# APPENDIX B. STUDY CHARACTERISTICS TABLE

For full study citations, please refer to the report's main reference list.

| Study<br>Country<br>Veteran? | Condition<br>Setting<br>Duration | Intervention<br>Strategies Used | Theoretical Orientation<br>Therapeutic Model | Comparator | Outcomes Abstracted | Risk of Bias<br>Funding Source |
|---|---|---|---|---|---|---|
| Annesi, 2011[22]<br><br>USA<br><br>No | Obesity<br><br>Community<br><br>6 months | Six 1-hour individual meetings with YMCA "Coach Approach" trained wellness specialist + at-home exercise prescription (3/week for 24 weeks for total of 72 sessions)<br><br>Goal-setting, self-monitoring, and chronic disease education | Social cognitive theory<br><br>Self-efficacy (Bandura) | 6 individual meetings with standard- trained fitness specialist + 72 at-home exercise sessions<br><br>Problem-solving, structured, supervised exercise, chronic disease education | Self-efficacy | High<br><br>YMCA |
| Appel, 2011[23]<br><br>USA<br><br>No | Obesity<br><br>Primary care<br><br>96 weeks (everyone had in-person baseline and end-of-treatment measures) | Coaching in-person (group/individual) weekly for first 12 weeks, monthly (group/individual) next 12 weeks, then either in-person or phone for last 72 weeks by trained, supervised health professional + website and email<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education, and "learning modules online" | Social cognitive theory<br><br>Behavioral self-management<br><br>Motivational interviewing | (1) Coaching support delivered remotely by phone, study-specific website, and email<br>(2) Self-directed weight loss using website (baseline and 96-week follow-up) | Weight change<br><br>BMI | Unclear<br><br>NIH: NHLBI |
| Blackberry, 2013[24]<br><br>Australia<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>18 months | 1 in-person baseline assessment, then 8 structured phone sessions on self-management of diabetes with coaching by trained, supervised general practice nurse; written session summaries provided to patient and primary care physician<br><br>Self-monitoring and "coaching on patient-provider communication" | NR<br><br>NR | After 1 in-person baseline assessment, usual care was provided including referrals to dieticians and other diabetes specialists | A1c<br><br>Weight change<br><br>Self-efficacy | Low<br><br>Australian National Health and Medical Research Council |

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| Bostrom, 2016[25]<br><br>Sweden<br><br>No | Systemic lupus erythematosus<br><br>Rheumatology clinic<br><br>12 months | (1) 0-3 months: Individual, in-person 1-hour coaching by physiotherapist at study start, 6 weeks, and 12 weeks; general education, supervised aerobic exercise, loan and use of heart rate monitor, and use of physical activity diary<br>(2) 4-12 months: Some physical activity supervision, heart rate monitor, and diary<br><br>None | Social cognitive theory<br><br>Behavior theory model | Usual care at rheumatology clinic, but patients in control group were asked not to change their activity level during the study | Physical activity | Low<br><br>Swedish Rheumatism Association and Vardal Foundation, Karolinska (Univ) Institute |
| Brodin, 2008[26]<br><br>Sweden<br><br>No | Rheumatoid arthritis<br><br>Rheumatology clinics<br><br>12 months | Phone support after 1 week, moving to once monthly by physical therapist coach; physical function tests every 3 months to encourage adherence to graded activity goals, feedback given<br><br>Goal-setting, problem-solving, chronic disease education | Cognitive behavioral therapy<br><br>NR | Usual care (no description given other than “control group”) | Physical activity | High<br><br>Government, Swedish Research Council, the Vardal Foundation, the Swedish Rheumatism Association |
| Browning, 2014[27]<br><br>China<br><br>No | Type 2 diabetes<br><br>Community Health Center<br><br>12 months | Heath coaching by nurse via in-person + phone (both 2/month for first 3 months) diminishing over next 9 months; maximum contact was 19 phone and 18 in-person sessions<br><br>Not reported | Transtheoretical model/ stages of change<br><br>Motivational interviewing | Usual care provided by family physician where patients were typically referred to diabetes specialists or to Traditional Chinese Medicine practitioners | A1c<br><br>BMI | Unclear<br><br>Government and private foundation |
| Cinar, 2014[28]<br><br>Turkey<br><br>No | Type 2 diabetes<br><br>Hospital clinics<br><br>13 months | In addition to standard health education, 2 in-person individual visits + single 10- to 20-minute phone call within first 3 weeks; 1 in-person + 1 call in next 6 months; 1 in-person + 1 call in last 6 months, for up to 7 total contacts with the behavioral health specialist coach<br><br>Self-monitoring, chronic disease education | NR<br><br>NR | Health education consisting of 3 seminars on oral health and diabetes management | A1c | Unclear<br><br>Government, International Research Fund |

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| Damschroder, 2014[29]<br><br>USA<br><br>Yes | Obesity<br><br>VA medical centers<br><br>12 months | ASPIRE-Group: Coaching via in-person 90-minute group sessions with a specially trained lifestyle coach for 1/week for 3 months, then 2/month for 6 months, then 60-minute sessions 1/month for last 3 months<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Unclear<br><br>Problem-solving therapy | (1) ASPIRE-Phone: Coaching via phone for 30 minutes, 1 time/week for 3 months, then 20 minutes for remaining time (2 times/month for 6 months decreasing to 1 time/month for last 3 months)<br>(2) Standard VA MOVE! program | Weight change<br><br>BMI<br><br>Physical activity<br><br>Diet | High<br><br>VA |
| Frosch, 2011[21]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>Duration NR | Phone coaching by trained nurse diabetes educator, 5 sessions total: first session for 60 minutes; sessions 2-3 for 30 minutes, sessions 4-5 for 15 minutes<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | NR<br><br>Motivational interviewing | Education brochure on diabetes management; no other strategies employed | A1c<br><br>BMI<br><br>Physical activity<br><br>Diet<br><br>Medication adherence | Unclear<br><br>NIA/NIH, private foundation |
| Glasgow, 2003[30]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>10 month (40 weeks) | Internet-based basic information + either (1) tailored self-management (computer-mediated access to trained professional coach approximately twice weekly or (2) peer support via online forum and newsletters<br><br>Goal-setting, self-monitoring, chronic disease education | Self-efficacy theory<br><br>NR | In-home training to use website providing chronic disease education without additional support | A1c<br><br>Physical activity<br><br>Diet | High<br><br>NIH: NIDDK |
| Hawkes, 2013[31]<br><br>Australia<br><br>No | Colorectal cancer<br><br>Cancer registry<br><br>6 months | 11 health coaching sessions biweekly for 5 months via phone by nurse, behavioral specialist, or health educator (average duration of call, 31.5 minutes) + handbook + motivational postcards + pedometer<br><br>Goal-setting, self-monitoring, chronic disease education | NR<br><br>Acceptance and commitment therapy | Usual care + educational brochures on understanding colorectal cancer, cutting cancer risk, diet, and physical activity + quarterly mailed educational newsletter | BMI<br><br>Physical activity<br><br>Diet<br><br>Smoking | Unclear<br><br>Australian government (cancer division of health branch) |

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| Holland, 2005[32]<br><br>USA<br><br>No | Mixed: at least one chronic condition; unspecified<br><br>Community<br><br>12 months | In-person meeting with nurse at baseline and 6 months, minimum 4 health coaching calls in between, 12 monthly newsletters, fitness program<br><br>Goal-setting, chronic disease education, counseling with MSW, if depressed | NR<br><br>NR | Usual care; controls were not recontacted by the program until the anniversary date of their initial interview for follow-up | BMI<br><br>Physical activity | Unclear<br><br>Private foundation |
| Karhula, 2015[33]<br><br>Finland<br><br>No | Mixed population (type 2 diabetes and CVD)<br><br>Community integrative care<br><br>12 months | One coaching phone call from employee trained in Pfizer coaching model every 4-6 weeks (target=12 total); length of call approximately 30 minutes and emphasized problem-solving skills + monitoring of weight, blood glucose, SBP, and/or step count dependent on diagnosis via mobile application<br><br>Problem-solving, self-monitoring | Wagner's chronic care<br><br>Pfizer's health coaching model | Usual care; no further details or description of control group given | A1c (diabetes only)<br><br>Weight (diabetes and CVD separately) | Unclear<br><br>Government, European Commission, Industry |
| Kim, 2015[34]<br><br>USA<br><br>No | Type 2 Diabetes<br><br>Community<br><br>13-14 months | Six 2-hour group sessions over 6 weeks, then monthly coaching calls for 1 year from trained nurses or community health workers; calls ranged 15-45 minutes<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Precede-Proceed<br><br>Motivational interviewing, problem-solving therapy | Waitlist; no further details given other than control was oversampled to assure adequate retention | A1c<br><br>Self-efficacy | High<br><br>NIH: NIDDK |
| Knittle, 2015[35]<br><br>Netherlands<br><br>No | Rheumatoid arthritis<br><br>Specialty clinics<br><br>18 weeks | 2 in-person, individual coaching sessions with rheumatology nurse, 40-60 minutes, at weeks 4 and 5; 3 followup phone calls, 20 minutes, weeks 6, 12, and 18<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Health Belief Model, self-regulation theory<br><br>Motivational interviewing, problem-solving therapy, self-regulation theory | Education via 1 in-person group session with nurse | Physical activity<br><br>Self-efficacy<br><br>Functional status | Unclear<br><br>Private foundation |

| Study Country Veteran? | Condition Setting Duration | Intervention Strategies Used | Theoretical Orientation Therapeutic Model | Comparator | Outcomes Abstracted | Risk of Bias Funding Source |
|---|---|---|---|---|---|---|
| Lin, 2013[16]<br><br>USA<br><br>No | Hypertension<br><br>Primary care<br><br>18 months total (5 months group intervention) | Weekly small groups for 20 weeks with trained health educators and dieticians + manual; strategies to manage weight and blood pressure via DASH diet, increase exercise; and coaching strategies; during and after group intervention, a peer educator phoned participants monthly for a total of 18 calls<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Transtheoretical Model / Stages of Change; Social-Cognitive Theory<br><br>Motivational interviewing, problem-solving therapy | Usual care was an individual visit with interventionist to receive advice + written materials on lifestyle modification for blood pressure control consistent with JNC-7 guidelines | SBP<br><br>Diet | Low<br><br>NIH |
| Luley, 2014[36]<br><br>Germany<br><br>No | Metabolic syndrome<br><br>Community setting<br><br>12 months | 1 basic education session + monthly health coaching call from trained physician or nurse, each approximately 20 minutes + accelerometer (data transmitted to coach as basis for phone calls)<br><br>None reported | NR<br><br>NR | After 1 basic education session that included an explanation of importance of physical activity and diet, patients were randomized, then control group left | BMI | High<br><br>German Federal Ministry of Education and Research |
| Ma, 2013[37] (Companion study, Azar, 2013[38])<br><br>USA<br><br>No | Obesity<br><br>Primary care<br><br>15 months (60 weeks) | Lifestyle Balance of 2 weekly, in-person group sessions (90-120 minutes) using goal-setting, with food tastings and 30-45 minutes of guided exercise led by coach-dietician followed by 12-month maintenance phase; personalized email from coach monthly<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education, structured exercise, relapse prevention | NR<br><br>NR | (1) Self-led via DVD and email correspondence with coach/RD that used goal-setting, self-monitoring, and chronic disease education<br>(2) Usual care; no further details given | Weight<br><br>BMI | Low<br><br>NIH: NIDDK, private foundation |

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|---|---|---|---|---|---|---|
| McMurray, 2002[39]<br><br>USA<br><br>No | End stage renal disease + diabetes<br><br>Dialysis unit<br><br>1 year (52 weeks) | Minimum of monthly (for peritoneal patients) in-person, individual sessions with diabetes care manager for motivational coaching; weekly contact as needed by phone with manager, social worker, registered dietician, or registered nurse to cover self-management and diabetes care; maximum of 3 times/week (for hemodialysis patients)<br><br>Problem-solving | NR<br><br>NR | Usual care at a standard dialysis unit | A1c | Unclear<br><br>National Kidney Foundation |
| Nishita, 2013[40]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Community workplace setting<br><br>12 months | Average of ten 1-hour in-person, individual sessions with certified health coach and four 45-minute sessions with pharmacist over intervention year<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Health belief model, self-determination theory<br><br>Motivational interviewing, problem-solving therapy | Usual care; no further details given | A1c<br><br>BMI<br><br>Self-efficacy | Unclear<br><br>Centers for Medicare and Medicaid Services |
| Patja, 2012[41]<br><br>Finland<br><br>No | Mixed: Type 2 diabetes, CVD, CHF<br><br>Primary care and hospital<br><br>12 months | Monthly phone calls with nurse coach (initial duration averaging 60 minutes, decreasing to 30 minutes over time); call completion averaged 10-11 calls over year; optional followup calls were rarely utilized<br><br>Goal-setting, self-monitoring, chronic disease education | Self-regulation theory<br><br>Motivational interviewing | Usual care; article states “control arm” and, with no other details given, usual care is assumed because of recruitment sites used | A1c (diabetes only)<br><br>SBP (CVD only) | High<br><br>Government: Finland Innovation Fund, industry |
| Pearson, 2013[19] (Companion study, Pearson 2012[42])<br><br>Canada<br><br>No | Obesity<br><br>University<br><br>12 weeks | Phone coaching sessions with certified health coach 1 time/week for 12 weeks; average length of call was 45 minutes<br><br>Goal-setting, problem-solving | NR<br><br>Motivational Interviewing and CBT | Scripted education-based phone lessons using cognitive behavioral therapy principles from LEARN manual 1/week for 12 weeks; average length of call was 30-45 minutes<br><br>Goal-setting, self-monitoring, problem-solving, social support and chronic disease management | Weight change<br><br>Diet | High<br><br>Social Sciences and Humanities Research Council of Canada |

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|---|---|---|---|---|---|---|
| Pinto, 2015[43]<br><br>USA<br><br>No | Breast cancer<br><br>Community, private practices and hospitals<br><br>12 weeks | Health coaching by peer educator via phone 1/week for 12 weeks; average call length was 18 minutes + pedometer + heart rate monitor + physical activity tipsheets<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Transtheoretical model/ stages of change, social cognitive theory<br><br>NR | Attention control: phone contact with peer educator 1/week for 12 weeks, but topics centered on breast cancer, not physical activity | Physical activity | High<br><br>NIH |
| Ruggiero, 2010[44]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>6 months | 2 in-person, individual contacts (<30 minutes) with certified medical assistant trained in diabetes self-care coaching at baseline and 3 months + 4 monthly phone contacts (<15 minutes) in between clinic visits<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | Transtheoretical model<br><br>NR | Usual care with physician + basic diabetes education handbook developed by health system staff | A1c | Unclear<br><br>NIA, NIH |
| Ruggiero, 2014[20]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>12 months | Quarterly in-person, individual coaching sessions with specially trained certified medical assistants for 30 minutes at clinic appointments; up to 8 monthly phone calls, 15 minutes, between in-person contacts<br><br>Goal-setting, self-monitoring, chronic disease education | Transtheoretical model/ stages of change, empowerment theory<br><br>Motivational interviewing | Enhanced treatment as usual; quarterly physician check-ups; referrals to specialty care (eg, podiatrist, endocrinologist) when necessary; basic education provided by "Diabetes: You're in Control" educational booklet | A1c<br><br>Diet<br><br>Physical Activity | High<br><br>NIH |
| Sacco, 2009[45]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>6 months | Coaching call weekly for 3 months (from supervised psychology undergraduate), then every other week for 3 months; average duration of initial call was 54 minutes decreasing to 15-20 minutes<br><br>Goal-setting, self-monitoring, problem-solving | Social cognitive theory<br><br>Problem-solving therapy | Control group received treatment as usual from a board-certified endocrinologist | A1c<br><br>Physical activity<br><br>Diet<br><br>Self-efficacy | Unclear<br><br>Private foundation |

| Study Country Veteran? | Condition Setting Duration | Intervention Strategies Used | Theoretical Orientation Therapeutic Model | Comparator | Outcomes Abstracted | Risk of Bias Funding Source |
|---|---|---|---|---|---|---|
| Safford, 2015[46]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>40 weeks | 1-hour group diabetes education class + one 5-10 minute individual counseling session to go over baseline "diabetes report cards," then peer coaches phoned weekly for the first 2 months and at least monthly for the next 8 months<br><br>Goal-setting, self-monitoring, chronic disease education | Health belief model, social cognitive theory and chronic care model<br><br>NR | 1-hour group diabetes education class + 5-10 minute counseling session on a "diabetes report card" showing baseline labs at enrollment | A1c<br><br>BMI | High<br><br>American Academy of Family Physicians |
| Sandroff, 2014[47]<br><br>USA<br><br>No | Multiple sclerosis<br><br>National registry and databases from previous studies over past 5 years<br><br>6 months | Coaching (discipline of coach not reported) via internet and 15, one-on-one video sessions (*eg*, Skype) for 6 months decreasing in frequency over time (from weekly to monthly)<br><br>Goal-setting, self-monitoring, problem-solving | Social cognitive theory<br><br>NR | Waitlist | Physical Activity<br><br>Functional status | High<br><br>National Multiple Sclerosis Society |
| Sherwood, 2010[48]<br><br>USA<br><br>No | Obesity<br><br>Community and university<br><br>20 weeks | DIAL: 2 active arms (same intervention for different durations: 10 sessions or 20 sessions) providing weekly telephone calls with coach (discipline not reported) lasting about 10-20 minutes + pedometer + logbook; calls followed a prescribed sequence in study manual adapted to fit into 10 or 20 lessons<br><br>None reported | NR<br><br>NR | Self-directed program participants were sent copy of manual, pedometer, and logbook but were not recontacted until time for follow-up measures | Weight change (kg)<br><br>Physical activity | High<br><br>Government grant |
| Thom, 2013[49] (Companion study, Moskowitz, 2103[50])<br><br>USA<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>6 months (26 weeks) | 12-14 sessions of coaching by a peer educator (individual or phone at discretion of subject) with goals of phone contact at least twice/month and 2 or more in-person contacts over 6 months<br><br>Goal-setting, self-monitoring | NR<br><br>NR | Usual care included all services normally available, including a nutritionist and diabetes educator via referral from their primary care physician | A1c<br><br>BMI | unclear<br><br>Private foundation |

| Study Country Veteran? | Condition Setting Duration | Intervention Strategies Used | Theoretical Orientation Therapeutic Model | Comparator | Outcomes Abstracted | Risk of Bias Funding Source |
|---|---|---|---|---|---|---|
| Turner, 2012[51]<br><br>USA<br><br>No | Hypertension<br><br>Primary care<br><br>6 months (26 weeks) | Phone calls every other month at 1, 3, and 5 months (duration not reported); on alternate months (2 and 4), office-based, in-person, individual counseling sessions (15-30 minutes each) with a peer educator as coach<br><br>Goal-setting, self-monitoring, problem-solving | Theory of planned behavior<br><br>Motivational interviewing, problem-solving therapy | Usual care at urban academic general medicine practices | SBP<br><br>4-year Framingham Score | Low<br><br>Private foundation |
| Vale, 2002[52]<br><br>Australia<br><br>No | CAD/CVD<br><br>NR (most likely cardiology)<br><br>6 months (24 weeks) | 5 coaching phone calls from dietician, with first call within 2 weeks of randomization; then 3 calls, one every 6 weeks; the fifth call at 24 weeks (to schedule the 6-month assessment); duration of calls varied<br><br>Self-monitoring, chronic disease education | NR<br><br>NR | Usual care; no further details given | Total cholesterol | Unclear<br><br>Industry |
| Vale, 2003[53]<br><br>Australia<br><br>No | CAD/CVD<br><br>Specialist clinic: cardiology<br><br>6 months | 5 coaching phone calls from nurse or dietician, with first call within 2 weeks of randomization; then 3 calls, one every 6 weeks; the fifth call at 24 weeks (to schedule the 6-month assessment); duration of calls varied<br><br>Self-monitoring, chronic disease education | NR<br><br>NR | Usual care; no further details given | SBP<br><br>Weight change<br><br>BMI<br><br>Diet<br><br>Smoking | Low<br><br>Private foundation, industry |
| Van der Wulp, 2012[54]<br><br>Netherlands<br><br>No | Type 2 diabetes<br><br>Primary care<br><br>3 months | 3 in-person, individual health coaching sessions, monthly, with trained peer educator using goal-setting; duration of session not reported<br><br>Goal-setting | Social cognitive theory<br><br>Motivational interviewing | Usual care from general practitioner based on the Dutch guidelines for type 2 diabetes | Self-efficacy<br><br>Physical activity | Unclear<br><br>Private foundation |
| Varney, 2014[55]<br><br>Australia<br><br>No | Type 2 diabetes<br><br>Diabetes clinic<br><br>6 months | Initial coaching call within 2 weeks of randomization followed by at least monthly phone calls (range 4-9 sessions) from dietician coach; duration average 45 minutes initially, then 20 minutes for follow-up calls<br><br>Goal-setting, self-monitoring, problem-solving | NR<br><br>Problem-solving therapy | Control group accessed usual care services, including a diabetes clinic staffed by endocrinologists, diabetes educators, and dietitians; patients typically attend the clinic at least monthly, with general practitioner visits occurring as needed | A1c<br><br>Weight (kg)<br><br>BMI<br><br>Physical activity | High<br><br>Private foundation |

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|---|---|---|---|---|---|---|
| Wadden, 2011[56]<br><br>USA<br><br>No | Obesity<br><br>Primary care<br><br>24 months (104 weeks) | (1) Coaching only: primary care visits plus 10-15 minute in-person, individual coaching sessions; 2 during the first month, then monthly for 11 months with a trained medical assistant; in months 13-24, coaching could be done by phone every other month<br>(2) Enhanced coaching: as above + choice of meal replacements or weight loss medication<br><br>Goal-setting, self-monitoring | NR<br><br>NR | Usual care consisting of quarterly PCP visits that included education about weight management for 5-7 minutes each visit | BMI<br><br>Weight loss | Unclear<br><br>NIH: NHLBI |
| Wayne, 2015[57]<br><br>Canada<br><br>No | Type 2 Diabetes<br><br>Primary care<br><br>6 months (26 weeks) | Weekly health coach sessions + exercise education program with smartphone wellness mobile application; components included support for health goals and goal achievement; self-monitoring; discussion of meals, exercise, blood glucose and mood; duration of session 37 (±22) minutes/week; also health coach co-monitored patient's input to mobile application<br><br>Goal-setting, self-monitoring, structured exercise | NR<br><br>NR | Weekly health coach sessions + exercise education program without smartphone application; components included support for health goals and goal achievement; self-monitoring; discussion of meals, exercise, blood glucose, and mood; session duration 39 (±28) minutes/week | A1c<br><br>BMI<br><br>Weight (kg) | Unclear<br><br>Government |
| Whittemore, 2004[58]<br><br>USA<br><br>No | Type 2 Diabetes<br><br>Outpatient diabetes education center<br><br>6 months | 6 in-person, individual coaching sessions with a trained nurse: first 3 every 2 weeks; then 2 monthly; last session 3 months after first 5 sessions with phone contacts in between sessions 5 and 6<br><br>Goal-setting, self-monitoring, problem-solving, chronic disease education | NR<br><br>Problem-solving therapy | Standard diabetes care, defined as regular visits with a primary care physician at approximately 3- to 4-month intervals; all women randomized to the control condition were invited to participate in the nurse-coaching intervention at the end of the study | A1c<br><br>BMI<br><br>Diet<br><br>Physical Activity | High<br><br>NIH: NINR |

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|---|---|---|---|---|---|---|
| Willard-Grace, 2015[59] (Companion study, Thom, 2015[60])<br><br>USA<br><br>No | Mixed: diabetes, hypertension, elevated lipids<br><br>Primary care<br><br>12 months | 5 in-person, individual coaching sessions at baseline, 3, 6, 9, and 12 months with a trained medical assistant as well as monthly follow-ups by phone; total 16 sessions<br><br>Goal-setting, self-monitoring | NR<br><br>NR | Patients randomized to usual care had access to any resources available at the clinic, including visits with their clinician, diabetes educators, nutritionists, chronic care nurses, and educational classes | A1c<br><br>SBP<br><br>LDL<br><br>Medication adherence | Unclear<br><br>Private foundation |
| Wolever, 2010[61]<br><br>USA<br><br>No | Type 2 diabetes<br><br>Community & registry<br><br>22 weeks (5-6 months) | 8 calls weekly for first 2 months, then 4 calls biweekly for 2 months; final call 1 month later for total of 14, 30-minute sessions with a trained social worker or medical assistant in psychology coach<br><br>Goal-setting, problem-solving, chronic disease education | NR<br><br>Motivational interviewing, mindfulness | Usual care; randomized to the control group received no materials or correspondence during the 6-month period | A1c<br><br>Medication adherence<br><br>Physical activity | Unclear<br><br>Industry |
| Young, 2014[62]<br><br>USA<br><br>No | Type 2 Diabetes<br><br>Primary care and community<br><br>Timing unclear: 9-18 weeks | 1 in-person, individual session with a nurse coach followed by 5 health coaching sessions via phone or video-conferencing, about once every 2 weeks; average duration of sessions was 30 minutes<br><br>Goal-setting, self-monitoring | NR<br><br>Motivational interviewing | Usual care consisted of the services and care available at the rural clinic where the participant received healthcare | Self-efficacy | Unclear<br><br>NIH: NIDDK, NCATS |

Abbreviations: ANCOVA=analysis of covariance, ANOVA=analysis of variance, BMI=body mass index, CI=confidence interval, A1c=glycosylated hemoglobin, JNC=Joint National Committee on Prevention, LDL=low-density lipoprotein-cholesterol., MD=mean difference, MI-via-CALC=Motivational Interview via Co-Active Life Coaching, NCATS=National Center for Advancing Translational Sciences, NHLBI=National Heart, Lung, and Blood Institute, NIDDK=National Institute for Diabetes and Digestive and Kidney Diseases, NIH=National Institutes of Health, NINR=National Institute of Nursing Research, NR=not reported, SBP=systolic blood pressure, SE=standard error, SMD=standardized mean difference