

SUPPLEMENTARY DATA

Example of the full search string used for systematic review in PubMed.

(((((("diabetes mellitus"[MeSH Terms] OR ("diabetes"[All Fields] AND "mellitus"[All Fields]) OR "diabetes mellitus"[All Fields] OR "diabetes"[All Fields] OR "diabetes insipidus"[MeSH Terms] OR ("diabetes"[All Fields] AND "insipidus"[All Fields]) OR "diabetes insipidus"[All Fields]) OR ("prediabetic state"[MeSH Terms] OR ("prediabetic"[All Fields] AND "state"[All Fields]) OR "prediabetic state"[All Fields] OR ("pre"[All Fields] AND "diabetes"[All Fields]) OR "pre diabetes"[All Fields]) OR ("glucose intolerance"[MeSH Terms] OR ("glucose"[All Fields] AND "intolerance"[All Fields]) OR "glucose intolerance"[All Fields] OR ("impaired"[All Fields] AND "glucose"[All Fields] AND "tolerance"[All Fields]) OR "impaired glucose tolerance"[All Fields]) OR (impaired[All Fields] AND ("fasting"[MeSH Terms] OR "fasting"[All Fields]) AND ("glucose"[MeSH Terms] OR "glucose"[All Fields]))) AND (("prevention and control"[Subheading] OR ("prevention"[All Fields] AND "control"[All Fields]) OR "prevention and control"[All Fields] OR "prevention"[All Fields]) OR ("primary prevention"[MeSH Terms] OR ("primary"[All Fields] AND "prevention"[All Fields]) OR "primary prevention"[All Fields]) OR ("life style"[MeSH Terms] OR ("life"[All Fields] AND "style"[All Fields]) OR "life style"[All Fields] OR "lifestyle"[All Fields]) OR ("exercise"[MeSH Terms] OR "exercise"[All Fields] OR ("physical"[All Fields] AND "activity"[All Fields]) OR "physical activity"[All Fields]) OR ("exercise"[MeSH Terms] OR "exercise"[All Fields]) OR ("nutritional status"[MeSH Terms] OR ("nutritional"[All Fields] AND "status"[All Fields]) OR "nutritional status"[All Fields] OR "nutrition"[All Fields] OR "nutritional sciences"[MeSH Terms] OR ("nutritional"[All Fields] AND "sciences"[All Fields]) OR "nutritional sciences"[All Fields]) OR ("diet"[MeSH Terms] OR "diet"[All Fields]))) AND (program[All Fields] OR ("methods"[MeSH Terms] OR "methods"[All Fields] OR "intervention"[All Fields]) OR ("policy"[MeSH Terms] OR "policy"[All Fields]))) AND (("residence characteristics"[MeSH Terms] OR ("residence"[All Fields] AND "characteristics"[All Fields]) OR "residence characteristics"[All Fields] OR "community"[All Fields]) OR (real[All Fields] AND ("life"[MeSH Terms] OR "life"[All Fields])) OR ("translations"[MeSH Terms] OR "translations"[All Fields] OR "translation"[All Fields] OR "protein biosynthesis"[MeSH Terms] OR ("protein"[All Fields] AND "biosynthesis"[All Fields]) OR "protein biosynthesis"[All Fields]) OR effectiveness[All Fields] OR dissemination[All Fields] OR implementation[All Fields])) NOT gestational[All Fields]) NOT (("child"[MeSH Terms] OR "child"[All Fields] OR "children"[All Fields]) OR ("adolescent"[MeSH Terms] OR "adolescent"[All Fields] OR "youth"[All Fields]) OR ("adolescent"[MeSH Terms] OR "adolescent"[All Fields] OR "adolescents"[All Fields])) NOT (("animals"[MeSH Terms:noexp] OR animal[All Fields]) OR ("rats"[MeSH Terms] OR "rats"[All Fields]) OR ("mice"[MeSH Terms] OR "mice"[All Fields])) AND ("1990/01/01"[PDAT] : "2014/12/31"[PDAT]) AND "humans"[MeSH Terms])

SUPPLEMENTARY DATA

Supplementary Table S1. Baseline participant characteristics, intervention characteristics, and quality scores by study.

Included in Systematic Review (n=14)													
Author (year) Country	Participant Characteristics					Intervention characteristics			Quality item scores				
	Age (years)	N analyzed	Male %	NHW %	BMI	Sessions	Intervention strategy	Duration (weeks)	Sample	Attrition	Analysis	Report	Quality
Ackermann (2011)(1) US	57.3	36	56	94	31.0	13	Group education by community member	32	2	0	1	2	Low
Amundson (2009)(2) US	53.6	293	20	NR	35.9	22	Group education by healthcare professional	40	2	1	1	0	Low
Coppell (2009)(3) New Zealand	49.6	253	41	0	32.5	Not reported	Group education by community member	104	0	1	1	0	Low
Kaholokula (2012a)(4) US	50.0	72	22	0	40.0	6	Group education by community member	24	1	1	2	2	Med
Kaholokula (2012b)(4) US	49.0	72	8	0	39.0	6	Telephone counseling by community member	24	“	“	“	“	“
Katula (2013)(5) US	57.3	151	42	73	32.9	24	Group education by healthcare professional and community member	96	2	1	2	2	Med
Kramer (2011)(6) US	52.9	81	12	96	37.1	12	Group education by healthcare professional	52	2	2	2	3	High
Oba (2011)(7) Thailand	45.0	160	9	0	24.8	NR	Group education by community member	12	2	2	2	3	High
Piatt (2012)(8) US	54.0	86	15.9	72.7	NR	12	Group education by healthcare professional	12-14	1	0	2	3	Med
Treadwell	NR	42	100	0	N	6	Group education by	6	1	2	1	3	Med

SUPPLEMENTARY DATA

(2010)(9) US					R		community member						
Vojta (2013)(10) US	NR	2369	24	NR	N R	24	Group education by community member	16	1	1	2	4	High
Rowley (2000a)(11) Australia	49	32	25	0	2 8. 5	NR	Group education by community member	104	1	0	1	3	Low
Rowley (2000b)(11) Australia	NR	131	49.3	0	2 4. 5	NA	Community-wide education by community member	208	“	“	“	“	“
Xiao (2013a)(12) US	54.6	59	51.9	77.2	3 1. 8	30	Group education by healthcare professional	12	2	1	1	1	Low
Xiao (2013b)(12) US	51.8	52	54.3	79	3 1. 7	30	Self-directed education via DVDs	12	“	“	“	“	“
Yates (2011a)(13) UK	64.0	22	64	77	2 9. 3	1	Group education by healthcare professional	0	2	1	1	2	Med
Yates (2011b)(13) UK	66.0	22	73.0	91	2 9. 3	1	Group education by healthcare professional plus pedometer	0	“	“	“	“	“
Zyriax (2014)(14) Germany	44.4	55	43	NR	2 9. 8	32	Group education by healthcare professional and community members	52	2	1	1	3	Med
Included in Systematic Review and Meta-Analysis (n=63)													
Author (year) Country	Age (years)	N analy zed	Male %	NHW %	B M I	Sessio ns	Intervention strategy	Duratio n (weeks)	Sam ple	Attrit ion	Anal ysis	Rep ort	Total
Absetz (2009)(15) Finland	58.2	266	26.0	0	3 2. 6	6	Group education by healthcare professional	32	1	2	1	2	Med
Ackermann	56.5	46	50.0	93.0	3	16	Group education by	16	2	1	1	3	Med

SUPPLEMENTARY DATA

(2008)(16) US					2. 0 0		community member						
Ackermann (2014a)(17) US	46.5	153	20.0	77.0	--	16	Education via cable TV plus Internet support	26	2	1	2	2	Med
Ackermann (2014b)(17) US	46.9	153	15.0	77.0	--	16	Education via cable TV	26	“	“	“	“	“
Almeida(2010)(18) US	62.4	820	48.0	70.0	2 9. 8 0	1	Group education by healthcare professional	1	1	2	1	2	Med
Auslander (2002)(19) United States	41.2	138	0.0	0	3 5. 7	12	Group education by community member	12	1	1	1	2	Low
Barclay (2008)(20) UK	62.3	17	33.0	--	2 9. 8	5	Group education by healthcare professional	26	2	2	1	3	High
Benyshek (2013)(21) US	36.9	12	17.0	0	--	16	Group education by community member	16	2	1	1	2	Med
Boltri (2008)(22) US	52.0	8	42.0	0	3 1. 6	16	Group education by healthcare professional	16	1	1	2	3	Med
Boltri (2011)(23) US	57.2	37	30.0	0	3 3. 2	12	Group education by healthcare professional	16	2	2	2	3	High
Costa (2012)(24) Spain	62.0	333	36.0	0	3 1. 2	4	Group education by healthcare professional		2	1	2	3	High
Daniel (1999)(25) Canada	49.1	61	32.0	0	--	--	Group education by community member	70	0	1	1	3	Low
Davis-Smith (2007)(26)	55.9	10	30.0	0.0	3 5.	6	Group education by healthcare professional	6	1	2	1	4	High

SUPPLEMENTARY DATA

US					7								
Duijzer (2014)(27) Netherlands	54.1	24	48.0	--	29.0	47	Group education by healthcare professional	40	0	2	1	3	Med
Dunbar (2014)(28) Australia	61.3	3114	34.0	--	39.1	6	Group education by community member	35	1	2	1	4	High
Endevelt (2015)(29) Israel	51.9	111	52.3	--	29.8	58	Group education by healthcare professional	24	2	0	1	2	Low
Estabrooks (2008)(30) US	57.8	28	28.2	69.0	-	12	Counseling via interactive voice response call	12	0	1	1	2	Low
Faghri (2014a)(31) US	42.3	19	10.5	36.8	38.5	1	Group education by healthcare professional, plus cash award	16	2	1	2	2	Med
Faghri (2014b)(31) US	46.5	16	6.3	43.8	36.9	1	Group education by healthcare professionals, plus matched deposit	16	“	“	“	“	“
Faridi(2010)(32) US	49.0	121	15.0	0.0	33.8	variable	Group education by community member	10	1	1	1	2	Low
Goldfinger (2008)(33) US	68.3	21	19.0	0.0	32.7	8	Group education by community member	10	0	1	1	3	Low
Gutierrez (2014)(34) US	--	159	22.0	0.0	31.7	12	Group education by community member	12	0	1	1	4	Med
Guyse (2011)(35) US	52.6	166	20.0	--	36.7	16	Group education by healthcare professional	16	2	1	1	2	Med
Greaves (2008)(36) UK	53.0	72	36.0	--	--	11	Individual counseling by healthcare professional	26	1	1	2	3	Med
Islam	61.0	21	32	0	2	6	Group education by	26	2	1	1	3	Med

SUPPLEMENTARY DATA

(2013)(37) US					4. 5		community member						
Islam (2014)(38) US	46.3	59	4.0	0.0	2 7. 8	6	Group education by community member	26	2	1	1	3	Med
Jaber (2011)(39) US	47.0	71	38.0	0.0	3 4. 3	12	Group education by healthcare professional	24	1	1	2	2	Med
Janus (2012)(40) Australia	64.2	38	17.0	100.0	3 1. 4	6	Group education by healthcare professional	35	2	1	1	2	Med
Jiang (2013)(41) US	46.6	1503	25.5	0.0	3 5. 8	16	Group education by healthcare professional	16	1	1	1	3	Med
Katula (2011) (42) US	57.3	151	43.0	73.5	3 2. 8	26	Group education by community member	26	2	2	2	2	High
Kanaya (2012)(43) US	58.0	113	27.0	20.0	3 0. 1	19	Group education by community member	26	2	2	2	3	High
Kramer (2009)(44) US	57.2	42	21.0	100.0	3 4. 6	12	Group education by healthcare professional	19	2	1	2	3	High
Kramer (2013)(45) US	32.7	18	0.0	0.0	3 1. 4	12	Group education by healthcare professional	15	1	1	1	3	Med
Kramer (2014)(46) US	53.0	52	12.0	96.0	3 6. 7	21	Group education by healthcare professional	12	2	1	1	2	Med
Ma (2013a)(47) US	54.6	79	51.9	77.2	3 1. 8	12	Group education by healthcare professional	12	2	1	2	2	Med
Ma (2013b)(47) US	51.8	81	44.3	79.0	3 1. 7	24	Education via DVD at home	12	“	“	“	“	“

SUPPLEMENTARY DATA

Makrilakis (2010)(48) Greece	56.0	125	40.0	--	3 2. 0	6	Group education by healthcare professional	52	2	1	1	3	Med
McNabb (1997)(49) US	56.5	15	0.0	0.0	3 3. 9	14	Group education by community member	14	0	2	1	3	Med
Nilsen (2011)(50) Norway	47.0	93	47.0	--	3 5. 9	10	Group education by healthcare professional	16	2	2	1	2	Med
Ockene (2012)(51) US	52.0	162	28.0	0.0	3 3. 6	16	Group education by community member	52	2	2	1	4	High
Pagoto (2008)(52) US	48.7	55	28.0	90.7	4 3. 3	16	Group education by healthcare professional	16	0	2	2	4	High
Payne (2008)(53) Australia	52.6	122	22.0	--	3 5. 0	6	Group education by healthcare professional	18	2	0	2	3	Med
Parikh (2010)(54) US	46.0	35	14.0	2.0	3 2. 0	8	Group education by community member	10	1	1	2	1	Low
Penn (2011)(55) UK	53.7	116	30.0	--	3 3. 9	20	Group education by community member	10	2	1	1	3	Med
Penn (2013)(56) UK	54.3	134	30.0	--	3 3. 5	20	Group education by community member	10	2	1	1	3	Med
Piatt (2013a)(57) US	51.0	96	12.0	100.0	3 7. 0	12	Group education by healthcare professional	12	1	0	1	2	Low
Piatt (2013b)(57) US	52.0	64	15.0	94.0	3 6. 0	12	Education via DVD	12	1	0	1	2	Low
Piatt (2013c)(57) US	49.0	44	12.0	99.0	3 6. 0	12	Education via Internet	12	“	“	“	“	“

SUPPLEMENTARY DATA

Philis-Tsimikas (2014)(58) US	31.9	70	0.0	0.0	2 9. 1	8	Group education by community member	8	1	2	1	3	Med
Ruggiero (2011)(59) US	37.9	57	7.2	0.0	3 1. 2	16	Group education by community member	16	1	2	1	3	Med
Saaristo (2010)(60) Finland	55.0	2798	33.0	--	3 1. 2	8	Group education by healthcare professional	52	2	1	1	3	Med
Seidel (2008)(61) US	54.0	86	15.9	72.7	3 6. 2	12	Group education by healthcare professional	12	1	0	2	3	Med
Sepah (2014)(62) US	45.3	144	14.6	50.4	3 6. 2	16	Education and counseling by telehealth	16	2	1	1	2	Med
Simmons (1998)(63) New Zealand	37.0	50	34.0	0.0	3 1. 2	160	Group education by community member	104	0	1	1	3	Low
Simmons (2004)(64) New Zealand	33.0	104	48.0	0.0	--	160	Group education by community member	104	0	0	1	3	Low
Simmons (2008)(65) New Zealand	47.0	106	34.4	0.0	3 4. 1	--	Group education by community member	27	1	0	1	4	Med
Sulaiman (2013)(66) Australia	--	94	26.0	--	3 0. 3	2	Group education by community member	1	2	2	2	0	Med
Thompson (2008)(67) US	29.6	64	0.0	0.0	2 9. 5	5	Group education by community member	22	0	1	2	3	Med
Vadheim (2010)(68) US	50.5	65	12.0	92.5	3 6. 2	16	Group education by healthcare professional	16	2	1	1	3	Med
Vadheim (2010a)(69) US	53.0	13	31.0	--	3 4. 0	16	Group education by community member	16	2	2	1	3	High

SUPPLEMENTARY DATA

Vadheim (2010b)(69) US	50.0	14	7.0	--	38.7	16	Education and counseling by telehealth	16	“	“	“	“	“
Vanderwood (2010)(70) US	52.3	578	20.0	92.5	35.1	16	Group education by a healthcare professional	16	2	1	1	2	Med
Vermunt (2012)(71) Netherlands	--	368	--	--	29.0	17	Group education by healthcare professional	130	2	2	1	3	High
Vincent (2014)(72) US	50.0	38	23.7	0	34.6	8	Group education by community member	8	2	1	1	2	Med
Watanabe (2007)(73) Japan	50.7	117	7.0	0.0	24.5	4	Individual counseling by a healthcare professional	16	1	2	1	2	Med
Wilson (2015)(74) US	49.6	335	19.0	0.0	--	12	Group education by community member	12	0	2	1	3	Med
Whittemore (2009)(75) US	48.2	31	10.0	48.0	40.0	11	Individual counseling by a healthcare professional	24	1	1	2	3	Med
Yates (2009a)(76) UK	66.0	29	69.0	86.0	28.7	1	Group education by healthcare professionals, with pedometer	1	2	1	1	2	Med
Yates (2009b)(76) UK	64.0	29	69.0	39.0	29.5	1	Group education by healthcare professional	“	“	“	“	“	“
Yeary (2011)(77) US	50.8	22	15.0	0.0	35.0	16	Group education by community member	16	1	2	1	3	Med

*If a study presented more than two intervention groups, then the study is listed twice with a letter (a, b or c) to designate the group.
 NHW = non-Hispanic white

SUPPLEMENTARY DATA

References

1. Ackermann RT, Finch EA, Caffrey HM, Lipscomb ER, Hays LM, Saha C. Long-term effects of a community-based lifestyle intervention to prevent type 2 diabetes: the DEPLOY extension pilot study. *Chronic Illn* 2011;7:279-290
2. Amundson HA, Butcher MK, Gohdes D, Hall TO, Harwell TS, Helgeson SD, Vanderwood KK. Translating the diabetes prevention program into practice in the general community: findings from the Montana Cardiovascular Disease and Diabetes Prevention Program. *Diabetes Educ* 2009;35:209-210, 213-204, 216-220 passim
3. Coppell KJ, Tipene-Leach DC, Pahau HL, Williams SM, Abel S, Iles M, Hindmarsh JH, Mann JI. Two-year results from a community-wide diabetes prevention intervention in a high risk indigenous community: the Ngati and Healthy project. *Diabetes Res Clin Pract* 2009;85:220-227
4. Kaholokula JK, Mau MK, Efird JT, Leake A, West M, Palakiko DM, Yoshimura SR, Kekauoha BP, Rose C, Gomes H. A family and community focused lifestyle program prevents weight regain in Pacific Islanders: a pilot randomized controlled trial. *Health Educ Behav* 2012;39:386-395
5. Katula JA, Vitolins MZ, Morgan TM, Lawlor MS, Blackwell CS, Isom SP, Pedley CF, Goff DC, Jr. The Healthy Living Partnerships to Prevent Diabetes study: 2-year outcomes of a randomized controlled trial. *Am J Prev Med* 2013;44:S324-332
6. Kramer MK, McWilliams JR, Chen HY, Siminerio LM. A community-based diabetes prevention program: evaluation of the group lifestyle balance program delivered by diabetes educators. *Diabetes Educ* 2011;37:659-668
7. Oba N, McCaffrey R, Choonhapran P, Chutug P, Rueangram S. Development of a community participation program for diabetes mellitus prevention in a primary care unit, Thailand. *Nurs Health Sci* 2011;13:352-359
8. Piatt GA, Seidel MC, Chen HY, Powell RO, Zgibor JC. Two-year results of translating the diabetes prevention program into an urban, underserved community. *Diabetes Educ* 2012;38:798-804
9. Treadwell H, Holden K, Hubbard R, Harper F, Wright F, Ferrer M, Blanks SH, Villani G, Thomas A, Washington F, Kim EK. Addressing obesity and diabetes among African American men: examination of a community-based model of prevention. *J Natl Med Assoc* 2010;102:794-802
10. Vojta D, Koehler TB, Longjohn M, Lever JA, Caputo NF. A coordinated national model for diabetes prevention: linking health systems to an evidence-based community program. *Am J Prev Med* 2013;44:S301-306
11. Rowley KG, Daniel M, Skinner K, Skinner M, White GA, O'Dea K. Effectiveness of a community-directed 'healthy lifestyle' program in a remote Australian aboriginal community. *Aust N Z J Public Health* 2000;24:136-144
12. Xiao L, Yank V, Wilson SR, Lavori PW, Ma J. Two-year weight-loss maintenance in primary care-based Diabetes Prevention Program lifestyle interventions. *Nutr Diabetes* 2013;3
13. Yates T, Davies MJ, Sehmi S, Gorely T, Khunti K. The Pre-diabetes Risk Education and Physical Activity Recommendation and Encouragement (PREPARE) programme study: are improvements in glucose regulation sustained at 2 years? *Diabet Med* 2011;28:1268-1271
14. Zyriax BC, Letsch B, Stock S, Windler E. DELIGHT (delay of impaired glucose tolerance by a healthy lifestyle trial) - a feasibility study on implementing a program of sustainable diabetes prevention in German companies. *Exp Clin Endocrinol Diabetes* 2014;122:20-26

SUPPLEMENTARY DATA

15. Absetz P, Oldenburg B, Hankonen N, Valve R, Heinonen H, Nissinen A, Fogelholm M, Talja M, Uutela A. Type 2 Diabetes Prevention in the Real World. *Diabetes Care* 2009;32:1418
16. Ackermann RT, Finch EA, Brizendine E, Zhou H, Marrero DG. Translating the Diabetes Prevention Program into the community. The DEPLOY Pilot Study. *Am J Prev Med* 2008;35:357-363
17. Ackermann RT, Sandy LG, Beauregard T, Coblitz M, Norton KL, Vojta D. A randomized comparative effectiveness trial of using cable television to deliver diabetes prevention programming. *Obesity* 2014;22:1601-1607
18. Almeida FA, Shetterly S, Smith-Ray RL, Estabrooks PA. Reach and effectiveness of a weight loss intervention in patients with prediabetes in Colorado. *Prev Chronic Dis* 2010;7:A103
19. Auslander W, Haire-Joshu D, Houston C, Rhee CW, Williams JH. A controlled evaluation of staging dietary patterns to reduce the risk of diabetes in African-American women. *Diabetes Care* 2002;25:809-814
20. Barclay C, Procter KL, Glendenning R, Marsh P, Freeman J, Mathers N. Can type 2 diabetes be prevented in UK general practice? A lifestyle-change feasibility study (ISALAH). *Br J Gen Pract* 2008;58:541-547
21. Benyshek DC, Chino M, Dodge-Francis C, Begay TO, Jin H, Giordano C. Prevention of type 2 diabetes in urban American Indian/Alaskan Native communities: The Life in BALANCE pilot study. *J Diabetes Mellitus* 2013;3:184-191
22. Boltri JM, Davis-Smith YM, Seale JP, Shellenberger S, Okosun IS, Cornelius ME. Diabetes prevention in a faith-based setting: results of translational research. *J Public Health Manag Pract* 2008;14:29-32
23. Boltri JM, Davis-Smith M, Okosun IS, Seale JP, Foster B. Translation of the National Institutes of Health Diabetes Prevention Program in African American churches. *J Natl Med Assoc* 2011;103:194-202
24. Costa B, Barrio F, Cabre JJ, Pinol JL, Cos X, Sole C, Bolibar B, Basora J, Castell C, Sola-Morales O, Salas-Salvado J, Lindstrom J, Tuomilehto J. Delaying progression to type 2 diabetes among high-risk Spanish individuals is feasible in real-life primary healthcare settings using intensive lifestyle intervention. *Diabetologia* 2012;55:1319-1328
25. Daniel M, Green LW, Marion SA, Gamble D, Herbert CP, Hertzman C, Sheps SB. Effectiveness of community-directed diabetes prevention and control in a rural Aboriginal population in British Columbia, Canada. *Soc Sci Med* 1999;48:815-832
26. Davis-Smith YM, Boltri JM, Seale JP, Shellenberger S, Blalock T, Tobin B. Implementing a diabetes prevention program in a rural African-American church. *J Natl Med Assoc* 2007;99:440-446
27. Duijzer G, Haveman-Nies A, Jansen SC, ter Beek J, Hiddink GJ, Feskens EJ. Feasibility and potential impact of the adapted SLIM diabetes prevention intervention in a Dutch real-life setting: the SLIMMER pilot study. *Patient Educ Couns* 2014;97:101-107
28. Dunbar JA, Jayawardena A, Johnson G, Roger K, Timoshanko A, Versace VL, Shill J, Philpot B, Vartiainen E, Laatikainen T, Best JD, Janus ED. Scaling up diabetes prevention in Victoria, Australia: policy development, implementation, and evaluation. *Diabetes Care* 2014;37:934-942
29. Endevelt R, Peled R, Azrad A, Kowen G, Valinsky L, Heymann AD. Diabetes prevention program in a Mediterranean environment: individual or group therapy? An effectiveness evaluation. *Prim Care Diabetes* 2015;9:89-95
30. Estabrooks PA, Smith-Ray RL. Piloting a behavioral intervention delivered through interactive voice response telephone messages to promote weight loss in a pre-diabetic population. *Patient Educ Couns* 2008;72:34-41
31. Faghri PD, Li R. Effectiveness of Financial Incentives in a Worksite Diabetes Prevention Program. *Open Obes J* 2014;6:1-12

SUPPLEMENTARY DATA

32. Faridi Z, Shuval K, Njike VY, Katz JA, Jennings G, Williams M, Katz DL. Partners reducing effects of diabetes (PREDICT): a diabetes prevention physical activity and dietary intervention through African-American churches. *Health Educ Res* 2010;25:306-315
33. Goldfinger JZ, Arniella G, Wylie-Rosett J, Horowitz CR. Project HEAL: peer education leads to weight loss in Harlem. *J Health Care Poor Underserved* 2008;19:180-192
34. Gutierrez J, Devia C, Weiss L, Chantarat T, Ruddock C, Linnell J, Golub M, Godfrey L, Rosen R, Calman N. Health, community, and spirituality: evaluation of a multicultural faith-based diabetes prevention program. *Diabetes Educ* 2014;40:214-222
35. Guyse LA, McHugh BR, Meszaros JF, Vanderwood KK, Hall TO, Arave D, Butcher MK, Helgerson SD, Harwell TS. Collaborative Approach to Implementing an Adapted Diabetes Prevention Program Lifestyle Intervention. *Diabetes Spectr* 2011;24:138
36. Greaves CJ, Middlebrooke A, O'Loughlin L, Holland S, Piper J, Steele A, Gale T, Hammerton F, Daly M. Motivational interviewing for modifying diabetes risk: a randomised controlled trial. *Br J Gen Pract* 2008;58:535-540
37. Islam NS, Zanowiak JM, Wyatt LC, Chun K, Lee L, Kwon SC, Trinh-Shevrin C. A randomized-controlled, pilot intervention on diabetes prevention and healthy lifestyles in the New York City Korean community. *J Community Health* 2013;38:1030-1041
38. Islam NS, Zanowiak JM, Wyatt LC, Kavathe R, Singh H, Kwon SC, Trinh-Shevrin C. Diabetes prevention in the New York City Sikh Asian Indian community: a pilot study. *Int J Environ Res Public Health* 2014;11:5462-5486
39. Jaber LA, Pinelli NR, Brown MB, Funnell MM, Anderson R, Hammad A, Herman WH. Feasibility of group lifestyle intervention for diabetes prevention in Arab Americans. *Diabetes Res Clin Pract* 2011;91:307-315
40. Janus ED, Best JD, Davis-Lameloise N, Philpot B, Hernan A, Bennett CM, O'Reilly S, Carter R, Vartiainen E, Dunbar JA. Scaling-up from an implementation trial to state-wide coverage: results from the preliminary Melbourne Diabetes Prevention Study. *Trials* 2012;13:152
41. Jiang L, Manson SM, Beals J, Henderson WG, Huang H, Acton KJ, Roubideaux Y. Translating the Diabetes Prevention Program into American Indian and Alaska Native communities: results from the Special Diabetes Program for Indians Diabetes Prevention demonstration project. *Diabetes Care* 2013;36:2027-2034
42. Katula JA, Vitolins MZ, Rosenberger EL, Blackwell CS, Morgan TM, Lawlor MS, Goff DC, Jr. One-year results of a community-based translation of the Diabetes Prevention Program: Healthy-Living Partnerships to Prevent Diabetes (HELP PD) Project. *Diabetes Care* 2011;34:1451-1457
43. Kanaya AM, Santoyo-Olsson J, Gregorich S, Grossman M, Moore T, Stewart AL. The Live Well, Be Well study: a community-based, translational lifestyle program to lower diabetes risk factors in ethnic minority and lower-socioeconomic status adults. *Am J Public Health* 2012;102:1551-1558
44. Kramer MK, Kriska AM, Venditti EM, Miller RG, Brooks MM, Burke LE, Siminerio LM, Solano FX, Orchard TJ. Translating the Diabetes Prevention Program: a comprehensive model for prevention training and program delivery. *Am J Prev Med* 2009;37:505-511
45. Kramer MK, Perez-Cepak y, Venditti EM, Kriska AM. Evaluation of the Group Lifestyle Balance programme for diabetes prevention in a Hispanic Women, Infants and Children (WIC) Programme population in the USA. *Diversity and Equality in Health and Care* 2013;10:73-82
46. Kramer MK, Miller RG, Siminerio LM. Evaluation of a community Diabetes Prevention Program delivered by diabetes educators in the United States: one-year follow up. *Diabetes Res Clin Pract* 2014;106:e49-52

SUPPLEMENTARY DATA

47. Ma J, Yank V, Xiao L, Lavori PW, Wilson SR, Rosas LG, Stafford RS. Translating the Diabetes Prevention Program lifestyle intervention for weight loss into primary care: a randomized trial. *JAMA Intern Med* 2013;173:113-121
48. Makrilakis K, Liatis S, Grammatikou S, Perrea D, Katsilambros N. Implementation and effectiveness of the first community lifestyle intervention programme to prevent Type 2 diabetes in Greece. The DE-PLAN study. *Diabet Med* 2010;27:459-465
49. McNabb W, Quinn M, Kerver J, Cook S, Karrison T. The PATHWAYS church-based weight loss program for urban African-American women at risk for diabetes. *Diabetes Care* 1997;20:1518-1523
50. Nilsen V, Bakke PS, Gallefoss F. Effects of lifestyle intervention in persons at risk for type 2 diabetes mellitus - results from a randomised, controlled trial. *BMC Public Health* 2011;11:1-9
51. Ockene IS, Tellez TL, Rosal MC, Reed GW, Mordes J, Merriam PA, Olendzki BC, Handelsman G, Nicolosi R, Ma Y. Outcomes of a Latino community-based intervention for the prevention of diabetes: the Lawrence Latino Diabetes Prevention Project. *Am J Public Health* 2012;102:336-342
52. Pagoto SL, Kantor L, Bodenlos JS, Gitkind M, Ma Y. Translating the diabetes prevention program into a hospital-based weight loss program. *Health Psychol* 2008;27:S91-98
53. Payne WR, Walsh KJ, Harvey JT, Livy MF, McKenzie KJ, Donaldson A, Atkinson MG, Keogh JB, Moss RS, Dunstan DW, Hubbard WA. Effect of a low-resource-intensive lifestyle modification program incorporating gymnasium-based and home-based resistance training on type 2 diabetes risk in Australian adults. *Diabetes Care* 2008;31:2244-2250
54. Parikh P, Simon EP, Fei K, Looker H, Goytia C, Horowitz CR. Results of a pilot diabetes prevention intervention in East Harlem, New York City: Project HEED. *Am J Public Health* 2010;100 Suppl 1:S232-239
55. Penn L, Lordon J, Lowry R, Smith W, Mathers JC, Walker M, White M. Translating research evidence to service provision for prevention of type 2 diabetes: development and early outcomes of the 'New life, New you' intervention. *The British Journal of Diabetes & Vascular Disease* 2011;11:175-181
56. Penn L, Ryan V, White M. Feasibility, acceptability and outcomes at a 12-month follow-up of a novel community-based intervention to prevent type 2 diabetes in adults at high risk: mixed methods pilot study. *BMJ Open* 2013;3
57. Piatt GA, Seidel MC, Powell RO, Zgibor JC. Comparative effectiveness of lifestyle intervention efforts in the community: results of the Rethinking Eating and ACTivity (REACT) study. *Diabetes Care* 2013;36:202-209
58. Philis-Tsimikas A, Fortmann AL, Dharkar-Surber S, Euyoque JA, Ruiz M, Schultz J, Gallo LC. Dulce Mothers: an intervention to reduce diabetes and cardiovascular risk in Latinas after gestational diabetes. *Transl Behav Med* 2014;4:18-25
59. Ruggiero L, Oros S, Choi YK. Community-based translation of the diabetes prevention program's lifestyle intervention in an underserved Latino population. *Diabetes Educ* 2011;37:564-572
60. Saaristo T, Moilanen L, Korpi-Hyövälti E, Vanhala M, Saltevo J, Niskanen L, Jokelainen J, Peltonen M, Oksa H, Tuomilehto J, Uusitupa M, Keinänen-Kiukaanniemi S. Lifestyle Intervention for Prevention of Type 2 Diabetes in Primary Health Care. *Diabetes Care* 2010;33:2146
61. Seidel MC, Powell RO, Zgibor JC, Siminerio LM, Piatt GA. Translating the Diabetes Prevention Program into an urban medically underserved community: a nonrandomized prospective intervention study. *Diabetes Care* 2008;31:684-689
62. Sepah SC, Jiang L, Peters AL. Translating the Diabetes Prevention Program into an Online Social Network: Validation against CDC Standards. *Diabetes Educ* 2014;40:435-443

SUPPLEMENTARY DATA

63. Simmons D, Fleming C, Voyle J, Fou F, Feo S, Gatland B. A pilot urban church-based programme to reduce risk factors for diabetes among Western Samoans in New Zealand. *Diabet Med* 1998;15:136-142
64. Simmons D, Voyle JA, Fou F, Feo S, Leakehe L. Tale of two churches: differential impact of a church-based diabetes control programme among Pacific Islands people in New Zealand. *Diabet Med* 2004;21:122-128
65. Simmons D, Rush E, Crook N. Development and piloting of a community health worker-based intervention for the prevention of diabetes among New Zealand Maori in Te Wai o Rona: Diabetes Prevention Strategy. *Public Health Nutr* 2008;11:1318-1325
66. Sulaiman N, Hadj E, Hussein A, Young D. Peer-supported diabetes prevention program for Turkish- and arabic-speaking communities in australia. *ISRN Family Med* 2013;2013:735359
67. Thompson JL, Allen P, Helitzer DL, Qualls C, Whyte AN, Wolfe VK, Herman CJ. Reducing diabetes risk in American Indian women. *Am J Prev Med* 2008;34:192-201
68. Vadheim LM, Brewer KA, Kassner DR, Vanderwood KK, Hall TO, Butcher MK, Helgerson SD, Harwell TS. Effectiveness of a lifestyle intervention program among persons at high risk for cardiovascular disease and diabetes in a rural community. *J Rural Health* 2010;26:266-272
69. Vadheim LM, McPherson C, Kassner DR, Vanderwood KK, Hall TO, Butcher MK, Helgerson SD, Harwell TS. Adapted diabetes prevention program lifestyle intervention can be effectively delivered through telehealth. *Diabetes Educ* 2010;36:651-656
70. Vanderwood KK, Hall TO, Harwell TS, Butcher MK, Helgerson SD. Implementing a state-based cardiovascular disease and diabetes prevention program. *Diabetes Care* 2010;33:2543-2545
71. Vermunt PW, Milder IE, Wielaard F, de Vries JH, Baan CA, van Oers JA, Westert GP. A lifestyle intervention to reduce Type 2 diabetes risk in Dutch primary care: 2.5-year results of a randomized controlled trial. *Diabet Med* 2012;29:e223-231
72. Vincent D, McEwen MM, Hepworth JT, Stump CS. The effects of a community-based, culturally tailored diabetes prevention intervention for high-risk adults of Mexican descent. *Diabetes Educ* 2014;40:202-213
73. Watanabe M, Okayama A, Shimamoto K, Ueshima H. Short-term effectiveness of an individual counseling program for impaired fasting glucose and mild type 2 diabetes in Japan: a multi-center randomized control trial. *Asia Pac J Clin Nutr* 2007;16:489-497
74. Wilson KJ, Brown HS, 3rd, Bastida E. Cost-effectiveness of a community-based weight control intervention targeting a low-socioeconomic-status Mexican-origin population. *Health Promot Pract* 2015;16:101-108
75. Whittemore R, Melkus G, Wagner J, Dziura J, Northrup V, Grey M. Translating the diabetes prevention program to primary care: a pilot study. *Nurs Res* 2009;58:2-12
76. Yates T, Davies M, Gorely T, Bull F, Khunti K. Effectiveness of a pragmatic education program designed to promote walking activity in individuals with impaired glucose tolerance: a randomized controlled trial. *Diabetes Care* 2009;32:1404-1410
77. Yeary KH, Cornell CE, Turner J, Moore P, Bursac Z, Prewitt TE, West DS. Feasibility of an evidence-based weight loss intervention for a faith-based, rural, African American population. *Prev Chronic Dis* 2011;8:A146

SUPPLEMENTARY DATA

Supplementary Table S2. Subgroup analyses exploring weight, fasting blood glucose, and diabetes incidence by participant characteristics.

	Weight* (change in kg [95% CI])	Fasting blood glucose† (change in mmol/L [95% CI])	Diabetes incidence‡ (odds ratio [95% CI])
Age	N=61	N=29	N=14
<50	-2.0 [-3.1, -0.9]	-0.13 [-0.10, 0.37]	0.84 [0.43, 1.66]
≥50	-2.7 [-3.4, -2.0]	-0.16 [-0.23, -0.08]	0.65 [0.48, 0.87]
Gender	N=59	N=29	N=14
Mostly female (>60%)	-2.4 [-3.0, -1.8]	-0.11 [-0.22, -0.00]	0.61 [0.43, 0.86]
Mixed gender	-2.2 [-4.4, -0.1]	-0.08 [-0.21, 0.05]	0.77 [0.52, 1.14]
Ethnicity	N=42	N=29	N=14
African American	-1.9 [-3.1, -0.7]	-0.43 [-0.58, -0.28]	-----
Asian	-1.3 [-2.2, -0.3]	-0.26 [-0.53, 0.02]	-----
Hispanic	-1.2 [-2.1, -0.3]	0.15 [-0.21, 0.52]	0.79 [0.37, 1.67]
Pacific Islander/ Indigenous	-1.0 [-3.4, 1.4]	-----	-----
White/European	-3.5 [-4.6, -2.4]	-0.09 [-0.18, 0.00]	0.65 [0.48, 0.87]
Prediabetes %	N=26	N=13	N=9
<50% Prediabetic	-3.1 [-4.7, -1.5]	-0.03 [-0.23, 0.30]	0.60 [0.42, 0.87]
≥50% Prediabetic	-2.4 [-3.4, -1.4]	-0.20 [-0.31, -0.08]	0.38 [0.12, 1.19]
Baseline BMI	N=56	N=29	N=14
<30 kg/m ²	-1.1 [-1.8, -0.4]	-0.14 [-0.28, -0.00]	0.79 [0.52, 1.21]
≥30 kg/m ²	-2.9 [-3.5, -2.3]	-0.06 [-0.18, 0.06]	0.61 [0.44, 0.85]

*Pre-post mean change in weight within participants receiving the intervention.

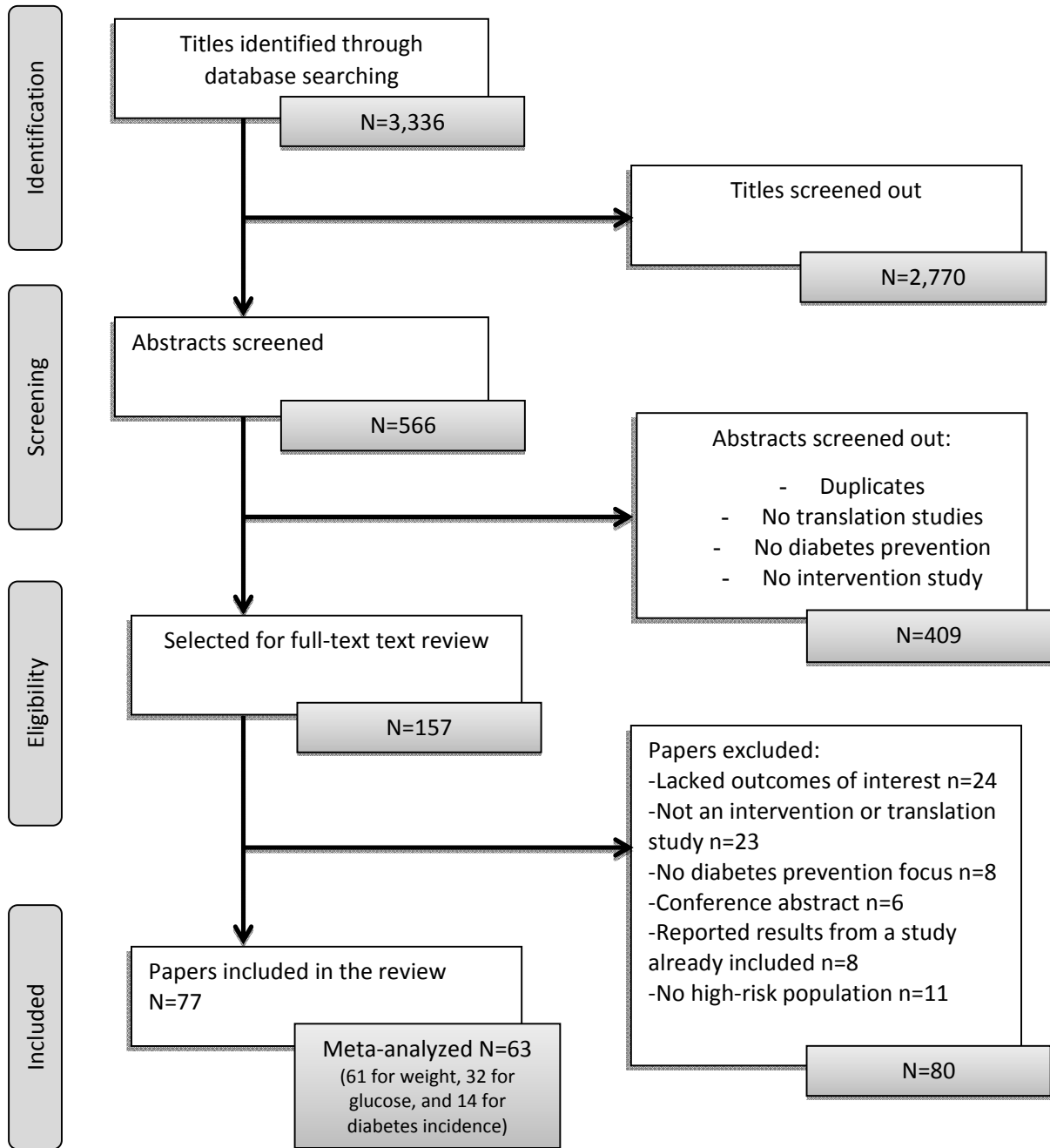
†Pre-post mean change in fasting blood glucose within participants receiving the intervention.

‡Odds of developing diabetes among intervention arms compared to control arms.

N=Number of studies included in the subgroup analyses.

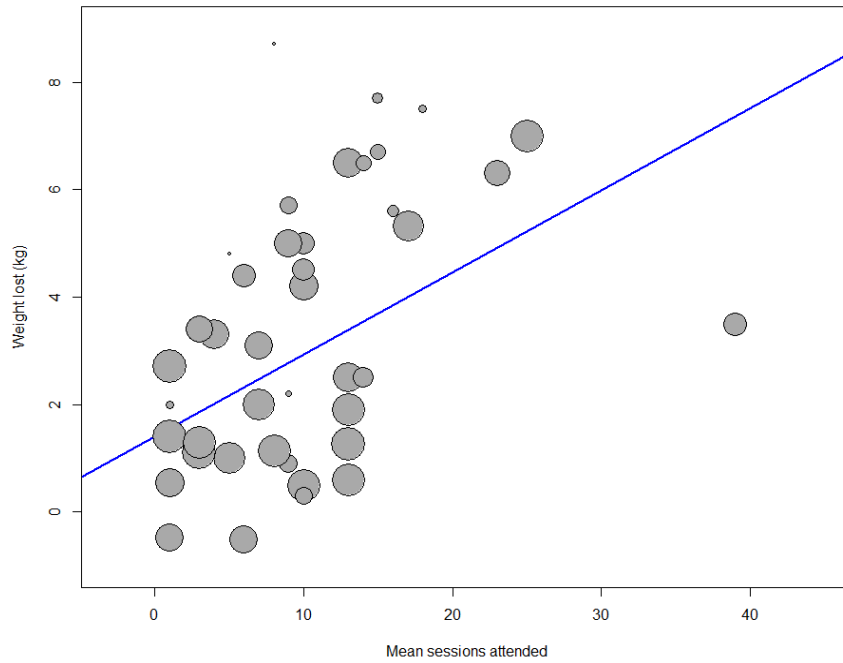
SUPPLEMENTARY DATA

Supplementary Figure S1. PRISMA Study identification flow diagram.



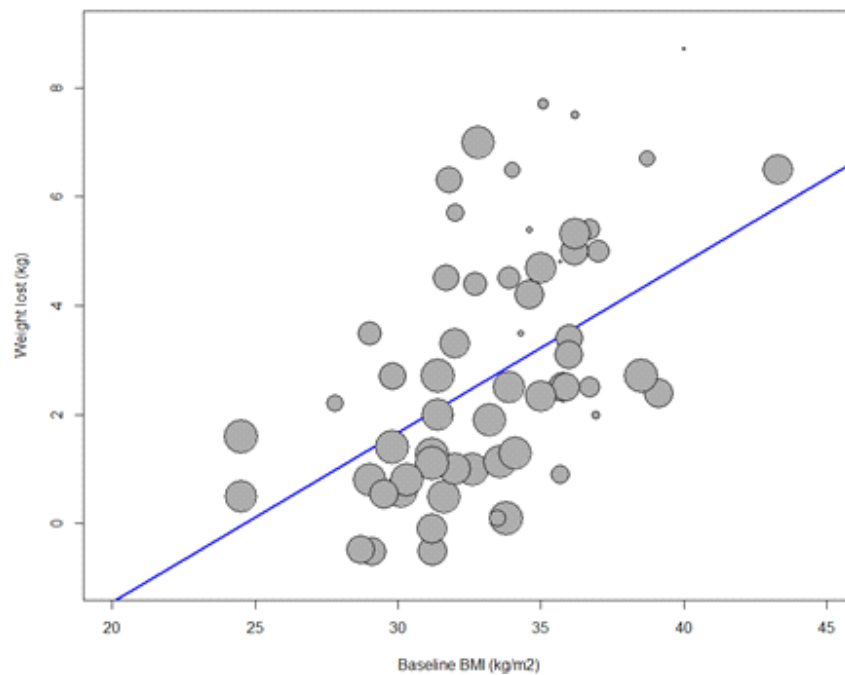
SUPPLEMENTARY DATA

Supplementary Figure S2a. Meta-regression* exploring the association between number of intervention sessions attended and weight loss across studies.



SUPPLEMENTARY DATA

Supplementary Figure S2b. Meta-regression[†] exploring the association between participant baseline BMI and weight loss across studies.

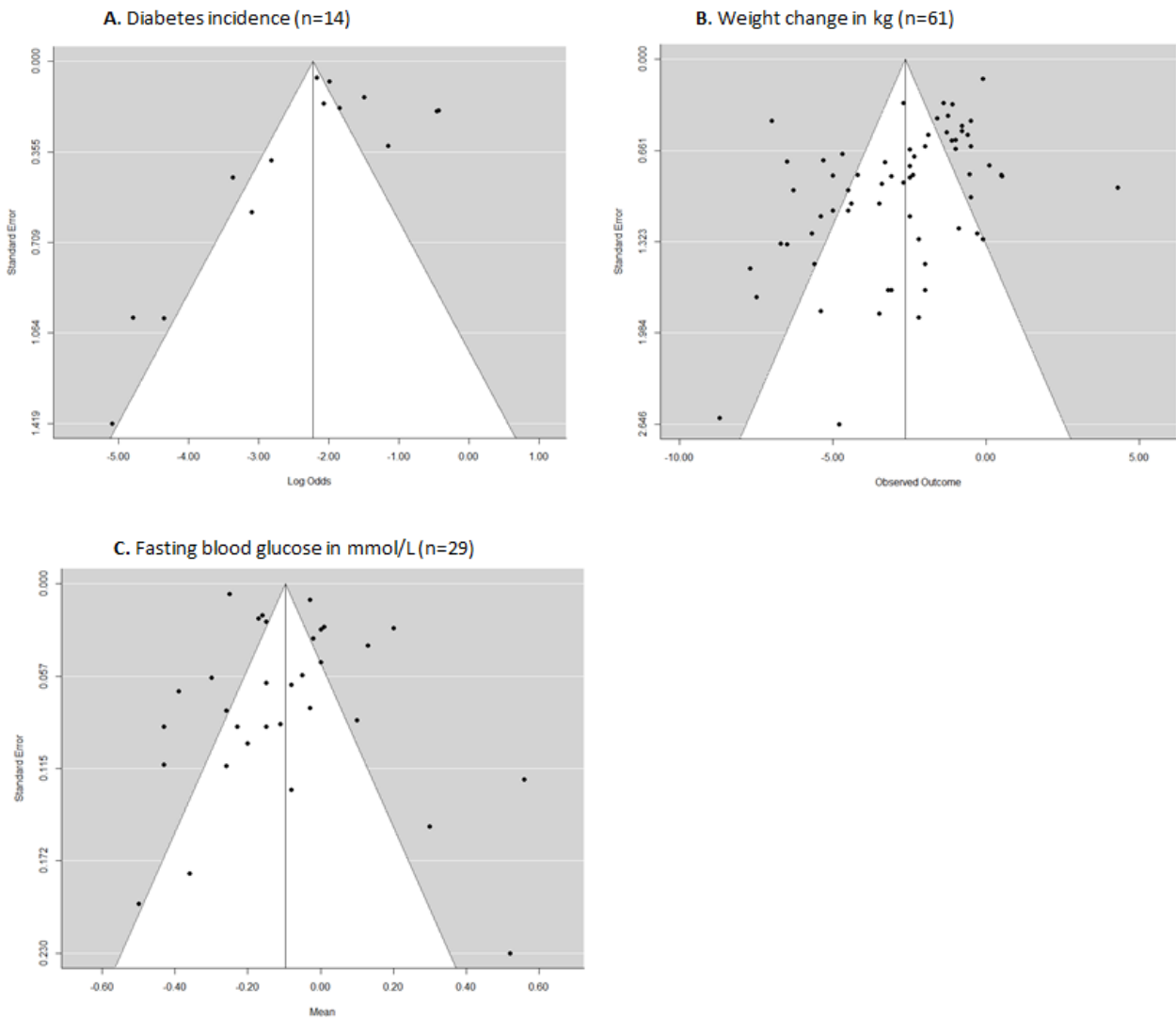


*Meta-regression including number of sessions attended as predictor of weight loss across studies; every additional session participants attended is associated with a weight loss of 0.15 kg ($\beta=0.15$, $p<0.0001$).

[†]Meta-regression including baseline BMI as predictor of weight loss across studies; every BMI point increase is associated with a weight loss of 0.37 kg ($\beta=0.37$, $p<0.001$).

SUPPLEMENTARY DATA

Supplementary Figure S3. Funnel plots assessing publication bias among studies reporting diabetes incidence (panel A), weight (panel B) and FBG (panel C).



Each dot represents a study plotted according to their effect (X axis) and their standard error (Y axis). The asymmetrical plot indicates that smaller studies with null effects are less likely to be published (lower corner in the right side of the funnel) than studies with positive effects (left side of the funnel).