| | Randomised controlled trial reports (N=3) | | | | | | | | |
|------------------------------|---|---|---|---|---|--|--|--|--|
| Author(s) | Year | Evidence source details | Location of research (country of origin) | Research design | Study aims and/or purpose | Population of interest (health characteristics, if applicable) | | | |
| Stewart et al. | 2001 | Reference list searches | California, USA | Randomised controlled trial | This study examined the effectiveness of the Community Healthy Activities Model Program for Seniors (CHAMPS II) a lifestyle program based on the personal choice model that promotes increased physical activity levels. | Inactive older adults | | | |
| Arbillaga- Etxarri et al. | 2018 | Grey literature (Google Scholar) | Spain | Prospective, multicentre, parallel- group, randomised controlled trial | This study hypothesised that Urban Training could encourage COPD patients to increase and maintain their walking activity in the long term, as walking in public spaces is an extended cultural practice well integrated into the daily lifestyle of the study's COPD patients (elderly inhabitants of Mediterranean cities). | People with a diagnosis of COPD according to the American Thoracic Society/European Respiratory Society recommendations who were seen in any of the participating primary care and five hospital health centres from five Catalan seaside municipalities | | | |

Supplementary File 5: Study design, location, aims and population of interest

| Novais et al. | 2019 | Grey literature (ICTRP) | Brazil | Randomised controlled trial | This study aimed to compare the effectiveness of (1) standardized counselling on physical activity performed by the physician, (2) individualised counselling with referral to places georeferenced for exercising near the homes of the older population, and (3) a minimal brief counselling intervention on the increase in LTPA in the short and long term in an urban cohort of older adults. | Participants in the EPIDOSO (Epidemiology of the older) study |
|---------------|------|-------------------------------|---|--|---|---|
| | | | Control | led and uncontrolled b | efore-after trial reports (N=4) | |
| Author(s) | Year | Evidence source details | Location of research (country of origin) | Research design | Study aims and/or purpose | Population of interest (health characteristics, if applicable) |
| Shlay et al. | 2011 | Web of Science | Colorado, USA | Quasi-experimental before-after study | The objective of this study was to determine whether enhanced counselling, using patient navigators trained to counsel patients on CVD risk-reduction strategies and facilitate patient access to community-based lifestyle change services, reduced CVD risk among at-risk patients in a low- income population. | Cardiovascular disease risk patients in a low-income population |

| Oddone et al. | 2018 | Medline | Michigan, USA and North Carolina, USA | Pragmatic effectiveness- implementation Hybrid Type 1 randomised trial | The purpose of this study was to assess the effectiveness of a health risk assessment coupled with a brief health coaching intervention to activate veterans to enrol and participate in prevention programs chosen based on their needs and preferences. | Veterans attending a VA primary care centre, with lifestyle risk factors, who completed a Health Risk Assessment which gave patients a 'heath age' based on risk modelling |
|--------------------|------|-------------------------------|---|--|---|--|
| Pescheny et al. | 2019 | Multiple databases | England | Uncontrolled before- after cohort study | The objective of this study was to assess the change in energy expenditure levels of service users after participation in a social prescribing programme. | People with high risk of or diagnosis with type 2 diabetes and COPD, people with mild to moderate mental health issues (particularly depression and anxiety), people who are experiencing loneliness and/or social isolation or who are carers. Although the specific focus was on the groups outlined above, all patients who could benefit from social prescribing could be referred to the programme |
| Mays et al. | 2020 | Grey literature (ICTRP) | California, USA | Before-after cohort study | This study aimed to demonstrate the impact of evidence based exercise programmes on loneliness and social isolation, as these programs would offer a scalable intervention with multifaceted benefits for older adults. | Adults aged 50 years and older who presented to a Cedars-Sinai Medical Network provider in Los Angeles, California or self- referred from the surrounding community |

| | Pilot/feasibility trial reports (N=4) | | | | | | | | |
|-------------------|---------------------------------------|-------------------------------|---|---|--|---|--|--|--|
| Author(s) | Year | Evidence source details | Location of research (country of origin) | Research design | Study aims and/or purpose | Population of interest (health characteristics, if applicable) | | | |
| Holtrop et al. | 2008 | Embase | Michigan, USA | Feasibility study | This study described the community health educator referral liaison's (CHERL) role and presents the results of a feasibility study in primary care practices. | Patient was identified by the clinician as needing improvement in one or more of the four unhealthy behaviours - tobacco use, unhealthy diet, physical inactivity, and risky alcohol use | | | |
| Dunn | 2016 | Grey literature (ICTRP) | Australia | i) Pilot controlled trial ii) Longitudinal cohort study† | The aims of the study were to determine the feasibility, safety, and preliminary efficacy of an individually tailored, home- and community-based exercise program to improve cardiorespiratory fitness in stroke survivors; and to evaluate the longer- term effects, up to 12 months, of the HowFITSS? exercise program in a cohort of stroke survivors. | Independently ambulant stroke survivors | | | |

| Loskutova | 2016 | Embase | Alabama, | Before-after cohort | The objective of this study was to | Birmingham residents |
|------------------|------|------------|-------------|------------------------|---|-----------------------------|
| et al. | | | USA | feasibility study | determine the feasibility and | diagnosed with diabetes, |
| | | | | | acceptability of telephone-based non- | prediabetes or at risk for |
| | | | | | professional patient navigation for | diabetes |
| | | | | | patients with type 2 diabetes, | |
| | | | | | prediabetes, and those at risk for | |
| | | | | | diabetes. The primary mission of the | |
| | | | | | patient navigator in the program was | |
| | | | | | to link patients who had been referred | |
| | | | | | by their family physician to the most | |
| | | | | | appropriate community resources | |
| | | | | | based on their needs and readiness to | |
| | | | | | change, and explored whether this | |
| | | | | | adapted patient navigator model may | |
| | | | | | be a suitable model to bridge the gap | |
| | | | | | in linking primary care providers and | |
| | | | | | community resources for diabetes | |
| Mackovat | 2019 | Grey | Canada | Randomised | care. The primary aim of this study was to | Older men looking to |
| Mackey et al. | 2019 | literature | Callaua | controlled feasibility | assess feasibility of "Men on the | become more physically |
| di. | | (ICTRP) | | study | Move"—a scalable, choice-based, | active |
| | | | | study | physical activity and active | |
| | | | | | transportation promotion model for | |
| | | | | | older men. | |
| | | | | | | |
| | | | | Qualitative re | eports (N=6) | |
| Author(s) | Year | Evidence | Location of | Research design | Study aims and/or purpose | Population of interest |
| | | source | research | | | (health characteristics, if |
| | | details | (country of | | | applicable) |
| | | | origin) | | | |

| Shaw et al. | 2012 | Web of | Scotland | Qualitative - semi- | The aim of this study was to determine | Sought the views of all |
|--------------|------|---------------|----------|---------------------|---|-----------------------------|
| | | Science | | structured | which elements of the programme | patients with coronary |
| | | | | interviews | work for these patients in terms of | heart disease, irrespective |
| | | | | | encouraging participation and | of whether or not they |
| | | | | | adherence and which elements require | attended or completed the |
| | | | | | adjustment. | lifestyle intervention |
| | | | | | | programme provided by an |
| | | | | | | intermediary |
| Moffatt et | 2017 | Multiple | England | Qualitative- semi- | This study aimed to capture the | Service users of Ways to |
| al. | | databases | | structured | experiences of patients engaged with | Wellness |
| | | | | interviews | Ways to Wellness in its first 14 months | |
| | | | | | of operation and to identify the impact | |
| | | | | | of the Link Worker social prescribing | |
| | | | | | programme on health and well-being. | |
| Pescheny et | 2018 | Grey | England | Qualitative - semi- | The aim of this study was to explore | GPs and navigators involved |
| al. | | literature | | structured | factors affecting users' uptake and | with the local SP |
| | | (NHS | | interviews | adherence to social prescribing. | programme and service |
| | | Publications, | | | | users across various |
| | | RCGP) | | | | engagement levels |
| Carstairs et | 2020 | Multiple | Scotland | Qualitative - semi- | Using the example of jogscotland, this | Health professionals and |
| al. | | databases | | structured | study aimed to explore both primary | patients able to exercise |
| | | | | interviews | care HP and patient views regarding: | |
| | | | | | 1) potential methods of connecting | |
| | | | | | patients to community-based PA | |
| | | | | | opportunities; and 2) barriers and | |
| | | | | | facilitators to employing methods of | |
| | | | | | connection to jogscotland, as a | |
| | | | | | community-based opportunity. | |

| McHale et | 2020 | Grey | Scotland | Qualitative - focus | This study aimed to explore the views | All GHPs reported targeting |
|-----------|------|------------|----------|---------------------|---|-----------------------------|
| al. | | literature | | groups and semi- | and experiences of a range of | interventions in deprived |
| | | (NIHR) | | structured | professionals involved in the | areas. |
| | | | | interviews | establishment of green health | |
| | | | | | pathways, in order to gain insight of | |
| | | | | | the influences on the establishment of | |
| | | | | | pathways to promote green health. | |
| | | | | | The green health pathway programme | |
| | | | | | aimed to encourage more people to | |
| | | | | | enjoy and be active outdoors, to | |
| | | | | | mainstream green health into health | |
| | | | | | and social care policy and practice and | |
| | | | | | to build capacity and participation | |
| | | | | | within communities. | |
| Brandborg | 2021 | Multiple | Denmark | Qualitative - | The study aimed to explore the | Danish GPs |
| et al. | | databases | | interview-based | opinions and viewpoints among Danish | |
| | | | | | GPs regarding the advantages and | |
| | | | | | disadvantages of applying social | |
| | | | | | prescribing (SP) to promote physical | |
| | | | | | activity (PA) in Denmark. In addition, | |
| | | | | | the potential facilitators and barriers | |
| | | | | | regarding promoting PA through SP in | |
| | | | | | a collaboration between GPs and | |
| | | | | | partners in the third sector were | |
| | | | | | explored. | |
| | | | Mixed/ | Other methods/Metho | ds not reported reports (N=7) | |
| | | | • | - | - · · · | |

| Author(s) | Year | Evidence source details | Location of research (country of origin) | Research design | Study aims and/or purpose | Population of interest (health characteristics, if applicable) |
|-------------------|------|-------------------------------|---|------------------------|---|---|
| Helmink et al. | 2010 | Reference list searches | The Netherlands | Development process | This article described the rationale for the development of the BeweegKuur programme, as well as its development and contents. It also outlined the design of a formative evaluation study of the pilot implementation. | Inactive diabetic and prediabetic adults |
| Trinh et al. | 2011 | Multiple databases | Canada | Real world trial | PA stakeholders in British Columbia, Canada formed a partnership to implement a physician and community PA intervention using pedometers to increase PA levels among inactive patients. This real-world intervention study aimed to explore the feasibility and potential impact of the pedometer and community partnership approach on patient PA levels, physician/community relationships and self-reported PA promotion habits of physicians. | Inactive adults aged >19 |

| Sorkin et al. | 2013 | Web of Science | California, USA | Not reported | This article described the partnership between two federally qualified health centres (FQHCs) and several community-based organizations to design and implement a culturally- tailored intervention to prevent obesity and control diabetes among Mexican American women in Southern California. | Low- income, limited English- proficient Mexican American women |
|--|------|--|--------------------|---------------|---|---|
| The Health and Social Care ALLIANCE Scotland et al. | 2016 | Grey literature (Alliance Scotland) | Scotland | Not reported | This report detailed the most common issues that Community Links Practitioners (CLPs) are supporting people to address in their one-to-one work. CLPs worked with individuals across the seven Deep End practices participating in the first three years of the programme. | CLPs work to no exclusion criteria and will support anyone from the practice list population who it is felt may benefit from their role |
| Wellbeing 4 U* | [nd] | Grey Literature (Social Prescribing Network) | Wales | Impact report | This report described the work of Wellbeing Coordinators, who work closely with the Cluster Community Directors within which they operate to pro-actively take forward those elements of social prescribing that are embedded within the cluster plans; supporting patients to access alternative services that could have a positive impact on their health and wellbeing. | Patients in need of support with issues affecting their physical and/or mental health and wellbeing; individuals of all ages who are homeless, those with learning disabilities, young people leaving care, women fleeing domestic abuse, those recovering from substance misuse and people with mental health problems |

| Giving | 2019 | Grey Literature (Social Prescribing Network) | England | Not reported | The aim of this report was to contribute to the conversation about social prescribing by sharing insights and data from one of the oldest social prescribing projects in London. | Local older adults aged >55 years; often isolated, vulnerable |
|--------------------|------|--|---|---|--|---|
| Williams et al. | 2019 | Grey Literature (Social Prescribing Network) | England | Mixed methods evaluation: survey, semi-structured interviews, informal interviews | This report examined in detail how the advent of SP could help food growing to become more routinely used as part of health care, what opportunities and challenges this brings, and how gardens are or want to engage in the development of SP. | Survey distributed to Capital Growth network. Interviews carried out with self-selecting community garden projects and social prescribing link workers |
| | | | Μι | ultiple reports‡ of one s | tudy population (N=11) | |
| | | | | 1 | | |
| Author(s) | Year | Evidence source details | Location of research (country of origin) | Research design | Study aims and/or purpose | Population of interest (health characteristics, if applicable) |

| The RAPID study (Ackermann et al. 2007, Ackermann et al. 2015§) | 2007 2015 | Embase; Reference list searches | Indiana, USA | Randomised comparative effectiveness trial; development process | be effective at chronic disease self- management, (2) encourage health- promoting activity, and (3) teach the clients and their family how to approach their physician with questions about the management of their condition; The authors reported 12-month participant outcomes from a randomised controlled replication of the SWP in Sacramento, California. These studies evaluated whether the YMCA model for translating the DPP intervention (YDPP) can reach large numbers of diverse, primarily low- income adults with prediabetes and, when compared with the existing standard of care, is more effective in achieving modest weight losses shown previously to lower the development of type 2 diabetes. | Patients who were overweight (BMI ≥24) and had blood tests indicating high risk for type 2 diabetes |
|---|--------------|---|--------------------|--|---|--|
| The Care Sport Connector in the Netherlands (Leenaars§) | 2017 | Reference list searches; CINAHL; Reference list searches; Reference list searches; | The Netherlands | i) Multiple case studies ii) Quantitative studies (Levels of Collaboration Survey, questionnaire regarding the five dimensions of the theoretical | The overall aim of this thesis was to explore CSCs' role and impact in connecting the primary care and the PA sector. Therefore, four research questions were formulated. To study the processes that contribute to the connection between the primary care and the PA sector, studies were conducted from different perspectives – CSCs, professionals, and | Nine municipalities spread over the Netherlands with different population sizes, with a structurally embedded CSC. The target group of CSCs were residents who could benefit from PA, like primary care patients and the elderly |

| The Men on2018GreyIrelandProcess evaluation -These articles aimed to describe howThe process evaluation | | | | framework) iii) Qualitative studies (focus groups and interviews) iv) Development of a theoretical framework used for policy document analysis† | policymakers – and on different levels – policy and community level. Using interviews, we explored how CSCs perceived their role when they initially started their function (Leenaars et al. 2018a). Professionals' perceptions of CSCs and the connection between the primary care and PA sector were explored using focus groups with CSCs' networks (Leenaars et al. 2016). To study the conditions at national and local level that facilitate or hinder CSCs in connecting both sectors, the operational context of CSCs was studied, based on a theoretical framework that was developed and used for a document analysis of policy documents, a questionnaire among policymakers, and group interviews with policymakers (Leenaars et al. 2018b). Impacts mediated by CSCs and perceived societal benefits for the municipality, neighbourhood, and local residents were studied, using an adapted RE-AIM framework to explore CSCs' impact in connecting the primary care and the PA sector (Leenaars et al. | |
|---|---|------|---------|---|--|---------|
| | - | | | 2 | 2017). | |
| The Move 2019 literature focus group data; Men On the Move (MOM) program study recruited | | | Ireland | | | • |

| study | 2019 | (ICTRP) | pragmatic controlled | activities were delivered, how closely it | intermediaries and their |
|----------------|------|---------|----------------------|---|-------------------------------|
| (Robertson | | | trial; process | was implemented as planned, and how | teams of community |
| et al. | | | evaluation | well it reached the target population | practitioners involved in |
| 2018§, | | | | i.e. what were the keys to MOM | delivering the MOM group. |
| Carroll et al. | | | | program success and the challenges | The other studies recruited |
| 2019, Kelly | | | | encountered in delivering the program | inactive adult men, likely to |
| et al. 2019) | | | | (Robertson et al. 2018), to present the | have multiple risk factors |
| | | | | pre-adoption characteristics of men | for CVD, that aims to |
| | | | | who registered for the MOM | improve the overall health |
| | | | | programme and to ascertain whether | and wellbeing of |
| | | | | the programme reached those for | participants |
| | | | | whom it was intended (Kelly et al. | |
| | | | | 2019), and to assess the impact of the | |
| | | | | programme on the biopsychosocial | |
| | | | | health of participants up to fifty-two | |
| | | | | weeks (Carroll et al. 2019). | |

*Author information not available. †Both references (Dunn (2016) and Leenaars (2017)) represent PhD theses, consisting of multiple separate studies. For the studies by Leenaars et al., four separate peer-reviewed reports were identified related to a thesis by publication; therefore the published thesis [1] was included in the review as a single study. For the studies by Dunn et al. data were extracted from one peer-reviewed publication and the main thesis, therefore the published thesis was included in the review as a single study [2]. ‡Where multiple reports pertain to one study, this is presented as the name of the study followed by the references of the reports. §Main reference used throughout text as bulk of information extracted from this reference. Abbreviations: BMI – body mass index, CalPERS - California Public Employees Retirement System, CINAHL - Cumulative Index to Nursing and Allied Health Literature, CHERL - Community health educator referral liaison, CLP – community links practitioner, COPD – Chronic Obstructive Pulmonary Disease, CSC – care sport connector, CVD – cardiovascular disease, DPP – Diabetes Prevention Programme, EPIDOSO - Epidemiology of the Older (in Portuguese), GHP – green health partnerships, GPs – general practitioners, HowFITTS - How Fit is the Stroke Survivor, HP – health professional, ICTRP – International Clinical Trials Registry Platform, LTPA – leisure time physical activity, MOM – Men on The Move, NHS – National Health Service, NIHR – National Institute for Health and Care Research, PA – physical activity, RAPID - Reaching Out to Prevent Increases in Diabetes, RCGP – Royal College of General Practitioners, SP – social prescribing, SWP – Senior Wellness Programme, USA – United States of America, VA – Veteran's Association, YMCA – Young Men's Christian Association.

References

- 1. Leenaars K. The Care Sport Connector in the Netherlands: Wageningen University; 2017.
- 2. Dunn AK. The Measurement and Improvement of Fitness Post Stroke. Australia: The University of Newcastle, Australia; 2016.