹ RCT-Parallel, U.S. Analytic N = 78</p> <p>Study Setting: College campus in-person video sessions and f/up telephone call</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults from a community college campus • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> 69% college students, 10% staff or faculty, 14% employed off-campus, 5% unemployed or on disability, 1% missing • <u>Health status:</u> 10.3% had hypertension; 3.8% had heart disease; 5.1% DM; 12.8% high cholesterol <p>Funding: Sigma Theta Tau International Lambda Chapter</p> | <p>Intervention: Experimental group: Viewed the "DASH to Health" video followed by a Problem Solving Training Program</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 0.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control group: Viewed the "DASH to Health" video only</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors (Problem solving (self-efficacy): Number of solutions, mean solution quality scores, highest solution quality scores) • <u>Outcomes assessed at:</u> Baseline, 2wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Linguistic • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Lim, 2019¹⁰² NRCT, Project RICE (Reaching Immigrants through Community Empowerment), U.S. Analytic N = 160</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person and via phone calls, community settings in two neighborhoods in Queens, New York City</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Sikh Asian Indians identified as at-risk for diabetes living in Queens, NY • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Sikh Asian Indians • <u>SEP:</u> Education: 13.5% with education ≤HS, 72% HS/some college, 14% college graduate Employment: 30% employed, 70% unemployed 60% insured • <u>Health status:</u> Identified as at-risk for diabetes based on tool adapted from ADA; Mean BMI: ~28 kg/m² <p>Funding: CDC; NIH/NIMHD/NCATS/NIDDK</p> | <p>Intervention: 6 monthly, 2h CHW-facilitated group sessions with the following culturally adapted topics: overview of diabetes prevention, Nutrition, Physical activity, Diabetes complications and other cardiovascular diseases, Stress and family support, and Access to healthcare. Treatment group participants received a total of 10 bi-monthly follow-up phone calls (between sessions 1 and 6), during which individualized challenges, strategies, and goal-setting for improving diet and PA and stress reduction were discussed. Intervention based on DPP.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control group attended only the first health education session identical to the first session received by treatment group participants.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • CVD (SBP, DBP) • Diet-related psychosocial factors (Nutrition self-efficacy, barriers to healthy eating) • <u>Outcomes assessed at:</u> Baseline, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • NA |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Mamun, 2020¹⁰³ RCT-Cluster, Better Me Within (BMW), U.S. Analytic N = 221 (11 churches)</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Churches in North Texas</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American women with overweight or obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 16% HS or less, 37% technical college or less than college, 47% college degree or more; Income: 11% ≤ \$24,999, 33% \$25,000–\$49,999, 21% \$50,000–\$75,000; 36% ≥\$75,000 • <u>Health status:</u> All with BMI ≥ 25 kg/m² and without diabetes (inclusion criteria); Mean BMI: 36.7 kg/m²; 29% with hypertension; 42% with metabolic syndrome <p>Funding: NIH</p> | <p>Intervention: Faith-enhanced DPP (F-DPP, faith-based): 16 weekly group meetings delivered by 1-2 trained peers from church. Curriculum included five strategies: 1) mini sermon (~15 min) delivered by a pastor, first lady, or church leader, 2) memory verse, 3) in-class or take-home faith activity (application of faith principles), 4) promises to remember, and 5) scripture and prayer integrated into participant curriculum and facilitator materials.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Standard DPP (S-DPP, faith-placed): same DPP as Faith-DPP but did not receive any faith enhancements or pastor involvement.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (WC) • CVD (SBP, DBP, HDL-C, TG, 10-year CVD risk score) • T2D (FBG) • <u>Outcomes assessed at:</u> Baseline, 16wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Matias, 2022¹⁰⁴ RCT-Cluster, Pasos Saludables, U.S. Analytic N = 330 (12 ranches)</p> <p>Study Setting: Ranches in Oxnard, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adult Latino farmworkers • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> Mean years of schooling: 7y • <u>Health status:</u> All without diabetes (inclusion criterion); Mean BMI: ~28.4 kg/m²; hypertension: 9% in intervention, 8.1 in control group <p>Funding: NIH/NIDDK; UC Davis Western Center for Agricultural Health and Safety</p> | <p>Intervention: 12 lessons delivered over 6–12 wk by promotoras with core intervention session of 20 min each. Sessions were presented in a tailgate format (gatherings of small groups of workers around the tailgate of a truck, in the field, for a brief, informal and focused training session on a single topic). Salud para su Corazon curriculum involved 5 steps: (1) Move; (2) Drink water; (3) Eat fruits and vegetables; (4) Measure (food portions and weight) and (5) Share (information learned and healthy habits). Supplemental activities/workshops were offered throughout study duration including topics on nutrition labeling, diabetes awareness and stress management.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social marketing, stages of change, ecological perspective • <u>Intervention Duration:</u> 2.25mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: 6 educational sessions over ~6 wk held at ranch during meal break. Control sessions utilized employer’s leadership training material for farmworkers on empathy, communication, conflict resolution and sharing knowledge.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WC) • CVD (SBP) • T2D (HbA1C) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo, 1y, 1.5y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Mau, 2001¹⁰⁵ NRCT, Native Hawaiian Diabetes Intervention Program (NHDIP), U.S. Analytic N = 132</p> <p>Study Setting: In-person and via phone in Hawaii</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Native Hawaiian adults (predominately female) with obesity and with or at risk for diabetes • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Native Hawaiian • <u>SEP:</u> NR • <u>Health status:</u> ~35% with diabetes; mean baseline BMI (SD): 33.4 (6.8) kg/m² <p>Funding: NIH/NCRR/NIDDK</p> | <p>Intervention: ohana support (OS) lifestyle intervention: 6mo with 5 teaching sessions, face-to-face f/up including 2 handouts and 3 exercise classes. Participants in the OS group were enrolled with a designated OS person and were given practical instructions on "how to" ask their OS person to help them overcome challenges in making lifestyle changes.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Learning Theory, Transtheoretical Model, Stages of Change • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Standard Intervention: received same intervention without the OS person, 3 teaching sessions, 1 telephone f/up, and three exercise classes.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Daily fat (g/d), daily fiber (g/d)) • Energy intake • Diet-related psychosocial factors (Fat and fiber stages of change; change in being in action/maintenance stages of change for fat and fiber) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Mayer, 2019¹⁰⁶ RCT-Cluster, Project HEED, U.S. Analytic N = 303</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Community sites in East Harlem, NY</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly Hispanic and Non-Hispanic Black adults with overweight/obesity and lower SEP • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 23% Non-Hispanic Black, 73% Hispanic, 1% Non-Hispanic White, 3% Other • <u>SEP:</u> 45% with <HS education; 48% with income <\$15,000/y, 41% uninsured, • <u>Health status:</u> 37% with overweight, 51% with obesity, 12% with morbid obesity <p>Funding: NIH/NIMHD/NCATS; New York State Department of Health Empire Clinical Research Investigator Program</p> | <p>Intervention: Eight, 90min peer-led workshop sessions conducted in English or Spanish at community sites. Participants could bring a family member, friend, or caregiver to the sessions. Groups were led by pairs of trained peer leaders with similar socioeconomic backgrounds and health problems as participants. Sessions focused on portion control, simple label reading, managing monthly food budgets, learning to cook healthy food with limited resources, cutting down on intake of unhealthy foods and drinks, reducing sedentary time, environmental factors that promote unhealthy habits, strategies to deal with stress and emotions that negatively affect health, and incorporating physical activity into daily life.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: WLC: invited to participate in peer education workshops after a 1y waiting period; received written materials in English and Spanish about diabetes prevention and a copy of their clinical results to share with health care providers</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, Change in Weight; BMI; Change in BMI) • T2D (HbA1C (absolute and change)) • Dietary intake (Fruit and vegetable, % fat intake (absolute and change)) • <u>Outcomes assessed at:</u> 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>McCarthy, 2007¹⁰⁷ RCT-Parallel, Fight Cancer with Fitness!, U.S. Analytic N = 196</p> <p>Study Setting: Community health club</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American female adults with overweight or obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> ~15 y education, ~\$40,000-\$59,000 HHI • <u>Health status:</u> BMI, mean ~30 kg/m² <p>Funding: NIH/NCI</p> | <p>Intervention: Fitness intervention included: 8 weekly, 90 min interactive group sessions including exercise instruction facilitated by project staff; skills training in a balanced regular exercise regimen, nutrition education promoting a low-fat, complex carbohydrate-rich diet emphasizing cancer-preventive benefits of fruit and vegetables; interviews by a dietitian about food intake up to 4 times during the intervention and given feedback on quality and adequacy; Instruction in lifestyle integration of physical activities; Encouragement to invite 1 close female relative or friend to accompany them during post-intervention use of health club facilities; Free gym membership.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social learning theory, social action theory, social ecological perspective • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Knowledge intervention included: 8 weekly, 90 min interactive group sessions on current African American women's health topics without the external social support component and free gym membership.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruits, juices, vegetables (total and excluding potatoes, beans, french fries, chips), total fruits and vegetables, whole grain breads and cereals, dairy, meats, chicken, fish and seafood, fried food, percent energy from fat, percent energy from saturated fat, dietary fat, dietary protein, carotenoids, folate, calcium, zinc, iron) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 2mo, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Linguistic • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>McEwen, 2019¹⁰⁸ RCT-Parallel, U.S. Analytic N = 87 dyads</p> <p>Study Setting: Community, home, and via telephone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mexican American adults (predominantly female) with T2D and a family member, both predominantly with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 3.8% American Indian/Alaska Native (target participants); 6.4% American Indian/Alaska Native (family members), 0.6% Native Hawaiian/Pacific Islander (target participants); 30.6% Native Hawaiian/Pacific Islander (family members), 100% Mexican American (target participants), 37.6% White (target participants); 60.5% White (family members), 55.4% Other (target participants) • <u>SEP:</u> 32.5% HS graduate or higher (target participants), 45.9% HS graduate or higher (family member); 15.3% annual family income >\$25,000 (target participants), 21.0% annual family income >\$25,000 (family member) • <u>Health status:</u> One person from each dyad with T2D (target participants); Mean BMI ~33 kg/m² (target participants and family members) <p>Funding: NIH/NIMHD</p> | <p>Intervention: Intervention consisted of: 6, 2h educational and social support group sessions delivered weekly for 6 wk that included 3, 2h home visits delivered weekly for 3 wk following the group sessions, and 3, 20min telephone calls weekly for 3 wk after home visits. The sessions included information about diabetes management including diet, physical activity, and stress management, and were delivered by a bilingual nurse diabetes educator and a bilingual promotora.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC: Three, 2h educational meetings delivered weekly for 3 wk by a bilingual nurse diabetes educator; all sessions occurred after final data collection. Sessions included information about managing diabetes such as diet, physical activity, and managing stress.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet-related psychosocial factors (Family support for healthy eating (encouragement, sabotage)) • <u>Outcomes assessed at:</u> Baseline, 3mo, 9mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>McKay, 1985¹⁰⁹ NRCT, Hold the Salt!, U.S. Analytic N = 78</p> <p>Study Setting: Classroom and cafeteria in schools in east and west Baltimore, MD</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Black children attending inner-city schools • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Black • <u>SEP:</u> Study-specific details NR; Census tract level data indicated: Income level for one-third of families in each census tract was below poverty level. Education (adults 25y+): ~8.4y; Major occupations: service worker, operative, laborer • <u>Health status:</u> NR <p>Funding: NIH/NHLBI</p> | <p>Intervention: Intervention consisted of a school classroom and cafeteria curriculum for students, parent outreach, health provider reinforcement, and community support. School classroom and cafeteria curriculum for 6th grade students: 6-session curriculum built around a board game that was vehicle for conveying info about sodium and health and high-sodium and low-sodium foods; teaching strategies to reduce sodium intake and providing practice in keeping track of sodium intake to remain within recommended intake range. Cafeteria sessions provided practice identifying sodium content of luncheon foods. Students engaged in simulation activities like trips to a grocery store and fast-food restaurant to practice reading food labels and selecting low-sodium foods. During each educational session, students tried unsalted snack foods and were given a take-home message for their family attached to a package of that food.</p> <p>Parent outreach: 1) messages about sodium reduction and unsalted food sent home with students; 2) daytime school meeting with an RD to discuss techniques to reduce sodium; 3) evening presentation at school conducted by MD who recommended sodium reduction for preventive health reasons. Health provider reinforcement: delivered in two of community's pediatric clinics; displayed wall posters with "Hold the Salt!" program messages; MDs and nurses gave brief message to students and families during clinic visits on potential for long-term health improvement by reducing sodium in children's diets. Community support: food producer began packing unsalted potato chips in smaller portioned bags, local food stores began to stock smaller package; local grocery chain donated a supply of unsalted potato chip and cracker snack foods for the school program. Johns Hopkins Hospital provided staff to advise on informational materials and participate in programs for parents. Graduate students developed audiovisual material for community audiences.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 1mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: No intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (High-sodium snack consumption) • <u>Outcomes assessed at:</u> Baseline, 4wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Mead, 2013¹¹⁰ NRCT, Healthy Foods North (HFN), Canada Analytic N = 379 (6 communities)</p> <p>Study Setting: Remote, Indigenous communities in Northwest Canada</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> One Inuit and Inuvialuit adult who was the primary food shopper/preparer in Nunavut and the Northwest Territories (NWT) of Canada • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Inuit or Inuvialuit • <u>SEP:</u> NR • <u>Health status:</u> NR; at high-risk of chronic disease <p>Funding: American Diabetes Association; Government of Nunavut Department of Health and Social Services; Government of the Northwest Territories Department of Health and Social Services; Health Canada</p> | <p>Intervention: Healthy Foods North (HFN) intervention: multi-level program to increase consumption of traditional foods (e.g., caribou, fish) and nutrient-dense store-bought foods low in fat and sugar (e.g., fruits, vegetables), decrease consumption of non-nutrient-dense, high-fat, high-sugar foods (e.g., soda, chips), and increase engagement in moderate and vigorous physical activity while reducing sedentary activity; Divided across 7 phases: tea/coffee/healthy breakfast, healthy snacks, healthy home eating/traditional foods, healthy beverages, healthier cooking/meal planning, and consuming sufficient vitamins and minerals.</p> <p>Environmental level: local food stores, retailers and other partners to increase the availability and accessibility of healthier food options and opportunities for PA. Store managers were to stock healthier options, use interactive taste tests and cooking demos to educate about healthier cooking skills, healthy meal planning/shopping, healthier alternatives. Point-of-purchase media (shelf labels and posters) displayed to identify healthy choices.</p> <p>Community component: radio and TV media and community-wide activities in rec centers, health and wellness, worksites, schools, etc. Activities included cooking classes, taste tests, community feasts promoting study messages.</p> <p>Individual: aimed to increase healthy eating knowledge, self-efficacy, and intentions through media and participation in intervention activities.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory; Social ecological models • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • Diet quality (Healthy food acquisition and Unhealthy food acquisition scores) • Diet-related psychosocial factors (Knowledge scores; Self-efficacy scores; Intentions scores) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Millard, 2011¹¹¹ NRCT, The Diabetes Empowerment Education Program (DEEP), U.S. Analytic N = 81</p> <p>Study Setting: In-person, in colonias of Hidalgo County, TX (Texas-Mexico border)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adults (predominantly female) with low income living near Texas-Mexico border • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Education: 38% completed elementary school, 32% middle school, 15% HS, 6% some college or technical school, 2.5% college degree, 5% never attended school or only kindergarten; Employment: 74% homemaker, 12.5% salary/hourly employed, 10% self-employed • <u>Health status:</u> With overweight: 34% (intervention group), 26% (comparison group); With obesity: 58% (intervention group), 59% (comparison group) <p>Funding: Office of Border Health, Texas Department of State Health Services</p> | <p>Intervention: 7 DEEP modules taught by promotores, involving participatory learning. Classes focused on understanding and controlling chronic disease, physical activity, and nutrition. Each class included the preparation of a healthful dish followed by taste testing and physical activities (aerobics and stretching exercises) for 20 min. Participants were asked to walk daily and wear a pedometer loaned to them. Each lesson included a reflection, a reading encouraging the participants to think over some aspect of their lives.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR, transtheoretical model, ecological model • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: No intervention; provided data only at baseline and at 8wk follow-up</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • <u>Outcomes assessed at:</u> Baseline, 8wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Mirza, 2013¹¹² RCT-Parallel, U.S. Analytic N = 89 (3mo), 69 (12mo), 64 (24mo)</p> <p>Study Setting: Community-based clinic in neighborhood where families lived</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic children and adolescents with obesity • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Maternal education: ~58% elementary plus some high school; ~24% graduated from HS; 19.5% post-HS or college graduate; HHI: ~\$29,300 • <u>Health status:</u> 100% with obesity (BMI ≥95th percentile for age and sex) <p>Funding: NIH; Consumer Health Foundation; Jessie Ball DuPont Foundation; United Way of the National Capital Area</p> | <p>Intervention: 12 weekly nutrition education and dietary counseling sessions (separate for parents and children) focused on a LGD. Participants and their parents given instructions and specific examples to lower the glycemic load (GL) of their diets by replacing high-GI sources of carbohydrates with LGI food sources, replacing energy from carbohydrates with energy from protein and fat, and balancing meals and snacks with LGI carbohydrates, protein, and low-fat food sources. Target macronutrient composition: 45–50% LGI carbohydrates, 20–25% protein, and 30–35% fat each day, with an emphasis on achieving the target macronutrient distribution at each meal. Participants and parents were given recipe books, food-choice lists, and pantry lists to assist with cooking and shopping. All subjects participated in sessions to increase physical activity and reduce sedentary behaviors. Parents of enrolled participants attended parenting classes targeted to dietary and activity behaviors, and there was 1 weekly family session where the interventionist met with each child and parent individually.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: 12 weekly nutrition education and dietary counseling sessions (separate for parents and children) focused on a LFD. Participants and their parents were given instructions and specific examples to limit dietary fat intake and increase the intake of grains on the basis of low-fat dietary recommendations current at the time. Target macronutrient distribution: 55–60% carbohydrates (with no discrimination by GI), 15–20% protein, and 25–30% fat. Participants and parents were given recipe books, food-choice lists, and pantry lists to assist with cooking and shopping. Physical activity, behavior change, and parenting components of the program were same as intervention group.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ; BMI; WC) • CVD (SBP) • T2D (HOMA-IR) • Dietary intake (% calories from: carbohydrates, protein, fat) • Energy intake • <u>Outcomes assessed at:</u> 3mo, 12mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic • Constituent involving • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Mylant, 2021¹¹³ NRCT, U.S. Analytic N = 25</p> <p>Study Setting: In-person in rural reservation school</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> American Indian community members living on rural reservation • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% American Indian (tribal affiliation not specified) • <u>SEP:</u> NR • <u>Health status:</u> NR <p>Funding: NIH/NIMHD</p> | <p>Intervention: Strengthening Family Program and American Indian nutrition and physical exercises program. Children and their caregivers attended the program 1x/wk for 14 wk. Families attended a meal together and then participated in separate, 1h sessions followed by 1h family session.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: WLC (Kindergarteners); received intervention after post-intervention data was collected from preschoolers</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI percentile for age and sex) • <u>Outcomes assessed at:</u> Baseline, 14wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Napolitano, 2021¹¹⁴ RCT-Parallel, BeFAB (Be Fabulous After Baby, or Be Fit After Baby), U.S. Analytic N = 46</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: App-based</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Postpartum African American/Black women with overweight or obesity • <u>Life stage:</u> Adults during postpartum • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American/Black, 8.8% Hispanic • <u>SEP:</u> Health Insurance: 58% Medicaid, 1% Medicare, 40% other; Marital status: 78.5% single, never married; 21.5% married or partnership • <u>Health status:</u> All with BMI 25-40 kg/m² (unclear if this is pre-pregnancy or at the time of recruitment); Mean BMI: 32.5 kg/m²; Childbearing history: 77% multiparous, 22% primiparous <p>Funding: NIH/NIMHD</p> | <p>Intervention: BeFAB app integrated with private Facebook group. Participants received 12wk of content adapted from the DPP. App content included didactic lessons delivered via a virtual coach, app-based messages, goal setting and tracking, and edutainment videos. In-app messages were delivered 5d/wk on topics like making over meals, managing cravings, and tips on how to be creative and fit in PA. Participants could track weight and receive feedback, and had the ability to choose one of 6 nutrition goals weekly and one of 6 PA goals weekly, and monitor their progress. Participants received virtual “badges” for meeting self-monitoring milestones. Facebook posts were designed to create a sense of community and address neighborhood and social environment factors</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> BeFAB conceptual model • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Usual care, including provision of written information regarding resumption of physical activity postpartum, weight-related expectations and return to pre-pregnancy weight, healthy eating, physical activity guidance and suggestion to monitor weight.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Postpartum weight change • Dietary intake (FV intake, fast food consumption) • <u>Outcomes assessed at:</u> Baseline, 3mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Narayan, 1998¹¹⁵ RCT-Parallel, Pima Action/Pima Pride, U.S. Analytic N = 95</p> <p>Study Setting: Gila River Indian Community, AZ</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Pima Indian adults (predominantly female) with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Pima Indian • <u>SEP:</u> ~41% unemployed • <u>Health status:</u> All with normal blood glucose levels; Median BMI: ~35 kg/m² <p>Funding: NR</p> | <p>Intervention: Pima Action: structured activity and nutrition interventions.</p> <p>Physical Activity intervention: Goal was to increase energy expenditure over baseline by 700-1000 kcal/wk through physical activity. Participants chose between a variety of non-vigorous activities and could exercise with a group or independently. Walking, water aerobics, softball, volleyball, and paid activities like farming/gardening and cleaning the local cemetery were main choices. Each person maintained a monthly activity log.</p> <p>Nutrition intervention: Goal was to reduce fat and alcohol and increase fiber intake. Participants were advised by an RD, in line with ADA recommendations, and participated in weekly group meetings and home visits as warranted. Classes consisted of modeling and role-playing, group problem-solving, food prep demos, food tasting, and grocery store tours.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Pima Pride: unstructured activities emphasizing Pima history and culture. Emphasis on self-directed learning, facilitated by appreciation of Pima culture. Participants met in small groups ~1x/mo to discuss understanding and attitudes about current lifestyles of the community and listened to local speakers on Pima culture and history. Participants received basic printed info on healthy eating and exercise habits. Pima Pride newsletters were used to facilitate communication between staff and group members, and among members themselves. Members took part in a detailed interview on perceptions of health and lifestyle.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, WC) • CVD (SBP, DBP, TG) • T2D (FPG, fasting insulin, incidence of abnormal glucose tolerance) • Dietary intake (Intake of: carbohydrate, starch, fat, fiber) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Novotny, 2018¹¹⁶ RCT-Cluster, Children's Healthy Living (CHL) Program, U.S. Analytic N = 4,333 (Time 1), 4,048 (Time 2)</p> <p>Study Setting: 27 communities in 5 jurisdictions (Alaska, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Hawaii)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Children residing in Alaska, American Samoa, Commonwealth of the Northern Mariana Islands, Guam, and Hawaii • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 2.6% American Indian, Alaska Native; 63.7% indigenous, 10.9% Asian, 51.0% Native Hawaiian, Pacific Islander, 0.6% Black, 9.2% Hispanic, 10.5% White, 23.7% >1; 0.7% unknown • <u>SEP:</u> NR • <u>Health status:</u> ~30% with overweight or obesity; mean BMIZ ~0.64 <p>Funding: USDA/NIFA, NIH/NCI</p> | <p>Intervention: Intervention package consisted of a common template of 19 activities, selected to address target behaviors derived from community-informed ideas and blended with approaches from successful interventions from the literature. Implementation focused on supporting existing community programs to expand or innovate (positive deviance approach). Intervention activities were grouped into 4 crosscutting functions (or strategies): organizational policy change, environmental change, social marketing, and training. These strategies also addressed the interpersonal (training role models, parents, and teachers), community (increasing access to healthy foods and environments for safe play), and organizational and policy (strengthening preschool wellness policies) levels of the social ecological model.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> ANGELO action model; Children's Healthy Living (CHL) Program conceptual framework for community engagement; social ecological model • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Control: Delayed intervention of activities that worked the best during initial intervention (based on fidelity and qualitative data) Temporal: only BMI, waist circumference, and selected demographics were assessed, with no intervention delivered</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ, WC, Prevalence of overweight and obesity) • Dietary intake (Fruits, vegetables, SSB, water) • <u>Outcomes assessed at:</u> Baseline, 2y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Olvera, 2010¹⁷ NRCT, BOUNCE (Behavior Opportunities Uniting Nutrition, Counseling, and Exercise), U.S. Analytic N = 35 dyads</p> <p>Study Setting: Community (i.e., community centers, park playgrounds, grocery stores) and school settings (e.g., classroom, gym, cafeteria, playground)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina mother-daughter dyads • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Latina • <u>SEP:</u> Mothers' education: 70% <8th grade, 20% some HS, 7% HS graduate, 4% some college or vocational/technical; Average family income: 30% 0-\$9,999; 46% \$10,000-\$19,999; 24% ≥ \$20,000-\$29,999; Mothers' current occupation: 26% employed, 74% housewife/unemployed • <u>Health status:</u> Mean BMI (daughters): ~22.7 kg/m²; Mean BMI (mothers): ~31.7 kg/m²; 66% of daughters and 88% of mothers with overweight <p>Funding: University of Houston</p> | <p>Intervention: Three weekly sessions for 12 wk (36, 1.5h sessions total). Each session included 45 min of structured group aerobic (e.g., Salsa) or sport sessions (e.g., basketball) or free play recreational activities. Two of the weekly sessions included 45 min of nutrition education. One of the weekly sessions included 45 min of behavioral counseling.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Active control: Met with an instructor 1x/wk (12, 1.5h sessions total). During 45 min, they received written educational materials on various nutrition and counseling topics. For the remaining 45min, control group participants engaged in light intensity aerobic (i.e., samba) or sport sessions (i.e., basketball).</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI (mothers)) • Dietary intake (High-fat foods, sweetened beverages, fruit/vegetables (daughters)) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Pakseresht, 2014¹¹⁸ NRCT, Healthy Foods North (HFN), Canada Analytic N = 263 (6 communities)</p> <p>Study Setting: 6 communities (4 intervention, 2 control) in Nunavut and the Northwest Territories; implementation sites included food stores, health clinics, offices, and community events</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Inuit or Inuvialuit adults (predominantly female) living in Arctic Canada • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Inuit or Inuvialuit • <u>SEP:</u> Education: 42% low, 36% medium, 22% high Employment: 73% with ≥1 household member; working Household members on income support: 44%; Material style of life: 27% low, 37% medium, 36% high • <u>Health status:</u> BMI: 24% <25; 19% between 25-29.9, 47% ≥30 <p>Funding: American Diabetes Association; Government of Nunavut Dept. of Health and Social Services; Government of Northwest Territories Dept. of Health and Social Services; Health Canada; Public Health Agency of Canada; Nunavut and Northwest Territories Public Health Association</p> | <p>Intervention: 4 communities: Multicomponent intervention delivered in 7 phases, each with a different theme; consisted of stocking healthy foods in retail environments, displaying educational materials (posters, fliers, displays) in stores, organizations, and worksites (e.g., posters, fliers), shelf labels, interactive sessions (cooking demos, taste tests), message distribution via TV and radio, coffee station makeovers at worksites, giveaways, and a pedometer challenge. Some of the activities of the program included healthy breakfasts, meal planning and cooking, sufficient intake of vitamins and minerals, pedometer challenges and walking clubs.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: 2 communities; delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Energy from: protein, carbohydrate, fat, alcohol) • Intake of: protein, carbohydrate, added sugars, dietary fiber, fat, saturated fat, monounsaturated fat, polyunsaturated fat, omega-3 fatty acids, omega-6 fatty acids, cholesterol, vitamin A, thiamin, riboflavin, niacin, pantothenic acid, vitamin B6, total folate, vitamin B12, iron, vitamin C, vitamin D, vitamin E, calcium, magnesium, potassium, sodium, selenium, zinc Frequency, percentage, and percentage change of participants with nutrient intake equal or higher than DRI for: dietary fiber, total folate, vitamin A, vitamin D, fat, omega-6 fatty acids, iron) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Palnati, 2021¹¹⁹ RCT-Parallel, Estudio Parto (Project Aiming to Reduce Type two diabetes), U.S. Analytic N = 143</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Ambulatory obstetrical practices in Western Massachusetts</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic women during the third trimester and postpartum with lower income and at elevated risk for developing T2D • <u>Life stage:</u> Adults during pregnancy and postpartum • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Education: 26% < HS, 29% HS graduate or GED, 45% post HS; Annual HHI: 41% ≤ \$15,000, 27% >\$15,000-≤\$30,000, 33% >\$30,000; Live with partner or spouse: 71% yes; Adults in household: 12% 1, 59% 2, 29% ≥3; Children in household: 21% 0, 40% 1, 22% 2, 17% ≥3 • <u>Health status:</u> Mean pre-pregnancy BMI: 31.0 kg/m2; 76.5% with overweight or obesity; 35.3% diagnosed with GDM <p>Funding: NIH/NIDDK</p> | <p>Intervention: Both arms: introductory phase (~29wk gestation to time of birth) followed by active phase (6wk to 6mo postpartum) and maintenance phase (6mo-12mo postpartum) Lifestyle Intervention: 4 face-to-face and 13 total booster sessions. PPWL goal of 1-2 pounds/wk via increasing physical activity by 10%/wk. Calorie goals were based upon DPP and accounted for breastfeeding status. Questionnaires used to select targeted diet- and PA-related goals and tailor mailed materials; motivational interviewing used and telephone booster calls reviewed progress toward goals, problem solving, and setting new goals</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, transtheoretical model • <u>Intervention Duration:</u> 14mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Same number of in-person sessions, telephone calls, and mailings at same time points as Lifestyle arm. Information consisted of general information available to the public from ACOG and AAP and did not target weight loss, exercise, or diet</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Reaching pre-pregnancy weight if pre-pregnancy BMI was 18.5-24.9 or 5% reduction from pre-pregnancy weight if pre-pregnancy BMI was ≥25) • Postpartum weight change • <u>Outcomes assessed at:</u> Baseline, 6wk, 6mo, 12mo postpartum | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Constituent involving |

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| <p>Parra-Medina, 2011¹²⁰ RCT-Parallel, Heart Healthy and Ethnically Relevant (HHER) Lifestyle trial, U.S. Analytic N = 162 (6mo), 151 (12mo)</p> <p>Study Setting: Via phone, in-person, and in-home (assessments), South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American women with financial disadvantage • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 19% with < HS, 33% with HS or equivalent, 41% with some college or degree, 7% with some graduate or degree; Income: 19% with annual income ≤ \$9999, 24% with \$10,000-19,999, 19% with \$20,000-29,000, 26% with ≥\$30,000, 12% missing data Employment: 19% unemployed, 56% employed (full- or part-time), 12% disabled, 12% retired • <u>Health status:</u> All without physical disability, orthopedic problem, or insulin-controlled diabetes, and with baseline BP below 160/95 (inclusion criteria) BMI: 19% with overweight, 69% with obesity <p>Funding: NIH/NHLBI</p> | <p>Intervention: Comprehensive intervention: standard care intervention + 12 stage-matched and ethnically tailored newsletters, an in-depth 60 min introductory telephone call, and up to 14 brief telephone counseling calls from HHER research staff over a 12-month period. Introductory telephone call outlined major and short-term physical activity and low-fat dietary goals, education about physical activity and diet and current recommendations. Subsequent 14 calls (20 min) with health educator assessed current physical activity and dietary practices relative to the last call's goals, stage of readiness for change, and discussed stage-appropriate topics based on barriers raised by the participants and/or past call history. A topic-specific tip sheets were mailed to participants if deemed useful by health educator.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Transtheoretical model, social cognitive theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Standard Care Intervention: Primary care providers gave 2-4 min stage-matched counseling for both physical activity and dietary fat intake during patient's scheduled medical appointment. Nurses engaged participants in 5-to-10 min stage-matched goal-setting and provided them a community resource guide and ethnically tailored educational materials related to physical activity and diet.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet quality (Dietary Risk Assessment (DRA)) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Paskett, 2018¹²¹ RCT-Cluster, Walk by Faith, U.S. Analytic N = 666</p> <p>Study Setting: In-person at churches in Appalachian counties</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Adult church members from Appalachian counties (rural, socioeconomically disadvantaged regions) with overweight/obesity • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 1.8% African American, 0.6% Hispanic, Latino, or Spanish origin, 97.9% White, 0.3% Other • SEP: Education: 25.2% with ≤HS/GED; 37.3% with Some college or associate degree; 37.6% with ≥Bachelor degree; HHI: 25.6% <\$40,000; 37.0% \$40,000-\$69,999, 37.4% ≥\$70,000; Employment: 62.2% full-time/part-time/student; 12.4% unemployed/keeping house/disabled; 25.4% retired; Insurance status: 4.7% uninsured, 27.9% public, 67.4% private • Health status: All with overweight or obesity (BMI 25+ kg/m²); Mean BMI: 33.2 kg/m² <p>Funding: NIH/NCI, Pelatonia Idea Grant, Behavioral Measurement Shared Resource at The Ohio State University Comprehensive Cancer Center</p> | <p>Intervention: Walk by Faith (13 churches): monthly in-person group sessions led by church volunteer and quarterly individual sessions with trained staff to discuss goals. Diet intervention focused on increasing fruit and vegetable and water intake, reducing SSB, and reducing dietary fat. Approaches to increase physical activity included increasing average steps per day.</p> <ul style="list-style-type: none"> • Theoretical framework(s): Social determinants of health/social ecological model, social cognitive theory • Intervention Duration: 12mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: Ribbons of Faith (15 churches): monthly, 1-h education sessions with brochures and other handouts spanning a variety of cancer-related topics as recommended by American Cancer Society. Other RoF components included an information session, health fair, cancer education inserts in church bulletins and encouragement to complete age- and sex-appropriate cancer screening tests.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, waist-to-hip ratio) • CVD (SBP) • Dietary intake (Fruit and vegetable consumption) • Outcomes assessed at: Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Perry, 2021¹²² NRCT, U.S. Analytic N = 67 (4 programs)</p> <p>Study Setting: YMCAs in Miami-Dade County, FL</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Children (predominantly Black and Latino) attending YMCA after-school programs • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 41% Black, 46% Latino, 9% White, 4% mixed • <u>SEP:</u> NR • <u>Health status:</u> BMI >85th percentile: 57% in intervention, 46% in control group <p>Funding: Anonymous foundation</p> | <p>Intervention: THINK programs (2 locations): 3d/wk, 2-h per session immediately following school release. Used “active learning” with focus on physical literacy and consisted of 3 integrated components – 1) educational sessions on health-related themes: facilitated a greater understanding of appropriate terminology and nutrition/exercise concepts along with their health implications. 2) hands-on laboratory experiences: Laboratory experiences followed educational themes enabling children to learn more about their bodies from a science-based perspective. This included use of pedometers, goniometers to teach flexibility, dynamometers for strength, Douglas bag and flow meters to teach respiratory function, and pressure cuffs to learn how to take BP and heart rates. (3) structured physical activities: emphasized motor skill acquisition that reinforced laboratory experiences and health-related themes. Team relays and games were integrated with educational facts.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control programs (2 locations): standard YMCA after-school activities (completing homework, arts and crafts, age-appropriate physical activities for elementary school children using the Sports, Play, and Active Recreation for Kids program).</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Height, weight, BMI, BMI >85th percentile, BMIZ, skinfolds (triceps, subscapular, calf)) • CVD (SBP, DBP) • <u>Outcomes assessed at:</u> Baseline, 4mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Prado, 2020¹²³ RCT-Parallel, Familias Unidas for Health and Wellness (FUHW), U.S. Analytic N = 280</p> <p>Study Setting: In-person in Miami, FL</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adolescents with overweight or obesity and their parents (predominantly mothers) • <u>Life stage:</u> Adolescents, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Annual income: 62.1% <\$30,000, 19.6% \$30,000-\$49,999, 13.2% >\$50,000, 5% with no response • <u>Health status:</u> All adolescents with overweight or obesity (≥ 85th percentile for age and sex); Mean BMI percentile (adolescents): 95%; 38% with overweight, 62% with obesity; Mean BMI (parent): 30.6; 40% with overweight, 48% with obesity <p>Funding: NIH/NIMHD/NIDDK</p> | <p>Intervention: Familias Unidas (FUHW): 12wk intervention with 8, 2.5h group sessions and 4, 1h family sessions, each taking place 1x/wk. Parents attended first hour of group sessions without adolescents to discuss adolescent healthy lifestyle behaviors, risky behaviors, and positive parenting behaviors. Adolescents participated in outdoor physical activities. Family engagement in healthy activities was emphasized during second hour of group sessions. During family sessions, facilitators met individually with each family to practice skills parents had learned.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Ecodevelopmental framework • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Prevention as usual: families referred to their local health departments' health initiative Internet page and usual programs they offer to reflect typical services that adolescents with overweight or obesity may receive in their own community</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI percentile for age and sex (adolescents) and BMI (parents)) • Dietary intake (Intake of: added sugar, FV, SSB) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo, and 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Ralston, 2020¹²⁴ NRCT, Health for Hearts United (HHU); Reducing Cardiovascular Risk in African Americans Study, U.S. Analytic N = 226</p> <p>Study Setting: Churches in a two-county area (both urban and rural) in North Florida</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adults who regularly attended church • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American SEP: 89% were HS graduates or higher • <u>Health status:</u> NR <p>Funding: NIH/NIMHD</p> | <p>Intervention: Intervention churches (3): 4 types of programming: church-initiated programming of CVD awareness events; educational sessions with health leaders and staff, culturally tailored post cards and newsletters, and generic materials on reducing CVD risk and providing individualized counseling sessions with RD to review dietary and clinical outcomes (materials and RD counseling was also provided to comparison group). 3 intervention components: 1) Awareness Building (mo 1-6), promoting the "Eat Better" message; 2) Clinical Learning (mo 7-12), promoting key messages of "move around more" and "reduce stress" through church activities; 3) Efficacy Development (mo 13-18), promoting the message of "take charge of your health" and included a recognition luncheon.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Socioecological theory, Transtheoretical Model of Change, CBPR • <u>Intervention Duration:</u> 18mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC churches (3): participated in health ministry development activities during intervention (e.g., how to establish and plan health ministries, strategic plan development); all participants had access to healthy snacks and generic materials on reducing CVD risk, participated in sessions led by registered dietitians and, for clinical participants, were invited to participate in clinical education sessions. : Comparison churches received the intervention on a delayed basis</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Daily FV intake, overall FV intake, fat consumption) • <u>Outcomes assessed at:</u> Baseline, 6, 18, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Raman, 2010¹²⁵ NRCT, Taking Action Together (TAT), U.S. Analytic N = 109</p> <p>Study Setting: Inner-city community YMCA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American children with overweight • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> 100% living in low-income neighborhoods of Oakland, CA • <u>Health status:</u> All with BMI >85percentile <p>Funding: NR</p> | <p>Intervention: 2-wk summer day camp, then weekly, 2 h intervention sessions. Sessions included hands-on experiences preparing and tasting healthy food alternatives, engaging in a range of physical activities and self-esteem boosting via activities that promoted communication and positive behavioral development. Families of participants were invited to monthly nutrition educational sessions to reinforce concepts learned by children, emphasize modeling healthy behaviors, and discuss health-related topics identified by the parents.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Control: invited to attend 2wk summer day-camp as part of routine programming offered by the local YMCA; participants also received information in the mail monthly including healthy recipes and information about free/low-cost opportunities for participation in community sports/recreation and families were invited 3 x/y to attend a session at YMCA where staff delivered nutrition education to adult family members and children were encouraged to prepare healthy snacks and engage in physical activity</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMIZ, % body fat, WC) • T2D (HOMA-IR, fasting glucose, Fasting insulin) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

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| <p>Redmond, 2021¹²⁶ RCT-Cluster, The Obesity Prevention and Evaluation of InterVention Effectiveness in NaTive North Americans (OPREVENT), U.S. Analytic N = 299 (6 communities)</p> <p>Study Setting: In-person, community setting, Upper Midwest and Southwest U.S.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Native American adults living in five geographically and culturally diverse tribal communities • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Native American • <u>SEP:</u> Education: 25% with HS, 6% with tech school, 26% with some college, 2% with college degree; Employment: 42.5% not employed; Participation in food assistance: 18% WIC, 50% SNAP, 14% commodity, 11% senior center, 8% food bank • <u>Health status:</u> Mean BMI: 32.2 kg/m²; 29% with overweight, 55.2% with obesity; 28% current smoker <p>Funding: USDA NIFA</p> | <p>Intervention: OPREVENT program (3 communities): recruited food stores, worksites and schools from each of 6 communities. Intervention focused on improving dietary intake and PA via education, promotional activities and partnerships with community institutions. Local stores: acceptable and affordable healthier alternatives to the problem foods and beverages were identified and promoted, while problem foods and beverages were discouraged (e.g. improve visibility of healthier beverage options by placing them at eye level or moving to point of purchase. Interventionists conducted interactive taste tests with promoted beverages and assisted shoppers in finding them. Worksites and schools: adopted policies that prohibited the sale of SSB on site. Worksites: replaced unhealthy items such as sugar with healthier alternatives such as zero-energy sweeteners. School: a comprehensive curriculum was implemented in grades 2–6 and included in-class and take-home activities to be completed as a family (e.g. creating a grocery list of healthy beverages together).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Social ecological model • <u>Intervention Duration:</u> 14mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention (3 communities). Received intervention after follow-up data collection.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Discouraged beverages (whole milk, regular soda, sugary drinks, alcohol); promoted beverages (2% milk, 1% or skim milk, 100% juice, sugar free drinks, water)) • <u>Outcomes assessed at:</u> Baseline, 14mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • NA |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Redmond, 2023¹²⁷ RCT-Cluster, The Obesity Prevention and Evaluation of InterVention Effectiveness in NaTive North Americans (OPREVENT), U.S. Analytic N = 446 (6 communities)</p> <p>Study Setting: In-person, community setting, Upper Midwest and Southwest U.S.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Native American adults (predominantly female) living in Southwest and Upper Midwest U.S. • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Native American • <u>SEP:</u> Education: 18% < HS, 37% HS or GED, 39% some college, 5% college or more; Material Style of Life score: 14.06 (8.10); Employment: 42% employed full time, 13% part time, 8% retired, 4% disabled • <u>Health status:</u> Mean BMI: 31.8 kg/m² <p>Funding: NIH/NHLBI</p> | <p>Intervention: OPREVENT program (3 communities): recruited food stores, worksites and schools from each of 6 communities. Intervention focused on improving dietary intake and PA via education, promotional activities and partnerships with community institutions. Local stores: acceptable and affordable healthier alternatives to the problem foods and beverages were identified and promoted, while problem foods and beverages were discouraged (e.g. improve visibility of healthier beverage options by placing them at eye level or moving to point of purchase. Interventionists conducted interactive taste tests with promoted beverages and assisted shoppers in finding them. Worksites and schools: adopted policies that prohibited the sale of SSB on site. Worksites: replaced unhealthy items such as sugar with healthier alternatives such as zero-energy sweeteners. School: a comprehensive curriculum was implemented in grades 2–6 and included in-class and take-home activities to be completed as a family (e.g. creating a grocery list of healthy beverages together).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Social ecological model • <u>Intervention Duration:</u> 18mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention (3 communities). Received intervention after follow-up data collection.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Change in daily intake of: carbohydrate, protein, fat, % kcal from carbohydrate, % kcal from protein, % kcal from fat, total sugar, whole grains, fiber, saturated fat, MUFAs, PUFAs, trans fats; Change in daily avg of: vegetables, fruits, grains, protein, dairy, fats & sweets, sodas) • Diet quality (HEI - 2015) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 1.5y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • NA |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Resnicow, 2004¹²⁸ RCT-Cluster, Body and Soul, U.S. Analytic N = 854 (15 churches)</p> <p>Study Setting: Churches in California, the Southeast (Georgia, North Carolina, South Carolina), and the Northeast (Delaware, Virginia)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American, church-going adults (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% churches with African American membership • <u>SEP:</u> Education: 8.0% <HS, 24.8% completed HS or vocational school, 19.9% some college, 47.3% ≥completed college; Income: 27.7% <\$30,000, 22.3% \$30,000-49,999, 50.0% ≥50,000; • <u>Health status:</u> NR <p>Funding: American Cancer Society, NIH/NCI</p> | <p>Intervention: Body and Soul intervention developed based off of 2 previously tested programs (Eat for Life; Black Churches United for Better Health). The intervention included churchwide activities initiated by the American Cancer Society and implemented by the church project coordination committee (e.g., education sessions and cooking classes initiated/implemented by the churches) and American Cancer Society brochures. Additionally, the intervention included a kick-off health fair in some churches, the Forgotten Miracles video (1 copy per church), the Eat for Life cookbook (1 copy per participant), and motivational interviewing counseling (2 telephone calls by trained lay counselors).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Ecologic model • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: No intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit, vegetables, % energy fat) • Diet-related psychosocial factors (Autonomous motivation, controlled response, social support, self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Resnicow, 2005¹²⁹ RCT-Cluster, GO GIRLS!, U.S. Analytic N = 123 (10 churches)</p> <p>Study Setting: Churches and via telephone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American female adolescents with overweight • <u>Life stage:</u> Adolescents • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> All from middle and upper income churches (majority of members' HHI >\$40,000) • <u>Health status:</u> 100% with BMI >90percentile for age and sex, mean = 32.7 kg/m² <p>Funding: Parent project supported by the National Foundation for the Centers for Disease Control and Prevention; funding NR in present article.</p> | <p>Intervention: 5 churches received high-intensity intervention: weekly group behavioral sessions conducted at churches, targeting 24-26 group meetings over 6mo. Girls participated in every session and parents were invited to every other session. Each session included an experiential, interactive behavioral activity, at least 30 min of moderate-vigorous physical exercise, and preparation and/or consumption of low-fat, portion-controlled meals or snacks. Girls taught to change target behaviors using the principles of substitution, moderation, and abstinence. Group sessions led by trained staff. Intervention began with 1-d retreat at a national park or similar commercial facility to create group cohesion and establish ground rules for intervention. All girls received a 2-way paging device and were sent personalized messages throughout the day; girls could respond to these messages. Received 4-6 motivational interviewing calls via telephone over the 6 mo intervention, delivered by masters or doctoral level counselors trained in motivational interviewing.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: 5 churches received moderate-intensity intervention (active control): 6-session program delivered once/mo. The 6 sessions were selected from the larger pool of sessions delivered to the high-intensity group. Girls participated in every session and parents were invited to every other session. Girls did not receive 2-way pagers, motivational interviewing, or a retreat.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, height, weight, WC, hip circumference, % body fat) • CVD (SBP, DBP) • T2D (Glucose, insulin) • <u>Outcomes assessed at:</u> Baseline, 6mo, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Deep) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Resnicow, 2005¹³⁰ RCT-Cluster, Healthy Body Healthy Spirit, U.S. Analytic N = 906 (16 churches)</p> <p>Study Setting: Churches in the Atlanta metropolitan area with African American attendees</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Church-going African American adults (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 2.9% <HS, 26.0% completed HS or vocational school, 25.4% some college, 45.7% completed college or higher; Income: 11.6% <\$20,000, 26.1% \$20,000-\$39,999, 42.5% \$40,000-\$79,999, 19.5% ≥\$80,000 • <u>Health status:</u> NR <p>Funding: NIH/NHLBI</p> | <p>Intervention: Culturally targeted self-help nutrition and physical activity intervention materials, with or without telephone counseling calls based on motivational interviewing. Additionally health fairs were held at baseline and 1y where a variety of measures were taken (e.g., height/weight, BP, cholesterol, blood draw, fitness test, diabetes test) and individualized printed results were provided.</p> <p>Intervention materials: Materials received included the Forgotten Miracles nutrition video which uses biblical and spiritual themes to motivate healthy eating, the Eat for Life cookbook containing recipes submitted by members of participating churches, an exercise video hosted by well known African American celebrities from the Atlanta area and families recruited from Black churches to document efforts to increase or maintain physical activity, an exercise guide to provide background information, instruction, and skills-building information, and an audiocassette containing gospel music sequenced to that their tempo matches a 3 phase workout and included brief sound bytes of pastor sermons.</p> <p>Motivational interviewing: 4 motivational interviewing telephone calls delivered at approximately 4wk, 12wk, 26wk, and 40wk by master's or doctoral level psychologists</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Self-determination theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Received an intervention of approximately equal intensity and type, including health fairs and individualized results letter, a project newsletter, commercial aerobics video, and health education brochures drawn from government sources and health voluntary agencies. After posttest measurements, received all culturally targeted materials.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit and vegetable) • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Risica, 2013¹³¹ RCT-Parallel, SisterTalk, U.S. Analytic N = 248</p> <p>Study Setting: Homes and via telephone in Boston, MA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Black females predominantly with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American or Black • <u>SEP:</u> Education: 12.7% graduate school, 27.6% college graduate, 37.3% some college/technical school, 16.6% HS graduate, 5.8% < HS; 67.6% employed full time; HHI: 21.6% \$20,000 or less, 44.1% \$20-\$40,000, 17.9% \$40-\$60,000, 16.4% \$60,000 or up • <u>Health status:</u> 8.8% BMI <25 kg/m², 20.1% with overweight, 27.8% with class 1 obesity, 24.0% with class 2 obesity, 19.3% with class 3 obesity <p>Funding: NIH/NCI</p> | <p>Intervention: SisterTalk intervention consisted of 12, 1h weekly programs broadcast live on cable TV that focused on weight control as defined by each individual woman. The TV program content was divided between nutrition and physical activity. The first 40 min of each show was delivered by an exercise physiologist and nutritionist (predominantly prerecorded). The last 20 min of each show a social worker led a live sharing component which consisted of a discussion between the social worker, featured guests, and live callers. Corresponding print materials were mailed biweekly during the 12wk program. Four different intervention conditions were tested.</p> <p>Interactive TV shows with telephone support: Received 12 weekly TV shows and given a toll-free number to call in during the live sharing component. Also received 12 weekly, then 4 monthly social support phone calls delivered by community outreach educators.</p> <p>Interactive TV shows without telephone support: Received 12 weekly TV shows and given a toll-free number to call in during the live sharing component.</p> <p>Passive TV shows with telephone support: Received 12 weekly TV shows but could not call in during the sharing segment. Also received 12 weekly, then 4 monthly social support phone calls delivered by community outreach educators.</p> <p>Passive TV shows without telephone support: Received 12 weekly TV shows but could not call in during the sharing segment.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social action theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: WLC: Participants received biweekly mailing for 12wk, then monthly mailings for 4 mo that contained wellness content unrelated to weight, nutrition, or physical activity. After the 12 mo follow-up, received the entire set of SisterTalk videos and written materials.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight) • Dietary intake (Fat behaviors) • <u>Outcomes assessed at:</u> Baseline, 3mo, 8mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Ronsley, 2013¹³² NRCT, Healthy Buddies™-First Nations, Canada Analytic N = 179 (3 schools)</p> <p>Study Setting: Schools in remote, First Nations communities in British Columbia, Canada</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Aboriginal children and adolescents living in remote, First Nations communities in Canada • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Tsimshian Nation (Gitga'at, Gitkxahla, and Lax Kw'alaams bands) • <u>SEP:</u> NR • <u>Health status:</u> ~36% with obesity, ~15% with overweight, ~49% with normal weight <p>Funding: Canadian Diabetes Association, American Pediatrics Society, Child & Family Research Institute</p> | <p>Intervention: Intervention program had 3 main components: physical activity, healthy eating, and healthy body image. Program is a whole-school model and includes 21 lessons and 6 fitness loops (each 30 min in length). At the beginning of each lesson, older students are taught concepts by teachers. Older students then teach younger students ("buddies") the lesson. Fitness loops were completed twice weekly.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 10mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Naturalistic comparison (non-participatory) group: school requested and received training on the program but had not implemented the program.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ, WC, weight status) • CVD (BP z-score) • Dietary intake (Nutritious food consumption, nutritious beverage consumption, SSB, milk, regular pop, diet pop, fruits, vegetables, 100% fruit juice, fruit drinks) • Diet-related psychosocial factors (Nutritious food knowledge, Nutritious beverage knowledge) • <u>Outcomes assessed at:</u> Baseline, 10mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Rosas, 2020¹³³ RCT-Parallel, Vida Sana, U.S. Analytic N = 185</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person group sessions in California</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Latino adults with overweight or obesity and at high risk for T2D • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 100% Latino (Region of origin: 57.2% from Mexico, 17.1% from Central America, 11.8% from South America, 13.9% from Puerto Rico, Cuba, other Spanish, or multi-origin) • SEP: Education: 29% ≤ HS or GED, 27% some college, 22% college graduate, 23% post college; HHI: 45% <75,000, 25% \$75,000-\$125,000, 31% ≥\$125,000; Employment status: 71.3% full-time, 10.6% part-time, 18.1% unemployed; Household food security: 84% high, 11% Low, 5% Very low • Health status: All with BMI ≥24 kg/m² and prediabetes, history of GDM, or 3 of 5 elements of metabolic syndrome but without diabetes or CVD (inclusion criteria) Mean BMI (kg/m²): 33.0 (women); 31.4 (men) <p>Funding: AHRQ</p> | <p>Intervention: Intervention: cultural adaptation of Group Lifestyle Balance curriculum derived from the DPP. Family-based orientation session and 22 in-person group sessions over 12 mo. Participants were encouraged to use a wearable activity tracker and mobile applications to track their physical activity and dietary intake. Participants received monthly email messages for an additional 12 mo. First 6mo: 16 group sessions (12 weekly, then 4 bimonthly) used behavioral strategies (self-monitoring, goal setting, stress management, and problem solving) to achieve goals. Goals of the intervention were to achieve 7% weight loss and a minimum of 150min/wk of moderate-intensity physical activity. Health coach provided weekly individualized feedback to participants on their physical activity via their fitness tracker application and diet via their diet tracking application. An additional 6 monthly group sessions focused on continued behavior change and other behavior maintenance strategies (e.g., relapse control). Year 2: participants were sent monthly emails that reviewed 1st-y material and reminded participants to reach out to coach for support</p> <ul style="list-style-type: none"> • Theoretical framework(s): Social Cognitive Theory • Intervention Duration: 24mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: Usual Care: Participants in both treatment groups continued to receive usual care from their primary care clinicians (who were not made aware of patients' randomization assignment). Clinicians were neither encouraged nor prevented from offering weight management treatment to patients. Participants were not prevented from accessing weight management services from their primary care clinician or in the community. All participants received activity tracker.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, 5% weight loss, WC) • Dietary intake (DASH Score, FV) • Energy intake • Outcomes assessed at: Baseline, 12mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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| <p>Rosas, 2020¹³⁴ RCT-Parallel, U.S. Analytic N = 157 (6mo), 175 (12mo)</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Santa Clara County, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Urban Indigenous adults (predominantly female) with obesity • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 97.1% Indigenous Person; 45.4% indigenous to U.S. or Canada, 30% indigenous to Mexico, Central America, South America; 24.6% mixed ancestry, 53.6% Hispanic • SEP: Education: 13.5% < HS graduate (0-11y), 20.8% HS graduate (12y), 44% some college (1-3y), 12.6% college graduate (4+y), 9.2% graduate degree; Income: 37.5% < \$20,000, 35.7% \$20-50,000, 26.8% \$50,000+; Food Security: 16.4% very low security, 25.1% low security, 58.5% high security • Health status: All with BMI ≥30 kg/m² and one additional criterion of metabolic syndrome; all without T2D diagnosis; Mean BMI (kg/m²): 37.5 (men), 37.2 (women) 34.3% with depression <p>Funding: Patient Centered Outcomes Research Institute (PCORI); NIH</p> | <p>Intervention: Both groups: intervention based on Special Diabetes Program for Indians (SDPI), a group-based adaptation of DPP intervention; delivered by a trained lifestyle coach over 16 weekly group sessions covering information on moderate calorie restriction, physical activity, and proven behavioral strategies. Participants were invited to attend ongoing support sessions after first 16wk; sessions were offered weekly and participants were encouraged to attend at least once/mo. Goals of intervention are loss of at least 5% of baseline weight and 150min of moderate physical activity/wk by 6 mo</p> <p>Enhanced group: offered opportunity to participate in 3 enhancements to address psychosocial stressors (e.g., historical trauma). Participants worked with lifestyle coach to determine which enhancements were appropriate for them; Enhancements included: 1) talking circles (added to sessions 3, 8, 15); 2) modified Photovoice activity (incorporated into sessions 3, 8, 14, 15); 3) digital story sessions (offered outside of regular sessions)</p> <ul style="list-style-type: none"> • Theoretical framework(s): Social cognitive theory; transtheoretical model of behavior change, CBPR • Intervention Duration: 4mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: Standard group: same SDPI intervention as intervention group; no enhancements offered</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, percentage of participants with 5% weight loss, WC) • CVD (SBP, DBP, HDL-C, LDL-C, TG) • T2D (Fasting glucose) • Diet quality (Healthy and unhealthy food scores) • Outcomes assessed at: Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Sadeghi, 2019¹³⁵ NRCT, Niños Sanos, Familia Sana (Healthy Children, Healthy Family), U.S. Analytic N = 700</p> <p>Study Setting: Local schools, community centers, food markets and health clinics</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mexican-heritage children Life stage: Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% with at least one parent of Mexican heritage • <u>SEP:</u> Household annual income: \$1,860; 59% below poverty line • <u>Health status:</u> 19% with overweight; 27% with obesity <p>Funding: USDA NIFA</p> | <p>Intervention: Behavioral interventions included parent classes on nutrition and physical activity; school-based nutrition and enhanced physical education for children; and a monthly voucher for participant families to purchase fruits and vegetables.</p> <p>Nutrition component: education delivered to parents at monthly “family nights” and to children in the school setting; Each of 22 different parent classes offered lasted ~1h and included a discussion, hands-on activity, and food demonstration. Small-group sessions were offered to 15 or fewer parents several mornings and evenings each month. Nutrition educators and classroom teachers co-delivered science-based nutrition curricula for children.</p> <p>Physical activity component: Researchers implemented Sport, Play and Active Recreation for Kids (SPARK) K-2 and Early Childhood PE curricula in grades K-2 and preschools. A PE teacher delivered SPARK curriculum in weekly 20–30-min exercise sessions with elementary school classes. PE teacher also trained classroom teachers, who incorporated SPARK activities into lesson plans.</p> <p>Economic component: monthly \$25 fruit and vegetable voucher that allowed the same foods approved for the California WIC Cash Value Voucher</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory; economic behavioral approach within the Health Belief Model; Social Learning Theory • <u>Intervention Duration:</u> 36mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: No active nutrition intervention; community members had option to attend a series of monthly workshops that focus on family well-being and ways in which parents can support their children’s education. Teachers in comparison school district were asked not to change students’ regular physical activity levels.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ, log BMI, BMI trajectory) • <u>Outcomes assessed at:</u> Baseline, every 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Salihu, 2016¹³⁶ NRCT, Fortified Dietary Intervention (FDI), U.S. Analytic N = 49</p> <p>Study Setting: Community nonprofit organization</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Females living in a low-income community in Tampa, FL who were predominantly Black and with overweight/obesity • Life stage: Adults • Gender: Females • Race and/or ethnicity: 95.9% Black, 4.1% Hispanic, 4.1% Other • SEP: Education: 44.9% <HS, 51.0% ≥HS; Income: 57.1% <\$20,000, 42.9% ≥\$20,000; 32.7% receiving any type of government assistance • Health status: 73% with overweight/obesity <p>Funding: NIH/NIMHD</p> | <p>Intervention: Group-based intervention sessions held weekly for 8 wk, with each session lasting 2h; intervention included a dietary component, physical activity component, and mental health component. Dietary component: 60% of the intervention. Dietary lessons adapted from EFNEP curricula which encompass basic nutrition, food budgeting, and food preparation. Each lesson was accompanied by a food demonstration, worksheets, and interactive class discussions and participants were asked to monitor daily goal attainment and return goal sheets weekly. Physical activity component: 20% of the intervention. At each intervention session participants took part in at least 10min of physical activity under supervision of certified trainer. Participants were encouraged to get at least 30min of moderate physical activity/d. Mental health component: 20% of intervention. During sessions participants received education about the harmful effects of stress, the impact that stress has on overall well-being, and methods to cope with stressors. Sessions also focused on healthy sleep and participants practiced pre-sleep relaxation methods.</p> <ul style="list-style-type: none"> • Theoretical framework(s): CBPR • Intervention Duration: 2mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: Standard of care: Nutritional wellness standard of care at the study site. Provided individualized information, including meal plans, healthy recipes, simple food substitutions, healthy snack and eating out options, and guidelines for healthy food preparations; participants were encouraged to set achievable goals for dietary and exercise modifications; supported to make lifestyle changes and to self-monitor progress through a workbook and ongoing contact with research staff; encouraged to identify potential barriers to implementing dietary goals and assisted with problem solving and developing individualized strategies to facilitate success.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight, WC) • CVD (SBP, DBP) • Diet-related psychosocial factors (HPLP II nutrition) • Outcomes assessed at: Baseline, 10wk (2wk post 8wk intervention) | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Sauder, 2018¹³⁷ RCT-Parallel, Tribal Turning Point, U.S. Analytic N = 62 (52 families)</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Community, home, and via telephone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> American Indian children with overweight/obesity and ≥1 parent/primary caregiver • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% American Indian (Eastern Band of Cherokee Indians and Navajo Nation) • <u>SEP:</u> Parental education: ~24% graduate degree, ~44% bachelor's degree, ~26% some college, ~6% HS or less; HHI: ~29% <\$25,000, ~32% \$25,000-\$49,999, ~24% \$50,000-\$74,999, 8% \$75,000 or more • <u>Health status:</u> 100% with overweight/obesity (BMI ≥85percentile) <p>Funding: NIH, UNC Gillings School of Public Health</p> | <p>Intervention: Tribal Turning Point intervention included: active learning group classes, motivational interviewing session for youth/caregiver dyads, and a resource toolbox delivered by lay health coaches.</p> <p>Active learning group classes: Core curriculum delivered through 10, 2h group classes over a 4 mo period in the fall with 2 booster classes held in the spring. Classes included 10-20min of physical activity, interactive learning with games, cooking demonstrations, and discussions, culture through crafts and language, and a group meal. Each session was preceded by an optional 60min session consisting of games and activities designed to help meet physical activity goals. Motivational interviewing sessions: Dyads completed 5 individual motivational counseling sessions (3 in fall, 2 in spring) which explored the youth's health and behavioral goals developed from the group class content.</p> <p>Toolbox: A toolbox was available as needed to facilitate goal attainment which included phone reminder systems, education materials, review of food and activity environment at participants' homes, local community resources for healthy living. Coaches facilitated participation in school or community programs and events that encouraged healthy eating or physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 8mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Health and safety control: dyads attended group classes covering general health and safety topics across 3, 1h classes held in the fall. All classes included a healthy group meal.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMI-z-score, WC) • CVD (SBP, DBP) • T2D (Fasting insulin, fasting glucose, HbA1C, HOMA-IR) • Diet-related psychosocial factors (Dietary self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 8mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Scarinci, 2014¹³⁸ RCT-Cluster, U.S. Analytic N = 309 (6 counties)</p> <p>Study Setting: Community locations (e.g., churches, community centers) and homes in rural AL</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American female adults • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Majority educated at or above HS level; 70% with income <\$30,000; 46% employed full- or part-time • <u>Health status:</u> NR <p>Funding: NIH/NIMHD</p> | <p>Intervention: Healthy lifestyle intervention consisted of 5wk of sessions (4 group, 1 individual) adapted from the "New Leaf... Choices for Healthy Living with Diabetes" program, a structured nutrition and physical activity assessment and counseling program that emphasizes practical strategies for change. Sessions adapted to address healthy eating choices, promote physical activity, and provide practical applications of the newly acquired knowledge and skills in order to encourage behavior modification. 1 session focused on stress management. The intervention was delivered by lay health educators. During the follow-up period received newsletters, phone calls, and bimonthly reunions.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Transtheoretical model, "basic behavior modification principles" • <u>Intervention Duration:</u> 1.25mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Educational and behavioral strategies to promote breast and cervical cancer screening delivered over 5wk (4 group sessions, 1 individual session) by lay health educators. During the follow-up period received newsletters, phone calls, and bimonthly reunions.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fried food <1/wk, fruit and vegetable ≥ 5/d) • <u>Outcomes assessed at:</u> Baseline, 5wk, 12mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Sociocultural |

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| <p>Scarinci, 2021¹³⁹ RCT-Cluster, U.S. Analytic N = 299 mother-daughter dyads (40 clusters)</p> <p>Study Setting: Group sessions at community locations and individual sessions at participant homes in Alabama</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latinx mothers and their daughters • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Latinx (94% of mothers from Mexico; 80% of daughters born in US) • <u>SEP:</u> Mother's education: ~8.8y; Income: ~\$1,637.20/mo; Employment status: ~20% full-time, ~31% part-time, ~46% homemaker, ~4% unemployed; Health insurance (including Medicare/Medicaid coverage): ~10% (mother), 78% (daughter) • <u>Health status:</u> NR <p>Funding: NIH/NIMHD</p> | <p>Intervention: Both arms: 4 group and one individual session (home visit). Healthy eating arm: Group sessions focused on specific topics including intro to healthy eating, healthy shopping and eating out, guide for a healthy pantry, and healthy cooking. Home visit: LHE met with mothers to review items in home pantry, nutrition labels, and plan to incorporate healthy changes for family diet. Recommendations on food intake from ChooseMyPlate.gov. Follow-up period (7mo): Monthly meetings for 3mo, bimonthly meetings (Months 5 and 7), and phone calls from LHE (Months 4 and 6). Topics during contacts included parenting, diabetes risk, and legal rights as immigrants as they pertain to accessing health care as these were identified by the groups as topics of interest.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory • <u>Intervention Duration:</u> 1.25mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: HPV vaccination arm: same number and type of sessions, and contact hours with LHEs as healthy eating arm. Group sessions focused on HPV, cervical cancer, vaccination, and importance of communication and self-responsibility. Home visit: LHE met with mothers in their homes to review course material and to talk about individual mother/daughter issues in related to communication and/or HPV vaccination.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Consumption of: FV, fried food, and SSB and % positive change for each) • <u>Outcomes assessed at:</u> Baseline, ~5wk, 7mo post-intervention | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Shaikh, 2011¹⁴⁰ RCT-Cluster, Healthy Body Healthy Spirit, U.S. Analytic N = 965 (16 churches)</p> <p>Study Setting: Churches in the Atlanta metropolitan area with African American attendees</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Church-going African American adults (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education: 0.7% <8th grade, 2.9% some HS, 13.3% HS graduate, 12.6% vocational/technical, 26.0% some college, 22.3% graduated college, 6.9% some postgraduate, 15.2% finished postgraduate; Mean income = \$48,671 • <u>Health status:</u> NR <p>Funding: NIH/NCI</p> | <p>Intervention: Culturally targeted self-help nutrition and physical activity intervention materials, with or without telephone counseling calls based on motivational interviewing. Additionally health fairs were held at baseline and 1y where a variety of measures were taken (e.g., height/weight, BP, cholesterol, blood draw, fitness test, diabetes test) and individualized printed results were provided.</p> <p>Intervention materials: Materials received included the Forgotten Miracles nutrition video which uses biblical and spiritual themes to motivate healthy eating, the Eat for Life cookbook containing recipes submitted by members of participating churches, an exercise video hosted by well known African American celebrities from the Atlanta area and families recruited from Black churches to document efforts to increase or maintain physical activity, an exercise guide to provide background information, instruction, and skills-building information, and an audiocassette containing gospel music sequenced to that their tempo matches a 3 phase workout and included brief sound bytes of pastor sermons.</p> <p>Motivational interviewing: 4 motivational interviewing telephone calls delivered at approximately 4wk, 12wk, 26wk, and 40wk by master's or doctoral level psychologists</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, Self-determination theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Received an intervention of approximately equal intensity and type, including health fairs and individualized results letter, a project newsletter, commercial aerobics video, and health education brochures drawn from government sources and health voluntary agencies. After posttest measurements, received all culturally targeted materials.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit and vegetable) • Diet-related psychosocial factors (Controlled motivation, autonomous motivation, social support, self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Sharma, 2012¹⁴¹ NRCT, Taking Action Together (TAT), U.S. Analytic N = 89</p> <p>Study Setting: YMCA sites in inner-city Oakland, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American children with overweight or obesity and families with low-income in Oakland, CA • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% with at least one African American biological parent • <u>SEP:</u> All "low-income" • <u>Health status:</u> All with BMI ≥85th percentile <p>Funding: USDA; Dr. Robert C and Veronica Atkins Foundation; Lawrence and Victoria Johnson</p> | <p>Intervention: Intervention (n=49): 10 days (8 h/d) program-specific summer day-camp, plus 1 (2-h) session/wk, 3wk/mo, 11.5 mo for a total of 150 h (50% devoted to physical activity and 25% devoted each to nutrition and self-esteem building). Nutrition lessons: included hands-on learning via preparation of low-cost, culturally appropriate foods, taste testing, and exposure to new foods and ingredients; lessons also aimed to help participants make healthier food choices within common settings of fast food outlets and corner stores. Self-esteem lessons: developed based on curricula designed to promote health at every size, body satisfaction and self-esteem, and cultural pride and build community Physical activity: activities designed to consider the body weight and fitness status of children, with gradual and manageable increases in difficulty, duration, and frequency and included flexibility, strengthening, endurance, balance and coordination, speed, and agility; all received free YMCA membership. Parent programming: Adult family members received monthly health education materials, educational meetings, phone calls, and/or in-home visits to target overcoming barriers to adopting healthy behaviors. Three healthy lifestyle events/family celebrations were scheduled for intervention group children and families; year-end family event. Parents/guardians also invited to nine 1-2 h sessions/y where adult EFNEP lessons were delivered ("Eating Smart, Being Active" curriculum)</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control group (n=40): received information on community opportunities for health promoting activities; offered a free wk of traditional YMCA summer day camp; contact with investigators occurred during recruitment and yearly data collection</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Protein; total fat; discretionary fat; total carbohydrates; total sugars; sugars in beverages; total grains; whole grains; fruit; vegetables; potatoes; meat, fish, and poultry; meat; dairy) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Soltero, 2018¹⁴² RCT-Parallel, U.S. Analytic N = 120</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person sessions held at YMCA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latino adolescents with obesity • <u>Life stage:</u> Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Latino • <u>SEP:</u> NR • <u>Health status:</u> BMI: ~34 kg/m²; BMI %: ~98; Body fat %: ~45; WC: 109.4 (13.3) cm; FPG: 93 (5.7) mg/dl; fasting insulin: 24.7 (12.7) <p>Funding: NIH/NIMHD/NIDDK</p> | <p>Intervention: Intervention (INT): Comprehensive lifestyle intervention based on DPP (3mo with 3xmonthly booster sessions) with both nutrition and health education. Exercise and behavior change strategies with group classes (1 d/wk for 60min, 8-10 families); parent/guardian required to attend. Exercise curriculum (3 d/wk for 60min, 8-10 youth) included aerobic, anaerobic, and resistance exercises + unstructured activity (games/team sports)</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory; Ecocultural model • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control group (COMP): Provided baseline lab results with general healthy lifestyle info; contacted on monthly basis to maintain connection; upon completion of the study COMP youth offered an abridged version of intervention and 1y YMCA membership</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, BMI %, Total body fat, WC) • T2D (FPG, fasting insulin) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo, and 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Sorkin, 2014¹⁴³ RCT-Parallel, Unidas por la Vida (United for Life), U.S. Analytic N = 84 complete mother-daughter dyads (7 individual participants withdrew)</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Federally qualified health centers, home, and via telephone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Latina adult females with T2D and their adult daughters with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Latina (mothers and daughters) • <u>SEP:</u> 100% recruited from federally qualified health centers (receive funding to serve underserved, underinsured, and uninsured Americans). 94% of dyads reported incomes < \$30,000/y • <u>Health status:</u> 100% with T2D (mothers only), BMI ≥ 25 kg/m² (daughters only) <p>Funding: NIH/NCRR/NCATS</p> | <p>Intervention: Intervention modeled on the DPP's Lifestyle Change Program and consisted of 4 group meetings, 8 home visits with a lifestyle community coach, and 4 booster telephone calls by a lifestyle community coach between home visits. Group sessions included a recipe demonstration and 20 min of moderate exercise. Participants were given free access to local facilities to provide safe and convenient location to meet and exercise. Participants taught standard behavioral weight loss techniques which were adapted to encourage dyadic collaboration in achieving improved health behaviors. Participants were given personal weight loss goal, to be achieved by reduction in caloric intake and increase in physical activity. Participants encouraged to self-monitor intake of FV, protein, and carbohydrate and to record daily PA.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Received education materials developed by the National Diabetes Education Program. Participants with diabetes (mothers) received information about causes and complications of diabetes, and ways to reduce complication risks. Daughters received information about diabetes prevention.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight) • Dietary intake (Saturated fat, fruit, vegetables) • <u>Outcomes assessed at:</u> Baseline, 16wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Constituent involving |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|---|--|--|
| <p>Staffileno, 2018¹⁴⁴ RCT-Parallel, eHealth study, U.S. Analytic N = 26</p> <p>Study Setting: Internet</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adult females with untreated pre-hypertension • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> NR • <u>Health status:</u> 100% with untreated pre-hypertension; Mean BMI ~38 kg/m² <p>Funding: College of Nursing Research Fund (Rush University)</p> | <p>Intervention: DASH: 12, weekly online modules focusing on the DASH eating plan. Modules presented standardized content but allowed for tailoring and individualization of messaging to address participant's needs. Each module contained topic content, links to web-based resources, related videos, suggested activities for the week, and 2-3 questions related to the week's topics. DASH screener used to track dietary intake and reviewed with participant to identify a dietary plan and set goals for changes.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: PA: 12, weekly online modules focusing on lifestyle physical activity. Modules presented standardized content but allowed for tailoring and individualization of messaging to address participant's needs. Each module contained topic content, links to web-based resources, related videos, suggested activities for the week, and 2-3 questions related to the week's topics. Pedometer used to gather information and develop an individualized physical activity plan and to set goals for changes.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight) • CVD (SBP, DBP) • Dietary intake (Vegetables, fruits, meats, grains, sweets, dairy) • Diet quality (DASH screener score) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic • Constituent involving |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Staten, 2004¹⁴⁵ RCT-Parallel, Arizona WISEWOMAN, U.S. Analytic N = 217</p> <p>Study Setting: Clinic, via telephone, and in community</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Adult females (predominantly Hispanic) without insurance • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 1% African American, 74% Hispanic, 25% White Non-Hispanic • <u>SEP:</u> 100% uninsured; 36% completed HS; 35% employed; Mean HHI = \$9,737/y • <u>Health status:</u> Mean BMI ~29 kg/m² <p>Funding: CDC</p> | <p>Intervention: Provider counseling + health education group: In addition to counseling by a nurse practitioner (see comparator), referred to 2 health education (1 on nutrition, 1 on physical activity) and received monthly health newsletter for 12mo.</p> <p>Provider counseling + health education + CHWs group: In addition to components described above, communicated regularly (semiweekly to monthly) with CHWs who provided information and support, and organized bi-monthly walks. CHWs made biweekly telephone calls to participants to explain benefits of eating more fruits/vegetables or increasing physical activity, reminders on how to modify behavior, questions to assess participants' knowledge, provision of short/easy behavior change tips, invitation to scheduled bimonthly walk.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Provider counseling (active control) group: nurse practitioners gave participants health education brochures, discussed benefits of/barriers to increasing physical activity and fruits/vegetables consumption, and gave behavior change prescription tailored to the individual. Visits occurred at baseline, 6mo, 12mo</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Height, weight, BMI, WC, overweight (BMI ≥25)) • CVD (SBP, DBP, high BP, TG) • T2D (FBG, high FBG) • Dietary intake (Fruit/vegetable, fruit/vegetable ≥5/d) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Stolley, 1997¹⁴⁶ RCT-Parallel, U.S. Analytic N = 54 girls; 51 mothers</p> <p>Study Setting: Local tutoring program in Chicago, IL.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American mothers and daughters with low-income and living in Chicago's inner city • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Education (mothers): ~11.4y Employment (mothers): ~58% unemployed; ~7% employed; SES: 18 (SES score of 18=low socioeconomic strata) • <u>Health status:</u> Mean BMI (mothers): ~30 kg/m²; % with overweight (daughters): ~12% <p>Funding: AHA of Metropolitan Chicago</p> | <p>Intervention: Culturally specific obesity prevention program focused on adopting a low-fat, low-calorie diet and increased activity, adapted from the "Know Your Body" Program. Weekly small group meetings of 7-10 dyads to discuss "concept of the week", then group participated in an activity that reinforced information presented.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Attention placebo control. General health program run like the treatment program, with participants meeting in small groups (7-10 dyads) with group leaders. Focus of each session was on general health topics (e.g., communicable disease control, effective communication skills, relaxation techniques, stress reduction).</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight) • Dietary intake (saturated fat, % calories from fat, dietary cholesterol) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Stolley, 2009¹⁴⁷ RCT-Parallel, Obesity Reduction Black Intervention Trial (ORBIT), U.S. Analytic N = 198</p> <p>Study Setting: University campus in Chicago; option for motivational interviewing sessions to occur over the phone</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Black women with obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American or Black • <u>SEP:</u> Education: ~15y; Income: median \$42,500/y; Employment: 72% employed full-time • <u>Health status:</u> All with BMI between 30-50 kg/m² <p>Funding: NIH/NCI</p> | <p>Intervention: 6-month weight loss intervention: small group format; met 2x/wk and participants were offered monthly motivational interviewing sessions. Intervention participants were encouraged to adopt a low-fat, high-fiber diet with increased FV consumption and to increase physical activity. 90-min weekly meeting: 30-40 min didactic session where group leaders led discussions on diet, PA, and weight loss, followed by PA session. 60-minute weekly meeting: 30-40 min PA class, followed by discussions on increasing regular PA. Monthly motivational interviewing sessions: face-to-face or over the phone, 20-30 min/session</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control group: Received weekly newsletters covering general health and safety topics and monthly phone calls from study staff, where they were offered the opportunity to ask questions or express concerns about information in weekly newsletter.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI) • Dietary intake (Fruit, vegetables, dietary fat, fiber) • Diet quality (HEI) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Story, 2003¹⁴⁸ RCT-Parallel, Girlfriends for KEEPS (Minnesota GEMS), U.S. Analytic N = 53</p> <p>Study Setting: Schools</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American female children and a parent/caregiver, predominantly from households with low-income • <u>Life stage:</u> Children • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American (children), 83.0% African American (parent/caregiver), 11.4% Caucasian only (parent/caregiver), 13.0% Biracial (children), 5.6% Biracial (parent/caregiver) • <u>SEP:</u> Parent/caregiver education: 35.3% ≤HS, 45.1% tech school/some college, 19.6% college grad/post grad; HHI: 25.0% <\$25,000, 46.2% \$20,000-39,999, 28.8% ≥\$40,000 • <u>Health status:</u> 40.7% BMI <85percentile, 29.6% BMI 85percentile-<95percentile, 29.7% ≥95percentile <p>Funding: NIH/NHLBI</p> | <p>Intervention: Girlfriends for KEEPS intervention designed in a club meeting format, held twice/wk for 1h after school for 12wk, in addition to a family component designed to reinforce and support healthy eating and physical activity messages delivered in the after-school program.</p> <p>Club meetings led by trained African-American staff and consisted of fun, culturally appropriate, interactive, hands-on activities, emphasizing skill building and practice of the health behavior message for that week. A healthful snack and chilled bottled water were also offered at each meeting. The meetings also included opportunities to increase physical activity levels with a variety and choice of activities. Incentives were built into the program for attendance, short-term goal setting, and completing activities.</p> <p>Family activities included weekly family packets sent home to parents, family night events, phone calls by staff to parents to encourage them and check on progress towards family goals, and organized neighborhood walks.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Active placebo: non-nutrition/physical activity condition focused on promoting positive self-esteem and cultural enrichment; consisted of 3 monthly, Saturday morning meetings.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WC) • Dietary intake (Fruit, juice and vegetables, sweetened beverages, water, % calories from fat, parent reported diet variables (% energy from fat, fruit, vegetable)) • Energy intake • Diet-related psychosocial factors (Healthy choice behavioral intentions, self-efficacy for healthy eating, diet knowledge, fruit and vegetable snack availability, parent encouragement for healthy eating, parent-reported diet variables (availability of higher-fat foods, availability of lower-fat foods, low-fat food practices, motivation for healthy eating, self-efficacy for healthy food preparation, sweetened beverage availability, vegetable availability, fruit availability, bottled water availability)) • <u>Outcomes assessed at:</u> Baseline, 12wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Sun, 2017¹⁴⁹ RCT-Parallel, U.S. Analytic N = 29 mother-child dyads</p> <p>Study Setting: Home via tablet computer modules</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> City-dwelling Chinese females with overweight/obesity and a child attending Head Start (ages 3-5 y) • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Females+Children • <u>Race and/or ethnicity:</u> 100% Chinese • <u>SEP:</u> 100% with children participating in Head Start Program; 13 (SD = 4.9) y education • <u>Health status:</u> All mothers with overweight or obesity (BMI ≥23 kg/m² or WC >31.5 in) <p>Funding: Safeway Foundation, Chinese Community Health Resource Center, Chinese Hospital Health System, UCSF</p> | <p>Intervention: Family-centered, technology-based intervention: 8 weekly, 30-min, interactive, Cantonese, educational modules adapted from the NHLBI's "We Can!" program (2014), the Consortium to Lower Obesity in Chicago Children's "5-4-3-2-1-Go!" program, and the Barbara Bush Children's Hospital at Maine Medical Center "5-2-1-0 Let's Go!" campaign, accessed online via tablet computers provided by the study; topics included introduction to the 5-4-3-2-1-0 program, energy balance, what to feed my family, grocery shopping, find fun in physical activity, less sit more fit, smart parenting, and maintain a healthy weight for life.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Information-Motivation-Behavior (IMB) model • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Weekly mailings with printed health information relevant to preschool-aged children for 8 wk, translated into Chinese. Topics included: introduction to the study, food safety, choking hazards, oral health, immunizations, appropriate antibiotic use, injury prevention, and disaster preparation.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Maternal BMI, maternal WC, child BMI) • Diet-related psychosocial factors (Maternal self-efficacy (promoting health eating, limiting noncore food)) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Sociocultural |

Taniguchi, 2022¹⁵⁰

RCT-Cluster, Food Resource Equity and Sustainability for Health (FRESH) study, U.S.

Analytic N = 327 (176 children, 151 adults)

Study Setting: In-person at rural, tribally owned Early Childhood and Education (ECE) centers and online within the Osage Nation in Oklahoma

Participant Characteristics:

- **Population description:** Native American families (predominantly mothers and children) enrolled at an Osage Nation ECE program
- **Life stage:** Children, Adults
- **Gender:** Both Males and Females
- **Race and/or ethnicity:** Child: 72.5% Native American or Alaska Native; Adult: 56.5% Native American or Alaska Native, Child: 1.6% Asian or Pacific Islander; Adult: 1.2% Asian or Pacific Islander, Child: 3.1% Black or African American; Adult: 1.8% Black or African American, Child: 7.3% Hispanic/Latino; Adult: 3.5% Hispanic/Latino, Child: 42% White; Adult: 51.8% White
- **SEP:** Education (adults): 45% HS or less, 31% some college or technical school, 24% college degree or higher; Annual HHI: 30% <\$20,000, 42% \$20,000-\$50,000, 28% >\$50,000; 56.2% work full-time; 35.3% received public assistance; 56% work full-time
- **Health status:** NR

Funding: NIH/NIMHD

Intervention: Intervention (2 communities, 5 ECEs): included 3 main components: 1) preschool curriculum; 2) parent curriculum; and 3) ECE program menu modifications.

Preschool curriculum: 15wk nutrition and gardening curriculum at ECE programs designed to increase vegetable knowledge, willingness-to-try, and taste preference; adapted for American Indian families from Early Sprouts and Watch Me Grow curricula with structured, weekly sessions on knowledge, gardening, reading, and sensory activities, comprised of 3 themes taught for 5wk each: (1) Harvest (wk 1-5); (2) Explore (wk 6-10); and (3) Sprout (wk 11-15). Curriculum focused on 6 target vegetables: tomatoes, bell peppers, spinach, squash, butter beans, and carrots. Garden beds were built at each ECE program. Each session included a reading activity (e.g., circle time or reading a book; Theme 1 only), indoor and outdoor sensory activity, and cooking activity, which included a take-home recipe kit.

Parent curriculum: 16-wk passive online and in-person hybrid parent curriculum, adapted from Choose Health LA's Healthy Parenting Workshops with components from First Nations Development Institute's Food Sovereignty Assessment Tool and Grassroots International's Food for Thought and Action curriculum. 12 online modules + 3 in-person family nights focused on Indigenous food sovereignty.

ECE program menu modifications: menus modified to achieve best practices established by the Child and Adult Care Food Program (CACFP); designed to add FV as snacks, replace refined grains with whole grains, serve lean meats, nuts, and legumes, reduce fried foods, and eliminate sugary beverages and juices. Menus aimed to include 6 target vegetables from preschool curriculum 2x/wk in meals or snacks within each 6-wk cycle menu rotation. Fresh vegetables from Osage Nation's Harvest Land farm were harvested and delivered to ECEs to be incorporated into ECE menus. Teacher trainings included responsive feeding and on preschool curriculum.

- **Theoretical framework(s):** Social Ecological Theory, CBPR
- **Intervention Duration:** 6mo
- **Community Involvement in Intervention Design:** Yes-High

Comparator: WLC (2 communities, 4 ECEs)

Outcomes and Assessment Timing:

- GBCO (Children and Adults: prevalence of underweight, healthy weight, overweight, obese)
CVD (SBP (adults))
- Dietary intake (Children: Plate waste, vegetable intake;
- Adults: FV intake, total fat, total added sugar, total fruits, total vegetables)

Strategies Included in Intervention:

- Peripheral (Sensitivity level: Surface)
- Linguistic (Sensitivity level: Surface)
- Constituent involving (Sensitivity level: Deep)
- Sociocultural (Sensitivity level: Deep)

Strategies Not Included or Described:

- Evidential

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Teran-Garcia, 2023¹⁵¹ RCT-Parallel, Abriendo Caminos, U.S. Analytic N = 185</p> <p>Study Setting: In-person, multiple sites in U.S. (Illinois, Iowa, Texas, California, Puerto Rico)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Mexican and Puerto Rican children ages 6-18y • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Mexican/Puerto Rican descent • <u>SEP:</u> Mother's education: 47% with HS or more; Annual income: 31% with of ≥\$30,000, 69% with annual income of <\$30,000\ • <u>Health status:</u> Child mean BMIZ: 1.04; Child mean BMI percentile: 83.87; Child weight status: 1.64% with underweight, 44.6% with normal weight, 18.31% with overweight, 35.45% with obesity based on BMI <p>Funding: USDA NIFA Agriculture and Food Research Initiative</p> | <ul style="list-style-type: none"> • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo <p>Intervention: Intervention group: included 6 weekly 2-h workshops conducted at familiar places such as churches or community centers. Workshops had three components (30 min of nutrition education, 30 min of family wellness education, and 60 min of physical activity) and used a simple Spanish linguistic structure with the concept “más,” “menos,” or “más o menos” (more, less, or in between) integrated into lessons to focus on small changes to increase healthier lifestyles and reduce negative or restrictive behaviors. The intervention program included workshops with three components (30 min of nutrition education, 30 min of family wellness education, and 60 min of physical activity). Lessons encouraged healthy dietary and lifestyle behaviors through interactive education (discussions, games, taste tests, and food demonstrations) and strengthening of family interactions.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Behavior theory for community nutrition, social cognitive theory • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control group families completed the demographic questionnaires and anthropometric measurements taken at baseline and follow-up. Families did not participate in the workshops, but they received educational materials at the end of the 6-month period.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ) • <u>Outcomes assessed at:</u> Baseline, 6wk, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Thompson, 2008¹⁵² RCT-Parallel, U.S. Analytic N = 135</p> <p>Study Setting: Urban southwest U.S. city</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> American Indian women living in an urban city in the southwest U.S. • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% American Indian • <u>SEP:</u> Education: ~24% college graduate; ~60% 1-3 years college, ~12% graduated HS, ~4% not HS graduate; Employment: ~64% work outside the home • <u>Health status:</u> ~21% with impaired fasting glucose, 100% without T2D; ~40% with obesity, ~33% with overweight, ~28% with BMI <25 kg/m² <p>Funding: DHHS, NIH/NCRR-GCRC /NIDDK</p> | <p>Intervention: 5 discussion-format group sessions (1/mo) facilitated by trained female American Indian health educators. Session topics included: learning to read food labels, strategies for choosing healthier foods when eating out or snacking, taste-testing of healthy meals, and dissemination of inexpensive recipes for at-home preparation of foods to increase vegetable and fruit intake and decrease saturated fats. 15-min outdoor walk at beginning of each session. Goal-setting was emphasized in all sessions.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Delayed intervention; during the study period control-group participants received mailings of a Native health magazine, address change postcards, clinic visit reminders, and phone calls to schedule clinic visits</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC, BMI, % body fat) • CVD (Total cholesterol, TG, HDL-C, LDL-C, SBP, DBP) • T2D (Fasting serum glucose, insulin sensitivity (QUICKI)) • Dietary intake (Dietary Fat, saturated fat, fruit and vegetables, total sugar, SSB) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo, 18mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Thompson, 2023¹⁵³ RCT-Parallel, Butterfly Girls and the Quest for Founder's Rock (BFG), U.S. Analytic N = NR</p> <p>Study Setting: Online</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> non-Hispanic Black/African American girls and their parent • <u>Life stage:</u> Children • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Parent education: 65% college or higher, 35% below college-level; HHI: 61% <\$61,000, 39% >\$61,000; NSLP free/reduced-price lunch: 53%; full-priced lunch/other: 47% • <u>Health status:</u> mean (SD) HEI score at baseline: 52.9 (1.1) <p>Funding: NIH/NIMHD; USDA/ARS</p> | <p>Intervention: Experimental group: 8 animated episodes promoting 5 svg of FV, 5 glasses of water, and 60 min of physical activity per day. After viewing each episode, participants set diet, physical activity, or water goals for following wk and were provided a tracking sheet to monitor goal attainment. At beginning of episodes 2–8, girls reported their goal attainment and received feedback tailored to their level of goal attainment. Parents received electronic newsletters.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory; Elaboration Likelihood Model • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Comparison group: received animated stories only WLC group: received experimental intervention after completing all 3 data collection timepoints</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Diet quality (HEI-2015) • <u>Outcomes assessed at:</u> Baseline, ~3mo, ~6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Tomayko, 2016¹⁵⁴ RCT-Parallel, Healthy Children, Strong Families (HCSF), U.S. Analytic N = 114 adult-child dyads (12mo); 98 dyads (24mo)</p> <p>Study Setting: In-person home visits or direct mailing in 4 tribal communities in Wisconsin</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> American Indian children and their primary caregiver (predominantly mothers) • <u>Life stage:</u> Children, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 93.3% American Indian (parent); 92% American Indian (child), 6% White (parent); 2.7% White (Child), 0.7% unknown (adult); 2.3% Other (child); 2% Unknown (child) • <u>SEP:</u> Education: 21% HS or less, 36% some college, 25% completed college and beyond, 18% unknown; 73.3% participated in WIC • <u>Health status:</u> Mean BMI (parent): 32 kg/m² <p>Funding: Wisconsin Partnership Program Community-Academic Partnership Fund; NIH</p> | <p>Intervention: In-home mentoring: Year 1: Families received 12 lessons/12mo (~60min) on nutrition and PA delivered in-home by a home-visiting mentor. Families also received 3 group-activity lessons which reinforced curriculum topics. First 6 lessons delivered ~2-3wks and last 6 lessons ~4-6wks. Curriculum objectives: 1.) increase FV intake; 2.) increase PA; 3.) decrease consumption of candy, soda, and SSB; 4.) decrease TV viewing time. For each lesson, topic was introduced, a review of the last lesson to reinforce learned skills, introduction of new material and learning activity, a brainstorming session to identify ways to change behavior and identify successes and challenges, and reflection on the lesson and goal setting. Year 2: families received monthly newsletter and participated in monthly group meetings to support behavior changes developed in year 1.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory, family systems theory, CBPR • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Comparison group: mailed delivery of the intervention toolkit lessons (year 1) and continued to receive mailed newsletters in year 2.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Adult: BMI (after year 1 and 2); Child: BMI, BMIZ, BMI percentile (after year 1 and year 2)) • Dietary intake (FV intake, soda/sugar intake (adult and child)) • Diet-related psychosocial factors (Nutrition change efficacy score (adult)) • <u>Outcomes assessed at:</u> Baseline, 1y, 2y (anthropometric measurement only) | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Tomayko, 2018¹⁵⁵ RCT-Parallel, Healthy Children, Strong Families 2 (HCSF2), U.S. Analytic N = 376 dyads</p> <p>Study Setting: Home and communities of American Indians in rural (northeastern, midwest, northern mountain reservations) and urban (southwestern) U.S.</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Rural and urban American Indian families with high prevalences of food insecurity and overweight/obesity • Life stage: Children, Adults • Gender: Both Males and Females • Race and/or ethnicity: 81.7% American Indian (AI), 17.1% White, 2.4% Other • SEP: Adult education: 37.5% with HS or equivalent, 52% with some college or associate degree, 10.2% with college degree or postgraduate; Family income: 29.3% with <\$5,000, 27.5% with \$5,000–19,999, 20.8% with \$20,000–34,999, 20% with ≥\$35,000; 61% had household food insecurity • Health status: 82% with overweight/obesity among adults BMI, mean: ~ 32 kg/m²; 39.8% with overweight/obesity among children, BMI percentile, mean: ~ 70 <p>Funding: NIH/NHLBI</p> | <p>Intervention: Wellness Journey toolkit group: 12 monthly mailed healthy lifestyle lessons, items, and children’s books addressing 6 intervention targets: increase FV consumption, decrease sugar consumption, increase physical activity, decrease screen time, improve sleep habits, and decrease stress (adult only). Toolkit included (1) printed educational lessons with information and suggestions for activities, (2) supportive items (e.g., measuring cups, recipes, pedometers, games), and (3) a children’s book relating to one of the intervention targets to foster family interaction; supported by social media engagement via 2 weekly texts to join group discussion on Facebook</p> <ul style="list-style-type: none"> • Theoretical framework(s): NR • Intervention Duration: 12mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: Safety Journey toolkit group: 12 monthly mailed safety newsletters and related materials (e.g., safety reflectors for biking, cabinet safety locks)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ in children, BMI in adults (from in-person measured height, weight and WC)) • Dietary intake (Dietary patterns (PCA); Fruit and Vegetables, SSB) • Outcomes assessed at: Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

Tovar, 2023¹⁵⁶

**RCT-Parallel, Start at Home/Familias Fuertes
Comienzan en Casa, U.S.**

Analytic N = 63

Study Setting: Home and via phone

Participant Characteristics:

- Population description: Children and their parent (predominantly female, Hispanic/Latinx, and born outside the U.S.) with low-income
- Life stage: Children, Adults
- Gender: Both Males and Females
- Race and/or ethnicity: 87.3% Hispanic/Latinx, 38.1% White, 17.5% Multiracial, 23.8% Unknown, 20.6% Other (including Black/African American, American Indian/Alaskan Native, Asian, Hawaiian/Other Pacific Islander, other)
- SEP: 81.0% receiving form of food assistance, 44.4% with food insecurity; 54% with HHI <\$25,000; 49.2% with some college education or higher
- Health status: NR

Funding: NIH/NHLBI

Intervention: Intervention consisted of: 3 home visits monthly for 60-75min followed by 3 monthly phone calls 30-45min each conducted by trained bilingual CHWs. The CHWs used motivational interviewing at each visit and prompted the participant to choose a goal for their child's eating based on information reviewed during the session. The CHW and parent developed a food parenting and nutrition plan including goals, reasons for the plan, potential barriers to completing the plan, and possible solutions. Written materials were given at each visit, including a 2-4 page handout on nutrition and food parenting guidance, and a tailored handout if child was categorized as low or high on satiety responsiveness, food responsiveness, and food fussiness. Text messages were sent 2 x/wk during the 6mo with messages relating to the objectives targeted during that month's visit. The second home visit included hands-on food preparation. Parents video recorded a family meal and discussed it with the CHW at the first and third home visits. Due to the COVID-19 pandemic, which disrupted the intervention 8mo into the study, home visits were changed to virtual visits (47% of visits), in-home cooking sessions were substituted with a box that included recipe ingredients, a cookbook, and other materials, that were delivered to participants' homes and a video tutorial. Handout on tips about COVID-19 related to grocery shopping, maintaining structure at home, activities for children, and information on local food assistance programs was also given.

- Theoretical framework(s): Social cognitive theory, Self-determination theory, Self-perception theory
- Intervention Duration: 6mo
- Community Involvement in Intervention Design: Yes-Some

Comparator: Attention control: attention-matched intervention about school readiness promotion adapted from READY. Parents received the same intervention components as the intervention group, but instead pertinent to school readiness instead of nutrition, including a video assessment of a parent reading/completing an activity with their child, and 3 monthly phone calls to check in on progress related to their goals. Parents also received text messages and printed materials

Outcomes and Assessment Timing:

- Dietary intake (Total fruits, whole fruits, total vegetables, greens and beans, whole grains, dairy, total protein foods, seafood and plant protein, fatty acids, sodium, refined grains, added sugars, saturated fats)
- Diet quality (HEI-2015)
- Outcomes assessed at: Baseline, 6mo

Strategies Included in Intervention:

- Peripheral (Sensitivity level: Surface)
- Linguistic (Sensitivity level: Surface)
- Constituent involving (Sensitivity level: Both surface and deep)

Strategies Not Included or Described:

- Evidential
- Sociocultural

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Trude, 2018¹⁵⁷ RCT-Cluster, B'More Healthy Communities for Kids (BHCK), U.S. Analytic N = 509</p> <p>Study Setting: 30 predominately African American neighborhoods or "zones" of 'low income' in Baltimore, MD</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Urban African American youth from low-income households • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 97% African American • <u>SEP:</u> Education (caregiver): 18% < HS, 40% HS, 42% > HS; Income (caregiver): 24% \$0-10,000, 23% \$10-20,000, 18% \$20-30,000, 35% >\$30,000; Food; Assistance Participation: ~73% from a household that received SNAP, 22% households received WIC; Housing Arrangement: 11% living with family or other, 68% rented, 22% owned • <u>Health status:</u> 23% with overweight; 25% with obesity <p>Funding: Global Obesity Prevention Center at Johns Hopkins, NIH/NICHD; National Council for Scientific and Technological Development; DSM (Sight and Life Global Nutrition Research Institute)</p> | <p>Intervention: Intervention: Divided into three phases each lasting 2mo: 1.) healthier beverages 2.) healthier snacks 3.) healthier cooking methods. Healthier bevs: promoted alternatives to SSBs (lower-sugar fruit drinks, sugar-free drink mixes, zero-calorie flavored water, diet or low-sugar soda, and water). Healthier snacks: promoted low-fat and low-sugar alternatives to unhealthier snacks. Healthier cooking methods: promoted cooking ingredients such as low-sugar cereals, low-fat milk, 100% whole wheat bread, fresh/canned/frozen veg. These were implemented across all components (social media, small food stores, rec centers, youth leader, wholesaler, policy) and across all levels (individual, household, environmental, policy).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social ecological model; social cognitive theory • <u>Intervention Duration:</u> 6mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed control: received an abbreviated version of the intervention following completion</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Sugary beverages (total kcal), fruit punch (daily oz), % kcal from sweets, total sugar, total sodium, FV (cups/d), dietary fat (svg/d)) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Trude, 2019¹⁵⁸ RCT-Cluster, B'More Healthy Communities for Kids (BHCK), U.S. Analytic N = 516</p> <p>Study Setting: In-person, predominately African American neighborhoods or "zones" of 'low income' in Baltimore, MD</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American families with low income • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 96.6% African American • <u>SEP:</u> 70.8% received SNAP; ~22% received WIC • <u>Health status:</u> 49% of caregivers with overweight or obesity <p>Funding: Global Obesity Prevention Center at Johns Hopkins, NIH/NICHD; CDC</p> | <p>Intervention: Intervention zones (n=14): "healthy eating zones"; center point of zones is a rec center; multicomponent intervention involving policy (collaborations to sustain BHCK program elements and contribute to policy to improve food environment), wholesaler (aimed to increase access to healthier food by increasing stocking and sales of affordable healthy food from local wholesalers that supply corner stores and carryouts), rec center (youth-leader intervention involving 5-15min of instructional info followed by games, activities, taste tests, and cooking classes delivered in rec center bi-weekly with messaging and promotional media including videos and posters), corner store/carryout store (increase access to and demand for healthier food with food promotion including smart bevs, smart snacks, smarter cooking methods and during each phase, corner store owners were asked to stock at least 4 new healthy food options; at carryouts the healthier beverage was default, asked to provide healthier side dishes, use healthier cooking methods, and create a healthy combo meal on menu), adults/household (bi-directional SMS text messages based on participant requested frequencies and social media websites created and shared).</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social ecological model • <u>Intervention Duration:</u> 7mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed control: received an abbreviated version of the intervention following completion</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (FV intake (svg/d)) • <u>Outcomes assessed at:</u> Baseline, 1y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Tucker, 2017¹⁵⁹ RCT-Cluster, Health-Smart Church (HSC) Program, U.S. Analytic N = 70 (2 churches)</p> <p>Study Setting: Hispanic Catholic and Seventh Day Adventist churches in Bronx, NY</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic adults with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic/Latino • <u>SEP:</u> Income: \$20,000/y to \$39,000/y, median; Education: 67% HS or higher • <u>Health status:</u> 100% with overweight/obesity <p>Funding: PepsiCo</p> | <p>Intervention: HSC Intervention: 8wk program included 5 types of sessions that were each co-led by health empowerment coaches (HECs) that included 1) individual coaching from HECs on 4 health-smart behaviors (eating a healthy breakfast; eating food low in fat, sugar, sodium, and cholesterol; drinking water and other low/no sugar beverages; and engaging in physical activity); 2) viewing and discussing a family health self-empowerment/health-smart DVD; 3) Reviewing and discussing the Health-Smart Behavior Resource Guide; 4) Engaging in individual and group physical activity, 5) Provider and community member panel to address questions</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health Self-Empowerment Theory; CBPR Model • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC: delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, height, BMI) • CVD (SBP, DBP) • <u>Outcomes assessed at:</u> ~15 wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Tucker, 2017¹⁶⁰ NRCT, Health-Smart Church Program, U.S. Analytic N = 70</p> <p>Study Setting: Baptist churches in Bronx, NY</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Attendees of a Baptist, African American church (predominantly female) with overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Black • <u>SEP:</u> Education: 5.7% <HS, 34.3% HS or GED, 11.4% trade/technical school, 12.9% 2y college, 18.6% 4y college, 10.0% professional/graduate school; Annual HHI: 28.6% <\$20,000, 21.4% \$20,000-\$39,000, 11.4% \$40,000-\$59,000, 27.1% >\$59,000 • <u>Health status:</u> 100% with overweight or obesity <p>Funding: PepsiCo</p> | <p>Intervention: Intervention consisted of 1 goal setting session (individualized coaching), followed by 4 weekly 90min meeting sessions led by health empowerment coaches, and a provider and community member health panel given during the 6th and final week.</p> <p>Individualized coaching: Health empowerment coach reviewed top motivators and barriers of engaging in smart-health behaviors and helped participant identify 2 health-smart behavior goals to work to achieve.</p> <p>Family health self-empowerment DVD viewing and discussion: Participants watched a segment during weekly sessions and discussed as a group, facilitated by the health empowerment coaches.</p> <p>Health-smart behavior resource guide review and discussion: Each participant received a copy of the Health-Smart Behavior Resource Guide and discussed during sessions, led by health empowerment coaches.</p> <p>Individual and group physical activity: Participants asked to engage in 150min of moderate-to-intense physical activity each week, including group activity organized by health empowerment coaches.</p> <p>Provider and community member health panel: Participants asked health-related questions to volunteer panel of professionals and community members.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Health Self-Empowerment Theory • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: WLC: began the intervention after post-intervention data collection had occurred</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight) • CVD (SBP, DBP) • Diet quality (Healthy eating (subscale of HPLP II)) • <u>Outcomes assessed at:</u> Baseline, 11wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Tucker, 2023¹⁶¹ NRCT, La Vida Buena, U.S. Analytic N = 164</p> <p>Study Setting: In-person at a federally-qualified health center in Santa Cruz County, AZ (bordering Mexico)</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic children living in a rural county along U.S. Mexico border • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Hispanic • <u>SEP:</u> Participant-specific details NR; county is designated as a Health Professional Shortage Area; nearly 25% of residents live below 100% of federal poverty level and more than 33% of children live in poverty • <u>Health status:</u> Mean BMIZ: ~1.4 <p>Funding: U.S. Department of HHS, Office of Minority Health</p> | <p>Intervention: La Vida Buena program: 8-weekly 1-h sessions with children and their caregivers led by CHWs; Each session included 20min of interactive learning facilitated by a CHW, 20min of play-based physical activity facilitated by a teen health facilitator, and 10min of healthy food preparation and discussion. The program connected participants with community resources for nutrition and physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Socioecological framework, CBPR • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Received a single education session with no physical activity session. Comparison group drawn from satellite clinic in neighboring community.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ) • Dietary intake (Portions/d of: Fruit and vegetables, simple carbohydrates) • Change in consumption of: FV, simple CHO, junk food) • <u>Outcomes assessed at:</u> Baseline, 3mo, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Turner-McGrievy, 2023¹⁶² RCT-Parallel, Nutritious Eating with Soul (NEW Soul), U.S. Analytic N = 100</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: In-person in a university teaching kitchen in Columbia, SC, and via online videoconferences</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: African American adults (predominantly female) with overweight or obesity • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 100% African American • SEP: Education: 26% HS or equivalent or some college, 34% college graduate, 40% advanced degree; Occupation: 74% employed for wages, 12% self-employed, 9% retired; Food security: 86% food secure • Health status: All with overweight or obesity (inclusion criteria); Mean BMI: 36.9 kg/m²; 11% on medication for lipids/high cholesterol; 35% on medication for BP or hypertension <p>Funding: NIH/NHLBI</p> | <p>Intervention: All participants (vegan and omni groups) attended weekly group-based classes for 6mo, biweekly for 6mo, and monthly for 12mo. Sessions were structured with SMART goal discussion, successes and challenges from previous week, presentation of a nutrition topic, cooking demonstration, physical activity or stress management activity, and setting of the next week's SMART goal. Sessions were based on the DPP. At 6mo, participants were provided with a study website to access materials and recordings and a private Facebook group; at 12mo, biweekly podcasts and newsletters were available.</p> <p>Vegan group: asked to consume a diet from whole plant foods (FVs, legumes, whole grains, nuts and seeds) and limit processed fats (e.g., margarine) and oils in favor of whole plant fat sources (e.g., nuts, seeds, and avocados) and avoid all meat, fish, poultry, eggs, and dairy.</p> <ul style="list-style-type: none"> • Theoretical framework(s): Social Cognitive Theory • Intervention Duration: 24mo • Community Involvement in Intervention Design: No/NR <p>Comparator: Omni group: Received same standard intervention but with a different diet prescription focused on a omnivore's plan. Recommendations were based on Therapeutic Lifestyle Change diet including limiting meat (5 oz [140 g] of lean meat per day) and eggs (2 yolks per week) and emphasized low-fat dairy, fish, fruits, vegetables, legumes, and whole grains.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight change, total percentage body fat, total tissue percentage fat, total lean mass, WC, HC) • CVD (Change in HDL-C, LDL-C, TG, SBP, DBP) • T2D (Change in glucose, insulin) • Energy intake • Outcomes assessed at: Baseline, 3mo, 6mo, 12mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Van Name, 2016¹⁶³ RCT-Parallel, U.S. Analytic N = 122</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Community health center and local school</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly Hispanic females with prediabetes attending a community health center serving a population with low-income • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 8% African American, 90% Hispanic, 2% Non-Hispanic Caucasian • <u>SEP:</u> 90% of population served by community health center with annual income <100% of the federal poverty level • <u>Health status:</u> All with prediabetes. Mean BMI = 35.3 kg/m² <p>Funding: Donaghue Program for Research Leadership, Fair Haven Community Health Center, NIH</p> | <p>Intervention: An intensive lifestyle intervention modified from the NIDDK DPP. Consisted of a family-centered 14wk group program. Participants attended a 1h lifestyle class 1 evening/wk, focusing on healthy food choices, behavior change, and weight loss. Group exercise classes (1h) led by a trainer occurred 2-3 nights/wk. Participants encouraged to attend with family members, including children and babies; a parallel program of play-based physical activity for children/adolescents and child care for the youngest children were offered simultaneously.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Usual care (follow-up care with primary care provider, one-time diabetes prevention counseling, and offer for follow-up dietary counseling) and subsequently offered entry into the intensive lifestyle intervention program after study completion</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, % body fat, WC) • CVD (SBP, DBP, LDL-C, HDL-C, TG) • T2D (Fasting glucose, fasting insulin, HOMA-IR, HbA1C) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Vincent, 2014¹⁶⁴ RCT-Cluster, Un Estilo De Vida Saludable (EVS; "healthy lifestyle"), U.S. Analytic N = 33</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Church community rooms in Tucson metropolitan area</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Spanish-speaking adults of Mexican-origin with overweight at risk for diabetes • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Mexican origin • <u>SEP:</u> Education: mean 11y; Income: 56.9% ≤\$20,000, 1.7% >\$50,000 • <u>Health status:</u> All with overweight (BMI ≥25 kg/m²), American Diabetes Association risk assessment score ≥10, and casual blood glucose 100-183 mg/dL <p>Funding: NIH/NIDDK</p> | <p>Intervention: EVS intervention was 5mo long program consisting of an intensive phase (8 weekly 2h sessions) followed by a maintenance phase (3 monthly 1h sessions) which adopted the goals of the DPP (weight loss and increased physical activity). Sessions were delivered by bilingual/bicultural promotora and activities/materials included: educational handouts, step counters, fotonovela episodes, presentations, cooking demonstrations and meal sharing, short informal discussions.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social cognitive theory • <u>Intervention Duration:</u> 5mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Attention control: 5mo of educational sessions (8 weekly 2h sessions, followed by 3 monthly 1h sessions) providing information on health promotion and disease prevention for several chronic and/or common conditions affecting adults such as cancer prevention and insomnia (but excluding diabetes). Sessions were delivered by a bilingual/bicultural nurse.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WC, BMI) • Dietary intake (Fat frequency score, fruit and vegetable) • Diet-related psychosocial factors (Diet self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 8wk, 5mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Vivian, 2013¹⁶⁵ RCT-Parallel, UNITY study, U.S. Analytic N = 46</p> <p>Study Setting: Community (rec centers, Catholic church) of middle and high-school students in Madison, WI</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American and Latino American youth with overweight/obesity • <u>Life stage:</u> Children, Adolescents • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 12% Native American, 25% African American, 81% Hispanic, 4% White, 12% Multicultural; 47% no response • <u>SEP:</u> 80% from single-parent household • <u>Health status:</u> 100% overweight/obesity (84% obesity, 16% overweight) and at risk for diabetes <p>Funding: NIH/NCATS</p> | <p>Intervention: Intervention group, n=36: consisted of 1) peer support program led by volunteer youths who have diabetes or at risk for diabetes; 2) physical activity classes which were held 3 x/wk after school hours at the Boys & Girls Club and the Catholic Multicultural Center for youth; and 3) monthly family night sessions which covered culturally appropriate management skills focused on healthy eating and physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control group, n=20: received educational materials regarding healthy eating and physical activity by US mail each month of the study</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, height, BMIZ; WC) • CVD (TG; LDL-C; HDL-C) • T2D (FBG; Insulin; HbA1C) • <u>Outcomes assessed at:</u> Baseline, 52wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Wieland, 2018¹⁶⁶ RCT-Parallel, The Healthy Immigrant Families (HIF) project, U.S. Analytic N = 103</p> <p>Study Setting: In-person home visits and f/up telephone calls in 3 immigrant communities in Rochester, MN</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic, Somali, or Sudanese families • <u>Life stage:</u> Adolescents, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 49% Somali (adolescents); 34% Somali (adults); 5% Sudanese (adolescents); 4% Sudanese (adult), 46% Hispanic (adolescent); 61% Hispanic (adult) • <u>SEP:</u> Education: 48% ≤8th grade; 40% HS graduation; 54% unemployed; 36% mean annual family income \$0-\$9,999 • <u>Health status:</u> Adolescent BMI, mean (SD): 23.8 (5.4) kg/m²; Adult BMI, mean (SD): 30.2 (6.8) kg/m²; 48% of adults with obesity; 54% of adolescents with normal weight <p>Funding: NIH/NHLBI/NCATS; Mayo Clinic</p> | <p>Intervention: Healthy Immigrant Families (HIF): Intervention was delivered by family health promoters including 12 home visits (~30-90min) over 6mo followed by ~15min phone calls every 2wks (up to 12) during the following 6mo. There were 12 content modules - 6 for healthful eating, 4 for PA, 2 to synthesize and reinforce content. Newsletters were written to underscore the central messages of each module. At each visit family health promoters assessed content knowledge and current behaviors, delivered info, engaged in activity, discussed barrier/solutions and engaged in individual and family goal setting.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social Cognitive Theory • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention (up to 4x contacts to express appreciation for ongoing participation during intervention)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, WC, Overweight/obesity) • CVD (SBP, DBP) • Diet quality (HEI-2010) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo, 24mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential |

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| <p>Wilcox, 2007¹⁶⁷ RCT-Cluster, Health-E-AME Faith-Based Physical Activity Initiative, U.S. Analytic N = 418 (1y), 316 (2y)</p> <p>Study Setting: AME churches in South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> AME churches • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African-American • <u>SEP:</u> NR in this article; Baseline data from Wilcox, 2007: Income \$25,000/y or less ~36%, \$50,000/y or more 24%; Education: ~46% some college or more (Wilcox, 2007) • <u>Health status:</u> NR in this article; Baseline data from Wilcox, 2007: Obesity ~42%, Overweight 34%; hypertension 53%, Diabetes 25%, High cholesterol 32%, CVD 9%, Cancer 5% <p>Funding: CDC</p> | <p>Intervention: Health-E-AME Intervention included: sample messages added to sermons, bulletin boards and inserts, health fairs and announcements; an adapted exercise CD for worksites and faith-based settings; encouraged to set policy for healthy food options and including physical activity at church events; an 8-wk volunteer-led program with facilitator guide, participant handouts; 3 action-oriented programs: praise aerobics, chair exercises, and walking programs; program promotion and visibility involved quarterly newsletters sent to churches and church leaders, special events in the community, and media outlet interaction. The Health-e-AME website was expanded to include PA content.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social ecological model; Transtheoretical model; CBPR • <u>Intervention Duration:</u> 24mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention, n=133</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • Dietary intake (Fruit and vegetable intake) • <u>Outcomes assessed at:</u> Baseline, 1y, 2y | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Wilcox, 2013¹⁶⁸ RCT-Cluster, Faith, Activity, and Nutrition (FAN), U.S. Analytic N = 773 (70 churches)</p> <p>Study Setting: AME churches in South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • Population description: Church-going African American adults (predominantly female and with overweight/obesity) • Life stage: Adults • Gender: Both Males and Females • Race and/or ethnicity: 99.4% African American/Black, 0.4% White, 0.2% Other • SEP: Education: 10.3% <HS, 32.2% HS graduate, 29.5% some college, 28.0% college graduate • Income: 42.7% \$0-\$29,999, 36.6% \$30,000-\$59,999, 20.7% ≥\$60,000; 57.7% employed for wages • Health status: 27.1% with overweight, 61.8% with obesity; 64.7% with hypertension, 39.7% with high cholesterol <p>Funding: NIH/NHLBI</p> | <p>Intervention: Churches asked to implement physical activity and healthy eating activities that targeted 4 structural factors: availability and accessibility, physical structures, social structures, and cultural and media messages. Core activities to implement included bulletin inserts, sharing messages from the pulpit, passing out educational materials, creating a Faith, Activity, and Nutrition (FAN) Program bulletin board with suggested physical activity and healthy eating policy/practices that the pastor could set.</p> <p>Each church formed a FAN committee that attended an 8h training to help facilitate structural change and develop organizational capacity. Committee assessed current church activities and selected ways to address, enhance or expand them; then, they developed a formal action plan and received a stipend to assist with implementation. Each church had 2 individuals attend a cooks' training on the DASH diet plan. Committees/pastors received monthly mailings that focused on physical activity or healthy eating, and highlighted a health behavior change strategy and a health condition related to inactivity or diet. Mailings included incentives that promoted messages, handouts supporting FAN goals, tools for cooks (e.g., recipes); pastor mailings included motivational information, goal of the month, and activity for the pastor to try.</p> <ul style="list-style-type: none"> • Theoretical framework(s): Structural ecologic model, Social cognitive theory, CBPR • Intervention Duration: 15mo • Community Involvement in Intervention Design: Yes-High <p>Comparator: Delayed intervention: received the intervention after 15mo period</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • CVD (SBP, DBP) • Dietary intake (Fruit and vegetables, fat-related behaviors, fiber-related behaviors) • Outcomes assessed at: Baseline, 15mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Wilcox, 2018¹⁶⁹ RCT-Cluster, Faith, Activity, and Nutrition (FAN), U.S. Analytic N = 1,308 (54 churches)</p> <p>Study Setting: AME churches in a rural, medically underserved county in South Carolina</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly African American adults attending church in a rural, medically-underserved county • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 91.4% African American, 7.3% White, 1.3% more than one race or other • <u>SEP:</u> 90.6% ≥ HS graduate; 23.4% ≥ Bachelor's degree • <u>Health status:</u> 50.3% with obesity; 19.2% "poor or fair" self-rated health; 55% with hypertension; 24% with diabetes <p>Funding: CDC</p> | <p>Intervention: Intervention churches implemented a core set of activities: distribute bulletin inserts or handouts, share messages during worship services, distribute educational materials, create a FAN bulletin board to display materials to congregants, and suggest guidelines/policies that the pastor could engage in for increasing physical activity (PA) and healthy eating (HE, i.e., fruit and vegetable intake). Each church received an assessment and planning guide (interactive workbook) along with a binder of resources and materials (also provided via a flash drive) to support program implementation. Each attendee received a pedometer with encouragement to be a role model for members.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Dissemination and implementation (D&I); Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) framework; structural model of health behavior; Consolidated Framework for Implementation Research • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Delayed intervention</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • Dietary intake (Fruit and vegetable intake) • Diet-related psychosocial factors (Fruit and vegetable self-efficacy) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Linguistic |

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| <p>Wilson, 2022¹⁷⁰ RCT-Parallel, Families Improving Together (FIT) for Weight Loss, U.S. Analytic N = 241</p> <p>Study Setting: In-person and online in Columbia, SC</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American adolescents with overweight or obesity and their caregivers • <u>Life stage:</u> Adolescents, Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> Parent Education: 2.5% 9-11y, 13.7% 12y, 41.1% with some college, 22.0% with 4y college, 22.8% with Professional; Parent Annual Income: 14.9% with <\$10,000, 20.7% with \$10,000-\$24,000, 26.6% with \$25,000-\$39,000, 12.9% with \$40,000-\$54,000, 8.7% with \$55,000-\$69,000, 5.0% with \$70,000-\$84,000, 10% with ≥\$85,000 • <u>Health status:</u> All with overweight or obesity (≥ 85th percentile for age and sex); Adolescent BMI percentile: ~96.5%; Parent BMI: ~37.5 kg/m² <p>Funding: NIH/NICHD/NIGMS</p> | <p>Intervention: Dyads were randomized to one of two groups: motivational plus family weight loss program (M+FML) in-person intervention or comprehensive health education (CHE) in-person group, which met in-person weekly for 8wk. Dyads were then rerandomized into one of two online programs: tailored intervention or online comparison group.</p> <p>M+FML in-person: families met weekly for 1.5h in groups to discuss topics like positive parenting and communication skills, self-monitoring and goal setting, energy balance and portion sizes, PA, sedentary behavior, and relapse prevention. Parents and adolescents received personalized daily calorie goals. Family bonding activities were part of each session and families received individualized feedback each week.</p> <p>FIT online intervention: targeted at increasing parenting strategies and action plans to assist adolescents with weekly goals. Survey responses from both caregiver and adolescent were used to tailor online program on constructs including cultural factors, personal values, motivation, parent communication style, and current and past adolescent health behaviors. Online content focused on energy balance, fast food, FV, PA, time spent sitting, and sweet drinks.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Family Systems Theory, Social Cognitive Theory, Self-Determination Theory • <u>Intervention Duration:</u> 4mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: CHE in-person program: took place weekly for 8wk and covered topics including stress management, diabetes, hypertension, cancer, media literacy, metabolism, positive self-concept and sleep and did not include parenting skills or behavior components.</p> <p>CHE online program: sessions were not tailored and covered topics including tobacco prevention, social media, bullying and peer relationships, oral hygiene, nutrition, depression, sleep and family stress.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMIZ (adolescents), BMI (parents)) • Dietary intake (Fruit and vegetable consumption, total fat intake) • Energy intake • <u>Outcomes assessed at:</u> Baseline, 8wk (except dietary data), 16wk, 6mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Witmer, 2004¹⁷¹ RCT-Parallel, Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN); Traditions of the Heart, U.S. Analytic N = 57</p> <p>Study Setting: In-person at Anchorage Native Primary Care Center in Anchorage, AK</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Alaska Native and American Indian women • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% Alaska Native and American Indian • <u>SEP:</u> NR • <u>Health status:</u> NR <p>Funding: CDC</p> | <p>Intervention: Intervention (n=27): 12 weekly, 2-h educational sessions including taste testing of recipes from intervention cookbook and three goal setting sessions. The intervention was based and adapted on NC WISEWOMEN "A New Leaf...Choices for Healthy Living" (manual and cookbook components) program and The Native Nutrition Circles (culturally appropriate format) program developed by CAIRE, the intervention for this study called Traditions of the Heart was developed. Measurements and questionnaires for intervention group were taken at sessions 1 and 12.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 3mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Delayed Intervention (n=30): (no details provided on timing)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI) • CVD (LDL-C, HDL-C, SBP, DBP) • Dietary intake (Total nutrition score) • Diet-related psychosocial factors ([Confidence to eat more than 5 FV/day, stage of change in heart-healthy eating (*intervention participants only)]) • <u>Outcomes assessed at:</u> Baseline, 1wk, 12wk, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential • Linguistic |

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| <p>Woods, 2013^{1/2} RCT-Cluster, Living Well by Faith, U.S. Analytic N = 96 (5 churches)</p> <p>Study Setting: Churches in Denver, CO</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Church-going African American adults (predominantly female) • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 90% African American • <u>SEP:</u> 80% some college or above; 40% with total family income >\$65,000; 88% with health insurance • <u>Health status:</u> NR <p>Funding: NIH/NHMID</p> | <p>Intervention: Intervention consisted of twice weekly sessions delivered at churches for 8 wk. Each 90min session included diet, nutrition, and physical activity content delivered by dietitians and certified fitness specialists. Individualized wellness plans were developed in collaboration with participants and informed by baseline assessments; 2-3 high priority objectives were identified, as well as an action plan to achieve these objectives. Print materials and homework assignments were given to reinforce the program, and participants were given resistance bands and a pedometer as part of the home-based exercise program. Participants worked with a buddy on several homework assignments. Each class began with discussion of homework assignments, followed by educational topic, and ended with 30 min of physical activity.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: Minimal intervention: Single 90min session educational workshop at church, where basic information was provided about diet, nutrition, exercise, and cancer screening. Session also included an exercise demonstration of the home-based program provided by a fitness specialist, as well as distribution of the same print materials, pedometer, and resistance band.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, % body fat) CVD (SBP, DBP) • <u>Outcomes assessed at:</u> Baseline, 2mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Linguistic • Sociocultural |

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| <p>Wright, 2012^{1/3} RCT-Cluster, Kids Health Research Study, U.S. Analytic N = 305 (5 schools)</p> <p>Study Setting: Elementary schools that are underserved in Los Angeles, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Hispanic/Latino children with low-income and overweight or obesity • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> ~2% Black or African American, ~96% Hispanic/Latino; ~95% Mexican/Mexican American, ~2% Other • <u>SEP:</u> Parent education: ~44% 1st-8th grade; ~17% 9th-11th grade; ~35% grade 12 or GED; ~5% college 1-4y; Parent income: ~59% \$0-\$15,000; 41% \$15-25,000 • <u>Health status:</u> mean BMI: 21.6 (6.5) kg/m²; mean BMIZ: 2.3 (05) <p>Funding: NIH/NIMHD, Robert Wood Johnson Foundation</p> | <p>Intervention: Kids N Fitness (KNF): 6wk of 90min sessions with three components: 1) 45 min. of PA while parents were taught about obesity, healthy lifestyle importance, and participated in a support group, 2) 45 min. of nutrition education/behavior modification that focused on improving drink choices, lowering dietary fat intake, decreasing total calories via portion size reduction delivered after exercise with parents, and 3) family involvement. At the environmental-level, schools provided students with full physical exam and offered psychological counseling. A School Health Advisory Council was established to recommend wellness policies including staff and admin training on health promotion and parent were provided with a bi-monthly newsletter on activities.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: General Education schools/participants: participated in standard physical activity program given by schools and did not receive any physical, nutrition education, or school-based environmental activities.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMIZ) • Dietary intake (French fries/chips, vegetables, beans, fruit, 100% fruit juice, sweets (x/d)) • Diet-related psychosocial factors (Food intentions, self efficacy) • <u>Outcomes assessed at:</u> Baseline, 4mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Wright, 2013¹⁷⁴ RCT-Cluster, Kids Health Research Study , U.S. Analytic N = 251 (5 schools)</p> <p>Study Setting: Elementary schools that are underserved in Los Angeles, CA</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Students with overweight at underserved, elementary schools in the inner city (predominately Hispanic/Latino) • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 2.3% Black or African American, ~94% Hispanic Latino; ~98% Mexican/Mexican American (child) • <u>SEP:</u> Parental Education: ~44% grades 1-8th; ~35% grade 12 or GED; Parent Income: ~59% 0-\$15,000/y, ~42% \$15-\$25,000/y • <u>Health status:</u> 100% with overweight (BMI >85th percentile) <p>Funding: NIH/NCMHD Loan Repayment Program, Robert Wood Johnson Foundation</p> | <p>Intervention: Kids N Fitness (KNF): 6wk of 90min sessions with three components: 1) 45 min of PA while parents were taught about obesity, healthy lifestyle importance, and participated in a support group, 2) 45 min of nutrition education/behavior modification that focused on improving drink choices, lowering dietary fat intake, decreasing total calories via portion size reduction delivered after exercise with parents, and 3) family involvement. At the environmental-level, schools provided students with full physical exam and offered psychological counseling. A School Health Advisory Council was established to recommend wellness policies including staff and admin training on health promotion and parent were provided with a bi-monthly newsletter on activities.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> CBPR • <u>Intervention Duration:</u> 1.5mo • <u>Community Involvement in Intervention Design:</u> Yes-High <p>Comparator: General Education schools/participants: received standard PA program given by schools without any physical or nutrition education.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, BMIZ, WC) • <u>Outcomes assessed at:</u> Baseline, 4mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Yancey, 2006¹⁷⁵ RCT-Parallel, Fight Cancer with Fitness!, U.S. Analytic N = 261</p> <p>Study Setting: Community health club</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> African American female adults with obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Females • <u>Race and/or ethnicity:</u> 100% African American • <u>SEP:</u> ~15 y education, ~\$40,000-\$59,000 HHI • <u>Health status:</u> Mean BMI ~30 kg/m² <p>Funding: NIH/NCI</p> | <p>Intervention: Fitness intervention included: 8 weekly, 90 min interactive group sessions including exercise instruction facilitated by project staff; Skills training in a balanced regular exercise regimen, nutrition education promoting a low-fat, complex carbohydrate-rich diet emphasizing cancer-preventive benefits of fruit and vegetables; Interviews by a dietitian about food intake up to 4 times during the intervention and given feedback on quality and adequacy; Instruction in lifestyle integration of physical activities and each participant was encouraged to invite 1 close female relative or friend to accompany them during post-intervention use of health club facilities; free gym membership.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Social ecological model • <u>Intervention Duration:</u> 2mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Knowledge intervention included: 8 weekly, 90 min interactive group sessions on current African American women's health topics without the external social support component and free gym membership.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (BMI, weight, BIA, WC, WHR) • <u>Outcomes assessed at:</u> Baseline, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Evidential (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Linguistic • Sociocultural |
| <p>Yeh, 2016¹⁷⁶ RCT-Parallel, U.S. Analytic N = 58</p> <p>Modeled from Diabetes Prevention Program (DPP)</p> <p>Study Setting: Community site that could accommodate an exercise program</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Chinese adults with prediabetes and overweight/obesity • <u>Life stage:</u> Adults • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 100% Chinese • <u>SEP:</u> NR • <u>Health status:</u> All with prediabetes (HbA1C 5.7-6.4%) and BMI ≥23 kg/m² <p>Funding: NIH/NIDDK/NCATS</p> | <p>Intervention: Modified DPP consisting of 12 bi-weekly core sessions and 6 monthly follow-up sessions conducted in Chinese (Mandarin or Cantonese) by trained lifestyle coaches; each session lasted 1.5-2 h.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> NR • <u>Intervention Duration:</u> 12mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control group (content NR)</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, BMI, % body fat, WC) • CVD (HDL-C, LDL-C, TG, SBP, DBP) • T2D (HbA1C, FBG) • <u>Outcomes assessed at:</u> Baseline, 6mo, 12mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Evidential (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Both surface and deep) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
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| <p>Yin, 2012¹⁷⁷ NRCT, Miranos! Look at Us, We Are Healthy!, U.S. Analytic N = NR</p> <p>Study Setting: In-person in Head Start centers in San Antonio, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly Mexican-American preschool children enrolled in Head Start • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 90% Hispanic • <u>SEP:</u> NR • <u>Health status:</u> NR <p>Funding: San Antonio Life Sciences Institute, International Life Sciences Institute Research Foundation</p> | <p>Intervention: Center-based intervention: Teacher training on intervention activities and content; Intervention was focused on gross motor skills development during outdoor play (30-45min) using structured play activities for 15-20min and teacher remained engaged with children during free play (activities included activity cards, equipment, and age-appropriate movement music CDs and DVDs). Additional 15-20min of PA was encouraged during recess and class transitions. Supplemental classroom activities based on a 9 modules (2wks/module) of the Sesame Street workshop, Healthy Habits for Life (bilingual) and movement music CDs + 16 storybooks on nutrition and PA. Food tastings and contests were conducted to promote healthy eating during lunch and snacks. Parents received eight bilingual newsletters about activities at center and tips to use at home</p> <p>Center-based + home-based intervention: In addition to the center-based activities, one center engaged 7 parents who were trained as peer educators to deliver educational series on obesity prevention to other center parents/guardians during dismissal including six poster sessions lasting 5-10min and included visiting posters on obesity, PA, nutrition guidelines, at-home strategies, interaction with peer educators, completed a worksheet, and received a take-home bag.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Theories of childhood development and systems approach • <u>Intervention Duration:</u> 4.5mo • <u>Community Involvement in Intervention Design:</u> No/NR <p>Comparator: Comparison center: received intervention materials and implementation training upon completion of study</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, WAZ; BMIZ for age and gender) • Dietary intake (Dietary behaviors) • <u>Outcomes assessed at:</u> Baseline, 18wk | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Peripheral • Evidential • Sociocultural |

| Study and Population Characteristics | Intervention, Comparator, and Outcome(s) | Intervention Strategies and Degree of Cultural Sensitivity |
|---|--|---|
| <p>Yin, 2022¹⁷⁸ RCT-Cluster, ¡Míranos! Look at Us, We Are Healthy!, U.S. Analytic N = 325 (12 centers)</p> <p>Study Setting: Head Start centers and homes, San Antonio, TX</p> <p>Participant Characteristics:</p> <ul style="list-style-type: none"> • <u>Population description:</u> Predominantly Latino children enrolled in Head Start • <u>Life stage:</u> Children • <u>Gender:</u> Both Males and Females • <u>Race and/or ethnicity:</u> 7% Non-Latino/Hispanic African American, 87% Latino, 7% Other • <u>SEP:</u> Education (mother): 11% < HS, 44% HS/GED, 35% college or technical school degree • <u>Health status:</u> 68% children with BMI ≤85th percentile, 15% with overweight, 17% with obesity <p>Funding: NIH/NIDDK</p> | <p>Intervention: Center-based intervention (4 sites): modification of center PA and nutrition policies, modified meal patterns, enhanced PA and gross motor program, supplemental classroom health education for children, and a voluntary staff wellness program.</p> <p>Center+Home-based intervention (4 sites): monthly peer-led obesity prevention parent education sessions and take-home bags, family newsletters containing healthy recipes and community PA and nutrition resources, family health challenges, and 3 home visits conducted by Head Start family service workers. Trained peer educators delivered eight 15-20min monthly education sessions in a designated hallway or room during child pick-up time using wall posters and live demonstrations to promote expert recommendations and evidence-based strategies related to child energy balance related behaviors (EBRBs). Activities in the center+home-based intervention were synchronized so that children were exposed to the same messages at the center and at home.</p> <ul style="list-style-type: none"> • <u>Theoretical framework(s):</u> Socioecological model, child development theory, social learning theory • <u>Intervention Duration:</u> 8mo • <u>Community Involvement in Intervention Design:</u> Yes-Some <p>Comparator: Control centers (4 sites): active control; implemented the Head Start-endorsed PA and nutrition program, "I Am Moving, I Am Learning." Parents were invited to participate in a 6-session, nutrition-themed literacy education program supported by a local grocery chain.</p> <p>Outcomes and Assessment Timing:</p> <ul style="list-style-type: none"> • GBCO (Weight, height, BMI, BMIZ, BMI percentile, WAZ) • <u>Outcomes assessed at:</u> Baseline, 8mo, 21mo | <p>Strategies Included in Intervention:</p> <ul style="list-style-type: none"> • Peripheral (Sensitivity level: Surface) • Linguistic (Sensitivity level: Surface) • Constituent involving (Sensitivity level: Surface) • Sociocultural (Sensitivity level: Deep) <p>Strategies Not Included or Described:</p> <ul style="list-style-type: none"> • Evidential |

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- vegetable consumption on African-American adult caregivers. *Public Health Nutr.* May 2019;22(7):1300-1315. doi:10.1017/S1368980018003038. Epub 2018 Nov 22.
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165. Vivian EM, Colbert LH, Remington PL. Lessons Learned from a Community Based Lifestyle Intervention for Youth at Risk for Type 2 Diabetes. *J Obes Weight Loss Ther.* Sep 13 2013;1doi:10.4172/2165-7904.1000191.
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178. Yin Z, Liang Y, Howard JT, et al. ¡Míranos! a Comprehensive Preschool Obesity Prevention Program in Low-Income Latino Children: One-year Results of a Clustered Randomized Controlled Trial. *Public Health Nutr*. Nov 11 2022:1-26. doi:10.1017/S1368980022002439.

Appendices

Appendix 1: Abbreviations

Table A 1. List of abbreviations

| Abbreviation | Full name |
|---------------------|---|
| HHS | United States Department of Health and Human Services |
| NESR | Nutrition Evidence Systematic Review |
| NRCT | Non-randomized controlled trial |
| RCT | Randomized controlled trial |
| USDA | United States Department of Agriculture |

Appendix 2: Literature search strategy

NESR evidence scans use streamlined search methods to obtain an estimate of the volume and characteristics of evidence available in an efficient way.* In this evidence scan, several steps were taken to streamline the search:

- Search limited to one database (PubMed);
- Racial groups were named in the search string, but specific ethnic groups were not; and,
- Included results needed to include both a term related to culture or community and a minoritized people group.

These steps mean that the search is not inclusive of *all* possible results, but rather an overview of the distribution and characteristics of the body of evidence.

Database: PubMed

Provider: U.S. National Library of Medicine

Date(s) Searched: January 30, 2024

Dates Covered: January 1, 1980 – September 30, 2023

Table A 2. Search for PubMed

| Search # | Concept | String |
|----------|-----------------------------------|---|
| #1 | Culturally tailored interventions | ((Cultur*[tiab] OR communit*[tiab]) AND ("Health Disparate, Minority and Vulnerable Populations"[Mesh:NoExp] OR "Racial Groups"[MeSH] OR "Asian People"[MeSH] OR "African People"[MeSH] OR "Caribbean People"[MeSH] OR "Central American People"[MeSH] OR "Middle Eastern and North Africans"[MeSH] OR "Oceanians"[MeSH] OR "South American People"[MeSH] OR ".Ethnicity"[MESH] OR Race[tiab] OR racial*[tiab] OR ethnic*[tiab] OR African American*[tiab] OR Asian*[tiab] OR Pacific Islander*[tiab] OR black[tiab] OR blacks[tiab] OR Hispanic*[tiab] OR Latina*[tiab] OR Latino*[tiab] OR Latinx[tiab] OR Caribbean[tiab] OR AfroCaribbean[tiab] OR AfroLatin*[tiab]OR Arab[tiab] OR multiethnic[tiab] OR multiracial[tiab] OR sociodemographic*[tiab] OR socio demographic*[tiab] OR underserved[tiab] OR under-served[tiab] OR underrepresented[tiab] OR under-represented[tiab] OR American Indian*[tiab] OR Native American*[tiab] OR Alaska Native*[tiab] OR Native Alaskan*[tiab] OR Hawaiian Native*[tiab] OR Native Hawaiian*[tiab] OR "Health Services, Indigenous"[Mesh] OR Nunavut[tiab] OR Aborigin*[TIAB] OR indigene*[tiab] OR indigenous*[tiab] OR tribe*[tiab] OR tribal*[tiab] OR autochtone*[tiab] OR eskimo*[tiab] OR Esquimau*[tiab] OR "first nation*" [tiab] OR "first people*" [tiab] OR "indian band"[tiab:~1] OR "band council"[tiab:~1] OR Inuit[tiab] OR Innuit*[TIAB] OR Inuk*[tiab] OR Inupiat*[tiab] OR Pima[tiab] OR metis[tiab] OR "Mixed-blood*" [tiab] OR "Original people*" [tiab] OR Amerind*[tiab] OR ((indian[tiab] or indians[tiab]) AND (Canad*[tiab] OR America*[tiab] OR urban[tiab] OR reservation*[tiab]))) OR "food sovereignty"[tiab] OR "food ways"[tiab] OR "traditional food"[tiab:~1] OR "traditional foods"[tiab:~1] OR "country food*" [tiab]) |

* USDA Nutrition Evidence Systematic Review Branch. Chapter 9: Evidence Scans. In: USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: <https://nesr.usda.gov/methodology-overview>

| Search # | Concept | String |
|----------|-----------------------------------|--|
| #2 | Dietary intake | ("dietary pattern"[tiab] OR "diet pattern"[tiab] OR "eating pattern"[tiab] OR "food pattern"[tiab] OR "diet quality"[tiab] OR "dietary quality"[tiab] OR "diet variety"[tiab] OR "dietary variety"[tiab] OR "varied diet"[tiab] OR "dietary guideline"[tiab] OR "dietary recommendation"[tiab] OR "dietary intake"[tiab] OR "eating style"[tiab] OR "Diet, Mediterranean"[Mesh] OR "Mediterranean Diet"[tiab] OR "Dietary Approaches To Stop Hypertension"[Mesh] OR "Dietary Approaches To Stop Hypertension Diet"[tiab] OR "DASH diet"[tiab] OR "Diet, Gluten-Free"[Mesh] OR "Gluten Free diet"[tiab] OR "prudent diet"[tiab] OR "Diet, Paleolithic"[Mesh] OR "Paleolithic Diet"[tiab] OR "Diet, Vegetarian"[Mesh] OR "vegetarian diet"[tiab] OR "vegan diet"[tiab] OR "Diet, Healthy"[Mesh] OR "healthy diet"[tiab] OR "plant based diet"[tiab] OR "Diet, Western"[Mesh] OR "western diet"[tiab] OR "Nordic Diet"[tiab] OR "Okinawan diet"[tiab] OR "Diet, Fat-Restricted"[Mesh] OR "Diet, High-Fat"[Mesh] OR "high-fat diet"[tiab] OR "low fat diet"[tiab] OR "Diet, Sodium-Restricted"[Mesh] OR "low-sodium diet"[tiab] OR "low salt diet"[tiab] OR ("Guideline Adherence"[Mesh] OR "guideline adherence"[tiab])AND (diet[tiab] OR dietary[tiab] OR food[tiab] OR beverage*[tiab] OR nutrition*[tiab])) OR "diet score"[tiab] OR "diet quality score"[tiab] OR "diet quality index"[tiab] OR "diet quality indices"[tiab] OR kidmed[tiab] OR "diet index"[tiab] OR "diet indices"[tiab] OR "dietary index"[tiab] OR "dietary indices"[tiab] OR "food score"[tiab] OR MedDietScore[tiab] OR "healthy eating index"[tiab] OR "healthy eating indices"[tiab]) |
| #3 | Alignment with dietary guidelines | "Guideline Adherence"[Mesh] OR HEI[tiab] OR "healthy eating index"[tiab] OR "dietary guideline"[tiab] OR "nutrition guideline"[tiab] OR "nutritional guideline"[tiab] OR "dietary recommendation"[tiab] OR "dietary consumption"[tiab] OR "diet score"[tiab] OR "diet index"[tiab] OR "diet indices"[tiab] OR "dietary index"[tiab] OR "dietary indices"[tiab] OR "food score"[tiab] OR "dietary pattern"[tiab] OR "diet pattern"[tiab] OR "eating pattern"[tiab] OR "food pattern"[tiab] OR "diet quality"[tiab] OR "dietary quality"[tiab] OR "Healthy diet"[tiab] OR kidmed[tiab] OR MedDietScore[tiab] OR "Fruit"[MeSH] OR "Vegetables"[MeSH] OR Fruit*[tiab] OR vegetable*[tiab] OR citrus*[tiab] OR berry[tiab] OR berries[tiab] OR "leafy green"[tiab:~3] OR "leafy greens"[tiab:~3] OR "Edible Grain"[MeSH] OR "whole grain"[tiab] OR wholegrain*[tiab] OR "whole meal"[tiab] OR wholemeal[tiab] OR "whole wheat"[tiab] OR wholewheat[tiab] OR "Sugar Sweetened Beverages"[MeSH] OR soft drink*[tiab] OR soda[tiab] OR sodas[tiab] OR ("Dietary Sugars"[Mesh] OR sugar*[tiab]) AND ("Beverages"[Mesh:NoExp] OR beverage*[tiab] OR drink*[tiab] OR "Carbonated Beverages"[Mesh] OR "Fruit and Vegetable Juices"[Mesh] OR juice[tiab] OR juices[tiab] OR "Coffee"[Mesh] OR coffee*[tiab] OR "Tea"[Mesh] OR tea[tiab] OR teas[tiab] OR "Milk"[Mesh:NoExp] OR milk[tiab] OR "Soy Milk"[Mesh] OR soymilk[tiab] OR liquid[tiab] OR liquids[tiab])) |
| #4 | Energy Intake | "Energy Intake"[MeSH] OR "energy intake"[tiab] OR "calorie intake"[tiab] OR "caloric intake"[tiab] OR "total energy"[tiab] OR "total calorie"[tiab] OR "total caloric"[tiab] OR "energy consum"[tiab] OR "calorie consum"[tiab] OR "caloric consum"[tiab] |
| #5 | Dietary topics | Food*[tiab] OR diet*[tiab] OR eating[tiab] OR nutrition*[tiab] |
| #6 | Psychosocial factors | "Psychosocial factor"[tiab] OR "psycho social factor" OR norm[tiab] OR norms[tiab] OR expectation*[tiab] OR attitude*[tiab] OR value*[tiab] OR "self efficacy"[tiab] OR "self esteem"[tiab] OR confidence[tiab] |

| Search # | Concept | String |
|----------|------------------------|---|
| #7 | Cardiovascular disease | <p>"Cardiovascular Diseases"[Mesh:NoExp] OR "cardiovascular disease"[tiab] OR "coronary artery disease"[tiab] OR "heart disease"[tiab] OR "Heart Failure"[Mesh] OR "heart failure"[tiab] OR "myocardial infarction"[tiab] OR "Myocardial Ischemia"[Mesh] OR "myocardial ischemia"[tiab] OR "Stroke"[Mesh] OR "stroke"[tiab] OR "angina"[tiab] OR "heart attack"[tiab] OR "Venous Thrombosis"[Mesh] OR "venous thrombosis"[tiab] OR "hypertension"[tiab] OR "Blood Pressure"[Mesh:NoExp] OR "high blood pressure"[tiab] OR "Lipids/blood"[Mesh] OR "Cholesterol, HDL"[Mesh] OR "HDL cholesterol"[tiab] OR "Cholesterol, LDL"[Mesh] OR "LDL cholesterol"[tiab] OR "total cholesterol"[tiab] OR "blood cholesterol"[tiab] OR "Triglycerides"[Mesh] OR "triglycerides"[tiab] OR "Hypertension"[Mesh:NoExp] OR hypertensi*[tiab] OR Lipoprotein[tiab] OR "lipid profile"[tiab] OR "Hypertension, Pregnancy-Induced"[Mesh] OR "Pre-Eclamp"[tiab] OR preeclamp*[tiab] OR Eclamp*[tiab] OR (Cardiovascular[tiab] AND risk*[tiab])</p> |
| #8 | Type 2 diabetes | <p>"Diabetes Mellitus"[Mesh:NoExp] OR "Diabetes Mellitus, Type 2"[Mesh] OR "type 2 diabet*[tiab] OR "T2D"[tiab] OR "adult onset diabetes"[tiab] OR "Prediabetic State"[Mesh] OR "prediabet*[tiab] OR "pre diabet*[tiab] OR "Insulin Resistance"[Mesh] OR "insulin resistance"[tiab] OR "insulin resistant"[tiab] OR "glucose intolerance"[tiab] OR "glucose intolerant"[tiab] OR "glucose tolerance"[tiab] OR "glucose tolerant"[tiab] OR "Glycated Hemoglobin"[Mesh] OR "hemoglobin A1c"[tiab] OR hba1c[tiab] OR "hba 1c"[tiab] OR "haemoglobin A1c"[tiab] OR "Hyperglycemia"[Mesh] OR "hyperglycemia"[tiab] OR hyperglycaemia[tiab] OR "Hypoglycemia"[Mesh] OR "hypoglycemia"[tiab] OR hypoglycaemia[tiab] OR ((impaired[tiab] OR glucose[tiab]) AND fasting[tiab]) OR "blood glucose"[MeSH] OR "blood glucose"[tiab] OR "plasma glucose"[tiab] OR "serum glucose"[tiab] OR "glycemi*[tiab] OR glycaemi*[tiab] OR "blood sugar"[tiab] OR dysglycemi*[tiab] OR dysglycaemi*[tiab] OR hyperinsulinism[MeSH] OR hyperinsulin*[tiab] OR "Diabetes, Gestational"[Mesh] OR (gestation*[tiab] AND diabet*[tiab]) OR ("Maternal Nutritional Physiological Phenomena"[Mesh] AND diabet*[tiab])</p> |

| Search # | Concept | String |
|----------|---|--|
| #9 | Growth, body composition, and risk of obesity | <p>"Adipose Tissue"[Mesh] OR "Body Composition"[Mesh] OR "Body Weights and Measures"[MeSH:NoExp] OR "Body Fat Distribution"[Mesh] OR "Body Mass Index"[Mesh] OR "Body Size"[Mesh] OR "Skinfold Thickness"[Mesh] OR "Waist-Hip Ratio"[Mesh] OR "Overnutrition"[Mesh] OR "Growth"[Mesh:NoExp] OR anthropometr*[tiab] OR body fat[tiab] OR fat mass[tiab] OR fat free mass[tiab] OR lean mass[tiab] OR obese[tiab] OR obesity[tiab] OR underweight[tiab] OR overweight[tiab] OR weight status[tiab] OR head circumference[tiab] OR arm circumference[tiab] OR calf circumference[tiab] OR neck circumference[tiab] OR thigh circumference[tiab] OR waist circumference[tiab] OR waist to hip ratio[tiab] OR waist hip ratio[tiab] OR body mass index[tiab] OR BMI[tiab] OR adipos*[tiab] OR body weight[tiab] OR body height[tiab] OR body size[tiab] OR body composition[tiab] OR overnutrition[tiab] OR wasting[tiab] OR healthy weight[tiab] OR skin fold[tiab] OR skin folds[tiab] OR skinfold[tiab] OR skinfolds[tiab] OR "Weight Reduction Programs"[Mesh] OR "Body-Weight Trajectory"[Mesh] OR "Weight Gain"[MeSH] OR "Weight Loss"[MeSH:NoExp] OR "Diet, Reducing"[Mesh] OR weight gain*[tiab] OR diet reduc*[tiab] OR weight cycling[tiab] OR weight decreas*[tiab] OR weight watch*[tiab] OR weight control*[tiab] OR weight retention[tiab] OR weight management[tiab] OR "maintain weight"[tiab:~4] OR "maintains weight"[tiab:~4] OR "maintaining weight"[tiab:~4] OR "maintained weight"[tiab:~4] OR "weight maintenance"[tiab:~4] OR "reduce weight"[tiab:~4] OR "reduces weight"[tiab:~4] OR "reducing weight"[tiab:~4] OR "reduced weight"[tiab:~4] OR "weight reduction"[tiab:~4] OR "lose weight"[tiab:~4] OR "loses weight"[tiab:~4] OR "losing weight"[tiab:~4] OR "lost weight"[tiab:~4] OR "weight loss"[tiab:~4] OR "change weight"[tiab:~4] OR "changes weight"[tiab:~4] OR "changing weight"[tiab:~4] OR "changed weight"[tiab:~4]</p> <p>OR "Growth Charts"[Mesh] OR growth chart*[tiab]OR stunting[tiab] OR stunted[tiab] OR weight for height[tiab] OR stature for age[tiab] OR weight for age[tiab] OR height for age[tiab] OR length for age[tiab] OR weight for length[tiab] OR failure to thrive[tiab]</p> |
| #10 | | #1 AND ((#2 OR #3 OR #4) OR (#5 AND (#6 OR #7 OR #8 OR #9))) |
| #11 | Limits | <p>#10 NOT ("Animals"[Mesh] NOT ("Animals"[Mesh] AND "Humans"[Mesh])) NOT (editorial[ptyp] OR comment[ptyp] OR commentary[tiab] OR news[ptyp] OR letter[ptyp] OR review[ptyp] OR systematic review[ptyp] OR systematic review[ti] OR meta-analysis[ptyp] OR meta-analysis[ti] OR meta-analyses[ti] OR protocol[ti] OR protocols[ti] OR retracted publication[ptyp] OR retraction of publication[ptyp] OR retraction of publication[tiab] OR retraction notice[ti] OR "retracted publication"[ti] OR "Congress"[Publication Type] OR "Consensus Development Conference"[Publication Type] OR "conference abstract"[tiab] OR "conference proceeding"[tiab] OR "conference paper"[tiab] OR "practice guideline"[ptyp] OR "practice guideline"[ti])</p> <p>Filters applied: English, from 2000/1/1 - 2023/09/30.</p> |

Appendix 3: Excluded articles

The following table (**Table A 3**) lists the articles excluded after full-text screening for this evidence scan question. At least one reason for exclusion is provided for each article, though this may not reflect all possible reasons. Information about articles excluded after title and abstract screening is available upon request.

Table A 3. Articles excluded after full-text screening

| Citation | Rationale |
|--|---|
| 1 Ahmed S, Dupuis V, Tyron M, et al. Intended and Unintended Consequences of a Community-Based Fresh Fruit and Vegetable Dietary Intervention on the Flathead Reservation of the Confederated Salish and Kootenai Tribes. <i>Front Public Health</i> . 2020. 8:331. doi:10.3389/fpubh.2020.00331 | Study Design |
| 2 Akufo JK. Get up and Get Moving: a nutrition and physical activity after-school program for Latino adolescents of Erie Neighborhood House. <i>J Prev Interv Community</i> . 2022. 50:36-50. doi:10.1080/10852352.2021.1915734 | Study Design |
| 3 Allicock M, Johnson LS, Leone L, et al. Promoting fruit and vegetable consumption among members of black churches, Michigan and North Carolina, 2008-2010. <i>Prev Chronic Dis</i> . 2013. 10:E33. doi:10.5888/pcd10.120161 | Study Design |
| 4 Anand SS, Samaan Z, Middleton C, et al. A Digital Health Intervention to Lower Cardiovascular Risk: A Randomized Clinical Trial. <i>JAMA Cardiol</i> . 2016. 1:601-6. doi:10.1001/jamacardio.2016.1035 | Outcome |
| 5 Babatunde OT, Himburg SP, Newman FL, Campa A, Dixon Z. Theory-driven intervention improves calcium intake, osteoporosis knowledge, and self-efficacy in community-dwelling older Black adults. <i>J Nutr Educ Behav</i> . 2011. 43:434-40. doi:10.1016/j.jneb.2010.07.004 | Intervention not relevant; Single Food Intervention |
| 6 Baltaci A, Hurtado Choque GA, Davey C, et al. Padres Preparados, Jóvenes Saludables: A Randomized Controlled Trial to Test Effects of a Community-Based Intervention on Latino Father's Parenting Practices. <i>Nutrients</i> . 2022. 14:4967. doi:10.3390/nu14234967 | Outcome |
| 7 Bangurah SS, Vardaman SA, Cleveland KK. Hypertension in the Faith Community: A Four-Week, Nurse Led, Diet/Exercise Intervention. <i>J Christ Nurs</i> . 2017. 34:225-231. doi:10.1097/cnj.0000000000000420 | Study Design; Health Status |
| 8 Barkin SL, Heerman WJ, Sommer EC, et al. Effect of a Behavioral Intervention for Underserved Preschool-Age Children on Change in Body Mass Index: A Randomized Clinical Trial. <i>Jama</i> . 2018. 320:450-460. doi:10.1001/jama.2018.9128 | Intervention not relevant |
| 9 Barrera M, Toobert D, Strycker L, Osuna D. Effects of acculturation on a culturally adapted diabetes intervention for Latinas. <i>Health Psychol</i> . 2012. 31:51-4. doi:10.1037/a0025205 | Study Design; Health Status |
| 10 Bonnevie E, Morales O, Rosenberg SD, et al. Evaluation of a campaign to reduce consumption of sugar-sweetened beverages in New Jersey. <i>Prev Med</i> . 2020. 136:106062. doi:10.1016/j.ypmed.2020.106062 | Study Design, Single Food Intervention |
| 11 Chen JL, Kwan M, Mac A, Chin NC, Liu K. iStart smart: a primary-care based and community partnered childhood obesity management program for Chinese-American children: feasibility study. <i>J Immigr Minor Health</i> . 2013. 15:1125-8. doi:10.1007/s10903-013-9830-8 | Study Design |
| 12 Cioffi CE, Ranjani H, Staimez LR, Anjana RM, Mohan V, Weber MB. Self-efficacy and diabetes prevention in overweight South Asians with pre-diabetes. <i>BMJ Open Diabetes Res Care</i> . 2018. 6:e000561. doi:10.1136/bmjdr-2018-000561. | Country |
| 13 Clark DO, Keith N, Weiner M, Xu H. Outcomes of an RCT of videoconference vs. in-person or in-clinic nutrition and exercise in midlife adults with obesity. <i>Obes Sci Pract</i> . 2019. 5:111-119. doi:10.1002/osp4.318. | Study Design, Intervention not relevant |
| 14 Cohen JF, Kraak VI, Choumenkovitch SF, Hyatt RR, Economos CD. The CHANGE study: a healthy-lifestyles intervention to improve rural children's diet quality. <i>J Acad Nutr Diet</i> . 2014. 114:48-53. doi:10.1016/j.jand.2013.08.014. | Intervention not relevant |
| 15 Cooper KC, King MA, Sarpong DF. Tipping the scales on obesity: church-based health promotion for African American women. <i>J Christ Nurs</i> . 2015. 32:41-5. doi: 10.1097/CNJ.0000000000000132. | Study Design |
| 16 Davis SM, Clay T, Smyth M, et al. Pathways curriculum and family interventions to promote healthful eating and physical activity in American Indian schoolchildren. <i>Prev Med</i> . 2003. 37:S24-34. doi:10.1016/j.ypmed.2003.08.011. | Outcome |
| 17 Davis SK, Quarells, R, Gibbons, GH. A comprehensive cardiovascular disease lifestyle treatment controlled trial among high-risk African Americans. <i>Open J Prev Med</i> . 2013. 3:526-533. doi:10.4236/ojpm.2013.39071 | Health Status |

| Citation | Rationale |
|--|---|
| 18 Economos CD, Hyatt RR, Goldberg JP, et al. A community intervention reduces BMI z-score in children: Shape Up Somerville first year results. <i>Obesity (Silver Spring)</i> . 2007. 15:1325-36. doi:10.1038/oby.2007.155. | Intervention not relevant |
| 19 Economos CD, Hyatt RR, Must A, et al. Shape Up Somerville two-year results: a community-based environmental change intervention sustains weight reduction in children. <i>Prev Med</i> . 2013. 57:322-7. doi:10.1016/j.ypmed.2013.06.001 | Intervention not relevant |
| 20 Ellis DA, Janisse H, Naar-King S, et al. The effects of multisystemic therapy on family support for weight loss among obese African-American adolescents: findings from a randomized controlled trial. <i>J Dev Behav Pediatr</i> . 2010. 31:461-8. doi:10.1097/DBP.0b013e3181e35337 | Intervention not relevant |
| 21 Emmons KM, Stoddard AM, Fletcher R, et al. Cancer prevention among working class, multiethnic adults: results of the healthy directions-health centers study. <i>Am J Public Health</i> . 2005. 95:1200-5. doi:10.2105/ajph.2004.038695 | Intervention not relevant |
| 22 Evans-Hudnall GL, Stanley MA, Clark AN, et al. Improving secondary stroke self-care among underserved ethnic minority individuals: a randomized clinical trial of a pilot intervention. <i>J Behav Med</i> . 2014. 37:196-204. doi:10.1007/s10865-012-9469-2 | Health Status |
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| 24 Fields S, Arthur K, Schueler J, Smallman R. Using a counterfactual-based intervention to change eating intentions: Results from Hispanic and non-Hispanic undergraduate and community samples. <i>Appetite</i> . 2023. 183:106460. doi:10.1016/j.appet.2023.106460 | Intervention not relevant |
| 25 Folta SC, Kuder JF, Goldberg JP, et al. Changes in diet and physical activity resulting from the Shape Up Somerville community intervention. <i>BMC Pediatr</i> . 2013. 13:157. doi:10.1186/1471-2431-13-157 | Intervention not relevant |
| 26 Ford CN, Weber MB, Staimez LR, et al. Dietary changes in a diabetes prevention intervention among people with prediabetes: the Diabetes Community Lifestyle Improvement Program trial. <i>Acta Diabetol</i> . 2019. 56:197-209. doi:10.1007/s00592-018-1249-1 | Intervention not relevant; Country |
| 27 Foreyt, JP, Ramirez, AG, Cousins, JH. Cuidando El Corazon--a weight-reduction intervention for Mexican Americans. <i>Am J Clin Nutr</i> . 1991. 53:1639s-1641s. doi:10.1093/ajcn/53.6.1639S | Duplicate data |
| 28 Fritz H, Hu YL. Habit Formation Intervention to Reduce Frailty Risk Factors: A Feasibility Study. <i>Am J Occup Ther</i> . 2022. 76:7603205090. doi:10.5014/ajot.2022.045948 | Intervention not relevant |
| 29 Fulkerson JA, Friend S, Horning M, et al. Family Home Food Environment and Nutrition-Related Parent and Child Personal and Behavioral Outcomes of the Healthy Home Offerings via the Mealtime Environment (HOME) Plus Program: A Randomized Controlled Trial. <i>J Acad Nutr Diet</i> . 2018. 118:240-251. doi:10.1016/j.jand.2017.04.006 | Intervention not relevant |
| 30 Goodman J, Blake J. Nutrition education: a computer-based education program. <i>J Health Care Poor Underserved</i> . 2005. 16:118-27. doi:10.1353/hpu.2005.0123 | Study Design |
| 31 Gunther C, Rogers C, Holloman C, et al. Child diet and health outcomes of the simple suppers program: a 10-week, 2-group quasi-experimental family meals trial. <i>BMC Public Health</i> . 2019. 19:1657. doi:10.1186/s12889-019-7930-7 | Intervention not relevant |
| 32 Harrell TK, Davy BM, Stewart JL, King DS. Effectiveness of a school-based intervention to increase health knowledge of cardiovascular disease risk factors among rural Mississippi middle school children. <i>South Med J</i> . 2005. 98:1173-80. doi:10.1097/01.smj.0000182499.59715.07 | Intervention not relevant |
| 33 Heerman WJ, Cole J, Teeters L, et al. Qualitative analysis of COACH: A community-based behavioral intervention to reduce obesity health disparities within a marginalized community. <i>Contemp Clin Trials Commun</i> . 2019. 16:100452. doi:10.1016/j.conctc.2019.100452 | Study Design; Outcome |
| 34 Henshaw MM, Borrelli B, Gregorich SE, et al. Randomized Trial of Motivational Interviewing to Prevent Early Childhood Caries in Public Housing. <i>JDR Clin Trans Res</i> . 2018. 3:353-365. doi:10.1177/2380084418794377 | Intervention not relevant; Outcome |
| 35 Hoelscher DM, Springer AE, Ranjit N, et al. Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. <i>Obesity (Silver Spring)</i> . 2010. 18 Suppl 1:S36-44. doi:10.1038/oby.2009.430 | Study Design; Intervention not relevant |
| 36 Hopkins LC, Holloman C, Webster A, et al. Caregiver Nutritional Health Outcomes of the Simple Suppers Study: Results from a 10 Week, Two-Group Quasi-Experimental Family Meals Intervention. <i>Nutrients</i> . 2022. 14:250. doi:10.3390/nu14020250 | Intervention not relevant |
| 37 Kaphingst KA, Lobb R, Fay ME, et al. Impact of intervention dose on cancer-related health behaviors among working-class, multiethnic, community health center patients. <i>Am J Health Promot</i> . 2007. 21:262-6. doi:10.4278/0890-1171-21.4.262 | Study Design; Intervention not relevant |
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| Citation | Rationale |
|---|--|
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| 40 Kennedy BM, Ryan DH, Johnson WD, et al. Baton Rouge Healthy Eating and Lifestyle Program (BR-HELP): A Pilot Health Promotion Program. <i>J Prev Interv Community</i> . 2015. 43:95-108. doi:10.1080/10852352.2014.973256 | Intervention not relevant |
| 41 Lee-Kwan SH, Bleich SN, Kim H, Colantuoni E, Gittelsohn J. Environmental Intervention in Carryout Restaurants Increases Sales of Healthy Menu Items in a Low-Income Urban Setting. <i>Am J Health Promot</i> . 2015. 29:357-64. doi:10.4278/ajhp.130805-QUAN-408 | Intervention not relevant; Outcome |
| 42 Lindberg NM, Stevens VJ, Vega-López S, Kauffman TL, Calderón MR, Cervantes MA. A weight-loss intervention program designed for Mexican-American women: cultural adaptations and results. <i>J Immigr Minor Health</i> . 2012. 14:1030-9. doi:10.1007/s10903-012-9616-4 | Study Design |
| 43 Ma GX, Bhimla A, Zhu L, et al. Development of an Intervention to Promote Physical Activity and Reduce Dietary Sodium Intake for Preventing Hypertension and Chronic Disease in Filipino Americans. <i>J Racial Ethn Health Disparities</i> . 2021. 8:283-292. doi:10.1007/s40615-020-00781-z | Single Food Intervention |
| 44 Magaña S, Li H, Miranda E, Paradiso de Sayu R. Improving health behaviours of Latina mothers of youths and adults with intellectual and developmental disabilities. <i>J Intellect Disabil Res</i> . 2015. 59:397-410. doi:10.1111/jir.12139 | Outcome |
| 45 McCarley S, López-Ríos M, Burgos Gil R, et al. Using a Community-Based Participatory Mixed Methods Research Approach to Develop, Evaluate, and Refine a Nutrition Intervention to Replace Sugary Drinks with Filtered Tap Water among Predominantly Central-American Immigrant Families with Infants and Toddlers: The Water Up @Home Pilot Evaluation Study. <i>Nutrients</i> . 2021. 13:2942. doi:10.3390/nu13092942 | Study Design; Single Food Intervention |
| 46 McEwen MM, Pasvogel A, Murdaugh C, Hepworth J. Effects of a Family-based Diabetes Intervention on Behavioral and Biological Outcomes for Mexican American Adults. <i>Diabetes Educ</i> . 2017. 43:272-285. doi:10.1177/0145721717706031 | Health Status |
| 47 Miller ER, Cooper LA, Carson KA, et al. A Dietary Intervention in Urban African Americans: Results of the "Five Plus Nuts and Beans" Randomized Trial. <i>Am J Prev Med</i> . 2016. 50:87-95. doi:10.1016/j.amepre.2015.06.010 | Health Status |
| 48 Opezzo M, Knox M, Skan J, et al. Traditional Heart-Healthy Diet and Medication Adherence in the Norton Sound Region: An 18-Month Telehealth Intervention. <i>Int J Environ Res Public Health</i> . 2022. 19:9885. doi:10.3390/ijerph19169885 | Health Status |
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| 51 Palmas W, Findley SE, Mejia M, et al. Results of the northern Manhattan diabetes community outreach project: a randomized trial studying a community health worker intervention to improve diabetes care in Hispanic adults. <i>Diabetes Care</i> . 2014. 37:963-9. doi:10.2337/dc13-2142 | Health Status |
| 52 Phillips EG, Wells MT, Winston G, et al. Innovative approaches to weight loss in a high-risk population: The small changes and lasting effects (SCALE) trial. <i>Obesity (Silver Spring)</i> . 2017. 25:833-841. doi:10.1002/oby.21780 | Intervention not relevant |
| 53 Powell-Wiley TM, Banks-Richard K, Williams-King E, et al. Churches as targets for cardiovascular disease prevention: comparison of genes, nutrition, exercise, wellness and spiritual growth (GoodNEWS) and Dallas County populations. <i>J Public Health (Oxf)</i> . 2013. 35:99-106. doi:10.1093/pubmed/fds060 | Study Design |
| 54 Quintiliani LM, Whiteley JA, Murillo J, et al. Community health worker-delivered weight management intervention among public housing residents: A feasibility study. <i>Prev Med Rep</i> . 2021. 22:101360. doi:10.1016/j.pmedr.2021.101360 | Intervention not relevant |
| 55 Ranjit N, Nielsen A, Akhavan N, et al. Outcomes of a Community-Wide Health Intervention in a Low-Income, Primarily Hispanic Community: The Go! Austin/Vamos! Austin (GAVA) Initiative. <i>Health Promot Pract</i> . 2022. 23:185-194. doi:10.1177/1524839920961365 | Intervention not relevant |
| 56 Reifsnider E, Shin CN, Todd M, Jeong M, Gallagher M, Moramarco M. How Did They Grow: An Intervention to Reduce Stunted Growth in Low-Income Mexican-American Children. <i>Res Nurs Health</i> . 2016. 39:105-20. doi:10.1002/nur.21714 | Health Status |
| 57 Ries AV, Blackman LT, Page RA, et al. Goal setting for health behavior change: evidence from an obesity intervention for rural low-income women. <i>Rural Remote Health</i> . 2014. 14:2682. doi:doi.org/10.22605/RRH2682. | Intervention not relevant |

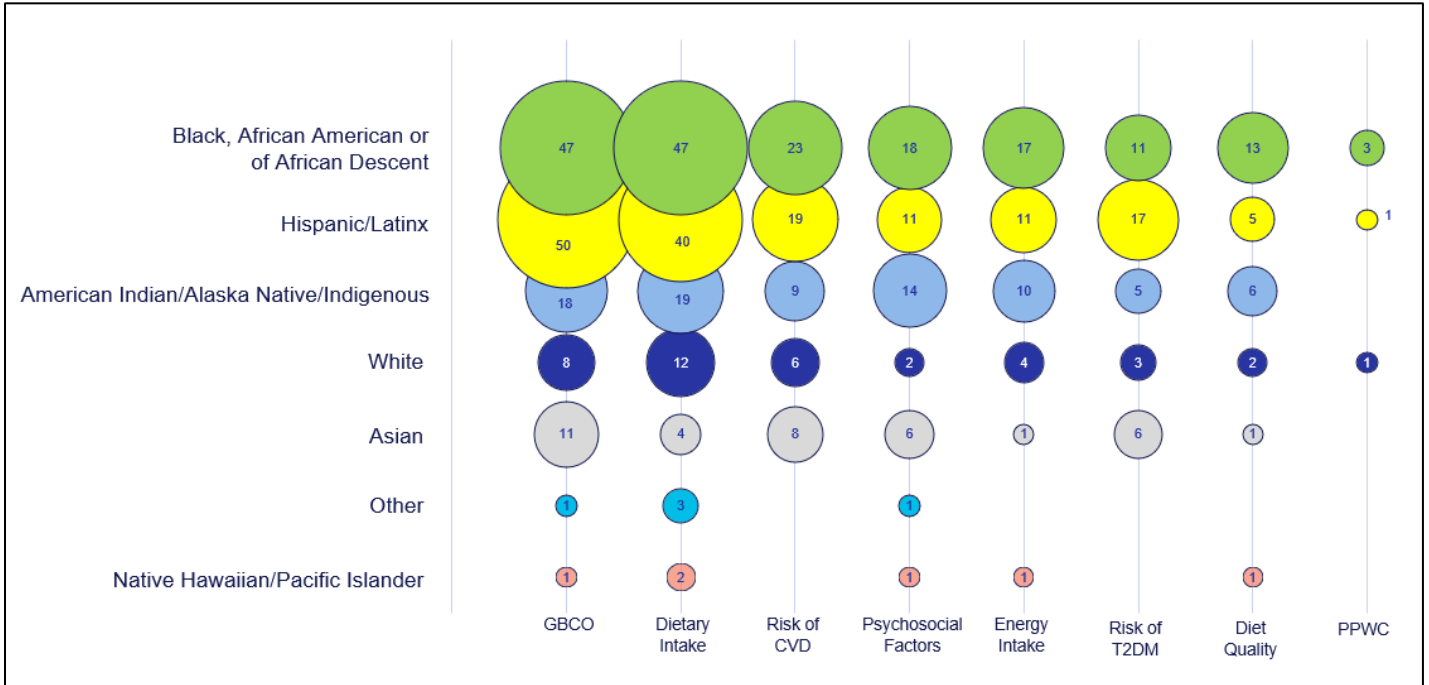
| Citation | Rationale |
|---|---|
| 58 Robinson TN, Matheson D, Desai M, et al. Family, community and clinic collaboration to treat overweight and obese children: Stanford GOALS-A randomized controlled trial of a three-year, multi-component, multi-level, multi-setting intervention. <i>Contemp Clin Trials</i> . 2013. 36:421-35. doi:10.1016/j.cct.2013.09.001 | Study Design |
| 59 Samaan Z, Schulze KM, Middleton C, et al. South Asian Heart Risk Assessment (SAHARA): Randomized Controlled Trial Design and Pilot Study. <i>JMIR Res Protoc</i> . 2013. 2:e33. doi:10.2196/resprot.2621 | Intervention not relevant |
| 60 Sanders OG, Warren TC, Demps-Gaines F, Weaver R, Carson E. Community-based nutrition program aims message at African American females. <i>J Am Diet Assoc</i> . 2002. 102:626-7. doi:10.1016/s0002-8223(02)90139-2 | Study Design; Publication Status |
| 61 Schwartz R, Powell L, Keifer M. Family-based risk reduction of obesity and metabolic syndrome: an overview and outcomes of the Idaho Partnership for Hispanic Health. <i>J Health Care Poor Underserved</i> . 2013. 24:129-44. doi:10.1353/hpu.2013.0106 | Study Design |
| 62 Seguin-Fowler RA, Eldridge GD, Rethorst CD, et al. Improvements and Maintenance of Clinical and Functional Measures Among Rural Women: Strong Hearts, Healthy Communities-2. 0 Cluster Randomized Trial. <i>Circ Cardiovasc Qual Outcomes</i> . 2022. 15:e009333. doi:10.1161/circoutcomes.122.009333 | Intervention not relevant |
| 63 Sleet K, Sisson SB, Dev DA, et al. The Impact of Responsive Feeding Practice Training on Teacher Feeding Behaviors in Tribal Early Care and Education: The Food Resource Equity and Sustainability for Health (FRESH) Study. <i>Curr Dev Nutr</i> . 2020. 4:23-32. doi:10.1093/cdn/nzz105 | Intervention not relevant |
| 64 Steinberg D, Kay M, Burroughs J, Svetkey LP, Bennett GG. The Effect of a Digital Behavioral Weight Loss Intervention on Adherence to the Dietary Approaches to Stop Hypertension (DASH) Dietary Pattern in Medically Vulnerable Primary Care Patients: Results from a Randomized Controlled Trial. <i>J Acad Nutr Diet</i> . 2019. 119:574-584. doi:10.1016/j.jand.2018.12.011 | Intervention not relevant |
| 65 Stern M, Rancourt D, Soca Lozano S, et al. Delivering ADAPT+ to Latino Families Living in Rural Communities: Feasibility and Acceptability of Implementing a Health Promotion Program Including Mindfulness. <i>J Pediatr Psychol</i> . 2023. 48:666-675. doi:10.1093/jpepsy/jsad049 | Outcome |
| 66 Stoddard AM, Palombo R, Troped PJ, Sorensen G, Will JC. Cardiovascular disease risk reduction: the Massachusetts WISEWOMAN project. <i>J Womens Health (Larchmt)</i> . 2004. 13:539-46. doi:10.1089/1540999041281106 | Intervention not relevant |
| 67 Sullivan J, Carter JP. A nutrition-physical fitness intervention program for low-income black parents. <i>J Natl Med Assoc</i> . 1985. 77:39-43. | Study Design; Intervention not relevant |
| 68 Thomas VG, Gaston MH, Porter GK, Anderson A. Prime Time Sister Circles(®)II: Evaluating a Culturally Relevant Intervention to Decrease Psychological and Physical Risk Factors for Chronic Disease in Mid-Life African American Women. <i>J Natl Med Assoc</i> . 2016. 108:6-18. doi:10.1016/j.jnma.2015.12.001 | Outcome |
| 69 Thompson B, Coronado G, Chen L, Islas I. Celebremos la salud! a community randomized trial of cancer prevention (United States). <i>Cancer Causes Control</i> . 2006. 17:733-46. doi:10.1007/s10552-006-0006-x | Study Design |
| 70 Thompson DA, Haemer MA, Krebs NF, et al. A WIC-Based Behavior Change Intervention for Postpartum Women With Overweight and Obesity: A Pilot Feasibility Randomized Trial. <i>Health Promot Pract</i> . 2023. 25:677-688. doi:10.1177/15248399231173704 | Intervention not relevant |
| 71 Wagner EH, Wickizer TM, Cheadle A, et al. The Kaiser Family Foundation Community Health Promotion Grants Program: findings from an outcome evaluation. <i>Health Serv Res</i> . 2000. 35:561-89. | Study Design; Intervention not relevant |
| 72 Wagner J, Bermúdez-Millán A, Buckley T, et al. Self-reported outcomes of a randomized trial comparing three community health worker interventions for diabetes prevention among Cambodian Americans with depression. <i>Patient Educ Couns</i> . 2022. 105:3501-3508. doi:10.1016/j.pec.2022.09.011 | Health Status |
| 73 Walters KL, LaMarr J, Levy RL, et al. Project hēi?dx(w)/Healthy Hearts Across Generations: development and evaluation design of a tribally based cardiovascular disease prevention intervention for American Indian families. <i>J Prim Prev</i> . 2012. 33:197-207. doi:10.1007/s10935-012-0274-z | Study Design |
| 74 Wang ML, Otis M, Rosal MC, Griecchi CF, Lemon SC. Reducing sugary drink intake through youth empowerment: results from a pilot-site randomized study. <i>Int J Behav Nutr Phys Act</i> . 2019. 16:58. doi:10.1186/s12966-019-0819-0 | Intervention not relevant |
| 75 Wong WW, Ortiz CL, Stuff JE, et al. A Community-based Healthy Living Promotion Program Improved Self-esteem Among Minority Children. <i>J Pediatr Gastroenterol Nutr</i> . 2016. 63:106-12. doi:10.1097/mpg.0000000000001088 | Intervention not relevant |
| 76 Zoellner J, Hill JL, Grier K, et al. Randomized controlled trial targeting obesity-related behaviors: Better Together Healthy Caswell County. <i>Prev Chronic Dis</i> . 2013. 10:E96. doi:10.5888/pcd10.120296 | Intervention not relevant |

| Citation | Rationale |
|---|---------------|
| 77 Zoellner JM, Connell CC, Madson MB, et al. H.U.B city steps: methods and early findings from a community-based participatory research trial to reduce blood pressure among African Americans. <i>Int J Behav Nutr Phys Act.</i> 2011. 8:59. doi:10.1186/1479-5868-8-59 | Study Design |
| 78 Zou, P, Dennis, CL, Lee, R, Parry, M. Dietary Approach to Stop Hypertension with Sodium Reduction for Chinese Canadians (DASHNa-CC): A Pilot Randomized Controlled Trial. <i>J Nutr Health Aging.</i> 2017. 21:1225-1232. doi:10.1007/s12603-016-0861-4 | Health Status |

Appendix 4: Supplementary figures

Figure A 1 describes the number of articles that included a given outcome, plotted against racial and/or ethnic group.

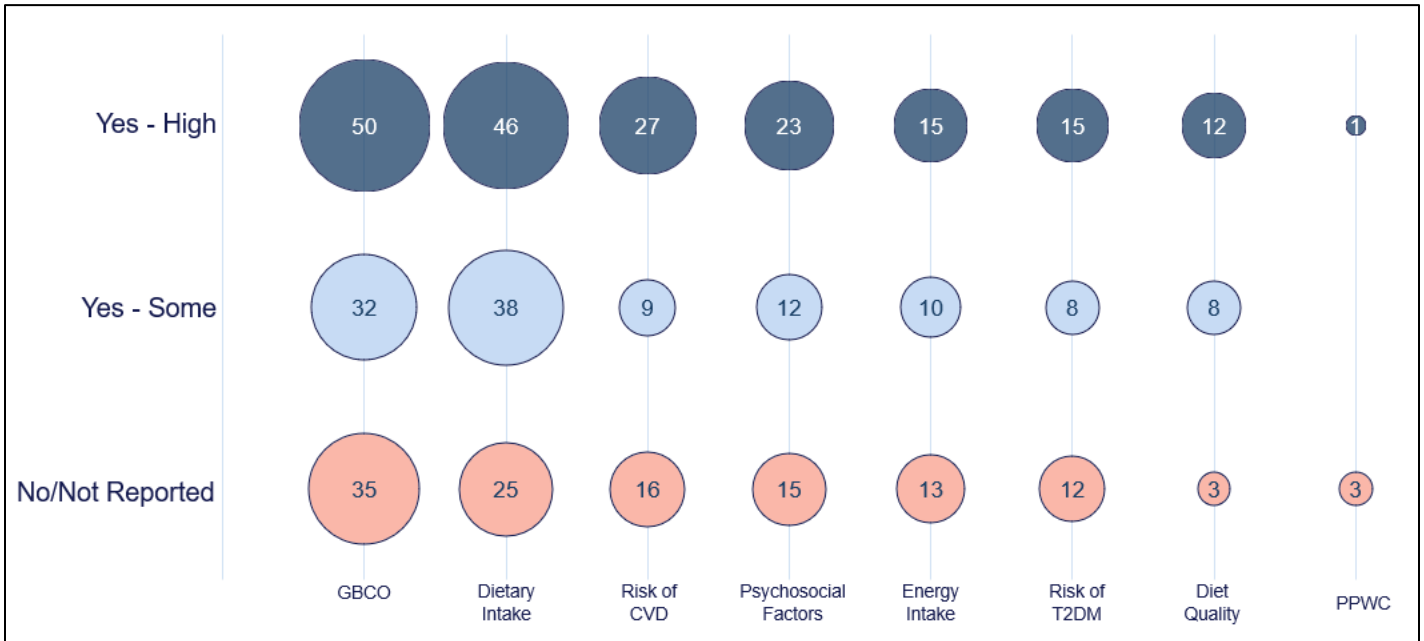
Figure A 1. Articles by outcomes across racial and/or ethnic groups^a



^a Abbreviations: CVD: cardiovascular disease; GBCO: growth, body composition, and risk of obesity; PPWC: postpartum weight change; T2D: type 2 diabetes mellitus

Figure A 2 describes the number of articles that included a given outcome, plotted against the degree of community involvement in intervention design.

Figure A 2. Articles by outcome and degree of community involvement in intervention design^a



^a Abbreviations: CVD: cardiovascular disease; GBCO: growth, body composition, and risk of obesity; PPWC: postpartum weight change; T2D: type 2 diabetes mellitus