

# Health, social care and technological interventions to improve functional ability of older adults living at home: An evidence and gap map

Vivian Welch<sup>1</sup> | Christine M. Mathew<sup>2</sup> | Panteha Babelmorad<sup>3</sup> | Yanfei Li<sup>4</sup> | Elizabeth T. Ghogomu<sup>2</sup> | Johan Borg<sup>5</sup> | Monserrat Conde<sup>6</sup> | Elizabeth Kristjansson<sup>7</sup> | Anne Lyddiatt<sup>8</sup> | Sue Marcus<sup>9</sup> | Jason W. Nickerson<sup>10</sup> | Kevin Pottie<sup>11</sup> | Morwenna Rogers<sup>12</sup> | Ritu Sadana<sup>13</sup> | Ashrita Saran<sup>14</sup> | Beverly Shea<sup>2</sup> | Lisa Sheehy<sup>2</sup> | Heidi Sveistrup<sup>2,15</sup> | Peter Tanuseputro<sup>16</sup> | Joanna Thompson-Coon<sup>17</sup> | Peter Walker<sup>18</sup> | Wei Zhang<sup>19</sup> | Tracey E. Howe<sup>20</sup>

<sup>1</sup>Methods Centre, Bruyère Research Institute, Ottawa, Canada

<sup>2</sup>Bruyère Research Institute, University of Ottawa, Ottawa, Canada

<sup>3</sup>University of Ottawa, Ottawa, Canada

<sup>4</sup>Evidence-Based Social Science Research Center, School of Public Health, Lanzhou University, Lanzhou, China

<sup>5</sup>Lund University, Malmö, Sweden

<sup>6</sup>Cochrane Campbell Global Ageing Partnership Field, Faro, Portugal

<sup>7</sup>Faculty of Social Sciences, School of Psychology, University of Ottawa, Ottawa, Canada

<sup>8</sup>Independent Consultant, Ingersoll, Canada

<sup>9</sup>Radcliffe Department of Medicine, University of Oxford, Oxford, UK

<sup>10</sup>Institute of Population Health, Ottawa, Canada

<sup>11</sup>Family Medicine, University of Ottawa, Ottawa, Canada

<sup>12</sup>NIHR ARC, South West Peninsula (PenARC), University of Exeter Medical School, Exeter, UK

<sup>13</sup>World Health Organization, Geneva, Switzerland

<sup>14</sup>Campbell Collaboration, Delhi, India

## Abstract

**Background:** By 2030, the global population of people older than 60 years is expected to be higher than the number of children under 10 years, resulting in major health and social care system implications worldwide. Without a supportive environment, whether social or built, diminished functional ability may arise in older people. Functional ability comprises an individual's intrinsic capacity and people's interaction with their environment enabling them to be and do what they value.

**Objectives:** This evidence and gap map aims to identify primary studies and systematic reviews of health and social support services as well as assistive devices designed to support functional ability among older adults living at home or in other places of residence.

**Search Methods:** We systematically searched from inception to August 2018 in: MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, CENTRAL, CINAHL, PsycINFO, AgeLine, Campbell Library, ASSIA, Social Science Citation Index and Social Policy & Practice. We conducted a focused search for grey literature and protocols of studies (e.g., ProQuest Theses and Dissertation Global, conference abstract databases, Help Age, PROSPERO, Cochrane and Campbell libraries and [ClinicalTrials.gov](https://www.clinicaltrials.gov)).

**Selection Criteria:** Screening and data extraction were performed independently in duplicate according to our intervention and outcome framework. We included completed and on-going systematic reviews and randomized controlled trials of

**Abbreviations:** EGM, evidence and gap map; ICF framework, International Classification of Function, Disability and Health framework; LGBTQ2+, lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and two-spirited; LMIC, low- and middle-income countries; PICO, population, intervention, comparison, outcome; RCT, randomized control trials; SR, systematic review; WHO, World Health Organization.

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<sup>15</sup>Faculty of Health Sciences, University of Ottawa, Ottawa, Canada

<sup>16</sup>Ottawa Hospital Research Institute, Ottawa, Canada

<sup>17</sup>NIHR ARC South West Peninsula (PenARC), University of Exeter Medical School, Exeter, UK

<sup>18</sup>Faculty of Medicine, University of Ottawa, Ottawa, Canada

<sup>19</sup>Access to Medicines, Vaccines and Health Products, World Health Organization, Geneva, Switzerland

<sup>20</sup>City of Glasgow College, Glasgow, UK

#### Correspondence

Vivian Welch, Methods Centre, Bruyère Research Institute, Ottawa, ON K1N 5C8, Canada.

Email: [vwelch@campbellcollaboration.org](mailto:vwelch@campbellcollaboration.org) and [vivian.welch@uottawa.ca](mailto:vivian.welch@uottawa.ca)

effectiveness on health and social support services provided at home, assistive products and technology for personal indoor and outdoor mobility and transportation as well as design, construction and building products and technology of buildings for private use such as wheelchairs, and ramps.

**Data Collection and Analysis:** We coded interventions and outcomes, and the number of studies that assessed health inequities across equity factors. We mapped outcomes based on the International Classification of Function, Disability and Health (ICF) adapted categories: intrinsic capacities (body function and structures) and functional abilities (activities). We assessed methodological quality of systematic reviews using the AMSTAR II checklist.

**Main Results:** After de-duplication, 10,783 records were screened. The map includes 548 studies (120 systematic reviews and 428 randomized controlled trials). Interventions and outcomes were classified using domains from the International Classification of Function, Disability and Health (ICF) framework. Most systematic reviews ( $n = 71$ , 59%) were rated low or critically low for methodological quality. The most common interventions were home-based rehabilitation for older adults ( $n = 276$ ) and home-based health services for disease prevention ( $n = 233$ ), mostly delivered by visiting healthcare professionals ( $n = 474$ ). There was a relative paucity of studies on personal mobility, building adaptations, family support, personal support and befriending or friendly visits. The most measured intrinsic capacity domains were mental function ( $n = 269$ ) and neuromusculoskeletal function ( $n = 164$ ). The most measured outcomes for functional ability were basic needs ( $n = 277$ ) and mobility ( $n = 160$ ). There were few studies which evaluated outcome domains of social participation, financial security, ability to maintain relationships and communication. There was a lack of studies in low- and middle-income countries (LMICs) and a gap in the assessment of health equity issues.

**Authors' Conclusions:** There is substantial evidence for interventions to promote functional ability in older adults at home including mostly home-based rehabilitation for older adults and home-based health services for disease prevention. Remotely delivered home-based services are of greater importance to policy-makers and practitioners in the context of the COVID-19 pandemic. This map of studies published prior to the pandemic provides an initial resource to identify relevant home-based services which may be of interest for policy-makers and practitioners, such as home-based rehabilitation and social support, although these interventions would likely require further adaptation for online delivery during the COVID-19 pandemic. There is a need to strengthen assessment of social support and mobility interventions and outcomes related to making decisions, building relationships, financial security, and communication in future studies. More studies are needed to assess LMIC contexts and health equity issues.

## 1 | PLAIN LANGUAGE SUMMARY

[The evidence for health, social care and technological interventions to improve functional ability of older adults are unevenly distributed across intervention areas]

The evidence for health, social care and mobility interventions to improve functional ability of older adults includes mostly home-based rehabilitation and health services delivered by visiting healthcare professionals, and is of low or critically low quality.

## 1.1 | What is this evidence and gap map (EGM) about?

By 2030, the global population of people older than 60 years is expected to be higher than the number of children under 10 years, resulting in major health and social care system implications worldwide. Without a supportive environment, whether social or built, diminished functional ability may arise in older people.

Functional ability comprises an individual's intrinsic capacity and people's interaction with their environment, enabling them to be and do what they value. This map assesses the evidence on home-based health and social care as well as mobility interventions to improve functional ability of older adults living at home.

### What is the aim of this evidence and gap map (EGM)?

The aim of this EGM is to identify primary studies and systematic reviews of health and social support services as well as assistive devices designed to support functional ability among older adults living at home or in other places of residence.

## 1.2 | What studies are included?

The EGM includes randomized controlled studies and systematic reviews that assess the effect of interventions to improve functional ability of older adults living at home or in other places of residence. The interventions were classified as home-based health, social care, and mobility interventions. Impact on body function and structures as well as activities were considered as outcomes.

There are 548 included studies (120 systematic reviews and 428 randomized controlled trials) in the map.

## 1.3 | What is the distribution of evidence?

The most common interventions were home-based rehabilitation for older adults ( $n = 276$ ) and home-based health services for disease prevention ( $n = 233$ ), mostly delivered by visiting healthcare professionals ( $n = 474$ ).

There was a relative paucity of studies on personal mobility, building adaptations, family support, personal support and befriending or friendly visits.

The most measured intrinsic capacity domains were mental function ( $n = 269$ ) and neuromusculoskeletal function ( $n = 164$ ). The most measured outcomes for functional ability were basic needs ( $n = 277$ ) and mobility ( $n = 160$ ). There were few studies which evaluated outcome domains of social participation, financial security, ability to maintain relationships and communication.

There was a lack of studies in low- and middle-income countries (LMICs) and a gap in the assessment of health equity issues.

## 1.4 | What do the findings of the map mean?

There is substantial evidence for interventions to promote functional ability in older adults at home, including mostly home-based rehabilitation for older adults and home-based health services for disease prevention. Remotely delivered home-based services are of greater importance to policy-makers and practitioners in the context of the COVID-19 pandemic.

This map of studies published prior to the pandemic provides an initial resource to identify relevant home-based services which may be of interest for policymakers and practitioners, such as home-based rehabilitation and social support, although these interventions would likely require further adaptation for online delivery during the COVID-19 pandemic.

There is need to strengthen assessment of social support and mobility interventions and outcomes related to making decisions, building relationships, financial security and communication in future studies.

More studies are needed to assess LMIC contexts and health equity issues.

## 1.5 | How up-to-date is this EGM?

The authors searched for studies up to August 2018.

## 2 | BACKGROUND

### 2.1 | Introduction

#### 2.1.1 | The problem, condition or issue

There is an increasing proportion of older adults in the global population, with UN population projections predicting that before 2020, people aged >65 years will outnumber children aged <10 years for the first time in history (UNDESA, 2017). LMICs such as China and India are expected to experience a rapid rise in population ageing, compared to Western Europe (UNDESA, 2017). Currently, over two-thirds of people over 65 years of age are living with multimorbidities (Banerjee, 2015). When combined with parallel increases in disparities to health care and broader determinants of health (Sadana et al., 2016), there are major implications for health and social care systems (Beard et al., 2016; Chatterji et al., 2015; Prince et al., 2015). While many nations are becoming wealthy with the influx of global socioeconomic developments, many countries, especially LMICs, have experienced increasing health and social disparities, especially among older adults (World Health Organization [WHO], 2015). Older adults with the greatest health needs are also often those with the fewest resources to support them (Beard et al., 2016). For example, older adults in LMICs have poor access to assistive technologies and medical devices, as a result of a confluence of factors that affect the availability and accessibility of these products in local markets, including affordability and appropriateness. These factors can influence their integration into health and social systems (Garçon et al., 2016; Marasinghe et al., 2015). Furthermore, the privatization of health and social services

becomes a barrier to quality of care if costs impact access to appropriate and timely care for older adults.

Functional ability is complex and comprises an individual's intrinsic capacity and people's interaction with their environment enabling them to be and do what they value (Cesari et al., 2018; WHO, 2015). The WHO considers intrinsic capacity to include the physical and mental capacities of a person. The environment defined by the WHO, includes all factors in the extrinsic world that form the context of an individual's life. For example, the home, community and society are included alongside the built environment, interpersonal relationships, attitudes, values, health and social policies, and the systems that support individuals and services (WHO, 2015). The Priority Assistive Products List of essential assistive devices includes wheelchairs, pill organizers, hearing aids, and other essential items for many older people and people with disabilities to be able to live a healthy and dignified life and mitigate declines in intrinsic capacity (WHO, 2016b).

The accumulation of exposures and environmental influences throughout life can influence the development of different risk factors that lead to chronic diseases, injuries, or other age-related issues that contribute to declines in intrinsic capacities. Without a supportive environment, whether social or built, this will result in diminished functional ability. The gradual decline in intrinsic capacities as some people age can require increased health and social care services from informal (i.e., family or friends) and formal caregivers (i.e., healthcare professionals). Increased care needs lead to increased burden on families, stress for older adults, and costs to society. For this reason, efforts to deliver cost efficient, effective interventions that optimize functional ability at any level of intrinsic capacity, is critical for older adults. Health and social care interventions (including assistive health technologies), and related systems, services and policies may include technological tools and devices and provision of health and social supports in the home.

While it is important to offer home-based supports that promote functional ability, we need to be mindful that existing health inequities may be worsened (Sadana et al., 2016). For example, if health and social services are provided privately and not covered by the health system or health insurance, all individuals will not have the same opportunities to achieve optimal health. Age-based bias is seen in research on conditions that affect older adults such as stroke and osteoarthritis, with the median age of participants in research over 10 years younger than the typical patient (Gaynor et al., 2014; Liberopoulos et al., 2009).

## 2.2 | Why it is important to develop the EGM

Over 85% of research investment is wasted (Chalmers & Glasziou, 2009), some of which could be avoided by prioritizing research directions and including rigorous evaluation of existing evidence using systematic reviews prior to funding or carrying out new research (Chalmers et al., 2014). An EGM is a decision-making and research-prioritization tool that highlights gaps in research to inform strategic health and social policy, program, and research priorities (Snilstveit et al., 2013). EGMs can be used to avoid needless duplication, and can also be used to identify where sufficient, high quality evidence from systematic reviews and randomized trials are available as a basis for

decisions or where sufficient studies are available for knowledge synthesis (Snilstveit et al., 2016).

This EGM is important to inform policy and research prioritization. It is aligned with the WHO Strategy and Action Plan on Ageing and Health 2016–2020. At the 69th World Health Assembly in May 2016, the WHO launched and received endorsement from all 193 member states for the WHO Strategy and Action Plan on Ageing and Health 2016–2020. This plan outlined five strategic objectives: (1) commitment to action on healthy ageing in every country, (2) developing age-friendly environments; (3) aligning health systems to the needs of older populations; (4) developing sustainable and equitable systems for providing long-term care; (5) improving measurement, monitoring, and research on healthy active ageing. The WHO aims to meet these by implementing evidence-based actions to maximize functional ability of every individual (WHO, 2016). In this way the process of “optimizing opportunities for health, participation and security will enhance the quality of life as people age” (WHO, 2015). This EGM is relevant to the first objective—a commitment to action on healthy ageing in every country. Furthermore, our objectives align with the United Nations Sustainable Development Goals and the objectives of the UN High Level meeting on preventing and controlling non-communicable diseases (United Nations, 2019; WHO, 2018).

We took a health systems perspective to extend the focus from health care to include social care and technological interventions. The evidence is presented in terms of functional ability. We also considered determinants of health inequity. This EGM considers the multifaceted and complex nature of functional ability and the various mechanisms (e.g., services, products and individuals) involved in supporting functional ability among ageing adults.

Currently, no EGMs exist that identify and assess the available evidence on health, social care and technological interventions to support functional ability among older adults living at home.

There are three primary audiences for this EGM. First, we expect researchers (e.g., universities, government, etc.) will use the results to inform further investigations on these topics, including new empirical research and evidence synthesis products. The second main anticipated audience is decision-makers for whom intrinsic capacity, functional ability and process outcomes are already or potentially of interest. This includes relevant ministries and programs within governments and/or donor agencies, as well as nongovernmental organizations and other advocacy and implementing organization staff. From a policy perspective, it is especially useful to know what kinds of interventions might most effectively affect intrinsic capacity, functional ability, and process outcomes. The third main anticipated audience is health and social care providers who can use the map to identify quality assessed synthesized evidence of health, social care, and technological interventions for their practice.

## 3 | OBJECTIVES

The objectives of this Campbell EGM are to:

- Identify and assess the available evidence on health, social care and technological interventions to improve functional ability among older adults living at home



- Identify available systematic reviews and randomized trials
- Identify areas where systematic reviews are needed
- Identify gaps in evidence where further primary research is needed
- Assess equity considerations in available systematic reviews and randomized trials
- Assess gaps and evidence related to health equity

## 4 | METHODS

### 4.1 | EGM: Definition and purpose

This EGM is based on a published protocol (Welch et al., 2019). We adapted evidence gap map methods from various key papers (Bragge et al., 2011; Lum et al., 2011; Snilstveit et al., 2013, 2016) and followed a five stage process:

- Define a framework
- Identify the available evidence
- Appraise the quality of the evidence
- Extract, code and summarize the data that relate to the objectives
- Visualize and present the findings in a user-friendly manner

This five stage process aligns with current Campbell Collaboration guidance (White et al., 2020). We used the Campbell Collaboration mapping tool developed by Digital Solution Foundary and EPPI-Centre (Digital Solution Foundary and EPPI-Centre, 2020) to display identified studies using the framework described below.

### 4.2 | Framework development and scope

The framework was developed following a meeting with methodologists, practitioners, decision makers and consumers at the Cochrane Colloquium during the 2017 Global Evidence Summit. The colloquium participants suggested using the International Classification of Functioning, Disability and Health (ICF) framework (Sadana & Posarac, 2018; WHO 2001) to define the interventions and outcomes for this EGM. We further defined the scope of the framework in consultation with our research team which includes input from the public (A. L.), practitioners (L. S., P. T., K. P., J. B., E. T., P. W. and M. C.), information scientist (M. R.), policy-makers (R. S. and H. S.) and researchers (V. W., S. M., J. T. C., T. H., M. C., E. K., B. S., A. S. and W. Z.). The ICF is a comprehensive framework used by the WHO to measure health and disability at both individual and population levels, as well as to operationalize the measurement of intrinsic capacities, functional ability and enabling environments (Sadana & Posarac, 2018).

As such, the EGM framework informed the inclusion and exclusion criteria. We followed the standard EGM framework as a matrix where the rows show intervention domains and the columns show outcome domains. Key dimensions of the framework and their sub-categories are detailed in the subsequent sections.

We further limited the scope to interventions that were provided in the home of older adults. Maintaining autonomy and independence, especially being able to make their own choices and decisions, are important for older adults in all settings (Hillcoat-Nalletamby, 2014; Plath, 2009; Welford et al., 2012). We defined the concept of home broadly, as the place of dwelling in which older adults seek to maintain their autonomy. This definition included any nonacute care places of residence such as housing units (detached and semi-detached houses or apartments), long-term care facilities (including hospices, and nursing homes), independent living or assisted living facilities.

### 4.3 | Stakeholder engagement

We created an Advisory Group comprised of methodologists, physicians (and other healthcare professionals), policy organizations, consumers and researchers with expertise in assistive health technology, healthy ageing, long-term care, rehabilitation, disability, memory and cognitive impairment. We held an exploratory meeting to invite feedback on the development of our EGM framework at the Global Evidence Summit in Cape Town, September 2017. The participants included family practitioners, geriatricians, social workers and methodologists. We also held a seminar at the Bruyère Research Institute Grand Rounds (26 October 2017) with family practitioner researchers, where participants provided feedback on the intervention-outcome framework. Our decision to focus on the selected intervention categories was also informed by engaging with our public representative (A. L.). Our central team (V. W., T. H., S. M., P. B. and C. M.) met at least once a month to discuss the direction and scope of the EGM. Preliminary findings were presented at the peer review meeting of WHO Consortium on Metrics and Evidence for Healthy Ageing, 10–11 October 2019. Feedback from the reviewers was included in the final document.

### 4.4 | Conceptual framework

Figure 1 below demonstrates the conceptual framework through which the inputs lead to the intended outcomes. A person's intrinsic capacity is dependent on their health characteristics (e.g., body functions, health related behaviors, disease or injuries), genetic inheritance, and personal characteristics (e.g., sex/gender or ethnicity). However, the extent to which an individual accomplishes activities that they value, functional ability, is also dependent on their interactions with the environment. Enabling environments may include services, systems and policies, and products and technology which, when implemented within a home context, can influence outcomes such as improved neuromusculoskeletal functioning, through the use of an external aid, assistance by another person or improvement in the built environment. Supportive environments can strongly influence functional ability. We also included health inequalities as an outcome of interest because we are aware that certain characteristics may stratify or impact health opportunities and outcome, such as socioeconomic status or place of residence.

## 4.5 | Dimensions

### 4.5.1 | Types of study design

We included completed and on-going systematic reviews and randomized controlled trials of effectiveness. We defined a systematic review according to the PRISMA definition (Moher et al., 2015), where the article explicitly states the methods used to identify studies (i.e., a search strategy), strategies for study selection (e.g., eligibility criteria and selection process) and explicitly detail methods of synthesis. We included studies published in grey literature such as reports, dissertations and conference abstracts.

We excluded systematic reviews of predictive factors, prognostic and diagnostic studies, and studies that primarily analyzed implementation, barriers and facilitators to effectiveness (Snilstveit et al., 2013). Literature reviews that did not describe methods used for search, data collection, and/or synthesis were excluded. We also excluded theoretical or modeling studies, editorials and commentaries. We did not include qualitative research.

### 4.5.2 | Types of intervention/problem

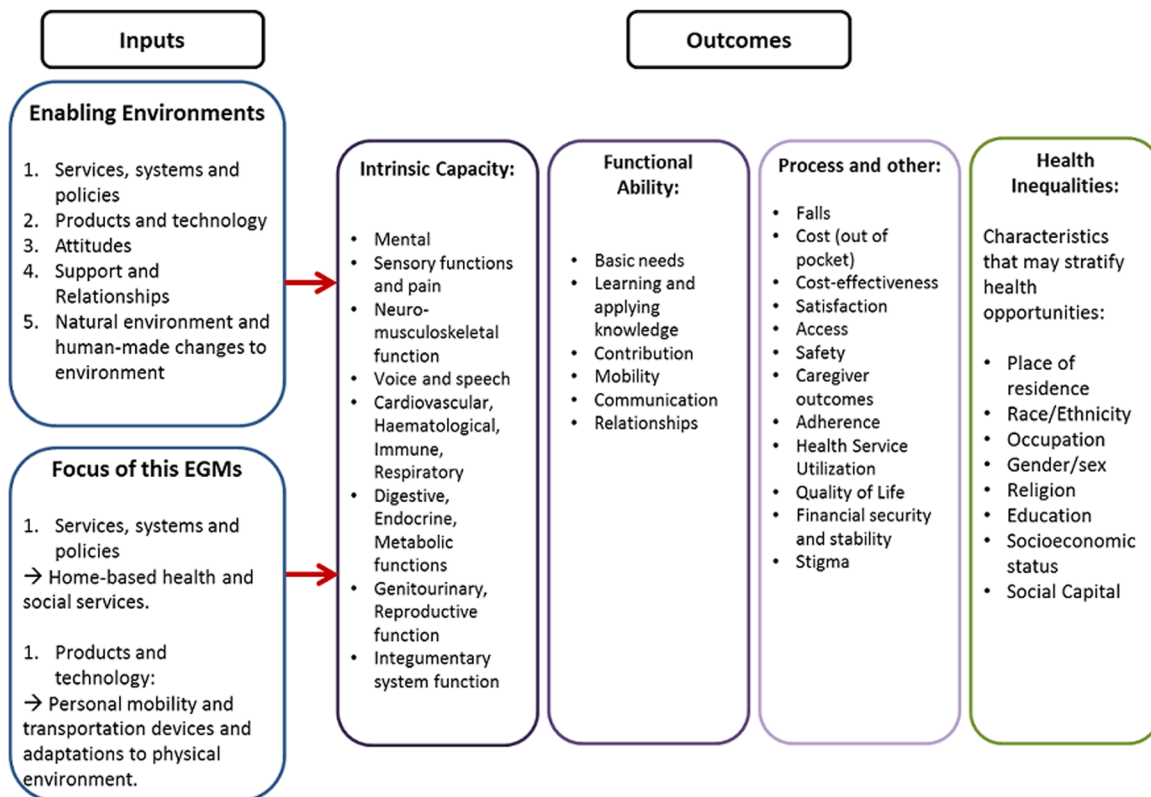
We contextualized interventions according to the International Classification of Functioning, Disability and Health (ICF) categorization of environmental factors. This was further divided into:

1. Health and social services, systems and policies: While we recognize that systems and policies can have an impact on the individual, we specifically focused on sections e5750 and e5800 from the ICF, which includes health and social support services provided at home such as homemaking, personal care, healthcare professional home visits, or long-term care.
2. Products and technology related to mobility: The ICF provides a very comprehensive list of eligible interventions. We used sections e1201 and e155 that focused on assistive products and technology for personal indoor and outdoor mobility and transportation as well as design, construction and building products and technology of buildings for private use. This includes products such as wheelchairs, walking devices, transfer devices and ramps.

We decided to limit the scope of the ICF framework due to feasibility. Specifically, we excluded studies of pharmacological interventions, therapies, telemedicine or telecare, educational programs and any hospital-based programs. We also excluded any studies that examine caregiver support services exclusively without evaluating outcomes related to older adults. A comprehensive list of interventions in each category may be found in Table 1.

### 4.5.3 | Types of population (as applicable)

This EGM focused on adults over the age of 60 years, using the United Nations cut off for older adults (United Nations, 2015).



**FIGURE 1** Conceptual framework adapted from the WHO International Classification of Functioning, Disability and Health (ICF)

**TABLE 1** Interventions framework (based on the ICF)

Intervention category	Focus	Definition	Specific examples
Services, systems and policies	<p><b>e575</b> General social support services, systems and policies</p>	<p>Services, systems and policies aimed at providing support to those requiring assistance in areas such as shopping, housework, transport, child care, self-care and care of others, in order to function more fully in society. Exclusions: social security services, systems and policies (e570); personal care providers and personal assistants (e340); health services, systems and policies (e580)</p>	<p><b>e5750</b> General social support services: Services and programs aimed at providing social support to people who, because of age, poverty, unemployment, health condition or disability, require public assistance in the areas of shopping, housework, transport, self-care and care of others, in order to function more fully in society</p>
	<p><b>e580</b> Health services, systems and policies</p>	<p>Services, systems and policies for preventing and treating health problems, providing medical rehabilitation and promoting a healthy lifestyle. Exclusions: general social support services, systems and policies</p>	<p><b>e5800</b> Health services: Services and programmes at a local, community, regional, state or national level, aimed at delivering interventions to individuals and their physical, psychological and social well-being, such as health promotion and disease prevention services, primary care services, acute care, rehabilitation and long-term care services; services that are publicly or privately funded, delivered on a short-term, long-term, periodic or one-time basis, in a variety of service settings such as community, home-based, school and work settings, general hospitals, specialty hospitals, clinics, and residential and nonresidential</p>
Products and technology	<p><b>e120</b> Products and technology for personal indoor and outdoor mobility and transportation</p>	<p>Equipment, products and technologies used by people in activities of moving inside and outside buildings, including those adapted or specially designed, located in, on or near the person using them. Inclusions: general and assistive products and technology for personal indoor and outdoor mobility and transportation</p>	<p><b>e1201</b> Assistive products and technology for personal indoor and outdoor mobility and transportation. Adapted or specially designed equipment, products and technologies that assist people to move inside and outside buildings, such as walking devices (such as canes or crutches), special cars and vans, adaptations to vehicles, wheelchairs, scooters and transfer devices</p>
	<p><b>e155</b> Design, construction and building products and</p>	<p>Products and technology that constitute an individual's indoor and outdoor human-made environment that is planned,</p>	<p><b>e1550</b> Design, construction and building products and technology for entering and exiting of buildings for private use.</p>

(Continues)

TABLE 1 (Continued)

Intervention category	Focus	Definition	Specific examples
	technology of buildings for private use	designed and constructed for private use (e.g., home, dwelling), including those adapted or specially designed. Inclusions: entry and exits, facilities and routing	Products and technology of entry and exit from the human-made environment that is planned, designed and constructed for private use, such as entries and exits to private homes, portable and stationary ramps, power-assisted doors, lever door handles and level door thresholds

Studies and reviews were included if at least 50% of the sample population was greater than 60 years old.

#### 4.5.4 | Types of outcome measures (as applicable)

We mapped the evidence on outcomes that fell into one of the following ICF (WHO, 2001) adapted categories: intrinsic capacities (body function and structures) and functional abilities (activities). We also included process and other outcomes that may impact a particular outcome. We considered health inequities by examining environmental and personal attributes that may stratify health opportunities and outcomes, using the PROGRESS framework (O'Neill et al., 2014). PROGRESS is an acronym which stands for: place of residence, race/ethnicity, occupation, gender, religion, education, socioeconomic status and social capital. Our outcomes framework is provided in Table 2.

The intrinsic capacity outcome category consisted of mental (e.g., depression, sleep, vitality); sensory functions and pain (e.g., vision,

TABLE 2 Outcomes framework

Outcome category	Measure/construct
Intrinsic capacity	<ul style="list-style-type: none"> <li>• Mental</li> <li>• Sensory functions and pain</li> <li>• Neuromusculoskeletal function</li> <li>• Voice and speech</li> <li>• Cardiovascular, haematological, immune, respiratory</li> <li>• Digestive, endocrine, metabolic functions</li> <li>• Genitourinary, reproductive function</li> <li>• Integumentary system function</li> </ul>
Functional ability	<ul style="list-style-type: none"> <li>• Basic needs</li> <li>• Learning and applying knowledge</li> <li>• Contribution</li> <li>• Mobility</li> <li>• Communication</li> <li>• Relationships</li> </ul>
Process and other	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Cost (out of pocket)</li> <li>• Cost-effectiveness</li> <li>• Satisfaction</li> <li>• Access</li> <li>• Safety</li> <li>• Caregiver outcomes</li> <li>• Adherence</li> <li>• Health service utilization</li> <li>• Quality of life</li> <li>• Financial security and stability</li> <li>• Stigma</li> </ul>
Health inequalities	<ul style="list-style-type: none"> <li>• Place of residence</li> <li>• Race/ethnicity</li> <li>• Occupation</li> <li>• Gender/sex</li> <li>• Religion</li> <li>• Education</li> <li>• Socioeconomic status</li> <li>• Social capital</li> </ul>

**TABLE 3** Search strategy for MEDLINE

Category	Terms
Population	1 exp Aged/pc, px, rh [Prevention & Control, Psychology, Rehabilitation] (8053)
	2 "Aged, 80 and over"/(806254)
	3 Frail Elderly/(9588)
	4 elderly.ti.ab. (219354)
	5 older people.ti.ab. (23442)
	6 older adult*.ti.ab. (61366)
	7 older men.ti.ab. (7857)
	8 older women.ti.ab. (12791)
	9 old* age*.ti.ab. (65408)
	10 pensioners.ti.ab. (793)
	11 retirement.ti.ab. (11779)
	12 "end of life".ti.ab. (18653)
	13 (Resident* and (old* or home* or retirement or nursing)).ti.ab. (38765)
	14 geriatric*.ti.ab. (41516)
	15 (veteran* and (old* or home* or retire*)).ti.ab. (5047)
	16 or/1-15 (1121318)
Intervention	17 exp Self-Help Devices/(10537)
	18 exp Orthopedic Equipment/(92047)
	19 assistive devices.ti.ab. (1494)
	20 assistive equipment.ti.ab. (39)
	21 mobility equipment.ti.ab. (20)
	22 mobility device*.ti.ab. (311)
	23 mobility aid*.ti.ab. (276)
	24 motility.ti.ab. (85101)
	25 (walking adj2 (device* or aid* or equipment)).ti.ab. (1248)
	26 cane*.ti.ab. (5734)
	27 crutches.ti.ab. (1155)
	28 walking stick*.ti.ab. (202)
	29 (Adapt* adj3 (cars or transport or vehicles)).ti.ab. (506)
	30 (Adapt* adj3 (home* or house*)).ti.ab. (1545)
	31 Wheelchair*.ti.ab. (6462)
	32 exp Bathroom Equipment/(10)
	33 scooter*.ti.ab. (368)
	34 transfer device*.ti.ab. (231)
	35 (communication adj (aid* or device*)).ti.ab. (858)
	36 exp Optical devices/(88276)
	37 Hearing aids/(7984)
	38 eyeglasses.ti.ab. (683)
	39 glasses.ti.ab. (10746)
	40 spectacles.ti.ab. (2316)
	41 hearing device*.ti.ab. (512)
	42 hearing aid*.ti.ab. (8346)
	43 vision aid*.ti.ab. (364)
	44 ((Adapt* or adjust*) adj3 (door* or entry or exit)).ti.ab. (239)
	45 Stair lift*.ti.ab. (2)
	46 stair climbing.ti.ab. (1444)
	47 stairs.ti.ab. (2902)
	48 stair rails.ti.ab. (2)
	49 shallow steps.ti.ab. (0)
50 (ramp or ramps).ti.ab. (7094)	
51 Home Care Services/(31353)	
52 home care service*.ti.ab. (1605)	
53 home support service*.ti.ab. (59)	
54 home visit*.ti.ab. (7662)	

(Continues)

**TABLE 3** (Continued)

Category	Terms	
	55 community services.ti.ab. (2375)	
	56 shopping.ti.ab. (3322)	
	57 house help.ti.ab. (1)	
	58 home help.ti.ab. (411)	
	59 (food adj (preparation or assistance or help or service or delivery)).ti.ab. (3932)	
	60 (meal* adj3 (provision or assistance or help or service* or preparation or delivery)).ti.ab. (1137)	
	61 homemaking.ti.ab. (109)	
	62 housekeeping.ti.ab. (8477)	
	63 ((household or kitchen or routine) adj (jobs or tasks or chores)).ti.ab. (888)	
	64 bathing.ti.ab. (9571)	
	65 grooming.ti.ab. (5015)	
	66 personal hygiene.ti.ab. (1847)	
	67 toileting.ti.ab. (857)	
	68 foot care.ti.ab. (1270)	
	69 (medication adj2 reminders).ti.ab. (147)	
	70 (kitchen or bathroom or bedroom).ti.ab. (5694)	
	71 or/17-70 (400411)	
	Outcomes	72 exp "Activities of Daily Living"/(63476)
		73 Human Activities/(2170)
		74 Automobile Driving/(17307)
		75 Leisure Activities/(7897)
76 "activities of daily living".ti.ab. (22139)		
77 "quality of life".ti.ab. (229433)		
78 "Quality of Life"/(164112)		
79 independence.ti.ab. (36023)80 wellbeing.ti.ab. (11362)		
81 social life.ti.ab. (3877)		
82 social participation.ti.ab. (2177)		
83 happiness.ti.ab. (5642)		
84 happier.ti.ab. (734)		
85 mental health.ti.ab. (116393)		
86 functional ability.ti.ab. (4311)87 depression.ti.ab. (289365)		
88 cognitive.ti.ab. (296200)		
89 sensory function*.ti.ab. (3884)		
90 pain.ti.ab. (543562)		
91 distress.ti.ab. (97018)		
92 vitality.ti.ab. (10533)		
93 energy.ti.ab. (544017)		
94 fatigue.ti.ab. (80717)		
95 tiredness.ti.ab. (3430)		
96 self care.ti.ab. (14789)		
97 self efficacy.ti.ab. (21966)		
98 mobility.ti.ab. (123516)99 community life.ti.ab. (457)		
100 security.ti.ab. (38430)		
101 relationships.ti.ab. (322577)		
102 satisfaction.ti.ab. (113208)		
103 adherence.ti.ab. (98155)		
104 reablement.ti.ab. (49)		
105 institutionalization.ti.ab. (4370)106 or/72-105 (2682926)		
Study design	107 systematic*.ti.ab. (374866)	
	108 (meta-analysis or metaanalysis).ti.ab. (112568)	
	109 (review* and (literature or studies or trials)).ab. (693115)	

(Continues)

**TABLE 3** (Continued)

Category	Terms
	110 review.ti. (393065)
	111 (evidence adj2 synthesi*).ti.ab. (5932)
	112 overview.ti.ab. (139107)
	113 pubmed.ab. (82182)
	114 medline.ab. (94705)
	115 or/107-114 (1336239)
	116 randomized controlled trial.pt. (464926)
	117 controlled clinical trial.pt. (92516)
	118 randomized.ti.ab. (448898)
	119 randomly.ab. (294026)
	120 trial.ti.ab. (509010)
	121 groups.ab. (1815046)122 usual care.ab. (13020)
	123 or/116-122 (2634734)
	124 115 or 123 (3780045)
	125 16 and 71 and 106 and 124 (3987)

hearing); neuromusculoskeletal function (e.g., gait, balance); voice and speech (e.g., articulation); cardiovascular, haematological, immune, respiratory system function (e.g., blood pressure, respiration); digestive, endocrine, metabolic functions (e.g., thyroid, glucose); genitourinary and reproductive function (e.g., bladder control); and integumentary system function (e.g., skin, nails).

The functional ability outcome category consisted of the following constructs: basic needs (e.g., self-care, acquisition of goods and services); learning and applying knowledge; contribution (e.g., community life, employment); mobility (e.g., walking); relationships (e.g., interpersonal interactions); and communication (e.g., language).

Process and other outcomes included cost (out of pocket), cost-effectiveness, falls, satisfaction of older adult, safety, caregiver outcomes, adherence, health service utilization, quality of life, financial security, access and stigma. Access is a multifaceted concept and can be understood as the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their needs (Daniels, 1982; Whitehead, 1992). As such, the concept of access included: acceptability, approachability, availability and accommodation, affordability and appropriateness (Levesque et al., 2013).

#### 4.5.5 | Other eligibility criteria

##### *Types of settings*

We included interventions which were provided in the home setting for older adults. We defined home as an individual's place of residence that can include housing units (houses/apartments), long-term care (including nursing homes, and hospices), independent living (e.g., retirement residences), and assisted living facilities. We did not include any acute or sub-acute care and convalescent care settings (e.g., geriatric rehabilitation in subacute care). Studies of mixed settings were included if the intervention took place in the home setting at least 50% of the time. We coded the settings so that the evidence can be filtered according to setting.

## 4.6 | Search methods and sources

We developed and piloted a search strategy (with a selection of studies that met our inclusion criteria) with the guidance of an information scientist (M. R.). This search comprised medical and health databases (MEDLINE (via OvidSp), EMBASE (via OvidSp), Cochrane Database of Systematic Reviews, CENTRAL, CINAHL (Via EBSCOhost), APA PsycINFO (via OvidSp), AgeLine (via EBSCOhost) and databases relevant to social care and social policy (Campbell Library, ASSIA (via ProQuest), Social Science Citation Index (via Web of Science) and Social Policy & Practice (via OvidSp). The database searches were run between 26 July 2018 and 1 August 2018. No limits for language or date were used. See Table 3 for full search strategy as used in MEDLINE, and adapted for the other databases (see Appendix 1–8).

We searched for relevant trials and systematic reviews in the grey literature via ProQuest Theses and Dissertation Global, and via Conference Proceedings Citation Index. We also searched for relevant unpublished studies via relevant international organizations (e.g., Help Age, WHO, and Institute for Research on Public Policy).

We searched for ongoing systematic reviews in PROSPERO and the Cochrane and Campbell libraries as well as on the open science framework (<https://osf.io/>). We searched for ongoing randomized trials in [ClinicalTrials.gov](https://clinicaltrials.gov) and the WHO International Clinical Trials Registry Platform.

## 4.7 | Analysis and presentation

### 4.7.1 | Filters for presentation

Our EGM is presented as a matrix of interventions (rows) and outcomes (columns) and reports the evidence base that met our inclusion criteria.

Users of the interactive EGM can additionally filter studies by the following filters:

- Publication status: completed studies and on-going studies (i.e., study protocols).
- Age groups: 65 years and under, 65 years and above, over 75 years, and over 85 years.
- Health conditions/status: communicable disease (e.g., flu, HIV/AIDS), noncommunicable disease (e.g., dementias, diabetes, cancer, depression), injury (e.g., fractures, falls), discharged from hospital, end-of-life, physical frailty (e.g., at risk of functional decline), social frailty (e.g., social isolation), care dependent (e.g., when older adult is no longer able to undertake tasks necessary for daily life without the assistance of others (WHO, 2015), and dementia.
- WHO regions: South-east Asia, Western Pacific, Europe, Africa, the Americas, Eastern Mediterranean.
- World Bank Classifications: high-income economies, upper-middle income economies, lower-middle income economies, low-income economies.



- Proportion of women included in study: 0%–25%, 25%–50%, 50%–75% and 75%–100%.

#### 4.7.2 | Dependency

We linked all publications of the same study to count as one study (this included protocols if published and any secondary analyses). It is important to note that systematic reviews are likely to include the RCTs included in the map and there may be more than one systematic review which includes the same RCT(s). All relevant randomized trials were included regardless of whether they were included in a systematic review. We elaborate further in the discussion on how the interactive map should be interpreted.

### 4.8 | Data collection and analysis

#### 4.8.1 | Screening and study selection

Two reviewers independently screened the titles and abstracts of all retrieved articles. We screened titles and abstracts by intervention, study design, setting and population. We did not use outcomes as an inclusion criterion. Full-texts of potentially eligible studies were screened independently in duplicate and any conflicts were resolved through discussion or by a third reviewer (V. W.). We did not contact authors of studies or reviews for missing information. Studies published in languages other than English or French, were translated using Google Translate and/or a native speaker, recruited through professional networks. This was done at the full-text screening and coding stages.

#### 4.8.2 | Data extraction and management

Once the eligible studies were identified, we tested and piloted the data extraction form on a sample of studies, generated a draft map, and met with our advisory board to make any modifications. We also invited feedback from our larger team. Two reviewers independently extracted data on published and ongoing systematic reviews and randomized trials related to the population, intervention, comparison, outcomes, setting and other categories we used as filters. We also coded studies to indicate whether the population was socially disadvantaged across PROGRESS (O'Neill et al., 2014) and identified whether any analyses were conducted across sex/gender or any other PROGRESS characteristics. Our complete list of coding categories for data extraction is found in Appendix 9. We coded systematic reviews using the research question or eligibility criteria. We did not go back to included primary studies within a review for more details. Differences in extraction were resolved by discussion.

#### 4.8.3 | Tools for assessing risk of bias/study quality of included reviews

Since systematic reviews are often used for decision making, we appraised the methodological quality of systematic reviews using the AMSTAR-2 (Assessing the Methodological Quality of Systematic Reviews) checklist (Shea et al., 2017) in duplicate for 10% of eligible studies.  $\kappa$  statistics were also used to check agreement for each item. If agreement was over 80%, we proceeded with single data extraction with verification by a second reviewer for the remainder of studies.

The quality of randomized trials is not usually assessed in EGMs since the purpose is to identify the randomized trials available, and not to make decisions based on single trials. As such, we did not assess quality of randomized trials (Snijlsteit et al., 2017).

#### 4.8.4 | Methods for mapping

We used the EPPI-Reviewer 4 software (Thomas et al., 2010) for screening and coding, and the EPPI-Mapper (Digital Solution Foundry and EPPI-Centre, 2020) for generating the map. EPPI-Reviewer and EPPI-Mapper are developed by the EPPI-Centre at the Social Science Research Unit of the UCL Institute of Education, University of London, UK (<http://eppi.ioe.ac.uk/cms/Default.aspx?alias=eppi.ioe.ac.uk/cms/er4>).

## 5 | RESULTS

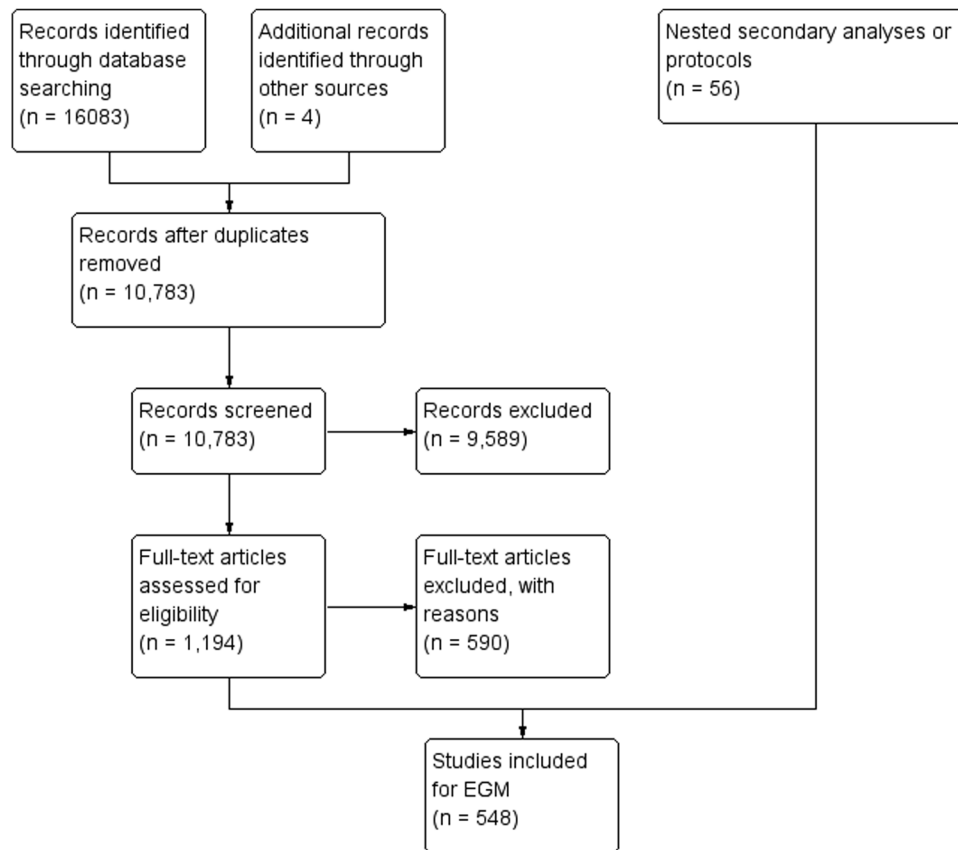
### 5.1 | Description of studies

#### 5.1.1 | Results of the search

Our search retrieved 16,083 records from database searching with 4 additional records identified through other sources. After deduplication, 10,783 articles were screened in duplicate by title and abstract. From this, full texts of 1194 articles were screened in duplicate for eligibility. When full texts were not available, we used an interlibrary loan service. We included 548 studies in this map, of which 120 were systematic reviews (22%) and 428 were randomized controlled trials (78%). There were 502 completed studies including 117 completed systematic reviews (23%) and 385 completed randomized controlled trials (77%). Among the 46 on-going studies, three were systematic reviews (7%) and 43 were randomized controlled trials (93%). See PRISMA flow chart in Figure 2.

#### 5.1.2 | Excluded studies

The main reasons for exclusion at the full-text screening stage were due to inappropriate intervention ( $n = 192$ ), target population ( $n = 44$ ), study design ( $n = 213$ ), and setting ( $n = 141$ ). See



**FIGURE 2** PRISMA flow chart

Supporting Information material for table of excluded studies and references.

## 5.2 | Synthesis of included studies

Since many of the studies included in this EGM have been coded under multiple output indicators (e.g., more than one intervention category), a single study may appear in multiple cells. See Supporting Information interactive EGM map [https://globalageing.cochrane.org/sites/globalageing.cochrane.org/files/public/uploads/ageing\\_egm\\_interactive\\_map\\_may5\\_20.html](https://globalageing.cochrane.org/sites/globalageing.cochrane.org/files/public/uploads/ageing_egm_interactive_map_may5_20.html).

### 5.2.1 | Interventions

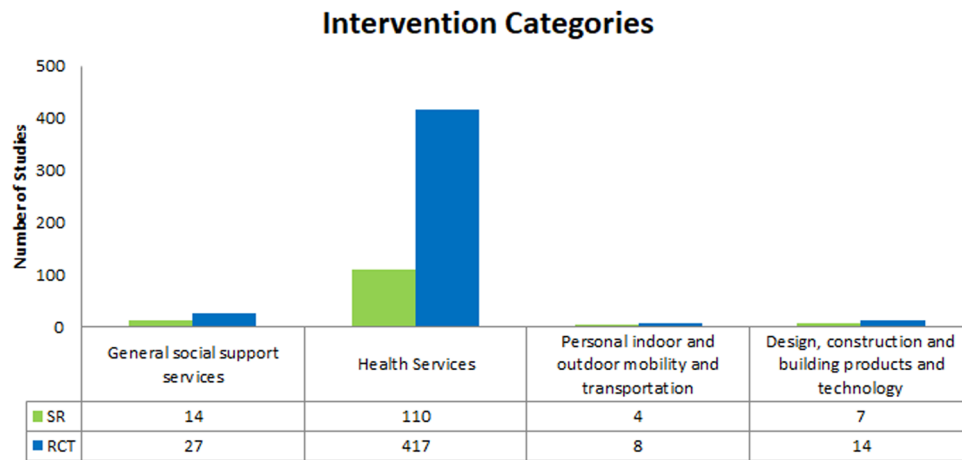
As described earlier, we focused on four sections of the two broad domains of enabling environments within the ICF framework: health services, social support services, personal indoor and outdoor mobility and transportation, and design, construction and building products and technology. See Figure 3 for distribution of studies across our broad intervention categories.

Evidence, however, is not distributed evenly across the interventions and outcomes. Large clusters of randomized controlled trials and systematic reviews are present in some intervention areas

(e.g., health services—rehabilitation services) while other intervention areas have very few studies (e.g., general social support services, systems and policies—transportation).

For visiting healthcare professional interventions these clusters of randomized controlled trials and systematic reviews include mental functions ( $n = 230$ , 186 RCTs and 104 SRs), neuro-musculoskeletal ( $n = 138$ , 106 RCTs and 32 SRs), basic needs ( $n = 241$ , 190 RCTs and 51 SRs), mobility ( $n = 128$ , 115 RCTs and 13 SRs), quality of life ( $n = 189$ , 147 RCTs and 42 SRs), and health service utilization ( $n = 191$ , 147 RCTs and 44 SRs). For rehabilitation interventions these clusters include mental functions ( $n = 132$ , 105 RCTs and 27 SRs), neuro-musculoskeletal ( $n = 134$ , 106 RCTs and 28 SRs), basic needs ( $n = 149$ , 111 RCTs and 38 SRs), mobility ( $n = 123$ , 111 RCTs and 12 SRs), quality of life ( $n = 115$ , 91 RCTs and 24 SRs), and health service utilization ( $n = 191$ , 48 RCTs and 143 SRs). For general health services for disease prevention interventions these clusters include mental functions ( $n = 118$ , 97 RCTs and 21 SRs), basic needs ( $n = 119$ , 97 RCTs and 22 SRs) and quality of life ( $n = 189$ , 77 RCTs and 112 SRs), and health service utilization ( $n = 129$ , 104 RCTs and 25 SRs).

There are few randomized controlled trials and systematic reviews that assess the following interventions across any outcomes; transportation ( $n = 2$  RCTs), befriending or friendly visits ( $n = 3$  RCTs), home making ( $n = 8$ , 7 RCTs and 1 SR), visiting lay service providers ( $n = 11$  RCTs), caregiver support ( $n = 12$ , 8 RCTs and 4 SRs), personal



**FIGURE 3** Intervention categories

mobility and transportation devices ( $n = 12$ , 8 RCTs and 4 SRs), adaptations to physical environments ( $n = 21$ , 14 RCTs and 7 SRs), personal care ( $n = 23$ , 14 RCTs and 9 SRs), long term care services ( $n = 14$ , 7 RCTs and 7 SRs), health promotion services ( $n = 27$ , 20 RCTs and 7 SRs).

It is important to recognize that these clusters are not suggestive of greater evidence for a (positive or negative) impact of an intervention on outcome indicators. Rather, they suggest that these relations have been investigated with greater frequency, irrespective of the actual impact documented.

## 5.2.2 | Outcomes

Our EGM framework maps thirteen interventions to 26 outcomes; 8 intrinsic capacity, 9 functional ability and 9 process and other. The most frequently measured are intrinsic capacity outcomes related to mental functions ( $n = 269$ , 216 RCTs and 53 SRs), neuromusculoskeletal ( $n = 164$ , 130 RCTs and 34 SRs), sensory and pain ( $n = 73$ , 58 RCTs and 15 SRs) (see Figure 4); functional ability outcomes related to basic needs ( $n = 277$ , 216 RCTs and 61 SRs), quality of life ( $n = 222$ , 172 RCTs and 50 SRs) and mobility ( $n = 160$ , 146 RCTs and 14 SRs) (see Figure 5); and process and other outcomes related to health service utilization ( $n = 206$ , 159 RCTs and 47 SRs), falls ( $n = 106$ , 81 RCTs and 25 SRs), cost-effectiveness ( $n = 97$ , 74 RCTs and 23 SRs), satisfaction of older adults ( $n = 86$ , 56 RCTs and 30 SRs), and caregiver outcomes ( $n = 71$ , 50 RCTs and 21 SRs) (see Figure 6).

For any intervention type there are no studies that assess voice and speech, and stigma. Furthermore, there are few studies that assess the following outcomes for any intervention type; financial security and stability ( $n = 2$  RCTs), communication ( $n = 3$  RCTs), integumentary system ( $n = 4$ , 3 RCTs and 1 SR), learning, grow and make decisions ( $n = 6$  RCTs), access ( $n = 7$ , 4 RCTs and 2 SRs), genitourinary and reproductive functions ( $n = 15$ , 13 RCTs and 2 SRs), safety ( $n = 20$ , 17 RCTs and 3 SRs) (see Figures 4–6).

## 5.3 | Risk of bias in included reviews

We assessed the methodological quality of 10% (12) systematic reviews in duplicate and once agreement was reached, we proceeded with single assessment of the rest. In total, 120 systematic reviews were assessed, of which, only 13 (11%) were high quality reviews, while the remaining rated moderate (28%), low (13%) and critically low (46%). We did not assess the methodological quality of the three on-going systematic reviews (2%) (see Figure 7).

The main reasons for low quality are: (a) not reporting sources of funding for the studies included in the reviews, (b) not providing a list of excluded studies and justification for exclusion, (c) not accounting for risk of bias assessment in primary studies when interpreting or discussing the results, and (d) not using a satisfactory technique to assess risk of bias in individual studies included in the reviews.

## 5.4 | Additional dimensions (if applicable)

### 5.4.1 | Health equity

#### *Gender Inequalities*

We assessed gender inequalities by:

- Checking the proportion of women included in systematic reviews and randomized controlled trials (completed and on-going),
- We assessed whether the studies analyzed (O'Neill et al., 2014) effects of interventions by sex/gender or other PROGRESS factors.

In 323 randomized controlled trials and 20 systematic reviews, women comprised >50% of the study participants (Figure 8). There were no studies that reported on including individuals from the LGBTQ2+ (lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and two-spirited) community.

Only 11 of the 548 included studies (2%) described the population as being socially disadvantaged across a PROGRESS

### Outcomes: Intrinsic Capacity

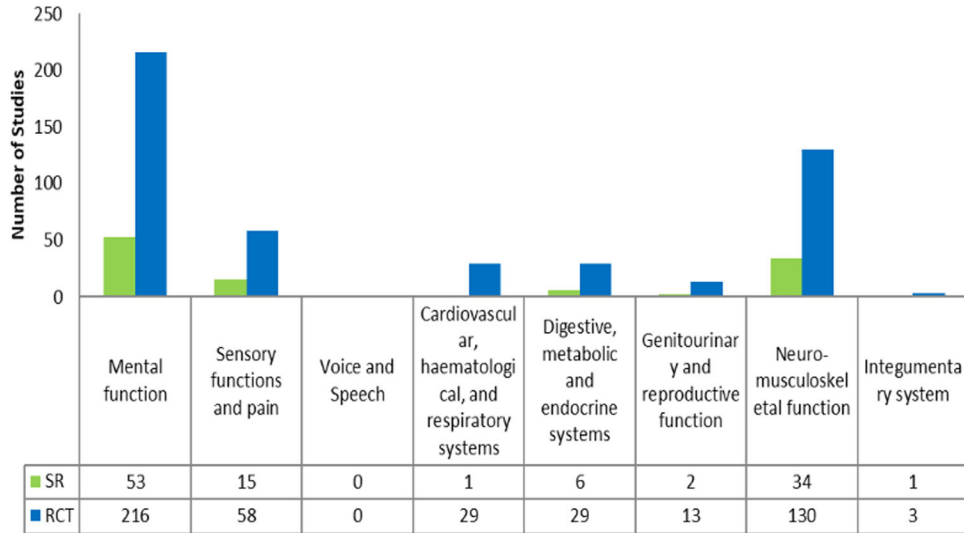


FIGURE 4 Intrinsic capacity outcomes

### Outcomes: Functional Ability

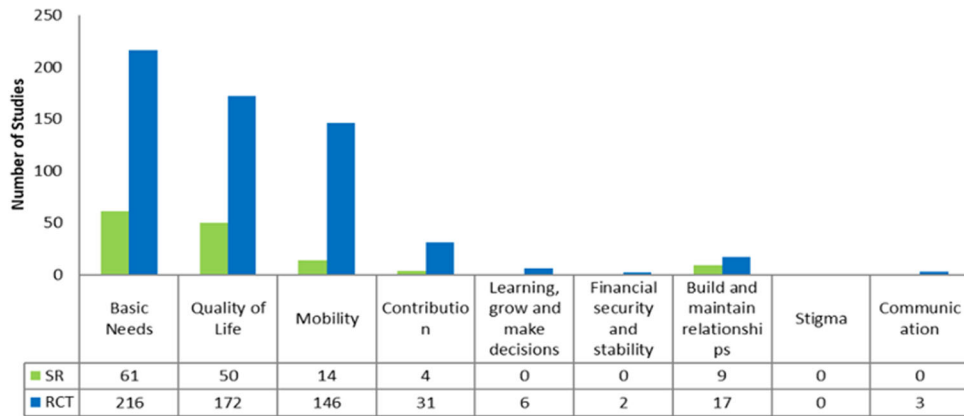


FIGURE 5 Functional ability outcomes

### Outcomes: Process and Other

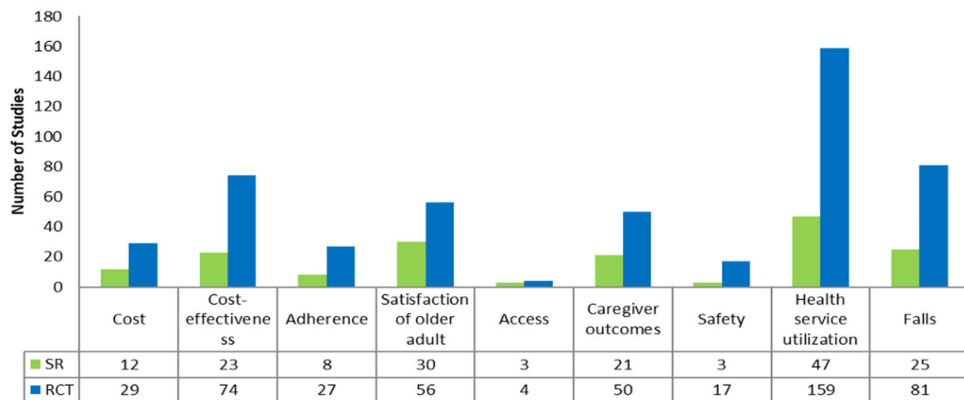
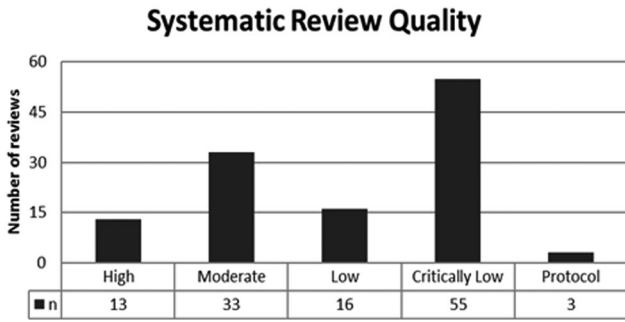


FIGURE 6 Process and other outcomes



**FIGURE 7** Methodological quality of systematic reviews

characteristic: race/ethnicity, culture, language ( $n = 3$  RCTs), socioeconomic status ( $n = 4$ , 3 RCTs and 1 SR), and social capital ( $n = 4$ , 2RCTs and 2 SRs).

Only one out of 548 included studies assessed effects of interventions across sex/gender and four studies assessed effects across another PROGRESS factor.

*Region*

Across WHO regions, most of the studies evaluated describe and assess interventions in Europe ( $n = 272$  (192 RCTs and 80 SRs); 49%), followed by the Americas ( $n = 158$  (137 RCTs and 21 SRs); 29%) and Western Pacific ( $n = 112$  (3 RCTs and 19 SRs); 20%) and with 5 or less studies in South-East Asia, Africa and Eastern Mediterranean (see Figure 9). We also coded studies following the World Bank Classifications by economies. The majority of studies were from high-income economies ( $n = 532$ , 415 RCTs and 117 SRs), with no studies from low-income economies (see Figure 10). As stated earlier, please note that some studies were coded under more than one category. For example, a single study might have covered Europe and the Americas and will have been counted in both categories.

*Setting*

The majority of studies ( $n = 475$ , 370 RCTs and 105 SRs) took place in a housing unit (house or apartment) (see Figure 11). A single study may be coded in more than one setting.

*Health condition/status*

We coded studies by health conditions of populations. The majority of studies included people with noncommunicable diseases ( $n = 248$ , 189 RCTs and 59 SRs). Very few studies ( $n = 7$ , 3 RCTs and 4 SRs) assessed loneliness and social isolation in older adults. We used the author's description of the population to identify studies in this domain. Most studies included populations that were coded under multiple categories (see Figure 12).

**6 | DISCUSSION**

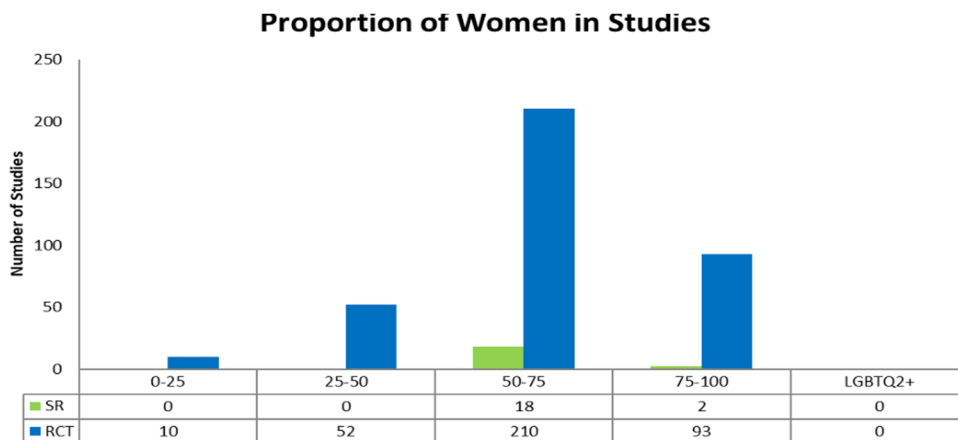
**6.1 | Summary of main results**

The distribution of evidence in this EGM of health, social care and technological interventions to improve functional ability of older adults living at home or in other places of residence is not uniform. Home-based health care has received more attention than social care or mobility support. Furthermore, the most common ICF outcome domains assessed were basic needs, quality of life and mobility, with relatively few studies reporting outcomes on societal contribution, learning, relationships, financial security. There were very few studies in LMICs (only 3%).

**6.2 | Areas of evidence clusters**

The main cluster of evidence in this EGM is where interventions involve visiting healthcare professionals ( $n = 474$ ); this is compared to a paucity of evidence exploring interventions provided by visiting lay service providers ( $n = 11$ ). This may be because most studies took place in high-income countries where there is greater use of home visits by healthcare professionals. However, many LMICs do not have access to home visiting healthcare professionals (Bashour et al., 2008; Ndiok & Ncama, 2019).

The evidence for rehabilitation services is clustered around neuromusculoskeletal function ( $n = 134$ ) and mental health function ( $n = 131$ ) outcomes. This may be explained in that over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache



**FIGURE 8** Proportion of women in studies

### WHO Regions

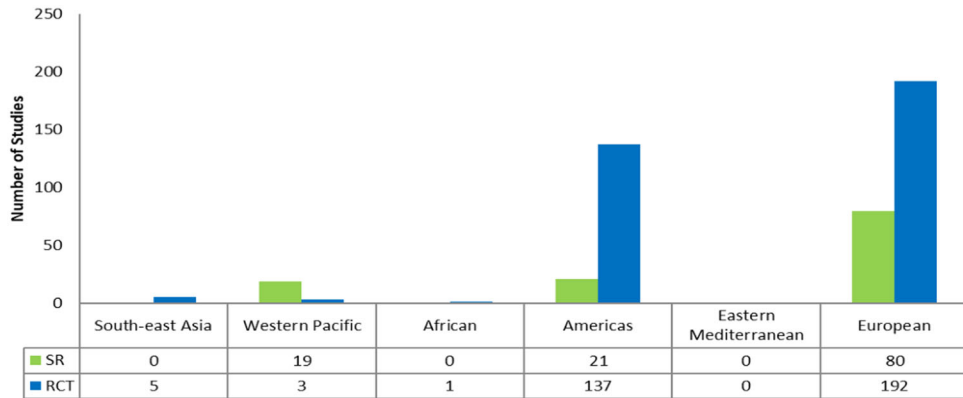


FIGURE 9 WHO regions

### World Bank Classifications

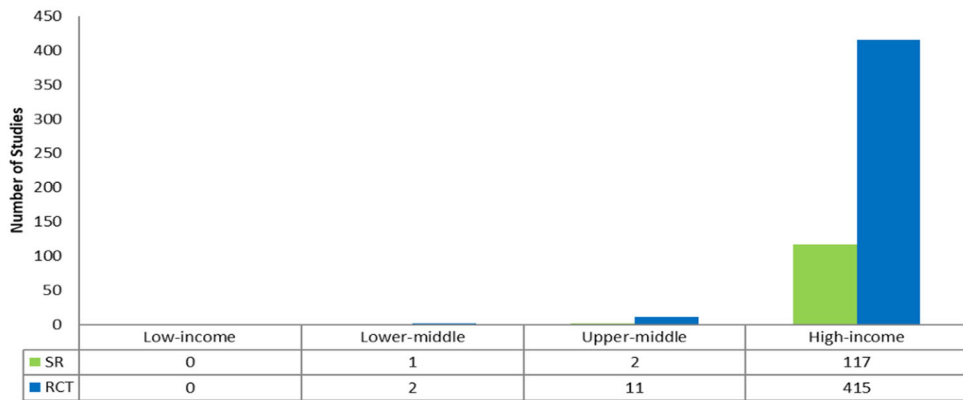


FIGURE 10 World Bank classifications

### Setting

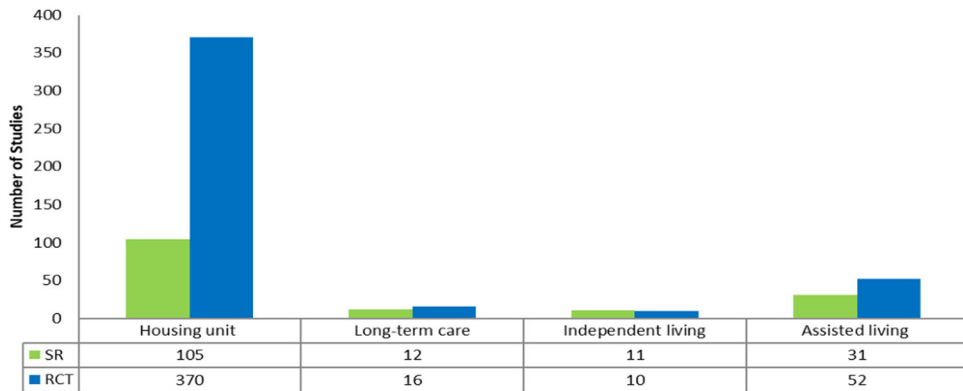
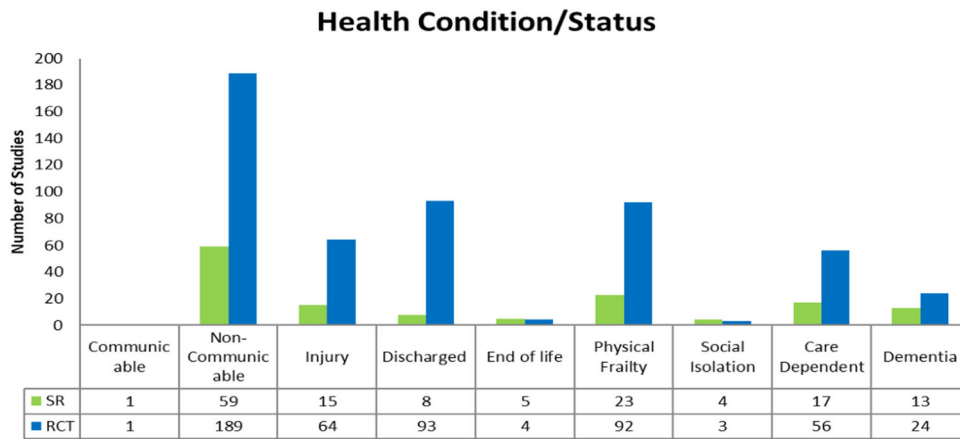


FIGURE 11 Setting





**FIGURE 12** Health condition/status

disorders) and 6.6% of all disability adjusted life years (DALYs) among people over 60 years is attributed to mental and neurological disorders (WHO, 2017). Analysis of data from a WHO Study on global AGEing and adult health (SAGE) also points to the high prevalence of arthritis in low- and middle-income settings, particularly among those in a lower socio-economic position (WHO, 2001).

### 6.3 | Areas of major gaps in the evidence

Our study reveals that systematic review evidence on the effects of home-based health and social care and mobility support interventions is of limited methodological quality, with only 13 out of 120 reviews (11%) being rated as high methodological quality. Quality of systematic reviews in this area needs to be improved by adhering to methodological standards such as the Cochrane Handbook methods (Higgins et al., 2019) which include describing a clearly formulated question, describing eligibility criteria, search strategies, reasons for exclusion, publishing an a priori protocol and transparent reporting of methods (e.g., using the Preferred Reporting Items for Systematic Reviews and Meta-analyses (Moher et al., 2015)). Importantly, quality is based on the methods of the review, not on the strength or quality of evidence within the review.

Furthermore, our EGM illustrates that studies are unevenly distributed across our full intervention-outcome framework. Clusters emerge for some intervention–outcome combinations, in contrast with some noticeable evidence gaps. There is significant evidence (both randomized trials and systematic reviews) on health services, systems and policies ( $n = 525$ ). Studies focusing on home-based rehabilitation ( $n = 276$ ) and general health services ( $n = 233$ ) make up the largest proportion of studies in this map. There is a lack of data available on general social support services and policies ( $n = 41$ ), personal indoor and outdoor mobility and transportation ( $n = 12$ ), and design, construction and building products and technology ( $n = 21$ ).

It is known that caregiver burden is a significant risk factor for depressive symptoms in carers of older people and may precipitate clinical depression (del-Pino-Casado et al., 2019) however, only 71 studies in the EGM explored caregiver outcomes. There were very

few studies focused on loneliness and social isolation which is an important dimension for older adults ( $n = 7$ ). Mobility limitations can contribute to social isolation and loneliness that may affect the mental and physical health of older adults (WHO, 2015).

Included studies mostly covered three WHO regions; Western Pacific, the Americas, and Europe. There were a small number of studies that covered South-East Asia ( $n = 5$ ) and Africa ( $n = 1$ ). No studies covered the Eastern Mediterranean region. A significant proportion of studies are from high-income economies (97%). The lack of evidence from low- and lower-middle income countries points to the need for more high-quality reviews and trials in these settings. This is particularly important since these regions, as previously mentioned, are experiencing a quicker growth in population ageing when compared to high-income countries (UNDESA, 2017).

Diversity of characteristics and settings of older adults across age, sex/gender, ethnicity, medical conditions, settings, environments and culture may influence the impact of interventions. Over 90% of studies did not assess possible differences in effects across PROGRESS characteristics. The lack of health equity considerations within studies raise the need for future studies to consider health inequities, particularly since home-based health, social and technology supports may not be accessible to all or require out of pocket costs, acceptability may differ across culture, country contexts and sex/gender, and programs may thus worsen or exacerbate existing health inequities.

### 6.4 | Potential biases in the mapping process

We followed a systematic process with the help of an information scientist to develop our search strategy. As health and social care interventions and outcomes have different names in different contexts and languages, it is possible that we missed studies with our search strategy, even though the terms we used were developed in consultation with a search specialist and our advisory team, which included several experts in this field. In addition, we may have missed studies that were not indexed as home-based. To mitigate this risk, we also reviewed the lists of included studies in eligible systematic reviews.

## 6.5 | Limitations of the EGM

We focused on randomized trials for reasons of feasibility, thus our EGM may over-represent interventions that lend themselves better to randomization. We mitigated the risk of over-representing “randomizable” interventions by including systematic reviews of non-randomized studies of interventions. However, users need to keep in mind that this EGM represents mostly randomized study evidence.

As with other EGMs, trials in our map may also be included in systematic reviews in this map and studies with multiple interventions or multiple outcomes will appear in multiple quadrants of the map. This is important to consider when interpreting the map.

Systematic reviews were assessed for eligibility and coded on the basis of their PICO question. That could mean that reviews with a broad focus could be excluded if home setting was not part of the PICO.

## 7 | AUTHORS' CONCLUSIONS

This EGM is a starting point for identifying priority areas for systematic reviews and primary studies of home-based health and social care and technological supports to support older adults at home.

### 7.1 | Implications for research, practice and/or policy

There is a need for rigorous evaluation studies of home-based social care and mobility support to promote functional ability for older adults. Despite substantial evidence on home-based health services interventions, only 10% of included systematic reviews were high quality, thus limiting their usefulness for decision-making.

There is a need to consider assessing outcomes of importance to older adults such as financial security, societal contribution and participation, stigma, loneliness and social isolation, caregiver outcomes, cost, and safety which were assessed in <20% of included evidence sources.

There is a need to consider analyses to assess effects of interventions across equity factors. Without evaluation of gender and health inequities, we risk promoting interventions that could exacerbate or worsen existing gender and health inequities.

At the time of publication of this map, there is a huge need to understand how to best promote functional capacity of older adults who are unable to leave their homes due to social distancing restrictions levied in the interests of slowing the spread of SARS-Cov-2 in the population. This map provides an initial resource to identify relevant home-based services which may be of interest to policy-makers and healthcare professionals such as home-based rehabilitation and social support. Some interventions may require further adaptation for online delivery during the COVID-19 pandemic.

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### CONTRIBUTIONS OF AUTHORS

- Content: Tracey E. Howe, Vivian Welch, Heidi Sveistrup, Sue Marcus, provide content expertise in rehabilitation, assistive devices and memory and cognitive impairment. Christine M. Mathew, Lisa Sheehy, and MC also have expertise in ageing and rehabilitation. Elizabeth Kristjansson has expertise in built environments and in healthy aging. Lisa Sheehy, Johan Borg, Wei Zhang, Joanna Thompson-Coon, Anne Lyddiatt, Jason W. Nickerson, Peter Tanuseputro, Peter Walker, and Beverly Shea provided content expertise on classifying outcomes and interventions, and will provide critical comments on final manuscript.
- EGM methods: Vivian Welch, Ashrita Saran, Sue Marcus, Tracey E. Howe, Kevin Pottie, Elizabeth T. Ghogomu and Elizabeth Kristjansson are experts in systematic review methods.
- Information retrieval: Morwenna Rogers is an information specialist with experience in designing searches for systematic reviews.

### DECLARATIONS OF INTEREST

VW is Editor in Chief of the Campbell Collaboration.

Johan Borg is employed as research manager at a commercial assistive technology company that may have an interest in the results or conclusions of this review.

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The rest of the authors have no conflicts of interest with respect to the content of the EGM.

### PRELIMINARY TIMEFRAME

Approximate date for submission of the EGM: October 2019.

Please note this should be no longer than 1 year after protocol approval.

### PLANS FOR UPDATING THE EGM

Vivian Welch, Tracey Howe and Sue Marcus, as directors of Cochrane Global Ageing, have an interest in continuing to update this EGM. Frequency of updating will depend on availability of resources to do so.

### REFERENCES TO STUDIES INCLUDED STUDIES

Study	Publication status	Study design	Population-age group	Population-sex/gender	Health status/condition	WHO region	World Bank classification by income	Intervention: general social support services, systems and policies	Intervention: for personal indoor and outdoor mobility and transportation	Intervention: health services, systems and policies
Acton (2016)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	Personal care		General health services for disease prevention Rehabilitation services Visiting health professionals
Aimonino (2008)	Complete	RCT	Includes 75+	25%-50% female included	Noncommunicable disease	European	High-income economies			General health services for disease prevention Visiting health professionals
Alexander (2001)	Complete	RCT	Includes 65+	75%-100% female included	Care dependent	The Americas	High-income economies	Rehabilitation services	Visiting lay service providers	
Alexopoulos (2016)	Complete	RCT	Includes <65 Includes 65+		Noncommunicable disease Physical frailty	The Americas	High-income economies			General health services for disease prevention Visiting health professionals
Amjad (2018)	Complete	RCT	Includes 65+	50%-75% female included	Dementia Noncommunicable disease	The Americas	High-income economies			General health services for disease prevention Visiting health professionals
Andersen (2000)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies			Visiting health professionals
Anonymous (2004)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies			General health services for disease prevention Visiting health professionals
Araujo (2015)	On-going	RCT	Includes 65+		Care dependent Discharged from hospital	European	High-income economies	Transportation Personal care Family and caregiver support		

Arean (2015)	Complete	RCT	Includes 65+	Care dependent Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Arrieta (2018)	On-going	RCT	Includes 65+	50%-75% female included Care dependent Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Ashburn (2007)	Complete	RCT	Includes 65+	25%-50% female included Injury Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Avlund (2002)	Complete	RCT	Includes <65 Includes 65+	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Baker (2007)	Complete	RCT	Includes 65+	Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Banerjee (1996)	Complete	RCT	Includes 65+	25%-50% female included Noncommunicable disease Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Barnes (2017)	On-going	RCT	Includes <65 Includes 65+	75%-100% female included Dementia Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Barreto (2018)	Complete	RCT	Includes 65+	50%-75% female included Noncommunicable disease	European	High-income economies	Health promotion services Rehabilitation services Visiting health professionals
Batchelor-Murphy (2017)	Complete	RCT	Includes 65+	75%-100% female included Care dependent Dementia Noncommunicable disease	The Americas	High-income economies	Visiting health professionals Personal care

Beck (2013)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	European	High-income economies	Family and caregiver support	General health services for disease prevention Visiting health professionals
Beck (2016)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent Noncommunicable disease	European	High-income economies		General health services for disease prevention Rehabilitation services Visiting health professionals
Behm (2014)	Complete	RCT	Includes 75+	50%-75% female included		European	High-income economies		General health services for disease prevention Health promotion services Visiting health professionals
Behm (2016)	Complete	RCT	Includes 75+	50%-75% female included	Physical frailty	European	High-income economies		General health services for disease prevention Health promotion services Visiting health professionals
Beland (2006)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent Noncommunicable disease	The Americas	High-income economies	Homemaking Personal care	General health services for disease prevention Visiting health professionals
Bennell (2018)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Injury	Western Pacific	High-income economies		Rehabilitation services Visiting health professionals
Bernabei (1998)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease Physical frailty	European	High-income economies	Personal care	General health services for disease prevention Visiting health professionals
Bjerk (2017)	On-going	RCT	Includes 65+		Care dependent Injury	European	High-income economies		Rehabilitation services Visiting health professionals
Blanchard (1999)	Complete	RCT	Includes 75+	75%-100% female included	Noncommunicable disease	European	High-income economies		General health services for disease prevention Visiting health professionals

Bleijenberg (2016)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Bonnefoy (2012)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Boongird (2017)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	South-East Asia	Upper-middle-income economies	Rehabilitation services Visiting health professionals
Bouman (2008)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Boxall (2005)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Brannstrom (2014)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Long term care services Visiting health professionals
Brettschneider (2014)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Brovold (2012)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Bruce (2015)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Bruce (2016)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals



Brumley (2007)	Complete	RCT	Includes 65+	25%-50% female included	End-of-life	The Americas	High-income economies	Long term care services Visiting health professionals
Burton (2013)	Complete	RCT	Includes 65+	75%-100% female included	Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Buurman (2016)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Buys (2017) Complete	RCT	Includes 65+	75%-100% female included	Discharged from hospital	The Americas	High-income economies	Homemaking	
Byles (2004)	Complete	RCT	Includes 75+	50%-75% female included		Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Byrnes (2015)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Discharged from hospital Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Callahan (2012)	On-going	RCT	Includes <65 Includes 65+		Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Campbell (1997)	Complete	RCT	Includes 75+	75%-100% female included	Injury Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Campbell (2005)	Complete	RCT	Includes 75+		Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals

Canning (2015)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Caplan (1999)	Complete	RCT	Includes 65+	75%-100% female included	Communicable disease Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Caplan (2004)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Caplan (2006)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital Noncommunicable disease Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Carroll (2007)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Chaiyawat (2012)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	South-East Asia	Upper-middle- income economies	Rehabilitation services Visiting health professionals
Chan et al. (2016)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Chandler (1998)	Complete	RCT	Includes 65+	25%-50% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Chang (2015)	Complete	RCT	Includes 65+	50%-75% female included	Injury	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Chee (2013)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals

Chen (2015)	Complete	RCT	Includes 65+	25%-50% female included	Care dependent	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Chen (2015)	Complete	RCT	Includes 65+	25%-50% female included	Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Chen (2016)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Cho (1998)	Complete	RCT	Includes 75+	50%-75% female included	Injury Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Chow (2014)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Chu (2017)	Complete	RCT	Includes 65+	50%-75% female included	Injury	Western Pacific	High-income economies	Personal mobility and transportation devices General health services for disease prevention Visiting health professionals
Cichocki (2015)	Complete	RCT	Includes 75+	75%-100% female included	Care dependent	European	High-income economies	Rehabilitation services Visiting health professionals
Ciechanowski (2004)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Claffey (1976)	Complete	RCT	Includes <65 Includes 65+		Care dependent	The Americas	High-income economies	General health services for disease prevention Visiting health professionals

Clegg (2014)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Clemson (2016)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Comans (2010)	Complete	RCT	Includes 65+	50%-75% female included	Injury Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Conradsson (2010)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent	European	High-income economies	Rehabilitation services Visiting health professionals
Cornu (2003)	On-going	RCT	Includes 75+		Care dependent	European	High-income economies	Rehabilitation services
Corr (1995)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Counsell (2007)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Courtney (2009)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Courtney (2011)	On-going	RCT	Includes 65+		Discharged from hospital Physical frailty	South-East Asia	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Courtney (2012)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	The Americas	High-income economies	Rehabilitation services Visiting health professionals

Crotty (2002)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Crotty (2003)	Complete	RCT	Includes 65+	50%-75% female included	Injury	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Crotty (2008)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Cumming (2000)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Cummings (1990)	Complete	RCT	Includes 65+	End-of-life	Physical frailty	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Cunliffe (2004)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Cutchin (2009)	On-going	RCT	Includes 75+	50%-75% female included	Physical frailty	The Americas	High-income economies	Health promotion services Visiting health professionals
Dalby (2000)	Complete	RCT	Includes 65+	50%-75% female included Physical frailty	Discharged from hospital Injury	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Daly (2015)	On-going	RCT	Includes 65+	Injury	Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Danilovich et al. (2017)	On-going	RCT	Includes <65 Includes 65+	Noncommunicable disease Physical frailty	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals

Dano (2016)	Complete	RCT	Includes <65 Includes 65+	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Dechamps (2010)	Complete	RCT	Includes 65+	75%-100% female included Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
DI Monaco (2008)	Complete	RCT	Includes 65+	75%-100% female included Injury	European	High-income economies	Rehabilitation services Visiting health professionals
DI Pollina (2017)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Dias (2008)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included Dementia	South-East Asia	Lower-middle-income economies	General health services for disease prevention Visiting health professionals
Donald (1995)	Complete	RCT	Includes 65+	50%-75% female included Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Donat (2007)	Complete	RCT	Includes 65+	50%-75% female included Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Dorner (2013)	On-going	RCT	Includes 65+	Physical frailty	European	High-income economies	Health promotion services Rehabilitation services Visiting lay service providers
Dorresteijn (2016)	Complete	RCT	Includes 65+	50%-75% female included Injury	European	High-income economies	General health services for disease prevention Visiting health professionals
Dow (2013)	On-going	RCT	Includes <65 Includes 65+	Physical frailty Physical frailty	Western Pacific	High-income economies	Rehabilitation services Family and caregiver support Visiting health professionals



Draper (2008)	Complete	RCT	Includes 65+	50%-75% female included	Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Draper (2016)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Duffy (2010)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Edgren (2015)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Eloniemi-Sulkava (2001)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Eloniemi-Sulkava (2009)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Dementia Noncommunicable disease	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Engberg (2016)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Enguidanos (2012)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Discharged from hospital	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Eriksen (2016)	On-going	RCT	Includes <65 Includes 65+	50%-75% female included		European	High-income economies	Rehabilitation services Visiting health professionals

Fabacher (1994)	Complete	RCT	Includes 65+	0%-25% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals Visiting lay service providers
Faber (2006)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Fahlström (2018)	Complete	RCT	Includes 65+	50%-75% female included	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Fairhall (2012)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Fairhall (2014)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies	Personal mobility and transportation devices General health services for disease prevention Rehabilitation services Visiting health professionals
Fairhall et al. (2015)	On-going	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies	Personal mobility and transportation devices General health services for disease prevention Rehabilitation services Visiting health professionals
Fairhall (2017)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Farag (2015)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Farag (2016)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals

Fasce (2018)	On-going	RCT	Includes <65 Includes 65+	Discharged from hospital Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Favela (2013)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included Physical frailty	The Americas	Upper-middle-income economies	General health services for disease prevention Visiting health professionals
Feldman (2004)	Complete	RCT	Includes 65+	50%-75% female included Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Ferrer (2014)	Complete	RCT	Includes 85+	50%-75% female included Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Ferrer-García (2011)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Fiatarone (1994)	Complete	RCT	Includes 65+	50%-75% female included Physical frailty	The Americas	High-income economies	Rehabilitation services
Finnema (2005)	Complete	RCT	Includes 65+	75%-100% female included Dementia Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Fleming (2004)	Complete	RCT	Includes 75+	50%-75% female included Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Flood (2005)	Complete	RCT		Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals

Fontan (2010)	Complete	RCT	Includes 65+	European	High-income economies	General health services for disease prevention Visiting health professionals
Forsberg (2011)	Complete	RCT	Includes 65+	European	High-income economies	Rehabilitation services
Forster (1996)	Complete	RCT	Includes <65 Includes 65+	Noncommunicable disease European	High-income economies	Visiting health professionals
Frese (2012)	Complete	RCT	Includes 65+	Noncommunicable disease European	High-income economies	General health services for disease prevention Visiting health professionals
Friedman (2014)	Complete	RCT	Includes 65+	Noncommunicable disease Physical frailty The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Gagnon (1999)	Complete	RCT	Includes 65+	Physical frailty The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Garcia-Pena (2001)	Complete	RCT	Includes <65 Includes 65+	Noncommunicable disease The Americas	Upper-middle-income economies	General health services for disease prevention Visiting health professionals
Garcia-Pena (2002)	Complete	RCT	Includes <65 Includes 65+	Noncommunicable disease The Americas	Upper-middle-income economies	General health services for disease prevention Visiting health professionals
Gawler (2016)	Complete	RCT	Includes 65+	Injury European	High-income economies	Rehabilitation services Visiting health professionals
Giangregorio (2018)	Complete	RCT	Includes 65+	Injury The Americas	High-income economies	Rehabilitation services Visiting health professionals

Gill (2002)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Gill (2004)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Gitlin (2001)	Complete	RCT	Includes 75+	50%-75% female included	Dementia Noncommunicable disease	The Americas	High-income economies	Visiting health professionals
Gitlin (2006)	Complete	RCT	Includes 65+	75%-100% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Gitlin (2008)	Complete	RCT	Includes 75+	25%-50% female included	Dementia Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Gitlin (2009)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Gitlin (2010)	Complete	RCT	Includes <65 Includes 65+		Dementia Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Gitlin (2014)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Gitlin (2018)	Complete	RCT	Includes 65+	0%-25% female included Physical frailty	Dementia Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals

Gladman (1993)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Godwin (2016)	Complete	RCT	Includes 75+	50%-75% female included	The Americas	High-income economies	General health services for disease prevention Visiting health professionals	
Gozalo (2014)	Complete	RCT	Includes 75+	75%-100% female included	The Americas	High-income economies	Personal care	
Graff (2008)	Complete	RCT	Includes 65+	50%-75% female included	Dementia Noncommunicable disease	High-income economies	Rehabilitation services Visiting health professionals	
Granbom (2017)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	High-income economies	General health services for disease prevention Visiting health professionals	
Graves (2009)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	High-income economies	General health services for disease prevention Visiting health professionals	
Grimmer (2013)	On-going	RCT	Includes 65+		Discharged from hospital	High-income economies	Health promotion services Visiting health professionals	
Gronstedt (2013)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Physical frailty	High-income economies	Rehabilitation services Visiting health professionals	
Gustafsson (2012)	Complete	RCT	Includes 75+ Includes 85+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals	
Haastregt (2000)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Injury	High-income economies	Visiting health professionals	

Haider (2017)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	75%-100% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting lay service providers
Haider (2017)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	75%-100% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting lay service providers
Hall (1992)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	75%-100% female included	Physical frailty	The Americas	High-income economies	Health promotion services Visiting health professionals
Hammar (2009)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Hansen (1992)	Complete	RCT	Includes 75+	25%-50% female included	Discharged from hospital	European	High-income economies	Health promotion services Visiting health professionals
Hansen (1995)	Complete	RCT	Includes <65 Includes 65+ Includes 75+ Includes 85+	50%-75% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Harris (2005)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Harvey (2014)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Hauer (2017)	Complete	RCT	Includes 65+	75%-100% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals

Helbostad (2004)	Complete	RCT	Includes 75+	75%-100% female included	Injury	European	High-income economies	General health services for disease prevention Visiting health professionals
Hendriks (2008)	Complete	RCT	Includes 65+	50%-75% female included	Injury	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Herford (2014)	Complete	RCT	Includes 75+ Includes 85+	50%-75% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services
Hewitt (2018)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	50%-75% female included	Care dependent	Western Pacific	High-income economies	Rehabilitation services
Hinrichs (2015)	Complete	RCT	Includes 75+ Includes 85+	50%-75% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services
Hinrichs (2016)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Hoenig (2015)	Complete	RCT	Includes 65+ Includes 75+	0%-25% female included	Noncommunicable disease	The Americas	High-income economies	Personal mobility and transportation devices
Holland (2005)	Complete	RCT	Includes 85+	Discharged from hospital	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Holland (2017)	Complete	RCT	Includes 65+ Includes 75+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services



Houles (2010)	Complete	RCT	Includes 75+ Includes 85+	50%-75% female included	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Hsu (2016)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Hsu (2016)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Huang (1998)	Complete	RCT	Includes 65+ Includes 75+	25%-50% female included		Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Huang (2013)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	50%-75% female included	Dementia Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention
Hughes (1992)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Physical frailty	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Hughes (2000)	Complete	RCT	Includes <65 Includes 65+	0%-25% female included	Discharged from hospital Noncommunicable disease Physical frailty	The Americas	High-income economies	Health promotion services Visiting health professionals
Hunger (2015)	Complete	RCT	Includes 65+	25%-50% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Wang et al. (2016)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Injury	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals

Iliffe (2014)	Complete	RCT	Includes 65+	50%-75% female included	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Imhof (2012)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Inglis (2006)	Complete	RCT	Includes 65+ Includes 75+	0%-25% female included	Noncommunicable disease	Western Pacific	High-income economies	Visiting health professionals
Isrctn (2018)	On-going	RCT	Includes <65 Includes 65+		Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Jakobsen (2007) Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	European	High-income economies	Visiting health professionals	
Jensen (2002)	Complete	RCT	Includes 75+	50%-75% female included	Injury	European	High-income economies	Personal mobility and transportation devices Rehabilitation services
Jingna (2012)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	Western Pacific	Upper-middle-income economies	General health services for disease prevention Visiting health professionals
Joaquim (2017)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	Upper-middle-income economies	General health services for disease prevention Visiting health professionals
Johansson (2001)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Johansson (2003)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals

July (2009)	Complete	RCT	Includes <65 Includes 65+	0%-25% female included Noncommunicable disease	Discharged from hospital Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Kalra (2000)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Kane (1984) Complete	RCT	Includes <65	0%-25% female included	End-of-life	The Americas	High-income economies	Long term care services	
Kanemaru (2010)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Kapan (2017)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	25%-50% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting lay service providers
Kapan (2017)	Complete	RCT	Includes 65+	75%-100% female included	Physical frailty	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting lay service providers
Karinkanta (2007)	Complete	RCT	Includes 65+ Includes 75+	75%-100% female included		European	High-income economies	Rehabilitation services
Karlisson (2016)	Complete	RCT	Includes 65+	50%-75% female included	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Kerr (2018)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	50%-75% female included		The Americas	High-income economies	Rehabilitation services
Kerse (2010)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals

Kim (2011)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	South-East Asia	High-income economies	Rehabilitation services Visiting health professionals
King et al. (2012)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
King et al. (2012)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Kjerstad (2016)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Klug (2011)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Kocic (2018)	Complete	RCT	Includes 65+	50%-75% female included		European	Upper-middle-income economies	Rehabilitation services Visiting health professionals
Kohei (2016)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Kono (2004)	Complete	RCT	Includes 65+	75%-100% female included	Care dependent Physical frailty	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Kono (2012)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent Physical frailty	Western Pacific	High-income economies	Health promotion services Visiting health professionals
Kono (2013)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals

Kono (2014)	On-going	RCT	Includes 65+	Physical frailty	Western Pacific	High-income economies	Visiting health professionals
Kono (2016)	Complete	RCT	Includes 65+	50%-75% female included	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Kronborg (2006)	Complete	RCT	Includes 75+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Kukkonen-Harjula (2018)	On-going	RCT	Includes 75+	75%-100% female included	European	High-income economies	Rehabilitation services Visiting health professionals
Kwok (2004)	Complete	RCT	Includes 75+	25%-50% female included	Western Pacific	High-income economies	Visiting health professionals
Kwok (2016)	Complete	RCT	Includes <65 Includes 65+	Discharged from hospital Noncommunicable disease	Western Pacific	High-income economies	Health promotion services
Kyrdalen (2014)	Complete	RCT	Includes 75+	25%-50% female included	European	High-income economies	Rehabilitation services Visiting health professionals
Lam (2018)	Complete	RCT	Includes 75+	50%-75% female included	Western Pacific	High-income economies	Rehabilitation services
Lannin (2007)	Complete	RCT	Includes 65+	75%-100% female included	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Latham (2014)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	The Americas	High-income economies	Rehabilitation services

Latour (2007)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Lattanzio (2001)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Leavitt (2018)	Complete	RCT	Includes 65+	25%-50% female included	Discharged from hospital Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Lee (2006)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Lenaghan (2007)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Levine (2012)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease Physical frailty	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Lewin (2013) Complete	RCT	Includes 65+	50%-75% female included	Care dependent	Western Pacific	High-income economies	Rehabilitation services	General health services for disease prevention Visiting health professionals
Lewin (2014)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies	Rehabilitation services
Li (2013)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Li (2015)	Complete	RCT	Includes 75+	0%-25% female included	Discharged from hospital Noncommunicable disease	Western Pacific	Upper-middle- income economies	Rehabilitation services Visiting health professionals

Liang (1984)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Liang (1986)	Complete	RCT	Includes 75+	75%-100% female included	Care dependent	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Liddle (1996)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	50%-75% female included		Western Pacific	High-income economies	Visiting health professionals
Limatta (2017)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Lin (2007)	Complete	RCT	Includes 65+		Injury Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Lin (2010)	Complete	RCT	Includes 75+ Includes 85+	25%-50% female included 50%-75% female included	Dementia Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services
Lindegaard (2017)	Complete	RCT	Includes 75+	75%-100% female included	Care dependent Discharged from hospital Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Lindegaard-Pedersen (2015)	On-going	RCT	Includes 75+		Discharged from hospital Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals

Liu and Lai (2014)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Liu (2015)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Dementia Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Locher (2013)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Visiting health professionals
Logan (2004)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services
Lok (2017)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	European	Upper-middle-income economies	Rehabilitation services Visiting health professionals
Luck (2013)	Complete	RCT	Includes 85+		Physical frailty	European	High-income economies	Visiting health professionals
Lyons (2016)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
MacIntyre (1999)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent Social isolation	The Americas	High-income economies	Friendly visits
Mahoney (2007)	Complete	RCT	Includes 75+ Includes 85+	75%-100% female included	Injury	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Maiers (2014)	Complete	RCT	Includes 65+ Includes 75+	25%-50% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services



Mangione (2005)	Complete	RCT	Includes 65+	75%-100% female included	Discharged from hospital injury	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Mangione et al. (2010)	Complete	RCT	Includes 75+ Includes 85+	75%-100% female included	Injury	The Americas	High-income economies	Rehabilitation services
Mann (1999)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	The Americas	High-income economies	Personal mobility and transportation devices Visiting health professionals
Marek (2014)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	Visiting health professionals
Markle-Reid (2003)	Complete	RCT	Includes 75+	75%-100% female included	Physical frailty	The Americas	High-income economies Visiting health professionals	General health services for disease prevention Health promotion services
Markle-Reid (2006)	Complete	RCT	Includes 75+ Includes 85+	75%-100% female included	Physical frailty	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Markle-Reid (2010)	Complete	RCT	Includes 75+	50%-75% female included	Injury	The Americas	High-income economies	General health services for disease prevention
Markle-Reid et al. (2017)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	Homemaking Personal care Transportation Visiting health professionals General health services for disease prevention
Martin (1994)	Complete	RCT	Includes 75+	75%-100% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals

Maru (2015)	Complete	RCT	Includes 65+	Discharged from hospital Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Matzen (2007)	Complete	RCT	Includes 65+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Mayo (2008)	Complete	RCT	Includes 65+	25%-50% female included	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
McCorkle (1989)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
McCorkle (2000)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
McMurdo (1995)	Complete	RCT	Includes 75+ Includes 85+	75%-100% female included	European	High-income economies	Rehabilitation services Visiting health professionals
McWilliam (1999)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	The Americas	High-income economies	Health promotion services Visiting health professionals
McWilliam (1999)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	The Americas	High-income economies	Health promotion services Visiting health professionals
Meisinger (2013)	Complete	RCT	Includes 65+ Includes 75+	25%-50% female included	European	High-income economies	General health services for disease prevention Visiting health professionals

Melin (1992)	Complete	RCT	Includes <65 Includes 65+ Includes 75+ Includes 85+	50%-75% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Melin (1993)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Melin (1993)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	50%-75% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Melin (1995)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Discharged from hospital	European	High-income economies	Visiting health professionals
Melis (2008)	Complete	RCT	Includes 65+		Care dependent	European	High-income economies	General health services for disease prevention Visiting health professionals
Melis (2008)	Complete	RCT	Includes 75+	75%-100% female included	Care dependent Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Mihalko (1996)	Complete	RCT	Includes 65+	75%-100% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Miller (2005)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Milte (2016)	Complete	RCT	Includes 75+ Includes 85+	50%-75% female included 75%-100% female included	Injury	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals

Mitchell (2005)	Complete	RCT	Includes 65+	50%-75% female included	Injury Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Mohide (1990)	Complete	RCT	Includes 75+	25%-50% female included	Dementia Noncommunicable disease	The Americas	High-income economies	Visiting health professionals
Molassiotis (2009)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Moller (2014)	Complete	RCT	Includes 65+	50%-75% female included	Injury Physical frailty	European	High-income economies	Health promotion services Visiting health professionals
Montgomery (2003)	Complete	RCT	Includes 75+ Includes 85+	50%-75% female included	Physical frailty	The Americas	High-income economies	General health services for disease prevention
Morris (2017)	Complete	RCT	Includes <65 Includes 65+ Includes 75+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Mortensen (2016)	Complete	RCT	Includes <65 Includes 65+		Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Mulrow (1994)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Murphy (2005)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals
Naunton (2003)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals

Naylor (1999)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Discharged from hospital	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Naylor (2004)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	Visiting health professionals
Naylor (2004)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Nazareth (2001)	Complete	RCT	Includes 75+		Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Nct (2005)	Complete	RCT	Includes 75+	50%-75% female included		European	High-income economies	General health services for disease prevention Visiting health professionals
Nct (2006)	Complete	RCT	Includes 85+	50%-75% female included		European	High-income economies	Rehabilitation services Visiting health professionals
Nct (2011)	On-going	RCT	Includes <65 Includes 65+		Discharged from hospital Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Nct (2011)	On-going	RCT	Includes 65+ Includes 75+		Noncommunicable disease	The Americas	High-income economies	Rehabilitation services
Nct (2012)	On-going	RCT	Includes 65+		Injury Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals

Nct (2013)	Complete	RCT	Includes 65+	Social isolation	European	High-income economies	Homemaking Friendly visits	
Nct (2014)	On-going	RCT	Includes 65+	Care dependent	Western Pacific	High-income economies		Rehabilitation services Visiting health professionals
Nct (2014)	On-going	RCT	Includes 65+	Noncommunicable disease	The Americas	High-income economies		General health services for disease prevention Visiting health professionals
Nct (2014)	On-going	RCT	Includes 65+	Discharged from hospital	The Americas	High-income economies		Visiting health professionals
Nct (2015)	On-going	RCT	Includes 75+	Care dependent	The Americas	High-income economies	Personal mobility and transportation devices	Rehabilitation services Visiting health professionals
Nct (2017)	On-going	RCT	Includes 65+	Injury	Western Pacific	High-income economies		General health services for disease prevention Health promotion services Visiting health professionals
Nct (2017)	On-going	RCT	Includes 65+	Physical frailty	The Americas	High-income economies		Rehabilitation services
Nct (2017)	On-going	RCT	Includes 65+ Includes 75+	Injury	The Americas	High-income economies		General health services for disease prevention Health promotion services
Nct (2017)	On-going	RCT	Includes <65 Includes 65+	End-of-life	Western Pacific	High-income economies		Long term care services

Nct (2018)	On-going	RCT	Includes 65+	Noncommunicable disease Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Nct (2018)	On-going	RCT	Includes 65+	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Neumann (2017)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	European	High-income economies	General health services for disease prevention Health promotion services Visiting health professionals
Nicolaides-Bouman (2004)	On-going	RCT	Includes 65+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Nielsen (1972)	Complete	RCT	Includes 65+	Discharged from hospital Injury Noncommunicable disease	The Americas	High-income economies	Homemaking Personal care
Nikolaus (1999)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Nikolaus (2003)	Complete	RCT	Includes 75+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Nobili (2004)	Complete	RCT	Includes 65+	50%-75% female included Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services Family and caregiver support Visiting health professionals

Nowalk (2001)	Complete	RCT	Includes 65+ Includes 75+ Includes 85+	75%-100% female included	The Americas	High-income economies	Rehabilitation services
Oerkild (2011)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	High-income economies	Rehabilitation services Visiting health professionals
Oerkild (2012)	Complete	RCT	Includes 65+ Includes 75+	75%-100% female included	Noncommunicable disease	High-income economies	Rehabilitation services
Olaleye (2014)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	Lower-middle- income economies	Rehabilitation services
Olesen (2014)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Noncommunicable disease	High-income economies	Visiting health professionals
Olson (2011)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Oosting (2012)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included 75%-100% female included	Physical frailty European	High-income economies	Rehabilitation services
Orrell (2017)	Complete	RCT	Includes 75+ Includes 85+	75%-100% female included	Dementia Noncommunicable disease	High-income economies	Rehabilitation services
Ouslander (2005)	Complete	RCT	Includes <65 Includes 65+	0%-25% female included	Care dependent The Americas	High-income economies	Rehabilitation services Visiting health professionals
Özdemir (2001)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Noncommunicable disease	Upper-middle- income economies	Rehabilitation services



Padala (2017)	Complete	RCT	Includes 65+ Includes 75+	25%-50% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services
Padula (2009)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Papaioannou (2003)	Complete	RCT	Includes 65+ Includes 75+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services
Pardessus (2002)	Complete	RCT	Includes 75+	75%-100% female included	Discharged from hospital Injury	European	High-income economies	General health services for disease prevention Visiting health professionals
Parker (2009)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Care dependent	European	High-income economies	Rehabilitation services Visiting health professionals
Parker (2011)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Parsons et al. (2013)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Parsons (2017)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies Visiting health professionals	General health services for disease prevention Rehabilitation services
Patterson (2009)	Complete	RCT	Includes 65+	75%-100% female included		Western Pacific	High-income economies	General health services for disease prevention Visiting lay service providers
Pedersen (2016)	Complete	RCT	Includes 75+	75%-100% female included	Discharged from hospital Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Peeters (2007)	On-going	RCT	Includes 65+		Injury	European	High-income economies	General health services for disease prevention Visiting health professionals

Pizzi (2014)	Complete	RCT	Includes <65 Includes 65+ Includes 75+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Portegijs (2013)	Complete	RCT	Includes 65+			European	High-income economies	Rehabilitation services Visiting health professionals
Prick (2015)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Profener (2016)	Complete	RCT	Includes 65+	75%-100% female included	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Radwany (2014)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	The Americas	High-income economies Visiting health professionals	General health services for disease prevention Long term care services
Rasmussen (2016)	Complete	RCT	Includes 65+			European	High-income economies	Rehabilitation services Visiting health professionals>
Ray (1997)	Complete	RCT	Includes 65+	25%-50% female included	Injury	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Reckrey (2018)	On-going	RCT	Includes 65+		Care dependent	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Reeves (2004)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals

Regan (2017)	Complete	RCT	Includes 65+ Includes 75+	25%-50% female included 50%-75% female included	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services
Resnick (2009)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Richards (1998)	Complete	RCT	Includes 65+ Includes 75+	50%-75% female included	Injury Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Robertson et al. (2001)	Complete	RCT	Includes 75+	50%-75% female included Noncommunicable disease	Care dependent Injury	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Roderick (2001)	Complete	RCT	Includes 65+		Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Rosendahl (2006)	Complete	RCT	Includes 65+		Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Rosstad (2017)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Rossum (1993)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent	European	High-income economies	General health services for disease prevention Visiting health professionals
Rubenstein (1994)	Complete	RCT	Includes 75+	50%-75% female included	Care dependent Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals

Runciman (1996)	Complete	RCT	Includes 75+	Discharged from hospital	European	High-income economies	Visiting health professionals
Ryan (2006)	Complete	RCT	Includes 65+	50%-75% female included	European	High-income economies	Rehabilitation services Visiting health professionals
Rytter (2010)	Complete	RCT	Includes 75+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Sackley (2007)	Complete	RCT	Includes <65	75%-100% female included	European	High-income economies	Rehabilitation services Visiting health professionals
Sackley (2009)	Complete	RCT	Includes 75+	75%-100% female included	European	High-income economies	Rehabilitation services Visiting health professionals
Sackley (2015)	Complete	RCT	Includes 75+	50%-75% female included	European	High-income economies	Personal mobility and transportation devices Rehabilitation services Visiting health professionals
Sahlen (2016)	Complete	RCT	Includes 75+	Noncommunicable disease	European	High-income economies	Long term care services
Salminen (2009)	Complete	RCT	Includes 65+	75%-100% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Salpakoski (2014)	Complete	RCT	Includes 75+	75%-100% female included	European	High-income economies	Rehabilitation services Visiting health professionals
Samus (2014)	Complete	RCT	Includes 75+	50%-75% female included	The Americas	High-income economies	General health services for disease prevention Visiting health professionals

Sandberg (2015)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Sandberg (2015)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Sanford (2006)	Complete	RCT	Includes <65		Care dependent	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Schnelle (1996)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Schnelle (2010)	Complete	RCT	Includes 75+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Seidl (2015)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Senior (2014)	Complete	RCT	Includes 65+	50%-75% female included	Physical frailty	Western Pacific	High-income economies Visiting health professionals	General health services for disease prevention Rehabilitation services
Serra-Rexach (2011)	Complete	RCT	Includes 85+	75%-100% female included	Care dependent Noncommunicable disease Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Sheffield (2013)	Complete	RCT	Includes 65+	75%-100% female included	Physical frailty	The Americas	High-income economies	Rehabilitation services Visiting health professionals

Shepperd and Iliffe (1998)	Complete	RCT	Includes <65 Includes 65+	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Shepperd and Iliffe (1998)	Complete	RCT	Includes <65 Includes 65+	Injury Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Shepperd (2017)	On-going	RCT	Includes 65+	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Sherman (2016)	Complete	RCT	Includes 75+	50%-75% female included	European	High-income economies	General health services for disease prevention Visiting health professionals
Sherrington (2015)	Complete	RCT	Includes <65 Includes 65+	Discharged from hospital	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Sherrington (2016)	On-going	RCT	Includes <65 Includes 65+	Injury	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Shyu (2008)	Complete	RCT	Includes 65+	Discharged from hospital	Western Pacific	High-income economies Family and caregiver support	General health services for disease prevention Visiting health professionals
Shyu (2016)	Complete	RCT	Includes <65 Includes 65+ Includes 75+	Injury	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services
Siggeirsdottir (2005)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	European	High-income economies	Rehabilitation services Visiting health professionals

Simmons (2002)	Complete	RCT	Includes 75+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Simmons (2005)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	The Americas	High-income economies	Personal care
Sloane (2004)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included Noncommunicable disease	Care dependent Dementia	The Americas	High-income economies	Personal care
Steele (2008)	Complete	RCT	Includes <65 Includes 65+		Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Steinberg (2009)	Complete	RCT	Includes 65+	50%-75% female included	Dementia Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Stelmack et al. (2007)	Complete	RCT	Includes 65+	0%-25% female included	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Stevens (2001)	Complete	RCT	Includes 75+	50%-75% female included		Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Stevens-Lapsley (2016)	Complete	RCT	Includes 65+	50%-75% female included	Discharged from hospital	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Stewart et al. (2005)	Complete	RCT	Includes 65+		Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Stewart (2012)	Complete	RCT	Includes <65 Includes 65+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals

Stuck et al. (1995)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Stuck et al. (1995)	Complete	RCT	Includes 75+	50%-75% female included	The Americas	High-income economies	General health services for disease prevention Visiting health professionals	
Stuck (2000)	Complete	RCT	Includes 75+	75%-100% female included	European	High-income economies	General health services for disease prevention Visiting health professionals	
Suominen (2015)	Complete	RCT	Includes 65+	25%-50% female included	European	High-income economies	General health services for disease prevention Visiting health professionals	
Suttanon (2013)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	High-income economies	Rehabilitation services Visiting health professionals	
Szanton (2014)	On-going	RCT	Includes 65+	Physical frailty	The Americas	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals	
Talley (2017)	Complete	RCT	Includes 75+	75%-100% female included	Noncommunicable disease	The Americas	General health services for disease prevention Rehabilitation services	
Taube (2017)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	High-income economies	General health services for disease prevention Visiting health professionals	
Thomas (2016)	Complete	RCT	Includes 65+	Care dependent	The Americas	High-income economies	Homemaking	
Thomas (2018)	Complete	RCT	Includes 65+	Physical frailty	The Americas	High-income economies	Homemaking	



Thygesen (2015)	Complete	RCT	Includes 65+	25%-50% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Tibaldi (2004)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Tibaldi (2009)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Tinetti (1999)	Complete	RCT	Includes 65+	75%-100% female included	Discharged from hospital Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Toots (2017)	Complete	RCT	Includes 65+	75%-100% female included	Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Townsend (1988)	Complete	RCT	Includes 75+	50%-75% female included	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals
Tsaih (2011)	Complete	RCT	Includes 65+	25%-50% female included	Injury	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Tseng (2016)	Complete	RCT	Includes 65+	50%-75% female included	Injury	Western Pacific	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Tsuchihashi-Makaya (2013)	Complete	RCT	Includes 65+	25%-50% female included	Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Turunen (2017)	On-going	RCT	Includes 65+		Discharged from hospital	European	High-income economies	Rehabilitation services Visiting health professionals

Underwood (2013)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Valdes (2015)	Complete	RCT	Includes <65 Includes 65+	75%-100% female included	Injury	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Van Der Pols-Vijlbrief (2016)	Complete	RCT	Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
van Haastregt (2000)	Complete	RCT	Includes 65+	50%-75% female included	Injury	European	High-income economies	General health services for disease prevention Visiting health professionals
van Hout (2010)	Complete	RCT	Includes 75+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
van Houten (2007)	Complete	RCT	Includes 65+	75%-100% female included	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Vass (2007)	Complete	RCT	Includes 75+	50%-75% female included		European	High-income economies	General health services for disease prevention Visiting health professionals
Verweij (2018)	On-going	RCT	Includes 65+		Discharged from hospital Noncommunicable disease	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Vogler (2009)	Complete	RCT	Includes 75+	50%-75% female included 75%-100% female included	Discharged from hospital	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Weir (1998)	Complete	RCT	Includes <65 Includes 65+	50%-75% female included	Discharged from hospital	The Americas	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals

Whitehead (2014)	On-going	RCT	Includes <65 Includes 65+	European	High-income economies	Rehabilitation services Visiting health professionals
Wilhelmson (2013)	Complete	RCT	Includes 75+ 50%-75% female included	European	High-income economies	Health promotion services Visiting health professionals
Wilson (2009)	Complete	RCT	Includes <65 Includes 65+ 75%-100% female included	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Wishart (2000)	Complete	RCT	Includes 75+ 75%-100% female included	The Americas	High-income economies	Rehabilitation services Visiting lay service providers
Wisniewska-Szurlej (2017)	On-going	RCT	Includes 65+	European	High-income economies	Rehabilitation services
Wong (2015)	Complete	RCT	Includes <65 Includes 65+ 50%-75% female included	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Wong (2016)	Complete	RCT	Includes 75+ 50%-75% female included	Western Pacific	High-income economies	Long term care services Visiting health professionals Visiting lay service providers
Wylie (2017)	Complete	RCT	Includes 65+ 75%-100% female included	European	High-income economies	Rehabilitation services Personal care
Young (1992)	Complete	RCT	Includes <65 Includes 65+ 25%-50% female included	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Ziden (2008)	Complete	RCT	Includes 75+ 50%-75% female included	European	High-income economies	Rehabilitation services Visiting health professionals

Ziden (2010)	Complete	RCT	Includes 65+	75%-100% female included	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Ziden (2014)	Complete	RCT	Includes 85+	50%-75% female included	Injury	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Zimmer (1985)	Complete	RCT	Includes 65+	50%-75% female included	Care dependent Noncommunicable disease Physical frailty	The Americas	High-income economies	General health services for disease prevention Visiting health professionals Visiting lay service providers
Abdulla (2013)	Complete	Systematic review	Includes 65+		Noncommunicable disease Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Allen et al. (2014)	Complete	Systematic review	Includes <65		Discharged from hospital	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Andy (2016)	Complete	Systematic review	Includes 65+	50%-75% female included	Care dependent	European	High-income economies	Rehabilitation services Visiting health professionals
Apostolo (2018)	Complete	Systematic review	Includes 65+		Physical frailty	European	High-income economies	General health services for disease prevention Rehabilitation services
Baldwin (2011)	Complete	Systematic review	Includes <65		Physical frailty	European	High-income economies	Health promotion services Visiting health professionals
Baxter (2016)	Complete	Systematic review	Includes <65			European	High-income economies	Rehabilitation services Visiting health professionals

Berger (2013)	Complete	Systematic review	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Beswick (2010)	Complete	Systematic review	Discharged from hospital Injury	European	High-income economies	General health services for disease prevention Visiting health professionals
Blythe (2009)	Complete	Systematic review	Care dependent Dementia Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Bryant-Lukosius (2015)	Complete	Systematic review	Communicable disease Discharged from hospital	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Bula (2011)	Complete	Systematic review	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Bunn (2016)	Complete	Systematic review	Dementia Noncommunicable disease	European	High-income economies	Homemaking
Burns (2001)	Complete	Systematic review	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Burton (2015)	Complete	Systematic review	Dementia Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Burton (2015)	Complete	Systematic review	Physical frailty 75%-100% female included	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals

Cadore (2013)	Complete	Systematic review	Includes 65+	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Candy (2011)	Complete	Systematic review		End-of-life	European	High-income economies	Long term care services Visiting health professionals
Cattan (2005)	Complete	Systematic review	Includes <65	Social isolation	European	High-income economies	Health promotion services
			Includes 65+				Visiting health professionals
Chiung-Ju (2013)	Complete	Systematic review	Includes 65+	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Chou (2012)	Complete	Systematic review	Includes 75+	Care dependent	Western Pacific	Upper-middle-income economies	Rehabilitation services Visiting health professionals
			50%-75% female included				
Clarkson (2018)	Complete	Systematic review	Includes <65	Dementia	European	High-income economies	General health services for disease prevention Visiting health professionals
			Includes 65+	Noncommunicable disease			
Clegg (2012)	Complete	Systematic review	Includes 65+	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
			Includes 75+				
Cobban (2012)	Complete	Systematic review	Includes 65+	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Cochrane (2014)	Complete	Systematic review	Includes 65+	Care dependent	European	High-income economies	Rehabilitation services Visiting health professionals
			Includes 65+				
			50%-75% female included				

Corrieri (2011)	Complete	Systematic review	Includes 65+	European	High-income economies	General health services for disease prevention Health promotion services Visiting health professionals
Crocker (2013)	Complete	Systematic review	Includes <65	Care dependent	High-income economies	Rehabilitation services
			Includes 65+	Noncommunicable disease	Visiting health professionals	
Daniels (2008)	Complete	Systematic review	Includes 75+	European	High-income economies	Rehabilitation services Visiting health professionals
Davis (2015)	Complete	Systematic review	Includes <65	The Americas	High-income economies	Long term care services
			Includes 65+	End-of-life	Visiting health professionals	
De Coninck (2017)	Complete	Systematic review	Includes <65	European	High-income economies	Rehabilitation services
			Includes 65+	Injury Noncommunicable disease	Long term care services	
de Vries (2012)	Complete	Systematic review	Includes 65+	European	High-income economies	Rehabilitation services Visiting health professionals
Desheng (2018)	Complete	Systematic review	Includes 65+	Western Pacific	Upper-middle-income economies	Rehabilitation services
			Includes <65	Injury	Visiting health professionals	
Dickens (2011)	Complete	Systematic review	Includes <65	European	High-income economies	General health services for disease prevention
			Includes 65+	Social isolation	Visiting health professionals	
Eklund (2009)	Complete	Systematic review	Includes 65+	European	High-income economies	General health services for disease prevention Visiting health professionals

Elkan (2001)	Complete	Systematic review	Includes 65+	Physical frailty	European	High-income economies	Family and caregiver support	General health services for disease prevention Health promotion services Visiting health professionals
Evans (2003)	Complete	Systematic review	Includes 65+	Noncommunicable disease	European	High-income economies		Rehabilitation services Visiting health professionals
Fletcher-Smith (2013)	Complete	Systematic review	Includes <65 Includes 65+	Noncommunicable disease	European	High-income economies		Rehabilitation services Visiting health professionals
Fomiatti (2013)	Complete	Systematic review	Includes 65+	Noncommunicable disease	Western Pacific	High-income economies	Personal mobility and transportation devices	
Forbes (2015)	Complete	Systematic review	Includes 65+	Dementia Noncommunicable disease	The Americas	High-income economies		Rehabilitation services Visiting health professionals
Franck (2016)	Complete	Systematic review	Includes <65 Includes 65+	Social isolation	Western Pacific	High-income economies		General health services for disease prevention Rehabilitation services Visiting health professionals
Gillespie (2012)	Complete	Systematic review	Includes <65 Includes 65+	Injury	European	High-income economies	Personal mobility and transportation devices	Rehabilitation services Visiting health professionals
Gine-Garriga (2014)	Complete	Systematic review	Includes <65 Includes 65+	Physical frailty	European	High-income economies		Rehabilitation services Visiting health professionals



Golding-Day (2017)

Complete Systematic review Includes <65 Includes 65+ Physical frailty European High-income economies Personal care Visiting health professionals

Gomes (2013)

Complete Systematic review Includes <65 Includes 65+ End-of-life European High-income economies Long term care services Visiting health professionals

Grant (2014)

Complete Systematic review Includes 65+ 50%-75% female included Noncommunicable disease European High-income economies General health services for disease prevention Visiting health professionals

Graybill (2014)

Complete Systematic review Includes 65+ Noncommunicable disease Physical frailty European High-income economies

Hall (2011)

Complete Systematic review Includes 75+ 75%-100% female included End-of-life European High-income economies Long term care services Visiting health professionals

Handoll (2009)

Complete Systematic review Includes 65+ Injury European High-income economies Rehabilitation services Visiting health professionals

Handoll (2015)

Complete Systematic review Includes <65 Includes 65+ Injury European High-income economies Rehabilitation services Visiting health professionals

Hill (2015)

Complete Systematic review Includes <65 Includes 65+ Injury Western Pacific High-income economies Rehabilitation services Visiting health professionals

Hobbs (2013)

Complete Systematic review Includes <65 Includes 65+ Noncommunicable disease European High-income economies Rehabilitation services Visiting health professionals

Howe (2011)

Complete Systematic review Includes <65 Includes 65+ Physical frailty European High-income economies Rehabilitation services Visiting health professionals

Hunter (2018)	Complete	Systematic review	Includes 65+	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Huss (2008)	Complete	Systematic review	Includes 65+	Care dependent Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Jane (2017)	Complete	Systematic review	Includes 65+	Care dependent Noncommunicable disease	European	High-income economies	
Kang-Yi (2010)	Complete	Systematic review	Includes 65+	Care dependent Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Konno (2011)	On-going	Systematic review	Includes <65 Includes 65+	Dementia Noncommunicable disease	Western Pacific	High-income economies	Visiting health professionals
Konno (2013)	Complete	Systematic review		Dementia Noncommunicable disease	Western Pacific	High-income economies	Visiting health professionals
Konno (2014)	Complete	Systematic review	Includes <65 Includes 65+ Noncommunicable disease	Care dependent Dementia	Western Pacific	High-income economies	Personal care
Kurz (2011)	Complete	Systematic review	Includes <65 Includes 65+	Noncommunicable disease	European	High-income economies	General health services for disease prevention Rehabilitation services Visiting health professionals
Lacroix (2017)	Complete	Systematic review	Includes 65+		European	High-income economies	Rehabilitation services Visiting health professionals

Legg (2004)	Complete	Systematic review	Includes 65+	Noncommunicable disease	European	High-income economies	Rehabilitation services
Legg (2017)	Complete	Systematic review	Includes <65 Includes 65+	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Lewis (2017)	Complete	Systematic review	Includes 65+	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Litimatta (2016)	Complete	Systematic review	Includes 65+	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Liu (2015)	Complete	Systematic review	Includes 65+	Dementia Noncommunicable disease	The Americas	High-income economies	Personal care
Liu (2018)	Complete	Systematic review	Includes 65+	Care dependent Discharged from hospital	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Low (2011)	Complete	Systematic review	Includes 65+	Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
Martin (2011)	Complete	Systematic review	Includes 65+	Noncommunicable disease	European Visiting health professionals	High-income economies	General health services for disease prevention Rehabilitation services
Mayo-Wilson (2014)	Complete	Systematic review	Includes 65+	European	European	High-income economies	General health services for disease prevention Visiting health professionals

McClure (2005)	Complete	Systematic review	Includes 65+	Injury	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals
McWilliam (2000)	Complete	Systematic review	Includes 65+		The Americas	High-income economies	Personal mobility and transportation devices General health services for disease prevention Health promotion services Rehabilitation services Visiting health professionals
Meinck (2004)	Complete	Systematic review	Includes <65 Includes 65+		European	High-income economies	General health services for disease prevention Visiting health professionals
Montgomery (2008)	Complete	Systematic review	Includes 65+	Care dependent	European	High-income economies	Personal care
Munk (2016)	Complete	Systematic review	Includes <65 Includes 65+	Physical frailty	European	High-income economies	General health services for disease prevention Visiting health professionals
Oliver (2007)	Complete	Systematic review		Injury Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Outpatient (2003)	Complete	Systematic review	Includes <65 Includes 65+	50%-75% female included Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Ozdemir (2017)	Complete	Systematic review	Includes <65 Includes 65+	Discharged from hospital	European	Lower-middle-income economies	Rehabilitation services Visiting health professionals
Patterson (1999)	Complete	Systematic review	Includes 65+	Discharged from hospital	European	High-income economies	General health services for disease prevention Visiting health professionals

Pitkala (2013)	Complete	Systematic review	Includes 75+	50%-75% female included	Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Poscia (2018)	Complete	Systematic review	Includes 65+	50%-75% female included	Social isolation	European	High-income economies	General health services for disease prevention Visiting health professionals
Potter (2011)	Complete	Systematic review	Includes <65 Includes 65+		Dementia Noncommunicable disease	European	High-income economies	Rehabilitation services
Reilly (2015)	Complete	Systematic review	Includes <65 Includes 65+		Dementia Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals
Renz (2017)	Complete	Systematic review	Includes <65 Includes 65+			European	High-income economies	General health services for disease prevention Visiting health professionals
Resnick (2016)	Complete	Systematic review	Includes 65+		Injury Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Roe (2015)	Complete	Systematic review	Includes <65 Includes 65+		Noncommunicable disease	European	High-income economies	Health promotion services Visiting health professionals
Roets-Merken (2015)	Complete	Systematic review	Includes <65 Includes 65+		Care dependent Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Santomassino (2012)	Complete	Systematic review	Includes <65 Includes 65+		Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Sean (2014)	Complete	Systematic review	Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies	General health services for disease prevention Visiting health professionals

Shaw (2009)	Complete	Systematic review	Includes 65+	50%-75% female included	Physical frailty	European	High-income economies	Family and caregiver support	
Shepperd (2005)	Complete	Systematic review	Includes 65+		Discharged from hospital	European	High-income economies		General health services for disease prevention Visiting health professionals
Shepperd (2011)	Complete	Systematic review	Includes <65 Includes 65+		End-of-life	European	High-income economies		Long term care services Visiting health professionals
Shepperd (2016)	Complete	Systematic review	Includes <65 Includes 65+			European	High-income economies		General health services for disease prevention Visiting health professionals
Shvedko (2018)	Complete	Systematic review	Includes <65 Includes 65+	50%-75% female included	Noncommunicable disease	European	High-income economies		Rehabilitation services Visiting health professionals
Simek (2012)	Complete	Systematic review	Includes <65 Includes 65+		Injury	Western Pacific	High-income economies		Rehabilitation services Visiting health professionals
Sims-Gould (2017)	Complete	Systematic review	Includes 65+	50%-75% female included	Care dependent Noncommunicable disease Physical frailty	The Americas	High-income economies		Rehabilitation services Visiting health professionals
Skelton (2013)	Complete	Systematic review	Includes <65 Includes 65+		Noncommunicable disease	European	High-income economies		
Smeeth (2006)	Complete	Systematic review	Includes 65+			European	High-income economies		General health services for disease prevention Visiting health professionals
Smith (2016)	Complete	Systematic review Includes 65+	Includes <65		Noncommunicable disease	European	High-income economies		General health services for disease prevention

Stall (2014)	Complete	Systematic review	Includes 65+	Care dependent	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Stultjens (2004)	Complete	Systematic review	Includes 65+	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Stultjens (2004)	Complete	Systematic review	Includes <65 Includes 65+		European	High-income economies	Rehabilitation services Visiting health professionals
Stolee (2012)	Complete	Systematic review	Includes <65 Includes 65+	Noncommunicable disease	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Stuck (2002)	Complete	Systematic review	Includes 65+		European	High-income economies	General health services for disease prevention Visiting health professionals
Talley (2011)	Complete	Systematic review	Includes 65+	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Tappenden (2012)	Complete	Systematic review	Includes 75+	Physical frailty	European	High-income economies	Health promotion services Visiting health professionals
Therapy-based rehabilitation (2003)	Complete	Systematic review	Includes 65+	Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Thiebaud (2014)	Complete	Systematic review	Includes 75+	50%-75% female included	The Americas	High-income economies	Rehabilitation services Visiting health professionals
Toles (2016)	Complete	Systematic review	Includes 75+	50%-75% female included Discharged from hospital	The Americas	High-income economies	General health services for disease prevention Visiting health professionals

Tseng (2011)	Complete	Systematic review	Includes 65+	Noncommunicable disease	Western Pacific	High-income economies	Rehabilitation services Visiting health professionals
Vaapio (2009)	Complete	Systematic review	Includes <65 Includes 65+	Injury	European	High-income economies	Rehabilitation services Visiting health professionals
van Abbema (2015)	Complete	Systematic review	Includes 65+	Physical frailty	European	High-income economies	Rehabilitation services Visiting health professionals
Van Citters (2004)	Complete	Systematic review	Includes 65+	Noncommunicable disease	The Americas	High-income economies	General health services for disease prevention Visiting health professionals
Ward (2003)	Complete	Systematic review	Includes <65 Includes 65+	Care dependent Noncommunicable disease	European	High-income economies	Rehabilitation services Visiting health professionals
Watanabe (2015)	On-going	Systematic review	Includes <65 Includes 65+	Noncommunicable disease	Western Pacific	High-income economies	Personal mobility and transportation devices
Weber (2018)	Complete	Systematic review	Includes <65 Includes 65+	Care dependent Injury	European	High-income economies	Rehabilitation services Visiting health professionals
Winkel (2008)	Complete	Systematic review	Includes <65 Includes 65+	Noncommunicable disease	European	High-income economies	General health services for disease prevention Rehabilitation services
Yi (2015)	On-going	Systematic review	Includes <65 Includes 65+	Dementia Noncommunicable disease	Western Pacific	High-income economies	General health services for disease prevention Visiting health professionals



Young (2017)  
 Complete Systematic review Includes 65+ Care dependent European High-income economies Long term care services  
 Visiting health professionals

Zhu (2013)  
 Complete Systematic review Includes <65 Care dependent The Americas High-income economies Personal care  
 Includes 65+ Noncommunicable disease

Zubala (2017)  
 Complete Systematic review Includes <65 50%-75% female included European High-income economies Rehabilitation services  
 Includes 65+ Noncommunicable disease Visiting health professionals

Intervention: design, construction and building products and technology of buildings for private use  
 Study Outcomes: intrinsic capacity Outcomes: functional ability Outcomes: process and other outcomes  
 Acton (2016) Mental functions Basic needs Residential home/apartment Usual care Gender inequalities  
 Sensory functions and pain Quality of life Cost (e.g.,out of pocket) Other health inequalities  
 Study quality

Almonino (2008)  
 Mental functions Basic needs Residential home/apartment Usual care No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Functions of the digestive, metabolic and endocrine systems Satisfaction of older adult Caregiver outcomes Health service utilization  
 Mobility

Alexander (2001)

Mobility  
Assisted living Other  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Alexopoulos (2016)

Mental functions Learning, grow and make decisions  
Residential home/apartment Other  
Socioeconomic status  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Amjad (2018)

Quality of life  
Cost (e.g., out of pocket) Residential home/apartment Usual care  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Andersen (2000)

Mental functions Basic needs  
Health service utilization Residential home/apartment Usual care  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Neuromusculoskeletal function

Anonymous (2004)

Mental functions Quality of life  
Residential home/apartment Usual care Social capital  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status



Avlund (2002)	<p>Basic needs</p> <p>Mobility</p>	<p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>RCT</p>
Baker (2007)	<p>Neuromusculoskeletal function</p> <p>Mobility</p>	<p>Independent living</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>RCT</p>
Banerjee (1996)	<p>Mental functions</p>	<p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>RCT</p>
Barnes (2017)	<p>Basic needs</p> <p>Quality of life</p> <p>Mobility</p>	<p>Residential home/apartment</p> <p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>RCT</p>
Barreto (2018)	<p>Neuromusculoskeletal function</p> <p>Mobility</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>Adherence</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>RCT</p>

Batchelor-Murphy (2017)

Functions of the digestive, metabolic and endocrine systems	Basic needs	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Beck (2013)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function  
Mobility  
Contribution

Beck (2016)

Functions of the digestive, metabolic and endocrine systems	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function  
Quality of life  
Mobility

Behm (2014)

Mental functions	Quality of life	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Sensory functions and pain  
Neuromusculoskeletal function

Behm (2016)

Mental functions	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain					
Neuromusculoskeletal function					

Beland (2006)

Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility	Satisfaction of older adult					
		Cost-effectiveness					
		Health service utilization					

Bennell (2018)

Mental functions	Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain							

Bernabei (1998)

	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility	Health service utilization					

Bjerk (2017)

Neuromusculoskeletal function	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Mobility	Falls					

Blanchard (1999)

Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Basic needs		Other			
	Quality of life					

Bleijenberg (2016)

Functions of the digestive, metabolic and endocrine systems	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function	Safety					
Mental functions	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Bonnefoy (2012)

Quality of life	Caregiver outcomes					
	Health service utilization					

Boongird (2017)

Neuromusculoskeletal function	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life					
	Falls					

Bouman (2008)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life						

Boxall (2005)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life						
Functions of the cardiovascular, haematological, immunological and respiratory systems	Mobility					
Neuromusculoskeletal function						

Brannstrom (2014)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life						
Sensory functions and pain	Quality of life					
Functions of the cardiovascular, haematological, immunological and respiratory systems	Mobility					



Brettschneider (2014)

Mental functions	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Quality of life	Health service utilization					

Brovold (2012)

Mental functions	Quality of life		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Mobility						
Neuromusculoskeletal function	Build and maintain relationships						

Bruce (2015)

Mental functions	Mobility		Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Bruce (2016)

	Health service utilization		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Brumley (2007)

	Cost (e.g., out of pocket)		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Satisfaction of older adult						

Burton (2013)

Mental functions	Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function							
Mobility							

Buurman (2016)

Quality of life	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT	
Mobility							
Health service utilization							

Buys (2017)

Functions of the digestive, metabolic and endocrine systems	Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Access Health service utilization							

Byles (2004)

Mental functions	Quality of life	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain							
Neuromusculoskeletal function							

Bymes (2015)	Quality of life	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Cost-effectiveness Health service utilization						

Callahan (2012)	Neuromusculoskeletal function	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility					

Campbell (1997)	Neuromusculoskeletal function	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility						

Campbell (2005)	Adaptations to physical environment	Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Falls						

Canning (2015)	Neuromusculoskeletal function	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility						

Caplan (1999)

Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the digestive, metabolic and endocrine systems	Caregiver outcomes					
Genitourinary and reproductive functions	Safety					
Integumentary system	Health service utilization					
	Falls					

Caplan (2004)

Mental functions	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Basic needs						

Caplan (2006)

Mental functions	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Cost-effectiveness	Health service utilization					

Carroll (2007)

Adherence	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Chaiyawat (2012)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Quality of life

Chan et al. (2016)

Learning, grow and make decisions	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Chandler (1998)

Mental functions	Mobility	Falls	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function

Chang (2015)

Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility

Chee (2013)

Adaptations to physical environment	Mental functions	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Chen (2015)	Mental functions	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Chen (2015)	Neuromusculoskeletal function	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Chen (2016)	Functions of the cardiovascular, haematological, immunological and respiratory systems Neuromusculoskeletal function	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Cho (1998)	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Chow (2014)	Mental functions Sensory functions and pain	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Chu (2017)	Adaptations to physical environment	Mental functions	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Falls									
Cichocki (2015)		Mental functions	Quality of life	Satisfaction of older adult	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain									
Neuromusculoskeletal function									
Ciechanowski (2004)		Mental functions	Quality of life	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Health service utilization									
Claffey (1976)				Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Clegg (2014)		Mental functions	Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life									
Mobility									

Clemson (2016)	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Comans (2010)	Mental functions	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Sensory functions and pain						
	Quality of life						
	Contribution						
	digestive, metabolic and endocrine systems						
	Genitourinary and reproductive functions						
	Neuromusculoskeletal function						

Conradsson (2010)	Mental functions		Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Cornu (2003)	Basic needs	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Health service utilization						



Corr (1995)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Counsell (2007)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	Race, ethnicity, culture, language	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain					Socioeconomic status			

Courtney (2009)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT	
Quality of life								

Courtney (2011)

Mental functions	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT	
Health service utilization								

Courtney (2012)

Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT	
Mobility Contribution							

Crotty (2002)

Mental functions	Quality of life	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Caregiver outcomes  
Health service utilization  
Falls

Crotty (2003)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Quality of life  
Mobility

Crotty (2008)

Mental functions	Basic needs	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Cumming (2000)

Mental functions	Quality of life	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Cummings (1990)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Caregiver outcomes  
Health service utilization  
Cost-effectiveness

Cunliffe (2004)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the cardiovascular, haematological, immunological and respiratory systems			Communication			
Functions of the digestive, metabolic and endocrine systems						
Neuromusculoskeletal function						

Cutchin (2009)

Mental functions	Contribution	Satisfaction of older adult	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Residential home/apartment	Cost-effectiveness			
		Neuromusculoskeletal function				
		Health service utilization				

Dalby (2000)

		Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Residential home/apartment				

Daly (2015)

Mental functions	Basic needs	Adherence	Independent living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the digestive, metabolic and endocrine systems	Quality of life	Cost-effectiveness					
Neuromusculoskeletal function	Mobility	Safety					
Falls							

Daniilovich et al. (2017)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Caregiver outcomes					

Dano (2016)

Mental functions	Quality of life		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function							

Dechamps (2010)

Mental functions	Basic needs	Caregiver outcomes	Long-term care	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
			Assisted living				

Di Monaco (2008)	Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Di Pollina (2017)		Health service utilization Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Dias (2008)	Mental functions Basic needs	Caregiver outcomes	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Donald (1995)	Mental functions Basic needs  Genitourinary and reproductive functions Neuromusculoskeletal function		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Donat (2007)	Mental functions Mobility  Sensory functions and pain Neuromusculoskeletal function		Independent living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Dorner (2013)	Mental functions	Quality of life	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function							
Dorresteijn (2016)	Basic needs	Falls	Usual care	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function							

Dow (2013)	Mental functions	Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT	
	Neuromusculoskeletal function							
Draper (2008)	Mental functions	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Caregiver outcomes							

Draper (2016)	Sensory functions and pain	Mobility	Race, ethnicity, culture, language	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Caregiver outcomes							

Duffy (2010)

Quality of life	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Satisfaction of older adult  
Health service utilization

Edgren (2015)

Neuromusculoskeletal function	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Quality of life  
Mobility

Eloniemi-Sulkava (2001)

Mental functions	Caregiver outcomes	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Health service utilization

Eloniemi-Sulkava (2009)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Cost-effectiveness  
Caregiver outcomes  
Health service utilization

Engberg (2016)

Genitourinary and reproductive functions	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Enguidanos (2012)

Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Health service utilization					

Eriksen (2016)

Mental functions	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life						
Functions of the digestive, metabolic and endocrine systems						
Mobility						
Neuromusculoskeletal function						



**Fabacher (1994)**

Sensory functions and pain	Basic needs	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the cardiovascular, haematological, immunological and respiratory systems						
Functions of the digestive, metabolic and endocrine systems						
Neuromusculoskeletal function						

**Faber (2006)**

Neuromusculoskeletal function	Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

**Fahlström (2018)**

Neuromusculoskeletal function	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

**Fairhall (2012)**

Mental functions	Mobility		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Neuromusculoskeletal function

<p>Fairhall (2014)</p> <p>Adaptations to physical environment</p> <p>Sensory functions and pain</p> <p>Mobility</p> <p>Falls</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Fairhall et al. (2015)</p> <p>Adaptations to physical environment</p> <p>Mental functions</p> <p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Fairhall (2017)</p> <p>Neuromusculoskeletal function</p> <p>Quality of life</p> <p>Falls</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Farag (2015)</p> <p>Neuromusculoskeletal function</p> <p>Quality of life</p> <p>Cost-effectiveness</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Farag (2016)</p> <p>Mobility</p> <p>Falls</p> <p>Cost-effectiveness</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p> <p>Health service utilization</p>

Fasce (2018)

Health service utilization  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics?  
 For example, socioeconomic status  
 RCT

Favela (2013)

Mental functions  
 Basic needs  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics?  
 For example, socioeconomic status  
 RCT

Feldman (2004)

Mental functions  
 Basic needs  
 Satisfaction of older adult  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics?  
 For example, socioeconomic status  
 RCT

Ferrer (2014)

Quality of life  
 Health service utilization  
 Falls  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics?  
 For example, socioeconomic status  
 RCT

Ferrer-Garcia (2011)

Functions of the cardiovascular, haematological, immunological and respiratory systems  
 Adherence  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics?  
 For example, socioeconomic status  
 RCT

Fiatarone (1994)	<p>Functions of the digestive, metabolic and endocrine systems</p> <p>Mobility</p> <p>Neuromusculoskeletal function</p>	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Finnema (2005)	Mental functions	Assisted living	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Fleming (2004)	Mental functions	Residential home/apartment	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
				Long-term care			

Flood (2005)	Adaptations to physical environment	Quality of life	Cost-effectiveness	Residential home/apartment	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Fontan (2010)	Mental functions	Basic needs	Health service utilization	Residential home/apartment	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life	Build and maintain relationships					

Forsberg (2011)

Sensory functions and pain	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function	Quality of life	Falls					

Forster (1996)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Mobility						
Genitourinary and reproductive functions	Contribution						

Frese (2012)

Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Friedman (2014)

Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Gagnon (1999)

Basic needs	Caregiver outcomes	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life	Health service utilization					

Garcia-Pena (2001)	Functions of the cardiovascular, haematological and respiratory systems	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Garcia-Pena (2002)		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Cost (e.g., out of pocket)				
		Cost-effectiveness				
Gawler (2016)	Neuromusculoskeletal function	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Falls				
Giangregorio (2018)	Neuromusculoskeletal function	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Adherence				
		Falls				
Gill (2002)	Adaptations to physical environment	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Mental functions				
		Mobility				

Gill (2004)

Basic needs  
Residential home/apartment  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
RCT

Mobility

Gitlin (2001)

Mental functions  
Basic needs  
Caregiver outcomes  
Residential home/apartment  
Usual care  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
RCT

Gitlin (2006)

Adaptations to physical environment  
Mental functions  
Basic needs  
Falls  
Residential home/apartment  
Usual care  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
RCT

Functions of the cardiovascular, haematological, immunological and respiratory systems  
Functions of the digestive, metabolic and endocrine systems

Gitlin (2008)

Mental functions  
Quality of life  
Caregiver outcomes  
Residential home/apartment  
Other  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
RCT

Genitourinary and reproductive functions

Gitlin (2009)

Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	Yes - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Gitlin (2010)

Functions of the cardiovascular, haematological, immunological and respiratory systems	Quality of life	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Genitourinary and reproductive functions				

Gitlin (2014)

Mental functions	Health service utilization	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Other			

Gitlin (2018)

Mental functions	Basic needs	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Caregiver outcomes			

Gladman (1993)

Mental functions	Basic needs	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Mobility			
	Contribution			
	Health service utilization			



Godwin (2016)	Mental functions	Quality of life	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Sensory functions and pain	Contribution	Access					
	Functions of the cardiovascular, haematological, immunological and respiratory systems		Health service utilization					
	Functions of the digestive, metabolic and endocrine systems							
	Genitourinary and reproductive functions							
	Neuromusculoskeletal function							

Gozalo (2014)	Mental functions			Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Graff (2008)			Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Granbom (2017)	Contribution			Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Build and maintain relationships							

<p>Graves (2009)</p>	<p>Cost-effectiveness</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Grimmer (2013)</p>	<p>Basic needs</p> <p>Health service utilization</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Gronstedt (2013)</p>	<p>Quality of life</p> <p>Mobility</p> <p>Falls</p> <p>Neuromusculoskeletal function</p> <p>Mobility</p>	<p>Assisted living</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Assisted living</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Assisted living</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Gustafsson (2012)</p>	<p>Mental functions</p> <p>Basic needs</p> <p>Neuromusculoskeletal function</p> <p>Mobility</p> <p>Contribution</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Haastregt (2000)</p>	<p>Mental functions</p> <p>Basic needs</p> <p>Falls</p> <p>Mobility</p> <p>Contribution</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>

Haider (2017)

Functions of the digestive, metabolic and endocrine systems	Mobility	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function		Safety					

Haider (2017)

Functions of the cardiovascular, haematological and immunological and respiratory systems	Mobility	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the digestive, metabolic and endocrine systems							
Neuromusculoskeletal function							

Hall (1992)

Mental functions		Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Hammar (2009)

		Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Hansen (1992)

		Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Hansen (1995)	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Harris (2005)	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Cost-effectiveness					
Harvey (2014)	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Health service utilization					
Hauer (2017)	Falls	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function					
Helbostad (2004)	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function					
	Falls					

Hendriks (2008)

Mental functions	Basic needs	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life Contribution	Falls					

Herford (2014)

Sensory functions and pain	Basic needs	Cost-effectiveness	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life	Health service utilization					

Hewitt (2018)

Mental functions	Quality of life	Falls	Long-term care	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life						

Neuromusculoskeletal function

Hinrichs (2015)

Functions of the digestive, metabolic and endocrine systems	Mobility	Safety	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Hinrichs (2016)

Neuromusculoskeletal function	Mobility	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Safety

Hoenig (2015)	Mental functions	Mobility	Safety	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Sensory functions and pain							

Holland (2005)	Quality of life	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Holland (2017)	Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Functions of the cardiovascular, haematological, immunological and respiratory systems	Quality of life						
	Mobility							

Houles (2010)	Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life							
Mobility								

Hsu (2016)	Mental functions	Quality of life	Long-term care	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility						

Hsu (2016)

Mental functions	Quality of life	Long-term care	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Huang (1998)

Mental functions	Safety	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Falls

Huang (2013)

Mental functions	Caregiver outcomes	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Hughes (1992)

Basic needs	Cost (e.g., out of pocket)	Long-term care	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Cost-effectiveness Independent living  
Caregiver outcomes Health service utilization

Hughes (2000)

Mental functions	Quality of life	Satisfaction of older adult	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Cost-effectiveness

Caregiver outcomes

Hunger (2015)	Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Functions of the cardiovascular, haematological, immunological and respiratory systems						

Wang et al. (2016)	Mental functions	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function						

Iliffe (2014)	Neuromusculoskeletal function	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function						

Imhof (2012)	Quality of life	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Falls						



<p>Inglis (2006)</p>	<p>Cost-effectiveness Health service utilization</p>	<p>Residential home/apartment Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Isrctn (2018)</p>	<p>Mental functions Basic needs Caregiver outcomes</p>	<p>Residential home/apartment Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Jakobsen (2007)</p>	<p>Sensory functions and pain Quality of life Build and maintain relationships</p>	<p>Residential home/apartment Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Jensen (2002)</p>	<p>Adaptations to physical environment Falls</p>	<p>Long-term care Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Jingna (2012)</p>	<p>Mental functions</p>	<p>Residential home/apartment Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>

Joaquim (2017)

Basic needs  
Residential home/apartment  
Usual care  
No - assessment of effects by sex/gender NOT present  
No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

RCT

Johansson (2001)

Mental functions  
Health service utilization

Residential home/apartment  
Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

RCT

Johansson (2003)

Cost-effectiveness  
Health service utilization

Residential home/apartment  
Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

RCT

Jolly (2009)

Mental functions

Cost-effectiveness  
Health service utilization

Residential home/apartment  
Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

RCT

Functions of the cardiovascular, haematological, immunological and respiratory systems

Health service utilization

Residential home/apartment  
Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

RCT

Kalra (2000)

Basic needs

Health service utilization

Residential home/apartment  
Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

RCT

Kane (1984)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Learning, grow and make decisions	Caregiver outcomes	Long-term care				

Kanemaru (2010)

Neuromusculoskeletal function	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kapan (2017)

Mental functions	Basic needs	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function	Mobility						

Kapan (2017)

Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Karinkanta (2007)

Neuromusculoskeletal function	Mobility	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Karlisson (2016)

Mobility	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kerr (2018)

Mental functions	Quality of life	Independent living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Mobility					
Functions of the cardiovascular, haematological, immunological and respiratory systems						

Kerse (2010)

Mental functions	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kim (2011)

Neuromusculoskeletal function	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility					

King et al. (2012)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility

King et al. (2012)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kjerstad (2016)

Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Klug (2011)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kocic (2018)

Neuromusculoskeletal function	Basic needs	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kohel (2016)	Neuromusculoskeletal function	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Mobility							
Kono (2004)	Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Kono (2012)	Mental functions	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Kono (2013)	Cost-effectiveness	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Kono (2014)	Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life	Health service utilization	Falls				

Kono (2016)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Health service utilization					

Falls

Kronborg (2006)

Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Kukkonen-Harjula (2018)

Mental functions	Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Neuromusculoskeletal function					

Kwok (2004)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Health service utilization					
		Functions of the cardiovascular, haematological, immunological and respiratory systems					

Kwok (2016)

Mental functions	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Quality of life Mobility					

Kyrdalen (2014)

Mental functions	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function	Mobility					

Lam (2018)

Neuromusculoskeletal function	Mobility	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Lannin (2007)

Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life Mobility	Falls					

Latham (2014)

Neuromusculoskeletal function	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Falls	Mobility					
	Safety					



Latour (2007)

Mental functions	Quality of life	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Health service utilization					

Lattanzio (2001)

Mental functions	Basic needs		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the cardiovascular, haematological, immunological and respiratory systems	Quality of life						

Leavitt (2018)

	Quality of life	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Learning, grow and make decisions	Health service utilization					

Lee (2006)

Functions of the cardiovascular, haematological, immunological and respiratory systems	Mobility		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Lenaghan (2007)

Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Levine (2012)

Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Cost-effectiveness					
Health service utilization					

Lewin (2013)

Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life					

Lewin (2014)

Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Health service utilization					

Li (2013)

Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Li (2015)

Functions of the cardiovascular, haematological, immunological and respiratory systems  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Liang (1984)

Neuromusculoskeletal function  
 Basic needs  
 Health service utilization  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Liang (1986)

Quality of life  
 Mobility  
 Falls  
 Satisfaction of older adult  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Liddle (1996)

Adaptations to physical environment  
 Mental functions  
 Basic needs  
 Health service utilization  
 Falls  
 Satisfaction of older adult  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Liimatta (2017)

Satisfaction of older adult  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

<p>Lin (2007)</p> <p>Mental functions</p> <p>Basic needs</p> <p>Falls</p> <p>Residential home/apartment</p> <p>Other</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Lin (2010)</p> <p>Mental functions</p> <p>Basic needs</p> <p>Long-term care/Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Lindegaard (2017)</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Other</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Lindegaard-Pedersen (2015)</p> <p>Mental functions</p> <p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Liu and Lai (2014)</p> <p>Mental functions</p> <p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>

Liu (2015)

Mental functions	Basic needs	Assisted living	Usual care	No - assessment of effects by sex/ gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function

Locher (2013)

Functions of the digestive, metabolic and endocrine systems	Basic needs	Residential home/ apartment	Usual care	No - assessment of effects by sex/ gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Logan (2004)

Mental functions	Basic needs	Caregiver outcomes	Residential home/ apartment	Usual care	No - assessment of effects by sex/ gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility Contribution

Lok (2017)

Mental functions	Quality of life	Residential home/ apartment	Usual care	No - assessment of effects by sex/ gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Sensory functions and pain

Luck (2013)

Health service utilization	Residential home/ apartment	Usual care	No - assessment of effects by sex/ gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Falls

Lyons (2016)

Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Mobility Learning, grow and make decisions Build and maintain relationships				

MacIntyre (1999)

Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Quality of life				
Sensory functions and pain	Build and maintain relationships			

Mahoney (2007)

Health service utilization	Residential home/apartment	Other	No - assessment of RCT effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Falls				

Maiers (2014)

Mental functions	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Sensory functions and pain	Neuromusculoskeletal function			

Mangione (2005)

Mental functions	Mobility	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function							

Mangione et al. (2010)

Neuromusculoskeletal function	Basic needs		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Mobility							

Mann (1999)

Adaptations to physical environment	Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Mobility	Contribution	Cost-effectiveness					
Build and maintain relationships								

Marek (2014)

Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function							
Quality of life							
Cost-effectiveness							

Markle-Reid (2003)	Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Sensory functions and pain	Quality of life Contribution Build and maintain relationships	Cost-effectiveness Caregiver outcomes Health service utilization					
Markle-Reid (2006)	Mental functions	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Sensory functions and pain	Quality of life Contribution						
Markle-Reid (2010)	Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function	Quality of life Falls	Cost-effectiveness					
Markle-Reid et al. (2017)	Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Functions of the digestive, metabolic and endocrine systems	Quality of life Caregiver outcomes	Cost-effectiveness					



Martin (1994)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Maru (2015)

		Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Health service utilization					

Matzen (2007)

		Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Health service utilization	Assisted living				

Mayo (2008)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function

McCorkle (1989)

Mental functions		Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Sensory functions and pain

McCorkle (2000)	Mental functions Basic needs  Contribution	Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
McMurdo (1995)	Neuromusculoskeletal function	Residential home/apartment Other	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
	Quality of life Mobility			
McWilliam (1999)	Mental functions Quality of life Health service utilization	Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
McWilliam (1999)	Mental functions Quality of life Health service utilization	Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Meisinger (2013)	Mental functions Basic needs  Functions of the cardiovascular, haematological, immunological and respiratory systems	Residential home/apartment Usual care  Health service utilization	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Melin (1992)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility  
Contribution  
Build and maintain relationships

Melin (1993)

	Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility  
Contribution

Melin (1993)

Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility  
Contribution  
Build and maintain relationships

Cost-effectiveness  
Safety  
Health service utilization

Melin (1995)

	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mobility

Health service utilization

Meis (2008)

Mental functions	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Meis (2008)

Mental functions	Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Quality of life  
Mobility

Mihaliko (1996)

Mental functions	Basic needs	Satisfaction of older adult	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function

Miller (2005)

		Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Milte (2016)

	Quality of life	Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Mitchell (2005)	Sensory functions and pain	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function	Health service utilization					

Mohide (1990)	Caregiver outcomes	Residential home/apartment	Other		No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Health service utilization	Long-term care					

Molassiotis (2009)	Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Sensory functions and pain	Health service utilization					

Moller (2014)	Sensory functions and pain	Mobility	Residential home/apartment		No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Montgomery (2003)	Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility						

Morris (2017)

Neuromusculoskeletal function  
 Quality of life  
 Cost (e.g., out of pocket)  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Cost-effectiveness

Falls

Mortensen (2016)

Mental functions  
 Basic needs  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Neuromusculoskeletal contribution to function

Mulrow (1994)

Mental functions  
 Basic needs  
 Falls  
 Assisted living  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Neuromusculoskeletal function

Murphy (2005)

Functions of the cardiovascular, haematological, immunological and respiratory systems  
 Quality of life  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Neuromusculoskeletal mobility

Naunton (2003)

Satisfaction of older adult  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Naylor (1999)

Mental functions	Basic needs	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
		Cost (e.g., out of pocket)	Residential home/apartment		
		Satisfaction of older adult			
		Health service utilization			

Naylor (2004)

Basic needs	Quality of life	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
		Satisfaction of older adult	Residential home/apartment		

Naylor (2004)

Basic needs	Quality of life	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
		Satisfaction of older adult	Residential home/apartment		

Nazareth (2001)

Quality of life	Adherence	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
		Satisfaction of older adult	Residential home/apartment		

Nct (2005)	Quality of life	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Nct (2006)	Basic needs	Usual care	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Nct (2011)	Quality of life	Usual care	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Nct (2011)	Functions of the cardiovascular, haematological, immunological and respiratory systems	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Nct (2012)	Neuromusculoskeletal function	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status



Nct (2013)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Functions of the digestive, metabolic and endocrine systems	Quality of life					
Neuromusculoskeletal function	Build and maintain relationships					

Nct (2014)

Sensory functions and pain	Basic needs	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function	Quality of life					

Nct (2014)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function	Cost (e.g., out of pocket)					
	Caregiver outcomes					
	Health service utilization					

Nct (2014)

Health service utilization	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Nct (2015)

Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Mobility						

Nct (2017)

Mental functions	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
<p>Functions of the cardiovascular, haematological, immunological and respiratory systems</p> <p>Quality of life</p> <p>Functions of the digestive, metabolic and endocrine systems</p> <p>Mobility</p> <p>Learning, grow and make decisions</p> <p>Build and maintain relationships</p>						

Nct (2017)

Mental functions	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
<p>Basic needs</p> <p>Sensory functions and pain</p> <p>Mobility</p> <p>Neuromusculoskeletal function</p>						

Nct (2017)	Mental functions Mobility	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Nct (2017)	Mental functions Quality of life	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Contribution Build and maintain relationships		Long-term care				
Nct (2018)	Mental functions Quality of life	Safety	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function						
Nct (2018)	Neuromusculoskeletal function	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
		Cost-effectiveness Health service utilization Falls					
Neumann (2017)	Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

Nicolaides-Bouman (2004)	Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life								
Nielsen (1972)			Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Nikolaus (1999)		Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life		Satisfaction of older adult Health service utilization		Long-term care			
Nikolaus (2003)			Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Nobili (2004)	Mental functions		Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT

<p>Nowalk (2001)</p>	<p>Mental functions Mobility</p>	<p>Falls</p>	<p>Long-term care Other</p>	<p>No - assessment of effects by sex/ gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Oerkild (2011)</p>	<p>Mental functions Quality of life</p> <p>Functions of the cardiovascular, haematological, immunological and respiratory systems</p> <p>Mobility</p>	<p>Usual care</p>	<p>Residential home/ apartment</p>	<p>No - assessment of effects by sex/ gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Oerkild (2012)</p>	<p>Mental functions Basic needs</p> <p>Functions of the cardiovascular, haematological, immunological and respiratory systems</p> <p>Quality of life</p> <p>Mobility</p> <p>digestive, metabolic and endocrine systems</p>	<p>Usual care</p>	<p>Residential home/ apartment</p>	<p>No - assessment of effects by sex/ gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>
<p>Olaleye (2014)</p>	<p>Neuromusculoskeletal function</p> <p>Basic needs</p> <p>Mobility</p>	<p>Other</p>	<p>Residential home/ apartment</p>	<p>No - assessment of effects by sex/ gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p> <p>RCT</p>



Ouslander (2005)	<p>Mental functions    Basic needs</p> <p>Genitourinary and Mobility reproductive functions</p> <p>Neuromusculoskeletal function</p>	Assisted living	Usual care	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Özdemir (2001)	<p>Mental functions    Basic needs</p> <p>Neuromusculoskeletal function</p>	Residential home/apartment	Usual care	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Padala (2017)	<p>Mental functions    Basic needs</p> <p>Neuromusculoskeletal function</p> <p>Quality of life</p>	Residential home/apartment	Usual care	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Padula (2009)	<p>Mental functions    Basic needs</p> <p>Quality of life</p> <p>cardiovascular, haematological, immunological and respiratory systems</p> <p>Neuromusculoskeletal function</p>	Residential home/apartment	Other	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT

Papaoannou (2003)	Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function						

Pardessus (2002)	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Falls						

Parker (2009)	Mental functions	Basic needs	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Mobility						

Parker (2011)	Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Health service utilization							

Parsons et al. (2013)	Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function						



Parsons (2017)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Quality of life	Health service utilization					

Patterson (2009)

Mental functions	Quality of life	Other	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Pedersen (2016)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life						

Peeters (2007)

Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life						

Pizzi (2014)

Cost-effectiveness	Residential home/apartment	Other	Race, ethnicity, culture, language	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Portegijs (2013)	Sensory functions and pain Mobility	Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Prick (2015)	Mental functions	Adherence Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Pröfener (2016)	Mental functions	Caregiver outcomes Access Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Radwany (2014)	Mental functions	Health service utilization Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Rasmussen (2016)	Mental functions Functions of the digestive, metabolic and endocrine systems Neuromuskuloskeletal function	Cost-effectiveness Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT



Resnick (2009)

Neuromusculoskeletal function	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life Mobility					

Richards (1998)

Neuromusculoskeletal function	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life Contribution	Access					

Robertson et al. (2001)

Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Falls					

Roderick (2001)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life Mobility Contribution	Cost-effectiveness					

Rosendahl (2006)

Mental functions	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function						

Rosstad (2017)	<p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Quality of life</p>
Rossum (1993)	<p>Mental functions</p> <p>Basic needs</p> <p>Cost-effectiveness</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Quality of life</p>
Rubenstein (1994)	<p>Mental functions</p> <p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Independent living</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Quality of life</p>
Runciman (1996)	<p>Basic needs</p> <p>Satisfaction of older adult</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Quality of life</p>
Ryan (2006)	<p>Mental functions</p> <p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Other</p> <p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Quality of life</p> <p>Build and maintain relationships</p>

Rytter (2010)

Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status
	Satisfaction of older adult				
	Cost-effectiveness				
	Health service utilization				

Sackley (2007)

Mobility		Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status
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Sackley (2009)

Mental functions	Basic needs	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status
	Mobility				

Sackley (2015)

Adaptations to physical environment	Mental functions	Basic needs	Cost-effectiveness	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status
	Quality of life	Mobility	Safety Falls				

Sahlen (2016)

Quality of life	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status
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Salminen (2009)	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
	Quality of life Mobility	Falls	Assisted living			

Salpakoski (2014)	Sensory functions and pain		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
	Neuromusculoskeletal function					

Samus (2014)	Mental functions	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Sandberg (2015)	Neuromusculoskeletal function	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
	Quality of life Cost-effectiveness	Satisfaction of older adult	Assisted living			

Sandberg (2015)		Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Sanford (2006)

Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
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Schnelle (1996)

Neuromusculoskeletal function	Safety	Assisted living	Usual care	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
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Schnelle (2010)

Mental functions	Mobility	Assisted living	Usual care	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
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Functions of the digestive, metabolic and endocrine systems  
 Genitourinary and reproductive functions  
 Neuromusculoskeletal function

Seidl (2015)

Sensory functions and pain	Quality of life	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
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Senior (2014)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Usual care	No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status
Sensory functions and pain	Quality of life	Health service utilization	Independent living		



Serra-Rexach (2011)  
 Neuromusculoskeletal function  
 Assisted living  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Sheffield (2013)  
 Adaptations to physical environment  
 Mental functions  
 Basic needs  
 Residential home/apartment  
 Usual care  
 Cost-effectiveness  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Shepperd and Illiffe (1998)  
 Quality of life  
 Falls  
 Residential home/apartment  
 Usual care  
 Cost-effectiveness  
 Health service utilization  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Shepperd and Illiffe (1998)  
 Basic needs  
 Satisfaction of older adult  
 Residential home/apartment  
 Usual care  
 Health service utilization  
 Quality of life  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Shepperd (2017)  
 Mental functions  
 Basic needs  
 Satisfaction of older adult  
 Independent living  
 Assisted living  
 Usual care  
 Health service utilization  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 RCT

Sherman (2016)

Mental functions    Basic needs    Satisfaction of older adult    Residential home/apartment    Usual care    No - assessment of effects by sex/gender NOT present    No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status    RCT

Sensory functions and pain    Mobility

Functions of the cardiovascular, haematological, immunological and respiratory systems

Communication    Functions of the digestive, metabolic and endocrine systems

Integumentary system

Sherrington (2015)

Neuromusculoskeletal function    Adherence    Residential home/apartment    Usual care    No - assessment of effects by sex/gender NOT present    No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status    RCT

Quality of life    Safety    Health service utilization    Falls

Sherrington (2016)

Mental functions    Basic needs    Cost-effectiveness    Residential home/apartment    Usual care    No - assessment of effects by sex/gender NOT present    No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status    RCT

Sensory functions and pain    Quality of life    Safety

Neuromusculoskeletal function    Mobility    Health service utilization    Falls

Shyu (2008)

Satisfaction of older adult

Residential home/apartment

Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Caregiver outcomes

Shyu (2016)

Health service utilization

Residential home/apartment

Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Basic needs

Siggeirsdottir (2005)

Sensory functions and pain

Quality of life

Residential home/apartment

Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Neuromusculoskeletal function

Simmons (2002)

Sensory functions and pain

Mobility

Assisted living Other

No - assessment of effects by sex/gender NOT present

No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Simmons (2005)

Genitourinary and reproductive functions

Quality of life

Satisfaction of older adult

Long-term careUsual care

No - assessment of effects by sex/gender NOT present

No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status

Mobility



<p>Stevens-Lapsley (2016)</p>	<p>Neuromusculoskeletal function</p>	<p>Health service utilization</p>	<p>Residential home/apartment</p>	<p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Stewart et al. (2005)</p>	<p>Mental functions</p>	<p>Caregiver outcomes</p>	<p>Residential home/apartment</p>	<p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Stewart (2012)</p>	<p>Quality of life</p>	<p>Cost (e.g. out of pocket)</p>	<p>Residential home/apartment</p>	<p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Stuck et al. (1995)</p>	<p>Cost-effectiveness</p>	<p>Health service utilization</p>	<p>Residential home/apartment</p>	<p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Stuck et al. (1995)</p>	<p>Basic needs</p>	<p>Cost-effectiveness</p>	<p>Residential home/apartment</p>	<p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
	<p>Health service utilization</p>					

Stuck (2000)

Mental functions	Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function							
Health service utilization							

Suominen (2015)

Functions of the digestive, metabolic and endocrine systems	Quality of life	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Suttanon (2013)

Neuromusculoskeletal function	Quality of life	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Caregiver outcomes							
Falls							
Mobility							

Szanton (2014)

Neuromusculoskeletal function	Basic needs	Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Socioeconomic status							
Health service utilization							
Mobility							

Talley (2017)

Genitourinary and reproductive functions	Basic needs	Usual care	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function							
Mobility							

Taube (2017)	<p>Mental functions</p> <p>Quality of life</p> <p>Satisfaction of older adult</p> <p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Thomas (2016)	<p>Mental functions</p> <p>Residential home/apartment</p> <p>Usual care</p> <p>Social capital</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Thomas (2018)	<p>Falls</p> <p>Residential home/apartment</p> <p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Thygesen (2015)	<p>Health service utilization</p> <p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Tibaldi (2004)	<p>Mental functions</p> <p>Caregiver outcomes</p> <p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT
Tibaldi (2009)	<p>Mental functions</p> <p>Basic needs</p> <p>Health service utilization</p> <p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	RCT

Tinetti (1999)

Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Contribution Build and maintain relationships					

Toots (2017)

Mental functions	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Townsend (1988)

Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Cost-effectiveness					
Health service utilization					

Tsaih (2011)

Neuromusculoskeletal function	Long-term care	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Mobility	Assisted living				



Tseng (2016)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain						
Functions of the digestive, metabolic and endocrine systems						

Tsuchihashi-Makaya (2013)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Health service utilization						

Turunen (2017)

Sensory functions and pain	Mobility	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function						

Underwood (2013)

Mental functions	Quality of life	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Contribution					

Valdes (2015)	Sensory functions and pain	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function					

Van Der Pols-Vijlbrief (2016)	Mental functions	Basic needs	Cost-effectiveness	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Functions of the digestive, metabolic and endocrine systems	Quality of life	Health service utilization					
	Neuromusculoskeletal function	Mobility						

van Haastregt (2000)	Mental functions	Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Neuromusculoskeletal function	Mobility	Contribution					

van Hout (2010)	Basic needs	Health service utilization	Usual care	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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<p>van Houten (2007)</p> <p>Genitourinary and Basic needs reproductive functions</p>	<p>Assisted living Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Vass (2007)</p>	<p>Health service utilization</p> <p>Residential home/apartment</p> <p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Verweij (2018)</p> <p>Mental functions Basic needs</p> <p>Quality of life Health service utilization</p> <p>Caregiver outcomes</p>	<p>Adherence</p> <p>Residential home/apartment</p> <p>Usual care</p>	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Vogler (2009)</p> <p>Mental functions Basic needs</p> <p>Neuromusculoskeletal function Mobility</p>	<p>Safety</p> <p>Residential home/apartment</p> <p>Falls</p> <p>Independent living</p>	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status</p>
<p>Weir (1998)</p> <p>Basic needs</p> <p>Satisfaction of older adult</p> <p>Cost-effectiveness Caregiver outcomes</p>	<p>Usual care</p> <p>Residential home/apartment</p>	<p>No - assessment of effects by sex/gender NOT present</p> <p>No - assessment of RCT effects across any other PROGRESS characteristics? For example, socioeconomic status</p>

Whitehead (2014)

Basic needs	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life	Health service utilization					

Wilhelmsen (2013)

Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Basic needs						
Financial security and stability						
Build and maintain relationships						

Wilson (2009)

Basic needs		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Wishart (2000)

Basic needs	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Quality of life	Cost-effectiveness	Caregiver outcomes	Health service utilization			

Wisnowska-Szurlej (2017)

Mental functions	Quality of life	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
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Neuromusculoskeletal function

Wong (2015)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life	Health service utilization					

Wong (2016)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions	Quality of life	Health service utilization					

Wylie (2017)

Neuromusculoskeletal function	Basic needs	Adherence	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
	Quality of life	Falls					

Young (1992)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Sensory functions and pain	Mobility						
Neuromusculoskeletal function	Contribution						

Ziden (2008)

Basic needs	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Mobility Contribution						

Ziden (2010)

Mental functions	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function						
Quality of life						
Mobility						

Ziden (2014)

Mental functions	Falls	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT
Neuromusculoskeletal function						
Mobility						

Zimmer (1985)

Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	RCT	
Health service utilization						

Abdulla (2013)

Adaptations to physical environment	Mental functions	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Sensory functions and pain	Quality of life					
	Neuromusculoskeletal function						

Allen et al. (2014)

	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
	Satisfaction of older adult					
	Caregiver outcomes					
	Safety					
	Health service utilization					

Andy (2016)

	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	High quality SR
	Cost-effectiveness					
	Health service utilization					

Apostolo (2018)

	Cost (e.g., out of pocket)	Assisted living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Cost-effectiveness					

**Baldwin (2011)**

Functions of the cardiovascular, haematological, immunological and respiratory systems	Quality of life	Cost-effectiveness	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	Planned but not reported	High quality SR
Functions of the digestive, metabolic and endocrine systems							

**Baxter (2016)**

Neuromusculoskeletal function	Basic needs		Independent living	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Mobility			Other			

**Berger (2013)**

Adaptations to physical environment	Contribution		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
				Other			

**Beswick (2010)**

	Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
		Falls					

**Blythe (2009)**

	Mental functions		Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Bryant-Lukosius (2015)

Quality of life	Cost (e.g., out of pocket)	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Satisfaction of older adult  
 Cost-effectiveness  
 Caregiver outcomes  
 Health service utilization

Bula (2011)

Neuromusculoskeletal function	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Bunn (2016)

Functions of the digestive, metabolic and endocrine systems	Basic needs	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Burns (2001)

Health service utilization	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	High quality SR
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Burton (2015)

Mental functions	Mobility	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Neuromusculoskeletal function

Falls

Usual care

Burton (2015)	Neuromusculoskeletal function	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Mobility						

Cadore (2013)	Neuromusculoskeletal function	Residential home/apartment	Falls Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Other						

Candy (2011)	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderately SR
Cost-effectiveness						
Long-term care Assisted living						

Cattan (2005)	Mental functions	Residential home/apartment	Social capital	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Build and maintain relationships						
Independent living						

Chiung-Ju (2013)	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Chou (2012)

Neuromusculoskeletal function	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Clarkson (2018)

Quality of life					
Mental functions	Health service utilization	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR

Clegg (2012)

Neuromusculoskeletal function	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Cobban (2012)

Functions of the digestive, metabolic and endocrine systems	Long-term care	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
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Cochrane (2014)

Basic needs	Satisfaction of older adult	Residential home/apartment	No - assessment of effects by sex/gender NOT present	Planned but not reported	High quality SR
Quality of life	Cost-effectiveness Health service utilization				

Corrieri (2011)	<p>Cost-effectiveness</p> <p>Residential home/apartment</p> <p>Other</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Low/critically low quality SR</p>
Crocker (2013)	<p>Mental functions</p> <p>Basic needs</p> <p>Long-term care</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Low/critically low quality SR</p>
Daniels (2008)	<p>Neuromusculoskeletal function</p> <p>Neuromusculoskeletal function</p> <p>Basic needs</p> <p>Usual care</p> <p>Residential home/apartment</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Low/critically low quality SR</p>
Davis (2015)	<p>Mental functions</p> <p>Quality of life</p> <p>Satisfaction of older adult</p> <p>Usual care</p> <p>Residential home/apartment</p> <p>Cost-effectiveness</p> <p>Caregiver outcomes</p> <p>Health service utilization</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Low/critically low quality SR</p>
De Coninck (2017)	<p>Mental functions</p> <p>Basic needs</p> <p>Usual care</p> <p>Residential home/apartment</p>	<p>No - assessment of effects by sex/gender NOT present</p>	<p>No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status</p>	<p>Moderate quality SR</p>

de Vries (2012)

Neuromusculoskeletal function  
 Quality of life  
 Residential home/apartment  
 Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Mobility

Desheng (2018)

Sensory functions and pain  
 Mobility  
 Health service utilization  
 Residential home/apartment  
 Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Dickens (2011)

Mental functions  
 Build and maintain relationships  
 Residential home/apartment  
 Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Moderate quality SR

Independent living

Assisted living

Eklund (2009)

Caregiver outcomes  
 Residential home/apartment  
 Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Health service utilization

Elkan (2001)

Mental functions  
 Basic needs  
 Health service utilization  
 Residential home/apartment  
 Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Evans (2003)	Neuromusculoskeletal function	Independent living Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Fletcher-Smith (2013)	Mental functions Basic needs	Satisfaction of older adult	Long-term care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
	Quality of life Mobility	Cost-effectiveness Health service utilization	Assisted living			

Fomiatti (2013)	Basic needs Contribution	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Forbes (2015)	Mental functions Basic needs	Caregiver outcomes	Residential home/apartment Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
		Health service utilization	Long-term care Assisted living			

Franck (2016)	Mental functions	Assisted living	Assisted living	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
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Gillespie (2012)	Adaptations to physical environment	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Gine-Garriga (2014)	Neuromusculoskeletal function	Safety Falls	Independent living		No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Golding-Day (2017)	Adaptations to physical environment	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Gomes (2013)	Sensory functions and pain	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
	Quality of life Caregiver outcomes Health service utilization Falls	Cost-effectiveness					
	Satisfaction of older adult Cost-effectiveness Caregiver outcomes						

Grant (2014)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	High quality SR
					No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	

Graybill (2014)

Adaptations to physical environment	Sensory functions and pain	Quality of life	Falls		No - assessment of effects by sex/gender NOT present	Low/critically low quality SR
					No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	

Hall (2011)

Sensory functions and pain	Quality of life	Satisfaction of older adult	Long-term care	Usual care	No - assessment of effects by sex/gender NOT present	Moderate quality SR
					No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	
			Independent living	Assisted living		

Handoll (2009)

Mental functions	Basic needs	Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	Moderate quality SR
					No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	
			Assisted living			
			Cost-effectiveness	Assisted living		
			Caregiver outcomes			
			Health service utilization			



Handoll (2015)

Sensory functions and pain	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	High quality SR
Neuromusculoskeletal function	Mobility	Satisfaction of older adult					

Hill (2015)

Mental functions	Basic needs	Adherence	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Neuromusculoskeletal function		Falls		Other			

Hobbs (2013)

Neuromusculoskeletal function			Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
				Other			

Howe (2011)

Neuromusculoskeletal function	Mobility	Adherence	Residential home/apartment	Other	Planned but not reported	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	High quality SR
			Independent living				
			Assisted living				

Hunter (2018)

Basic needs			Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
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Huss (2008)		Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Jane (2017)	Adaptations to physical environment	Mental functions	Cost-effectiveness	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Kang-Yi (2010)		Mental functions	Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Konno (2011)		Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Konno (2013)		Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
			Caregiver outcomes	Assisted living				
			Caregiver outcomes	Assisted living				

Konno (2014)

Mental functions  
 Assisted living Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Kurz (2011)

Mental functions  
 Satisfaction of older adult  
 Residential home/apartment Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Lacroix (2017)

Neuromusculoskeletal function  
 Residential home/apartment Other  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Legg (2004)

Mental functions  
 Caregiver outcomes  
 Residential home/apartment Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 Low/critically low quality SR

Legg (2017)

Mental functions  
 Satisfaction of older adult  
 Residential home/apartment Usual care  
 No - assessment of effects by sex/gender NOT present  
 No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status  
 High quality SR

Quality of life  
 Caregiver outcomes  
 Health service utilization

Lewis (2017)	Neuromusculoskeletal function	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
		Falls					

Lilmatta (2016)	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Quality of life	Cost-effectiveness Health service utilization					

Liu (2015)	Mental functions		Long-term care	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Functions of the digestive, metabolic and endocrine systems						

Liu (2018)	Basic needs		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Low (2011)

Mental functions	Basic needs	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Sensory functions and pain	Quality of life	Caregiver outcomes					
Build and maintain relationships	Health service utilization						

Martin (2011)

Mental functions			Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderately SR
			Independent living				

Mayo-Wilson (2014)

Mental functions	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderately SR
	Quality of life	Falls					

McClure (2005)

		Falls	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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McWilliam (2000)

Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Quality of life Build and maintain relationships		Assisted living				

Meinck (2004)

Mental functions	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Montgomery (2008)

Mental functions	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	Moderate quality SR
Sensory functions and pain	Quality of life	Satisfaction of older adult				
Neuromusculoskeletal function	Contribution	Cost-effectiveness				
	Build and maintain relationships	Health service utilization				

Munk (2016)

Neuromusculoskeletal function	Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	Moderate quality SR
Quality of life						

Oliver (2007)	Falls	Long-term care	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Outpatient (2003)	Mental functions	Basic needs	Satisfaction of older adult	Usual care	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Ozdemir (2017)	Sensory functions and pain	Basic needs	Residential home/apartment	Other	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Patterson (1999)	Quality of life	Caregiver outcomes	Health service utilization	Residential home/apartment	No - assessment of effects by sex/gender NOT present	Low/critically low quality SR
Pitkala (2013)	Neuromusculoskeletal function	Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	No - assessment of effects by sex/gender NOT present	Low/critically low quality SR
	Mobility	Assisted living	Access	Residential home/apartment	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR

Poscia (2018)

Mental functions	Quality of life	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Neuromusculoskeletal function						
Build and maintain relationships						
Assisted living						

Potter (2011)

Mental functions	Quality of life	Falls	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Neuromusculoskeletal function						
Assisted living						

Reilly (2015)

Mental functions	Basic needs	Caregiver outcomes	Residential home/apartment	Other	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	High quality SR
Quality of life						
Health service utilization						
Assisted living						

Renz (2017)

Basic needs	Health service utilization	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Quality of life						
Falls						

Resnick (2016)

Mental functions	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Neuromusculoskeletal function						
Assisted living						



Roe (2015)	Genitourinary and reproductive functions	Assisted living	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Roets-Merken (2015)	Sensory functions and pain	Residential home/apartment		No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Santomassino (2012)	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Sean (2014)	Mental functions	Health service utilization	Health service utilization	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	High quality SR
Shaw (2009)	Quality of life	Falls	Falls	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
		Cost (e.g. out of pocket)	Residential home/apartment	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
		Cost-effectiveness	Long-term care			
		Caregiver outcomes				

Shepperd (2005)

Mental functions	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Neuromusculoskeletal function	Caregiver outcomes Health service utilization					

Shepperd (2011)

Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Sensory functions and pain Functions of the digestive, metabolic and endocrine systems	Health service utilization		Other			

Shepperd (2016)

Mental functions	Cost (e.g., out of pocket)	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Satisfaction of older adult Health service utilization					

Shvedko (2018)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
	Build and maintain relationships		Social capital			

Simek (2012)

Adherence	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
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Falls

Sims-Gould (2017)

Neuromusculoskeletal function	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
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Build and maintain relationships

Assisted living

Skelton (2013)

Adaptations to physical environment

Mental functions

Falls

Residential home/apartment

Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

High quality SR

Smeeth (2006)

Sensory functions and pain

Residential home/apartment

Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Moderate quality SR

Smith (2016)

Mental functions

Satisfaction of older adult

Residential home/apartment

Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

High quality SR

Quality of life

Adherence  
Cost-effectiveness  
Access  
Health service utilization

Stall (2014)

Quality of life	Cost (e.g., out of pocket)	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
	Satisfaction of older adult					
	Cost-effectiveness					
	Caregiver outcomes					
	Health service utilization					

Stultjens (2004)

Mental functions	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Sensory functions and pain	Quality of life					
	Falls					
	Build and maintain relationships					
Mental functions	Basic needs	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Sensory functions and pain	Quality of life					
	Falls					
	Neuromuskuloskeletal function					

Stolee (2012)

Mental functions	Quality of life	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Stuck (2002)

Basic needs	Health service utilization	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Talley (2011)

Genitourinary and Quality of life reproductive functions		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Tappenden (2012)

Mental functions	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
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Cost-effectiveness  
Health service utilization  
Falls

Therapy-based rehabilitation... (2003)

Mental functions	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Quality of life  
Caregiver outcomes Independent living  
Health service utilization

Thiebaud (2014)

Neuromusculoskeletal function		Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Mobility

Toles (2016)

Basic needs	Satisfaction of older adult	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Quality of life	Health service utilization	Assisted living				

Tseng (2011)

Mental functions		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Vaapio (2009)

Quality of life		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
		Assisted living				

van Abbema (2015)

Neuromusculoskeletal function		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Van Citters (2004)

Mental functions		Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
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Ward (2003)

Basic needs	Satisfaction of older adult	Residential home/apartment	Other	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Quality of life	Cost-effectiveness Health service utilization	Long-term care Independent living Assisted living				

Watanabe (2015)

Sensory functions and pain	Basic needs	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	
Quality of life Mobility						

Weber (2018)

Mental functions	Mobility	Falls	Residential home/apartment	Other	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Moderate quality SR
Neuromusculoskeletal function						

Winkel (2008)

Basic needs	Cost (e.g., out of pocket)	Residential home/apartment	Usual care	No - assessment of effects by sex/gender NOT present	No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status	Low/critically low quality SR
Quality of life	Satisfaction of older adult Access Safety					

Yi (2015)

Integumentary system

Long-term care/Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Young (2017)

Assisted living

Quality of life

Satisfaction of older adult

Residential home/apartment

Usual care

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

High quality SR

Zhu (2013)

Functions of the digestive, metabolic and endocrine systems

Residential home/apartment

Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Low/critically low quality SR

Zubala (2017)

Mental functions

Adherence

Residential home/apartment

Other

No - assessment of effects by sex/gender NOT present

No - assessment of effects across any other PROGRESS characteristics? For example, socioeconomic status

Moderate quality SR

Neuromusculoskeletal function

Independent living

Assisted living



## EXCLUDED STUDIES

Study	Reason for Exclusion
Aasgaard et al. (2012)	EXCLUDE on study design
Abrisqueta-Gomez et al. (2013)	EXCLUDE on study design
Aceros et al. (2016)	EXCLUDE on intervention
Achterberg (2016)	EXCLUDE on intervention
Acierno et al. (2017)	EXCLUDE on target group
Acorn (2008)	EXCLUDE on study design
Adachi et al. (2001)	EXCLUDE on intervention
Ades et al. (2003)	EXCLUDE on intervention
Afifi et al. (2014)	EXCLUDE on study design
Agmon and Embon-Magal (2018)	EXCLUDE on setting
Agree (1999)	EXCLUDE on study design
Agree et al. (2005)	EXCLUDE on study design
Aguado et al. (2010)	EXCLUDE on intervention
Aguglia et al. (2004)	EXCLUDE on intervention
Aguila (2006)	EXCLUDE on study design
Ahlner-Elmqvist et al. (2008)	EXCLUDE on study design
Ahmad (2016)	EXCLUDE on intervention
Ahmad (2018)	EXCLUDE on intervention
Aiken et al. (2006)	EXCLUDE on target group
Åkesson et al. (2018)	EXCLUDE on setting
Akiyama (2011)	EXCLUDE on study design
Albertsen (2011)	EXCLUDE on intervention
Albornos-Muñoz et al. (2018)	EXCLUDE on setting
Alessi et al. (1997)	EXCLUDE on study design
Alkan et al. (2011)	EXCLUDE on intervention
Allred et al. (2013)	EXCLUDE on intervention
Allen (1996)	EXCLUDE on study design
Allen (1999)	EXCLUDE on study design
Allen et al. (2012)	EXCLUDE on study design
Allen et al. (2014)	EXCLUDE on intervention
Allen et al. (2014)	EXCLUDE on intervention
Al-Sari et al. (2018)	EXCLUDE on intervention
Anderson et al. (2012)	EXCLUDE on setting
Antoniak and Greig (2017)	EXCLUDE on setting
Anttila et al. (2011)	EXCLUDE on study design
Anttila et al. (2012)	EXCLUDE on study design
Aoun et al. (2015)	EXCLUDE on study design
Apóstolo (2016)	EXCLUDE on intervention
Applebaum and Phillips (1990)	EXCLUDE on study design
Applegate (1991)	EXCLUDE on study design
Arai et al. (2007)	EXCLUDE on setting
Aranda (1974)	EXCLUDE on study design

Arbesman and Mosley (2012)	EXCLUDE on setting
Arean et al. (2008)	EXCLUDE on setting
Arif et al. (2014)	EXCLUDE on study design
Armstrong et al. (2016)	EXCLUDE on study design
Arnall et al. (2012)	EXCLUDE on setting
Aronson and Neysmith (1996)	EXCLUDE on study design
Arthur (2000)	EXCLUDE on intervention
Ashok (2017)	EXCLUDE on study design
Ashworth et al. (2005)	EXCLUDE on target group
Assumpção (2014)	EXCLUDE on study design
Atienza (2001)	EXCLUDE on study design
Auger et al. (2008)	EXCLUDE on target group
Bahar-Fuchs et al. (2017)	EXCLUDE on intervention
Bainbridge et al. (2016)	EXCLUDE on target group
Baker et al. (2001)	EXCLUDE on target group
Baker et al. (2016)	EXCLUDE on intervention
Bakker et al. (2011)	EXCLUDE on intervention
Baldwin et al. (2016)	EXCLUDE on intervention
Barnes et al. (2013)	EXCLUDE on intervention
Bateni and Maki (2005)	EXCLUDE on study design
Bates et al. (2018)	EXCLUDE on intervention
Belqaid et al. (2016)	EXCLUDE on intervention
Bentur et al. (1996)	EXCLUDE on intervention
Best and Solomon (1971)	EXCLUDE on study design
Best et al. (2014)	EXCLUDE on setting
Best et al. (2016)	EXCLUDE on setting
Beurskens (2016)	EXCLUDE on study design
Binder (2004)	EXCLUDE on setting
Bischoff-Ferrari (2017)	EXCLUDE on intervention
Bishop et al. (2015)	EXCLUDE on intervention
Bismuth et al. (2012)	EXCLUDE on intervention
Blackwood et al. (2016)	EXCLUDE on intervention
Blake et al. (2009)	EXCLUDE on setting
Bleijenberg et al. (2013)	EXCLUDE on target group
Bleijenberg et al. (2017)	EXCLUDE on study design
Blohm (1998)	EXCLUDE on intervention
Boland et al. (2017)	EXCLUDE on study design
Bolscher-Niehuis et al. (2016)	EXCLUDE on intervention
Borell (2018)	EXCLUDE on study design
Boucher et al. (2013)	EXCLUDE on study design
Boyd et al. (1996)	EXCLUDE on study design
Braun and Rose (1987)	EXCLUDE on study design
Braun et al. (1991)	EXCLUDE on study design
Brettschneider et al. (2015)	EXCLUDE on study design
Brismee et al. (2007)	EXCLUDE on setting

Britian (1999)	EXCLUDE on study design	De Vriendt et al. (2016)	EXCLUDE on setting
Bruun-Olsen et al. (2013)	EXCLUDE on setting	De Vries (2016)	EXCLUDE on setting
Bull (1994)	EXCLUDE on study design	Delbaere et al. (2006)	EXCLUDE on study design
Cabilan et al. (2013)	EXCLUDE on target group	Dellasega and Zerbe (2002)	EXCLUDE on target group
Caplan et al. (2010)	EXCLUDE on intervention	Der-Fa et al. (2013)	EXCLUDE on intervention
Cardemil et al. (2013)	EXCLUDE on setting	Dohrn et al. (2017)	EXCLUDE on setting
Carlson et al. (2007)	EXCLUDE on intervention	Donaldson (1990)	EXCLUDE on study design
Carlson et al. (2017)	EXCLUDE on target group	Donaldson and Bond (1991)	EXCLUDE on intervention
Challis et al. (1991)	EXCLUDE on study design	Douglas and Lawrence (2015)	EXCLUDE on study design
Chan et al. (2016)	EXCLUDE on setting	Douma et al. (2015)	EXCLUDE on intervention
Chan et al. (2016)	EXCLUDE on setting	Dozeman et al. (2011)	EXCLUDE on intervention
Chan et al. (2017)	EXCLUDE on setting	Dozeman et al. (2012)	EXCLUDE on intervention
Chandler and Knackert (1997)	EXCLUDE on study design	Dreizler et al. (2014)	EXCLUDE on study design
Chesbro et al. (2005)	EXCLUDE on intervention	Drummond et al. (2013)	EXCLUDE on setting
Chiatti et al. (2015)	EXCLUDE on target group	Duckworth et al. (2013)	EXCLUDE on study design
ChiCtr (2013)	EXCLUDE on intervention	Dumoulin et al. (2014)	EXCLUDE on intervention
Chien et al. (2008)	EXCLUDE on target group	Effectiveness and cost-effectiveness... (2016)	EXCLUDE on study design
Childress et al. (2008)	EXCLUDE on intervention	Eklund et al. (2013)	EXCLUDE on setting
Chippendale (2012)	EXCLUDE on intervention	Elbadawy (2017)	EXCLUDE on setting
Chiu and Man (2004)	EXCLUDE on intervention	El-Khoury et al. (2015)	EXCLUDE on setting
Chiu et al. (2015)	EXCLUDE on study design	Eloranta (2010)	EXCLUDE on study design
Choi et al. (2014)	EXCLUDE on intervention	Engberg et al. (1997)	EXCLUDE on study design
Chou (2011)	EXCLUDE on setting	Evans (2007)	EXCLUDE on study design
Choyce et al. (2017)	EXCLUDE on target group	Fahlman et al. (2007)	EXCLUDE on setting
Chung and Zhao (2016)	EXCLUDE on setting	Fairhall et al. (2015)	EXCLUDE on study design
Cifu (2010)	EXCLUDE on study design	Fanning et al. (2018)	EXCLUDE on setting
Ciliska et al.(1996)	EXCLUDE on target group	Farmer et al. (2006)	EXCLUDE on study design
Clark (1998)	EXCLUDE on study design	Feldman et al. (2005)	EXCLUDE on intervention
Clarke and Colantonio (2005)	EXCLUDE on study design	Fernandez-Barres et al. (2017)	EXCLUDE on intervention
Clegg (2014)	EXCLUDE on intervention	Fields et al. (2014)	EXCLUDE on setting
Clemson et al. (2012)	EXCLUDE on intervention	Finkelstein and Fuller (2012)	EXCLUDE on study design
Coleman (1995)	EXCLUDE on study design	Fischer et al. (2015)	EXCLUDE on study design
Coster et al. (2018)	EXCLUDE on study design	Fitzgerald et al. (1994)	EXCLUDE on setting
Cumming (2015)	EXCLUDE on setting	Fleet et al. (2014)	EXCLUDE on intervention
Cyarto et al. (2006)	EXCLUDE on study design	Flora and Faulkner (2006)	EXCLUDE on study design
Dale and Brown (2006)	EXCLUDE on intervention	Forbes (2002)	EXCLUDE on study design
Dalton et al. (2018)	EXCLUDE on target group	Forster et al. (2008)	EXCLUDE on setting
Danilovich et al. (2017)	EXCLUDE on target group	Forster et al. (2017)	EXCLUDE on intervention
Dapp et al. (2011)	EXCLUDE on intervention	Fowler and Kim (2015)	EXCLUDE on study design
Davison et al. (2016)	EXCLUDE on intervention	Galle et al. (2017)	EXCLUDE on setting
Day (2000)	EXCLUDE on intervention	Gary (2006)	EXCLUDE on intervention
Day et al. (2012)	EXCLUDE on setting	Ghassemzadeh et al. (2013)	EXCLUDE on study design
De Almeida (2015)	EXCLUDE on intervention	Gianoudis et al. (2011)	EXCLUDE on setting
De Roos (2018)	EXCLUDE on setting	Gibson (2002)	EXCLUDE on study design
De van der Schueren (2017)	EXCLUDE on intervention	Gielen et al. (2013)	EXCLUDE on intervention

Giesbrecht et al. (2012)	EXCLUDE on study design	Hung et al. (2003)	EXCLUDE on study design
Gine-Garriga et al. (2010)	EXCLUDE on setting	Hussain (2013)	EXCLUDE on intervention
Giordano et al. (2016)	EXCLUDE on intervention	Iecovich (2007)	EXCLUDE on study design
Gleeson et al. (2014)	EXCLUDE on intervention	Ifudu et al. (1994)	EXCLUDE on target group
Goedendorp et al. (2017)	EXCLUDE on intervention	Ilieva et al. (2013)	EXCLUDE on study design
Gollub (2002)	EXCLUDE on study design	Iliffe, Kendrick, et al. (2015)	EXCLUDE on intervention
Gomes (2018)	EXCLUDE on intervention	Iliffe, Kendrick, et al. (2015)	EXCLUDE on intervention
Gordon (1990)	EXCLUDE on study design	Intiso et al. (2012)	EXCLUDE on study design
Gosman-Hedstrom et al. (2002)	EXCLUDE on setting	Istvandity (2017)	EXCLUDE on intervention
Gothe et al. (2014)	EXCLUDE on setting	Iversen (2012)	EXCLUDE on study design
Graff et al. (2003)	EXCLUDE on study design	Iyengar et al. (2007)	EXCLUDE on study design
Graham-Phillips et al. (2016)	EXCLUDE on study design	Jacobson et al. (2011)	EXCLUDE on intervention
Gray and Sedhom (1997)	EXCLUDE on study design	Jame (2016)	EXCLUDE on intervention
Griffiths (2000)	EXCLUDE on study design	Jansen et al. (2013)	EXCLUDE on setting
Griffiths (2013)	EXCLUDE on intervention	Jeon and Jeong (2015)	EXCLUDE on setting
Gros et al. (2016)	EXCLUDE on study design	Jessup et al. (2003)	EXCLUDE on setting
Guidetti et al. (2010)	EXCLUDE on setting	Jobe et al. (2001)	EXCLUDE on intervention
Guidon and McGee (2013)	EXCLUDE on setting	Johnen and Schott (2018)	EXCLUDE on study design
Guitard et al. (2013)	EXCLUDE on intervention	Johnson and Cockburn (1988)	EXCLUDE on study design
Haines et al. (2009)	EXCLUDE on intervention	Joranson et al. (2017)	EXCLUDE on intervention
Halvarsson et al. (2015)	EXCLUDE on setting	Jung et al. (2018)	EXCLUDE on intervention
Hariprasad et al. (2013)	EXCLUDE on intervention	Jyvakorpi et al. (2012)	EXCLUDE on intervention
Harrison et al. (2008)	EXCLUDE on setting	Kamioka et al. (2004)	EXCLUDE on intervention
Hauer (2015)	EXCLUDE on intervention	Kamioka et al. (2006)	EXCLUDE on intervention
Hayashi et al. (2011)	EXCLUDE on setting	Karlsson et al. (2013)	EXCLUDE on study design
Healey (2011)	EXCLUDE on setting	Karmarkar (2009)	EXCLUDE on study design
Health (2008)	EXCLUDE on intervention	Karmarkar (2009)	EXCLUDE on study design
Heneka et al. (2016)	EXCLUDE on setting	Karmarkar et al. (2010)	EXCLUDE on study design
Hennig et al. (2012)	EXCLUDE on study design	Katzel (2016)	EXCLUDE on setting
Henrard (1991)	EXCLUDE on study design	Kawagoshi et al. (2015)	EXCLUDE on setting
Herke et al. (2018)	EXCLUDE on intervention	Keall et al. (2017)	EXCLUDE on intervention
Hile et al. (2018)	EXCLUDE on study design	Keeney et al. (2017)	EXCLUDE on study design
Hinkka et al. (2007)	EXCLUDE on setting	Kegelmeyer et al. (2013)	EXCLUDE on study design
Hinrichs et al. (2011)	EXCLUDE on intervention	Kelly et al. (2014)	EXCLUDE on intervention
Hirsch (2015)	EXCLUDE on study design	Kemmler et al. (2010)	EXCLUDE on intervention
Hofstad et al. (2013)	EXCLUDE on study design	Kendall et al. (2018)	EXCLUDE on setting
Holthe et al. (2018)	EXCLUDE on intervention	Kerschman et al. (1998)	EXCLUDE on study design
Hooper et al. (2014)	EXCLUDE on intervention	Kerski et al. (1987)	EXCLUDE on study design
Hori et al. (2014)	EXCLUDE on intervention	Kerwin et al. (2012)	EXCLUDE on study design
Hu (2007)	EXCLUDE on intervention	Kimura (2003)	EXCLUDE on intervention
Huang and Acton (2004)	EXCLUDE on intervention	Kind (2016)	EXCLUDE on intervention
Hughes et al. (1987)	EXCLUDE on study design	King et al. (2012)	EXCLUDE on study design
Hum et al. (2018)	EXCLUDE on study design	Kiosses et al. (2010)	EXCLUDE on intervention
Humbert et al. (2007)	EXCLUDE on study design	Kiosses et al. (2015)	EXCLUDE on study design
Hummel et al. (2017)	EXCLUDE on intervention	Kiosses et al. (2018)	EXCLUDE on study design

Kolt et al. (2009)	EXCLUDE on intervention	Majewski et al. (2015)	EXCLUDE on study design
Konick-McMahan et al. (2003)	EXCLUDE on study design	Maki et al. (2008)	EXCLUDE on study design
Konno (2012)	EXCLUDE on study design	Mameletzi et al. (2011)	EXCLUDE on setting
Kono et al. (2009)	EXCLUDE on study design	Mangione et al. (2010)	EXCLUDE on setting
Kravitz et al. (1994)	EXCLUDE on study design	Marioni et al. (2013)	EXCLUDE on intervention
Kruse et al. (2013)	EXCLUDE on study design	Markle-Reid et al. (2013)	EXCLUDE on study design
Kumar et al. (2017)	EXCLUDE on intervention	Marston (2007)	EXCLUDE on setting
Kunik et al. (2017)	EXCLUDE on intervention	Martini et al. (2018)	EXCLUDE on setting
Kuo et al. (2013)	EXCLUDE on target group	Mason et al. (2007)	EXCLUDE on target group
Kuo et al. (2016)	EXCLUDE on target group	Mazzuca et al. (1997)	EXCLUDE on intervention
Kusumoto et al. (2007)	EXCLUDE on intervention	McCusker et al. (2001)	EXCLUDE on setting
Lacroix et al. (2016)	EXCLUDE on setting	McEwan (1992)	EXCLUDE on study design
Lahtinen et al. (2015)	EXCLUDE on setting	McMillan (2005)	EXCLUDE on study design
Lahtinen et al. (2017)	EXCLUDE on setting	McNeil (1995)	EXCLUDE on study design
Lai (2004)	EXCLUDE on intervention	Mehlhorn et al. (2014)	EXCLUDE on setting
Lai (2017)	EXCLUDE on intervention	Mehrholz et al. (2015)	EXCLUDE on setting
Lam et al. (2012)	EXCLUDE on setting	Mehrholz (2017)	EXCLUDE on setting
Laming (2017)	EXCLUDE on study design	Melin (1995)	EXCLUDE on setting
Lapid et al. (2006)	EXCLUDE on setting	Melis et al. (2005)	EXCLUDE on intervention
Laufer (2002)	EXCLUDE on setting	Melis et al. (2010)	EXCLUDE on study design
Leinonen et al. (2007)	EXCLUDE on intervention	Meng (2004)	EXCLUDE on intervention
Leone et al. (2012)	EXCLUDE on intervention	Mercadante et al. (2011)	EXCLUDE on study design
Leung (2005)	EXCLUDE on study design	Merom et al. (2016)	EXCLUDE on intervention
Levine and Gitlin (1993)	EXCLUDE on study design	Messecar (1999)	EXCLUDE on study design
Levy-Storms (2008)	EXCLUDE on study design	Messecar (2003)	EXCLUDE on study design
Liebel (2008)	EXCLUDE on study design	Michaud and Duchesne (2017)	EXCLUDE on setting
Lim et al. (2003)	EXCLUDE on setting	Mikkelsen et al. (2017)	EXCLUDE on study design
Lim et al. (2005)	EXCLUDE on target group	Miller et al. (2010)	EXCLUDE on study design
Lin et al. (2012)	EXCLUDE on setting	Miriam (2013)	EXCLUDE on study design
Lindegaard (2016)	EXCLUDE on study design	Mitchell (1987)	EXCLUDE on study design
Lingler et al. (2014)	EXCLUDE on intervention	Mitseva et al. (2012)	EXCLUDE on study design
Littlewood et al. (2016)	EXCLUDE on intervention	Moffa-Trotter and Anemaet (1996)	EXCLUDE on study design
Liu and Lai (2014)	EXCLUDE on setting	Moholdt et al. (2012)	EXCLUDE on intervention
Liu and Lai (2014)	EXCLUDE on intervention	Molloy et al. (2006)	EXCLUDE on setting
Liu et al. (2016)	EXCLUDE on intervention	Moniz (2012)	EXCLUDE on intervention
Livingston et al. (2013)	EXCLUDE on target group	Monteau (2010)	EXCLUDE on study design
Lord et al. (2003)	EXCLUDE on setting	Montgomery (2010)	EXCLUDE on setting
Low et al. (2013)	EXCLUDE on intervention	Moore et al. (2016)	EXCLUDE on setting
Low and Fletcher (2015)	EXCLUDE on study design	Morag (2017)	EXCLUDE on intervention
Luger et al. (2016)	EXCLUDE on intervention	Morey et al. (2015)	EXCLUDE on setting
Lundqvist et al. (2015)	EXCLUDE on study design	Moriarty et al. (2016)	EXCLUDE on target group
Luukinen et al. (2006)	EXCLUDE on intervention	Morin (2017)	EXCLUDE on setting
MacNeil (2012)	EXCLUDE on intervention	Mortenson et al. (2013)	EXCLUDE on intervention
Madara (2016)	EXCLUDE on target group	Mottram et al. (2007)	EXCLUDE on study design
Maghsoudi et al. (2015)	EXCLUDE on study design	Mozley et al. (2007)	EXCLUDE on study design

Mozolic et al. (2008)	EXCLUDE on setting	PG (1989)	EXCLUDE on study design
Mukamel et al. (2007)	EXCLUDE on study design	Pihl et al. (2011)	EXCLUDE on study design
Muller et al. (2014)	EXCLUDE on study design	Pine et al. (2002)	EXCLUDE on study design
Mustian et al. (2009)	EXCLUDE on intervention	Ploeg et al. (2010)	EXCLUDE on intervention
Nelson et al. (2016)	EXCLUDE on study design	Podd et al. (2015)	EXCLUDE on setting
Ness et al. (2018)	EXCLUDE on setting	Pollack (1998)	EXCLUDE on study design
Neville (2015)	EXCLUDE on setting	Pollock et al. (2012)	EXCLUDE on setting
Newbury and Marley (2000)	EXCLUDE on study design	Pozet et al. (2016)	EXCLUDE on target group
Newcomer et al. (1999)	EXCLUDE on target group	Pressler (2015)	EXCLUDE on study design
Nguyen et al. (2015)	EXCLUDE on study design	Prizer and Zimmerman (2018)	EXCLUDE on study design
Nieman et al. (2017)	EXCLUDE on intervention	Pynnonen et al. (2018)	EXCLUDE on setting
Niemelä (2011)	EXCLUDE on setting	Ramsay et al. (2011)	EXCLUDE on intervention
Niemela et al. (2012)	EXCLUDE on study design	Rana et al. (2010)	EXCLUDE on study design
Nijs et al. (2006)	EXCLUDE on intervention	Ranganathan et al. (2012)	EXCLUDE on study design
Nikolaus et al. (1995)	EXCLUDE on intervention	Rantanen et al. (2012)	EXCLUDE on setting
Nikoletou et al. (2016)	EXCLUDE on intervention	Ratzka (1986)	EXCLUDE on study design
Nilsson et al. (2012)	EXCLUDE on study design	Redford (1993)	EXCLUDE on study design
Nishiguchi et al. (2015)	EXCLUDE on setting	Reeder et al. (2013)	EXCLUDE on intervention
Noelker and Bass (1989)	EXCLUDE on study design	Reid and Ploeg (2002)	EXCLUDE on study design
Norrbom (1991)	EXCLUDE on intervention	Reid et al. (2017)	EXCLUDE on intervention
Northey et al. (2018)	EXCLUDE on setting	Rentschler et al. (2008)	EXCLUDE on study design
Nour et al. (2002)	EXCLUDE on intervention	Resnick and Galik (2013)	EXCLUDE on study design
Nourhashemi (2015)	EXCLUDE on setting	Ricauda et al. (2004)	EXCLUDE on setting
Nowak et al. (1998)	EXCLUDE on target group	Richardson et al. (1989)	EXCLUDE on study design
Oleske and Hauck (1988)	EXCLUDE on intervention	Rideout (2004)	EXCLUDE on study design
Oliveira et al. (2016)	EXCLUDE on setting	Rizzo et al. (1996)	EXCLUDE on intervention
Ollonqvist et al. (2008)	EXCLUDE on setting	Robertson et al. (2001)	EXCLUDE on study design
Olsen (2016)	EXCLUDE on setting	Robinson et al. (2013)	EXCLUDE on setting
Orrell et al. (2007)	EXCLUDE on intervention	Rogers et al. (2018)	EXCLUDE on study design
Orrell et al. (2014)	EXCLUDE on intervention	Romskaug et al. (2017)	EXCLUDE on intervention
Ostaszkiwicz (2004)	EXCLUDE on intervention	Rossi et al. (2014)	EXCLUDE on setting
Ottmann et al. (2013)	EXCLUDE on study design	Routasalo et al. (2009)	EXCLUDE on setting
Overbeek et al. (2018)	EXCLUDE on intervention	Rubin et al. (1992)	EXCLUDE on setting
Padulo et al. (2018)	EXCLUDE on study design	Rudilla et al. (2016)	EXCLUDE on intervention
Palvanen et al. (2012)	EXCLUDE on setting	Ruikes et al. (2016)	EXCLUDE on study design
Pan (2018)	EXCLUDE on setting	Ryburn et al. (2009)	EXCLUDE on study design
Park et al. (2017)	EXCLUDE on intervention	Rydwik et al. (2010)	EXCLUDE on intervention
Parlevliet et al. (2010)	EXCLUDE on intervention	Sahota (2016)	EXCLUDE on setting
Parsons et al. (2013)	EXCLUDE on intervention	Sahyoun and Vaudin (2014)	EXCLUDE on study design
Pathy et al. (1992)	EXCLUDE on intervention	Sakurai et al. (2011)	EXCLUDE on setting
Payette et al. (2002)	EXCLUDE on intervention	Sakurai et al. (2013)	EXCLUDE on setting
Pearson et al. (2007)	EXCLUDE on intervention	Salazar et al. (2000)	EXCLUDE on target group
Pedersen (2005)	EXCLUDE on study design	Sampedro (2015)	EXCLUDE on intervention
Perula et al. (2012)	EXCLUDE on setting	Sampson et al. (2009)	EXCLUDE on intervention
Pflaum et al. (2016)	EXCLUDE on study design	Sanford et al. (1995)	EXCLUDE on intervention



Sayers et al. (2003)	EXCLUDE on setting	Sturkenboom et al. (2016)	EXCLUDE on study design
Schoenmakers et al. (2010)	EXCLUDE on target group	Sungkarat et al. (2017)	EXCLUDE on setting
Schoonhoven et al. (2015)	EXCLUDE on intervention	Suwanwela et al. (2002)	EXCLUDE on target group
Schwartz et al. (1990)	EXCLUDE on study design	Swank et al. (2011)	EXCLUDE on setting
Seitz et al. (2014)	EXCLUDE on study design	Tappen and Debra (2014)	EXCLUDE on intervention
Sharpe et al. (2016)	EXCLUDE on setting	Tasiemski et al. (2005)	EXCLUDE on setting
Shaw and Page (2008)	EXCLUDE on setting	Taule et al. (2015)	EXCLUDE on study design
Sheppard (1998)	EXCLUDE on target group	Tennsleed et al. (1998)	EXCLUDE on intervention
Shepperd and Iliffe (1998)	EXCLUDE on target group	Wolinsky (2011)	EXCLUDE on intervention
Sherrington et al. (2004)	EXCLUDE on intervention	Thomas (1989)	EXCLUDE on study design
Sherwood (1980)	EXCLUDE on study design	Thomas et al. (2007)	EXCLUDE on intervention
Sherwood et al. (1986)	EXCLUDE on study design	Thoreau (2015)	EXCLUDE on study design
Shimada et al. (2017)	EXCLUDE on intervention	Thulesius et al. (2002)	EXCLUDE on target group
Shishehgar et al. (2018)	EXCLUDE on intervention	Tibaek et al. (2014)	EXCLUDE on setting
Sidel et al. (1990)	EXCLUDE on intervention	Tiedemann et al. (2013)	EXCLUDE on setting
Signe and Elmstahl (2008)	EXCLUDE on study design	Tiedemann et al. (2015)	EXCLUDE on intervention
Simmons et al. (1995)	EXCLUDE on study design	Tiedemann et al. (2016)	EXCLUDE on intervention
Simmons et al. (1996)	EXCLUDE on study design	Timonen, Rantanen, Ryyananen, et al. (2002)	EXCLUDE on intervention
Singh (2017)	EXCLUDE on setting	Timonen, Rantanen, Ryyananen, et al. (2002)	EXCLUDE on setting
Singh (2018)	EXCLUDE on setting	Tinetti et al. (1993)	EXCLUDE on study design
Siragusa et al. (2005)	EXCLUDE on study design	Toevs (2000)	EXCLUDE on study design
Sjosten et al. (2008)	EXCLUDE on intervention	Toot et al. (2011)	EXCLUDE on intervention
Sladek et al. (2011)	EXCLUDE on intervention	Torres et al. (2017)	EXCLUDE on intervention
Smith et al. (2006)	EXCLUDE on study design	Torres-Arreola et al. (2009)	EXCLUDE on setting
Sorensen et al. (2002)	EXCLUDE on target group	Toseland et al. (1990)	EXCLUDE on target group
Sosnoff et al. (2014)	EXCLUDE on intervention	Towfighi et al. (2017)	EXCLUDE on target group
Sprange et al. (2013)	EXCLUDE on setting	Troyer et al. (2010)	EXCLUDE on intervention
Stark et al. (2017)	EXCLUDE on intervention	Tsai et al. (2017)	EXCLUDE on setting
Stathi et al. (2018)	EXCLUDE on setting	Tse et al. (2016)	EXCLUDE on study design
Stein et al. (1981)	EXCLUDE on study design	Tsuchihashi-Makaya et al. (2011)	EXCLUDE on target group
Stelmack (2005)	EXCLUDE on intervention	Ukawa, Satoh, et al. (2012)	EXCLUDE on intervention
Stenvall et al. (2007)	EXCLUDE on setting	Ukawa, Satoh, et al. (2012)	EXCLUDE on study design
Steultjens and Clemson (2006)	EXCLUDE on study design	Ukawa, Satoh, et al. (2012)	EXCLUDE on intervention
Stevens-Lapsley (2016)	EXCLUDE on setting	Ukawa (2015)	EXCLUDE on study design
Stevenson and Gray (1981)	EXCLUDE on study design	Ullmann and Li (2017)	EXCLUDE on setting
Stewart et al. (2005)	EXCLUDE on intervention	Uy (2008)	EXCLUDE on setting
Stewart (2006)	EXCLUDE on study design	Vaapio et al. (2007)	EXCLUDE on setting
Stewart et al. (2016)	EXCLUDE on study design	Vahlberg et al. (2017)	EXCLUDE on setting
Stolle et al. (2012)	EXCLUDE on intervention	van Ginneken et al. (2013)	EXCLUDE on target group
Stoltz (2004)	EXCLUDE on target group	van Hout et al. (2005)	EXCLUDE on intervention
Stow et al. (2015)	EXCLUDE on study design	van Mulligen-van (2013)	EXCLUDE on study design
Straw and Harley (1991)	EXCLUDE on study design	van Ooijen et al. (2013)	EXCLUDE on setting
Stuck et al. (1995)	EXCLUDE on study design	Van Spall (2018)	EXCLUDE on setting
Stuck et al. (2007)	EXCLUDE on intervention	Vandepitte, Noortgate, et al. (2016)	EXCLUDE on setting
Student (2013)	EXCLUDE on target group	VanDeVelde-Coke (2004)	EXCLUDE on setting

Vass et al. (2004)	EXCLUDE on intervention
Vass (2005)	EXCLUDE on intervention
Venturelli et al. (2010)	EXCLUDE on setting
Verloo et al. (2015)	EXCLUDE on setting
Vetter et al. (1984)	EXCLUDE on intervention
Victor and Vetter (1988)	EXCLUDE on study design
Viswanathan et al. (2007)	EXCLUDE on study design
von Humboldt and Leal (2014)	EXCLUDE on intervention
Wallace et al. (2004)	EXCLUDE on intervention
Wanderley et al. (2015)	EXCLUDE on setting
Wang (2008)	EXCLUDE on study design
Wang et al. (2011)	EXCLUDE on intervention
Wang et al. (2013)	EXCLUDE on intervention
Wang et al. (2016)	EXCLUDE on target group
Wang and Wu (2017)	EXCLUDE on study design
Ward et al. (1978)	EXCLUDE on intervention
Warland and Tønning (1991)	EXCLUDE on study design
Warner et al. (2016)	EXCLUDE on intervention
Waterman et al. (2016)	EXCLUDE on study design
Weiss et al. (2004)	EXCLUDE on study design
Whitehead, Walker, et al. (2016)	EXCLUDE on study design
Whitehead, Walker, et al. (2016)	EXCLUDE on intervention
Whittemore et al. (2014)	EXCLUDE on study design
Whitten and Mickus (2007)	EXCLUDE on intervention
Wilhelmson et al. (2011)	EXCLUDE on intervention
Williams (2013)	EXCLUDE on study design
Williams et al. (2015)	EXCLUDE on study design
Wilson et al. (1999)	EXCLUDE on setting
Wilson and Truman (2005)	EXCLUDE on study design
Winter et al. (2016)	EXCLUDE on target group
Wittwer (2016)	EXCLUDE on intervention
Wong et al. (2014)	EXCLUDE on setting
Wong (2015)	EXCLUDE on study design
Wong et al. (2018)	EXCLUDE on setting
Wongcharoen et al. (2017)	EXCLUDE on intervention
Woolrych (2016)	EXCLUDE on study design
Wu (2007)	EXCLUDE on setting
Wu (2008)	EXCLUDE on target group
Wu (2017)	EXCLUDE on intervention
Wyatt et al. (2004)	EXCLUDE on target group
Wyers et al. (2010)	EXCLUDE on intervention
Xueyu et al. (2017)	EXCLUDE on intervention
Yoon et al. (2018)	EXCLUDE on setting
Yu (2016)	EXCLUDE on setting
Yusif et al. (2016)	EXCLUDE on study design

Yu-Yahiro et al. (2009)	EXCLUDE on study design
Zarit et al. (2017)	EXCLUDE on study design
Zeeuwe et al. (2006)	EXCLUDE on intervention
Zhang et al. (2014)	EXCLUDE on setting
Zhao et al. (2017)	EXCLUDE on study design
Zheng et al. (2016)	EXCLUDE on setting
Zimmer (1984)	EXCLUDE on study design
Zimmer et al. (1990)	EXCLUDE on study design

## SOURCES OF SUPPORT

### Internal sources

- No sources of support provided

### External sources

- World Health Organization (WHO)
- Canadian Institute of Health Research (CIHR), Canada

## DATA AND ANALYSES

## OTHER REFERENCES

### ADDITIONAL REFERENCES

- Banerjee, S. (2015). Multimorbidity—Older adults need health care that can count past one. *The Lancet*, 385(9968), 587–589.
- Bashour, H. N., Kharouf, M. H., AbdulSalam, A. A., El Asmar, K., Tabbaa, M. A., & Cheikha, S. A. (2008). Effect of postnatal home visits on maternal/infant outcomes in Syria: A randomized controlled trial. *Public Health Nursing*, 25(2), 115–125.
- Beard, J. R., Officer, A., de Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J.-P., Lloyd-Sherlock, P., Epping-Jordan, J. E., Peeters, G. M. E. E., Mahanani, W. R., Thiyagarajan, J. A., & Chatterji, S. (2016). The world report on ageing and health: A policy framework for healthy ageing. *The Lancet*, 387(10033), 2145–2154.
- Bragge, P., Clavisi, O., Turner, T., Tavender, E., Collie, A., Gruen, & Russell, L. (2011). The Global Evidence Mapping Initiative: Scoping research in broad topic areas. *BMC Medical Research Methodology*, 11(1), 92.
- Cesari, M., Araujo, C. I., & Amuthavalli, T. J. (2018). Evidence for the domains supporting the construct of intrinsic capacity. *The Journals of Gerontology: Series A*, 73(12), 1653–1660.
- Chalmers, I., & Glasziou, P. (2009). Avoidable waste in the production and reporting of research evidence. *The Lancet*, 374(9683), 86–89.
- Chalmers, I., Bracken Michael, B., Djulbegovic, B., Garattini, S., Grant, J., Gülmezoglu, A. M., Howells, D. W., Ioannidis, J. P. A., & Oliver, S. (2014). How to increase value and reduce waste when research priorities are set. *The Lancet*, 383(9912), 156–165.
- Chatterji, S., Byles, J., Cutler, D., Seeman, T., & Verdes, E. (2015). Health, functioning, and disability in older adults—present status and future implications. *The Lancet*, 385(9967), 563–575.

- Cherubini, A., Corsonello, A., & Lattanzio, F. (2012). Underprescription of beneficial medicines in older people. *Drugs & Aging*, 29(6), 463–475.
- Daniels, N. (1982). Equity of access to health care: Some conceptual and ethical issues. The Milbank Memorial Fund Quarterly. *Health and Society*, 60(1), 51–81.
- del-Pino-Casado, R., Rodríguez Cardosa, M., López-Martínez, C., & Orgeta, V. (2019). The association between subjective caregiver burden and depressive symptoms in carers of older relatives: A systematic review and meta-analysis. *PLoS One*, 14(5), e0217648. <https://doi.org/10.1371/journal.pone.0217648>
- Digital Solution Foundary and EPPI-Centre (2020). EPPI-Mapper, Version 1.2.5. EPPI-Centre, UCL Social Research Institute, University College London.
- Drury, L., Abrams, D., Swift Hannah, J., Lamont Ruth, A., & Gerocova, K. (2017). Can caring create prejudice? An investigation of positive and negative intergenerational contact in care settings and the generalisation of blatant and subtle age prejudice to other older people. *Journal of Community & Applied Social Psychology*, 27(1), 65–82.
- Kirch, W. (Ed.). (2008). Functional ability. *Encyclopedia of Public Health*. Springer. [https://doi.org/10.1007/978-1-4020-5614-7\\_1209](https://doi.org/10.1007/978-1-4020-5614-7_1209)
- Esbensen Anna, J., Johnson, E. B., Amaral Joseph, L., Tan Christine, M., & Macks, R. (2016). Differentiating aging among adults with Down syndrome and comorbid dementia or psychopathology. *American Journal on Intellectual and Developmental Disabilities*, 121(1), 13–24.
- Garçon, L., Khasnabis, C., Walker, L., Nakatani, Y., Lapitan, J., Borg, J., Ross, A., & Velazquez Berumen, A. (2016). Medical and assistive health technology: Meeting the needs of aging populations. *The Gerontologist*, 56(Suppl 2), S293–S302.
- Gaynor, E. J., Geoghegan, S. E., & O'Neill, D. (2014). Ageism in stroke rehabilitation studies. *Age and Ageing*, 43(3), 429–431.
- Gottlieb, L. M., & Alderwick, H. (2019). Integrating social and medical care: Could it worsen health and increase inequity? *Annals of Family Medicine*, 17(1), 77–81.
- Higgins, J. P. T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M. J. & Welch, V. A. (Eds.). (2019). *Cochrane handbook for systematic reviews of interventions* (2nd ed.). John Wiley & Sons.
- Hillcoat-Nalletamby, S. (2014). The meaning of “independence” for older people in different residential settings. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 69(3), 419–430.
- Levesque, J.-F., Harris Mark, F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18.
- Liberopoulos, G., Trikalinos Nikolaos, A., Ioannidis, & John, P. A. (2009). The elderly were under-represented in osteoarthritis clinical trials. *Journal of Clinical Epidemiology*, 62(11), 1218–1223.
- Lum, C., Koper Christopher, S., & Telep Cody, W. (2011). The evidence-based policing matrix. *Journal of Experimental Criminology*, 7(1), 3–26.
- Marasinghe, K. M., Lapitan, J. M., & R, A. (2015). Assistive technologies for ageing populations in six low-income and middle-income countries: A systematic review. *BMJ Innovations*, 1, 182–195.
- Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L. A., & Prisma-p, G. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews*, 4, 1.
- Ndiok, A., & Ncama, B. (2019). A qualitative study of home visiting as a palliative care strategy to follow-up cancer patients by nurses in clinical setting in a developing country. *Scandinavian Journal of Caring Sciences*, 33(1), 185–196.
- O'Neill, J., Tabish, H., Welch, V., Petticrew, M., Pottie, K., Clarke, M., Evans, T., Pardo Pardo, J., Waters, E., White, H., & Tugwell, P. (2014). Applying an equity lens to interventions: Using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. *Journal of Clinical Epidemiology*, 67(1), 56–64.
- Plath, D. (2009). International policy perspectives on independence in old age international policy perspectives. *Journal of Aging & Social Policy*, 21(2), 209–223.
- Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., O'Donnell, M., Sullivan, R., & Yusuf, S. (2015). The burden of disease in older people and implications for health policy and practice. *The Lancet*, 385(9967), 549–562.
- Sadana, R., Blas, E., Budhwani, S., Koller, T., & Paraje, G. (2016). Healthy ageing: Raising awareness of inequalities, determinants, and what could be done to improve health equity. *The Gerontologist*, 56(Suppl 2), S178–S193.
- Sadana, R., & Posarac, A. (2018). *Need, use of services and relationship with intrinsic capacity*. Department of Ageing and Life Course. World Health Organization, Geneva.
- Shea, B. J., Reeves, B. C., Wells, G., Thuku, M., Hamel, C., Moran, J., Moher, D., Tugwell, P., Welch, V., Kristjansson, E., & Henry, D. A. (2017). AMSTAR 2: A critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ*, 358(j4008), 4008.
- Snilstveit, B., Vojtkova, M., Bhavsar, A., & Gaarder, M. (2013, December). *Evidence gap maps: A tool for promoting evidence-informed policy and prioritizing future research*. The World Bank Independent Evaluation Group, Policy Research Working Paper. pp. 1–34.
- Snilstveit, B., Vojtkova, M., Bhavsar, A., Stevenson, J., & Gaarder, M. (2016). Evidence & gap maps: A tool for promoting evidence informed policy and strategic research agendas. *Journal of Clinical Epidemiology*, 79, 120–129.
- Snilstveit, B., Bhatia, R., Rankin, K., & Leach, B. (2017, February). *3ie evidence gap maps: A starting point for strategic evidence production and use*. New Delhi: International Initiative for Impact Evaluation (3ie).
- Thomas, J., Brunton, J., Graziosi, S. (2010). *EPPI-Reviewer 4: Software for research synthesis*. EPPI-Centre Software. London: Social Science Research Unit, UCL Institute of Education.
- Thomas, J., Graziosi, S., Brunton, J., Ghouze, Z., O'Driscoll, P., & Bond, M. *EPPI-reviewer: Advanced software for systematic reviews, maps and evidence synthesis*. EPPI-Centre Software, London: UCL Social Research Unit.
- United Nations, Department of Economic and Social Affairs, Population Division (UNDESA) (2017). *World population prospects: The 2017 revision, key findings and advance tables*. Working Paper No. ESA/P/WP/248:1–53.
- United Nations. World population ageing 2015 (ST/ESA/SER. A/390).
- United Nations (2019). *Sustainable development goals*. <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>
- Welch, V., Howe, T. E., Marcus, S., Mathew, C. M., Sadana, R., Rogers, M., Sheehy, L., Borg, J., Pottie, K., Thompson-Coon, J., Lyddiatt, A., Kristjansson, E., Nickerson, J. W., Walker, P., Tanuseputro, P., Shea, B., Sveistrup, H., Babelmorad, P., & Zhang, W. (2019). PROTOCOL: Health, social care and technological interventions to improve functional ability of older adults: Evidence and gap map. *Campbell Systematic Reviews*, 15, e1054. <https://doi.org/10.1002/cl2.1054>
- Welford, C., Murphy, K., Rodgers, V., & Frauenlob, T. (2012). Autonomy for older people in residential care: A selective literature review. *International Journal of Older People Nursing*, 7(1), 65–69.
- White, H., Albers, B., Gaarder, M., Kornør, H., Littell, J., Marshall, Z., Matthew, C., Pigott, T., Snilstveit, B., Waddington, H., & Welch, V. (2020). Guidance for producing a Campbell evidence and gap map. *Campbell Systematic Reviews*, 16, e1125. <https://doi.org/10.1002/cl2.1125>
- Whitehead, M. (1992). The concepts and principles of equity and health. *International Journal of Health Services*, 22(3), 429–445.
- World Health Organization. (2001). International Classification of Functioning, Disability and Health: ICF. <https://apps.who.int/iris/handle/10665/42407>



- World Health Organization. (2011). *WHO study on global AGEing and adult health* (SAGE). WHO.
- World Health Organization. (2015). *World report on ageing and health*. [https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1)
- World Health Organization (2016a). *World Health Assembly, 69: Multisectoral action for a life course approach to healthy ageing: Draft global strategy and plan of action on ageing and health*. Report by the Secretariat. <https://apps.who.int/iris/handle/10665/252671>
- World Health Organization (2016b). *Priority assistive products list: Improving access to assistive technology for everyone, everywhere* (pp. 1–16). [https://apps.who.int/iris/bitstream/handle/10665/207694/WHO\\_EMP\\_PHI\\_2016.01\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf)
- World Health Organization. (2017). *Mental health of older adults*. WHO Newsroom Fact Sheets. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>
- World Health Organization. (2018). *Third United Nations high-level meeting on NCDs*. <https://www.who.int/ncds/governance/third-un-meeting/en/>
- ### EXCLUDED STUDIES
- Aasgaard, H. S., Landmark, B., & Karlsson, B. (2012). Creating at-homeness in a care setting environment. *Klinisk Sygepleje*, 26(1), 23–33. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=108161533%26site=ehost-live>
- Abrisqueta-Gomez, J., Rosangela, K., Ponce, C. S. C., Locatelli, F. L. V., & Batista, D. L. F. (2013). Non-pharmacologic intervention in people with dementia in Brazil: An overview. *Alzheimer's and Dementia*, 1, P495–P496. <https://doi.org/10.1016/j.jalz.2013.05.1021>
- Aceros, J. C., Cavalcante, M. T., & Domenech, M. (2016). Aging at home with telecare in Spain. A discourse analysis. *Ciencia & saude coletiva*, 21(8), 2413–2422. <https://doi.org/10.1590/1413-81232015218.13472015>
- Acierno, R., Knapp, R., Tuerk, P., Gilmore, A. K., Lejuez, C., Ruggiero, K., Muzzy, W., Egede, L., Hernandez-Tejada, M. A., & Foa, E. B. (2017). A non-inferiority trial of Prolonged Exposure for posttraumatic stress disorder: In person versus home-based telehealth. *Behaviour Research and Therapy*, 89, 57–65. <https://doi.org/10.1016/j.brat.2016.11.009>
- Acorn, M. (2008). In-home palliative care increased patient satisfaction and reduced use and costs of medical services. *Evidence Based Nursing*, 11(1), 22. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=105748671%26site=ehost-live>
- Adachi, K., Sasaki, H., Kakuta, M., & Sasaki, M. (2001). How to support the death at home. *Japanese Journal of Cancer & Chemotherapy*, 28(Suppl 1), 133–135.
- Ades, P. A., Savage, P., Cress, M. E., Brochu, M., Lee, N. M., & Poehlman, E. T. (2003). Resistance training on physical performance in disabled older female cardiac patients. *Medicine & Science in Sports & Exercise*, 35(8), 1265–1270.
- Affif, M., Parke, B., & Al-Hussein, M. (2014). Evidence-based evaluation of staircase architectural design to reduce the risk of falling for older adults. *Journal of Housing for the Elderly*, 28(1), 107–132. <https://doi.org/10.1080/02763893.2013.858095>
- Agmon, M., & Embon-Magal, S. (2018). Is thinking with the body effective for cognitive training? A randomized clinical trial “thinking in motion” study. *Neurorehabilitation and Neural Repair*, 32(4–5), 354. <https://doi.org/10.1177/1545968318765497>
- Agree, E. M. (1999). The influence of personal care and assistive devices on the measurement of disability. *Social Science and Medicine*, 48(4), 427–443.
- Agree, E. M., Freedman, V. A., Cornman, J. C., Wolf, D. A., & Marcotte, J. E. (2005). Reconsidering substitution in long-term care: When does assistive technology take the place of personal care? *Journals of Gerontology Series B-Psychological Sciences & Social Sciences*, 60(5), S272–S280.
- Aguado, O., Morcillo, C., Delas, J., Rennie, M., Bechich, S., Schembari, A., Fernandez, F., & Rosell, F. (2010). Long-term implications of a single home-based educational intervention in patients with heart failure. *Heart & Lung*, 39(6 Suppl), S14–S22. <https://doi.org/10.1016/j.hrtlng.2010.04.010>
- Aguglia, E., Onor, M. L., Trevisiol, M., Negro, C., Saina, M., & Maso, E. (2004). Stress in the caregivers of Alzheimer's patients: An experimental investigation in Italy. *American Journal of Alzheimer's Disease & Other Dementias*, 19(4), 248–252. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=106560005%26site=ehost-live>
- Ahlner-Elmqvist, M., Jordhoy, M. S., Bjordal, K., Jannert, M., & Kaasa, S. (2008). Characteristics and quality of life of patients who choose home care at the end of life. *Journal of Pain and Symptom Management*, 36(3), 217–227. <https://doi.org/10.1016/j.jpainsymman.2007.10.010>
- Aiken, L. S., Butner, J., Lockhart, C. A., Volk-Craft, B. E., Hamilton, G., & Williams, F. G. (2006). Outcome evaluation of a randomized trial of the PhoenixCare intervention: Program of case management and coordinated care for the seriously chronically ill. *Journal of Palliative Medicine*, 9(1), 111–126. <https://doi.org/10.1089/jpm.2006.9.111>
- Aj, K., Gilmore-Bykovskiy, A., Kennelty, K., Jensen, L., Schmitz, E., Hermann, C., & Mineau, J. (2016). The coordinated-transitional care (CTRAC) program: Supporting patients with Alzheimer's dementia (AD) and their caregivers during care transitions from the hospital to the community. *Alzheimer's and Dementia. Conference: Alzheimer's Association International Conference 2016. Canada. Conference Start: 20160722. Conference End: 20160728*, 12(7 Supplement), pp. 221–222. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/246/CN-01251246/frame.html>
- Åkesson, N., Leffler, A. S., & Rydwick, E. (2018). Evaluation of feasibility of a balance and strength training program for new users of a Wheeled Walker in an outpatient rehabilitation clinic. *Physical and Occupational Therapy in Geriatrics*, 36(1), 14–28. <http://search.ebscohost.com/login.aspx?direct=true%26db=gnh%26AN=EP128746805%26site=ehost-live>
- Akiko, A., Hiroo, H., & Hiroshi, M. (2011). Characteristics of home care supporting clinics providing home care for frail elderly persons living alone in Japan. *Archives of Gerontology and Geriatrics*, 52(2), e85–e88. <https://doi.org/10.1016/j.archger.2010.07.011>
- Al, M. (1995). A randomized trial of multidisciplinary in-home care for frail elderly patients awaiting hospital discharge. *Aging*, 7(3), 247–250. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/323/CN-00119323/frame.html>
- Albornos-Muñoz, L., Moreno-Casbas, M. T., Sánchez-Pablo, C., Bays-Moneo, A., Fernández-Domínguez, J. C., Rich-Ruiz, M., & Gea-Sánchez, M. (2018). Efficacy of the Otago Exercise Programme to reduce falls in community-dwelling adults aged 65–80 years old when delivered as group or individual training. *Journal of Advanced Nursing*, 74(7), 1700–1711. <https://doi.org/10.1111/jan.13583>
- Alessi, C. A., Stuck, A. E., Aronow, H. U., Yuhas, K. E., Bula, C. J., Madison, R., Gold, M., Segal-Gidan, F., Fanello, R., Rubenstein, L. Z., & Beck, J. C. (1997). The process of care in preventive in-home comprehensive geriatric assessment. *Journal of the American Geriatrics Society*, 45(9), 1044–1050.
- Alkan, H., Topuz, O., Yıldız, N., Alkan, S., Sarsan, A., & Ardic, F. (2011). Efficacy of home based exercise program and postural biofeedback therapy in reducing risk of falling among osteoporotic women over 65 years of age. *Turk Geriatri Dergisi*, 14(1), 26–34. [http://geriatri.dergisi.org/pdf/pdf\\_TJG\\_535.pdf](http://geriatri.dergisi.org/pdf/pdf_TJG_535.pdf)
- Allred, D. P., Raynor, D. K., Hughes, C., Barber, N., Chen, T. F., & Spoor, P. (2013). Interventions to optimise prescribing for older people in care homes. *Cochrane Database of Systematic Reviews*, 2013(2), CD009095. <https://doi.org/10.1002/14651858.CD009095.pub2>
- Allen, K. R., Hazelett, S. E., Radwany, S., Ertle, D., Fosnight, S. M., & Moore, P. S. (2012). The Promoting Effective Advance Care for Elders (PEACE) randomized pilot study: Theoretical framework and study design. *Population Health Management*, 15(2), 71–77. <https://doi.org/10.1089/pop.2011.0004>

- Allen, R. S., Harris, G. M., Burgio, L. D., Azuero, C. B., Miller, L. A., Shin, H. J., Eichorst, M. K., Csikai, E. L., DeCoster, J., Dunn, L. L., Kvale, E., & Parmelee, P. (2014). Can senior volunteers deliver reminiscence and creative activity interventions? Results of the legacy intervention family enactment randomized controlled trial. *Journal of Pain & Symptom Management*, 48(4), 590–601. <https://doi.org/10.1016/j.jpainsymman.2013.11.012>
- Allen, S. A. (1996). *Case management by nurses in the home: An examination of Medicare management and evaluation of the patient plan of care*.
- Allen, S. A. (1999). Description and outcomes of a Medicare case management program by nurses. *Home Health Care Services Quarterly*, 18(2), 43–68.
- Allen, V. J., Methven, L., & Gosney, M. (2014). Impact of serving method on the consumption of nutritional supplement drinks: Randomized trial in older adults with cognitive impairment. *Journal of Advanced Nursing*, 70(6), 1323–1333.
- Al-Sari, U. A., Tobias, J. H., & Clark, E. M. (2018). Self-reported everyday physical activities in older people with osteoporotic vertebral fractures: A systematic review and meta-analysis. *Osteoporosis International*, 29(1), 19–29. <https://doi.org/10.1007/s00198-017-4287-6>
- Anderson, O., Boshier, P., & Hanna, G. (2012). Interventions designed to prevent healthcare bed-related injuries in patients. *Cochrane Database of Systematic Reviews*, 1, CD008931. <https://doi.org/10.1002/14651858.CD008931.pub3>
- Andrew, C., Najma, S., Anne, H., John, Y., & Rachel, H. (2014). Interventions for preventing delirium in older people in institutional long-term care. *Cochrane Database of Systematic Reviews*, 1, CD009537. <https://doi.org/10.1002/14651858.CD009537.pub2>
- Ann, B. K. (1998). The use of a group reminiscence intervention with newly-admitted nursing home residents. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 58(9-B), 5106.
- Ann, G. E. (2002). *Effect of a breakfast program on nutritional status, quality of life, and health care use among frail homebound older adults*. UMI Dissertation Services, ProQuest Information and Learning, Ann Arbor, MI. <http://search.ebscohost.com/login.aspx?direct=true%26db=gnh%26AN=912814%26site=ehost-live>
- Antoniak, A. E., & Greig, C. A. (2017). The effect of combined resistance exercise training and vitamin D-3 supplementation on musculoskeletal health and function in older adults: A systematic review and meta-analysis. *BMJ Open*, 7(7), 014619. <https://doi.org/10.1136/bmjopen-2016-014619>
- Anttila, H., Samuelsson, K., Salminen, A. L., & Brandt, A. (2011). Effectiveness of assistive technology interventions for people with disabilities: An overview of systematic reviews. *Physiotherapy (United Kingdom)*, 1, eS74–eS75. <https://doi.org/10.1016/j.physio.2011.04.002>
- Anttila, H., Samuelsson, K., Salminen, A. L., & Brandt, S. (2012). Quality of evidence of assistive technology interventions for people with disability: An overview of systematic reviews. *Technology and Disability*, 24(1), 9–48. doi 10.3233/TAD-2012-0332.
- Aoun, S. M., Grande, G., Howting, D., Deas, K., Toye, C., Troeung, L., Stajduhar, K., & Ewing, G. (2015). The impact of the carer support needs assessment tool (CSNAT) in community palliative care using a stepped wedge cluster trial. *PLOS One*, 10(4), e0123012. <https://doi.org/10.1371/journal.pone.0123012>
- Applebaum, R., & Phillips, P. (1990). Assuring the quality of in-home care: The “other” challenge for long-term care. *Gerontologist*, 30, 444–450.
- Arai, T., Obuchi, S., Inaba, Y., Nagasawa, H., Shiba, Y., Watanabe, S., Kimura, K., & Kojima, M. (2007). The effects of short-term exercise intervention on falls self-efficacy and the relationship between changes in physical function and falls self-efficacy in Japanese older people—A Randomized controlled trial. *American Journal of Physical Medicine & Rehabilitation*, 86(2), 133–141. <https://doi.org/10.1097/PHM.0b013e31802ef29d>
- Aranda, R. R. (1974). *CILS: A model for the social rehabilitation of older persons with severe visual impairment*. New York Infirmary, Center for Independent Living, New York, NY. <http://search.ebscohost.com/login.aspx?direct=true%26db=gnh%26AN=279%26site=ehost-live>
- Arbesman, M., & Mosley, L. J. (2012). Systematic review of occupation- and activity-based health management and maintenance interventions for community-dwelling older adults. *American Journal of Occupational Therapy*, 66(3), 277–283. <https://doi.org/10.5014/ajot.2012.003327>
- Arean, P. A., Ayalon, L., Jin, C., McCulloch, C. E., Linkins, K., Chen, H., McDonnell-Herr, B., Levkoff, S., & Estes, C. (2008). Integrated specialty mental health care among older minorities improves access but not outcomes: Results of the PRISMe study. *International Journal of Geriatric Psychiatry*, 23(10), 1086–1092. <https://doi.org/10.1002/gps.2100>
- Arif, M. J., El Emary, I. M., & Koutsouris, D. D. (2014). A review on the technologies and services used in the self-management of health and independent living of elderly. *Technology & Health Care*, 22(5), 677–687. <https://doi.org/10.3233/THC-140851>
- Armstrong, J. J., Sims-Gould, J., & Stolee, P. (2016). Allocation of rehabilitation services for older adults in the ontario home care system. *Physiotherapy Canada*, 68(4), 346–354.
- Arnall, D. A., Irazzo, M. A. C., Miguel, J. M. T., Camacho, C. I., Moral, J. C. M., & Webb, J. R. (2012). Comparison of patient satisfaction and compliance with two respiratory muscle training programs in the frail elderly. *American Journal of Respiratory and Critical Care Medicine*. Conference: American Thoracic Society International Conference, ATS, 185(MeetingAbstracts). [http://www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference.2012.185.1\\_MeetingAbstracts.A2881](http://www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference.2012.185.1_MeetingAbstracts.A2881)
- Aronson, J., & Neysmith, S. M. (1996). “You’re not just in there to do the work”: Depersonalizing policies and the exploitation of home care workers’ labor. *Gender and Society*, 10(1), 59–77. <https://doi.org/10.1177/0891243296010001005>
- Ashok, S. (2017). High-level hands-free control of wheelchair—A review. *Journal of Medical Engineering & Technology*, 41(1), 46–64.
- Ashworth, N. L., Chad, K. E., Harrison, E. L., Reeder, B. A., & Marshall, S. C. (2005). Home versus center based physical activity programs in older adults. *Cochrane Database of Systematic Reviews*, 1, CD004017.
- Atienza, A. (2001). Home-based physical activity programs for middle-aged and older adults: Summary of empirical research. *Journal of aging and physical activity*, 9(Suppl), S38–S58. <http://search.ebscohost.com/login.aspx?direct=true%26db=gnh%26AN=85431%26site=ehost-live>
- Auger, C., Demers, L., Gelinias, I., Jutai, J., Fuhrer, M. J., & DeRuyter, F. (2008). Powered mobility for middle-aged and older adults: Systematic review of outcomes and appraisal of published evidence. *American Journal of Physical Medicine & Rehabilitation*, 87(8), 666–680. <https://doi.org/10.1097/PHM.0b013e31816de163>
- Bahar-Fuchs, A., Webb, S., Bartsch, L., Clare, L., Rebok, G., Cherbuin, N., & Anstey, K. J. (2017). Tailored and adaptive computerized cognitive training in older adults at risk for dementia: A randomized controlled trial. *Journal of Alzheimer’s Disease*, 60(3), 889–911. <https://doi.org/10.3233/JAD-170404>
- Bainbridge, D., Seow, H., & Sussman, J. (2016). Common components of efficacious in-home end-of-life care programs: A review of systematic reviews. *Journal of the American Geriatrics Society*, 64(3), 632–639. <https://doi.org/10.1111/jgs.14025>
- Baker, K. R., Nelson, M. E., Felson, D. T., Layne, J. E., Sarno, R., & Roubenoff, R. (2001). The efficacy of home based progressive strength training in older adults with knee osteoarthritis: A randomized controlled trial. *Journal of Rheumatology*, 28(7), 1655–1665.
- Baker, P. R., Francis, D. P., Hairi, N. N., Othman, S., & Choo, W. Y. (2016). Interventions for preventing abuse in the elderly. *Cochrane Database of Systematic Reviews*, 2016(8), CD010321. <https://doi.org/10.1002/14651858.CD010321.pub2>

- Bakker, T. J., Duivenvoorden, H. J., van der Lee, J., Olde Rikkert, M. G., Beekman, A. T., & Ribbe, M. W. (2011). Integrative psychotherapeutic nursing home program to reduce multiple psychiatric symptoms of cognitively impaired patients and caregiver burden: Randomized controlled trial. *American Journal of Geriatric Psychiatry*, 19(6), 507–520. <https://doi.org/10.1097/JGP.0b013e3181eafdc6>
- Baldwin, C., Kimber, K., Gibbs, M., & Weekes, C. E. (2016). Supportive interventions for enhancing dietary intake in malnourished or nutritionally at-risk adults. *Cochrane Database of Systematic Reviews*, 12, CD009840. <https://doi.org/10.1002/14651858.CD009840.pub2>
- Barnes, D. E., Santos-Modesitt, W., Poelke, G., Kramer, A. F., Castro, C., Middleton, L. E., & Yaffe, K. (2013). The Mental Activity and eXercise (MAX) Trial a randomized controlled trial to enhance cognitive function in older adults. *Jama Internal Medicine*, 173(9), 797–804. <https://doi.org/10.1001/jamainternmed.2013.189>
- Batani, H., & Maki, B. E. (2005). Assistive devices for balance and mobility: Benefits, demands, and adverse consequences. *Archives of Physical Medicine & Rehabilitation*, 86(1), 134–145.
- Bates, A., Furber, S., Tiedemann, A., Ginn, K., van den Dolder, P., Kirsten, Howard, Bauman, A., Chittenden, C., Franco, L., Kershaw, M., & Sherrington, C. (2018). Trial Protocol: Home-based exercise programs to prevent falls and upper limb dysfunction among community-dwelling older people: Study protocol for the BEST (Balance Exercise Strength Training) at Home randomised, controlled trial. *Journal of Physiotherapy (Elsevier)*, 64(2), 121. <https://doi.org/10.1016/j.jphys.2017.10.001>
- Belqaid, K., Brandt, C. F., Lugnet, K., Nielsen, A. L., Pohju, A., Rasmussen, H. H., Rasmussen, N. M. L., & Beck, A. M. (2016). Adding a dietitian to a discharge follow-home team is cost-effective for geriatric patients at nutritional risk. *Clinical Nutrition. Conference: 38th European Society for Clinical Nutrition and Metabolism Congress, ESPEN, Denmark*, 35, S160. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/430/CN-01361430/frame.html>
- Bentur, N., Barnea, T., & Mizrahi, I. (1996). A follow-up study of elderly buyers of an assistive chair. *Physical and Occupational Therapy in Geriatrics*, 14(3), 51–60.
- Best, K. L., Miller, W. C., Eng, J. J., Routhier, F., & Goldsmith, C. (2014). Randomized controlled trial protocol feasibility: The Wheelchair Self-Efficacy Enhanced for Use (WheelSeeU). *Canadian Journal of Occupational Therapy—Revue Canadienne d'ergotherapie*, 81(5), 308–319.
- Best, K. L., Miller, W. C., Huston, G., Routhier, F., & Eng, J. J. (2016). Pilot study of a peer-led wheelchair training program to improve self-efficacy using a manual wheelchair: A randomized controlled trial. *Archives of Physical Medicine and Rehabilitation*, 97(1), 37–44. <https://doi.org/10.1016/j.apmr.2015.08.425>
- Best, P. M., & Solomon, B. (1971). *Hot meals for the elderly, a meal service with education*. Senior Citizen Association of Los Angeles, Los Angeles, CA. <http://search.ebscohost.com/login.aspx?direct=true%26db=gnh%26AN=235%26site=ehost-live>
- Beurskens, R. (2016). Falls in the elderly and their prevention. *Prevention Und Rehabilitation*, 28(2), 39–44. <https://doi.org/10.5414/NHX01713>
- Binder, E. F., Brown, M., Sinacore, D. R., Steger-May, K., Yarasheski, K. E., & Schechtman, K. B. (2005). Effects of extended outpatient rehabilitation after hip fracture: A randomized controlled trial. *Evidence-Based Healthcare and Public Health*, 292(7), 837–846. <https://doi.org/10.1016/j.ehbc.2004.11.002>
- Bischoff-Ferrari, H. (2017). *Spitex-SpiTal-Autonomie-Reha-Kraft*. <https://Clinicaltrials.gov/Show/Nct03154684>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/203/CN-01494203/frame.html>
- Bishop, M., Dennis, K., Bishop, L., Sheppard-Jones, K., Bishop, F., & Frain, M. (2015). The prevalence and nature of modified housing and assistive devices use among Americans with multiple sclerosis. *Journal of Vocational Rehabilitation*, 42(2), 153–165. <https://doi.org/10.3233/JVR-150732>
- Bismuth, S., Villars, H., Durliat, I., Boyer, P., & Oustric, S. (2012). Gerontotechnologies likely to enable patients with Soft Cognitive Deficit and Alzheimer's disease at the light stage to stay home. *Cahiers de l'Annee Gerontologique*, 4(3), 310–319. <https://doi.org/10.1007/s12612-012-0308-4>
- Blackwood, J., Shubert, T., Fogarty, K., & Chase, C. (2016). The impact of a home-based computerized cognitive training intervention on fall risk measure performance in community dwelling older adults, a pilot study. *Journal of Nutrition, Health & Aging*, 20(2), 138–145. <https://doi.org/10.1007/s12603-015-0598-5>
- Blake, H., Mo, P., Malik, S., & Thomas, S. (2009). How effective are physical activity interventions for alleviating depressive symptoms in older people? A systematic review. *Clinical Rehabilitation*, 23(10), 873–887. <https://doi.org/10.1177/0269215509337449>
- Bleijenberg, N., Imhof, L., Mahrer-Imhof, R., Wallhagen, M. I., de Wit, N. J., & Schuurmans, M. J. (2017). Patient characteristics associated with a successful response to nurse-led care programs targeting the oldest-old: A comparison of two RCTs. *Worldviews on Evidence-Based Nursing*, 14(3), 210–222. <https://doi.org/10.1111/wvn.12235>
- Bleijenberg, N., Ten Dam, V. H., Steunenberg, B., Drubbel, I., Numans, M. E., De Wit, N. J., & Schuurmans, M. J. (2013). Exploring the expectations, needs and experiences of general practitioners and nurses towards a proactive and structured care programme for frail older patients: A mixed-methods study. *Journal of Advanced Nursing*, 69(10), 2262–2273. <https://doi.org/10.1111/jan.12110>
- Boland, L., Legare, F., Perez, M. M., Menear, M., Garvelink, M. M., McIsaac, D. I., Guerard, P. G., Emond, J., Briere, N., & Stacey, D. (2017). Impact of home care versus alternative locations of care on elder health outcomes: An overview of systematic reviews. *BMC Geriatrics*, 17(1), 20. <https://doi.org/10.1186/s12877-016-0395-y>
- Bolscher-Niehuis, M. J. T. V., den Ouden, M. E. M., de Vocht, H. M., & Francke, A. L. (2016). Effects of self-management support programmes on activities of daily living of older adults: A systematic review. *International Journal of Nursing Studies*, 61, 230–247. <https://doi.org/10.1016/j.ijnurstu.2016.06.014>
- Borell, L. (2018). ASSIST 1.0 an Intervention Program Addressing Reablement Services. <https://Clinicaltrials.gov/Show/Nct03505619>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/291/CN-01568291/frame.html>
- Boucher, P., Atrash, A., Kelouwani, S., Honore, W., Nguyen, H., Villemure, J., Routhier, F., Cohen, P., Demers, L., Forget, R., & Pineau, J. (2013). Design and validation of an intelligent wheelchair towards a clinically-functional outcome. *Journal of Neuroengineering & Rehabilitation*, 10(1), 58. <https://doi.org/10.1186/1743-0003-10-58>
- Boyd, M. L., Fisher, B., Davidson, A. W., & Neilsen, C. A. (1996). Community-based case management for chronically ill older adults. *Nursing Management*, 27(11), 31–32. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/679/CN-00134679/frame.html>
- Brandao, G. S., Gomes, G. S. B. F., Callou Sampaio, A. A., Donner, C. F., Oliveira, L. V. F., & Camelier, A. A. (2018). Home exercise improves the quality of sleep and daytime sleepiness of elderlies: A randomized controlled trial. *Multidisciplinary Respiratory Medicine*, 13(1), <https://doi.org/10.1186/s40248-017-0114-3>. (no(2).
- Braun, K. L., & Rose, C. L. (1987). Geriatric patient outcomes and costs in three settings: Nursing home, foster family, and own home. *Journal of the American Geriatrics Society*, 35(5), 387–397.
- Braun, K. L., Rose, C. L., & Finch, M. D. (1991). Patient characteristics and outcomes in institutional and community long-term care. *The Gerontologist*, 31(5), 648–656.
- Brettschneider, C., Luck, T., Fleischer, S., Roling, G., Beutner, K., Lupp, M., Behrens, J., Riedel-Heller, S. G., & König, H. H. (2015). Cost-utility analysis of a preventive home visit program for older adults in Germany. *BMC Health Services Research*, 15, 141. <https://doi.org/10.1186/s12913-015-0817-0>



- Brismee, J. M., Paige, R. L., Chyu, M. C., Boatright, J. D., Hagar, J. M., McCaleb, J. A., Quintela, M. M., Feng, D., Xu, K. T., & Shen, C. L. (2007). Group and home-based tai chi in elderly subjects with knee osteoarthritis: A randomized controlled trial. *Clinical Rehabilitation*, 21(2), 99–111. <https://doi.org/10.1177/0269215506070505>
- Britian, O. (1999). Integration of services for elderly people reduced costs and use of health services [commentary on Bernabei R, Landi F, Gambassi G et al. Randomized trial of impact of model of integrated care and case management for older people living in the community]. *Evidence Based Nursing*, 2, 20.
- Bruun-Olsen, V., Heiberg, K. E., Wahl, A. K., & Mengshoel, A. M. (2013). The immediate and long-term effects of a walking-skill program compared to usual physiotherapy care in patients who have undergone total knee arthroplasty (TKA): A randomized controlled trial. *Disability & Rehabilitation*, 35(23), 2008–2015. <https://doi.org/10.3109/09638288.2013.770084>
- Bull, M. J. (1994). Use of formal community services by elders and their family caregivers 2 weeks following hospital discharge. *Journal of Advanced Nursing*, 19(3), 503–508.
- Cabilan, C. J., Hines, S., & Munday, J. (2013). Prehabilitation for surgical patients: A systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports*, 11(5), 112–122.
- Caplan, G. A., Sulaiman, N. S., Mangin, D. A., Ricauda, A. N., Wilson, A. D., & Barclay, L. (2010). Is hospital in the home a good option for older people? *Journal of the American Geriatrics Society*, 1, S7. <https://doi.org/10.1111/j.1532-5415.2010.02850.x>
- Cardemil, F., Esquivel, P., Barria, T., Aguayo, L., Fuente, A., & Espejo, M. R. (2013). Randomized controlled trial to assess the ace program for rehabilitation in patients with hearing loss. *Otolaryngology–Head and Neck Surgery*, 1, P108–P109. <https://doi.org/10.1177/0194599813495815a223>
- Carlson, B. L., Foster, L., Dale, S. B., & Brown, R. (2007). Effects of cash and counseling on personal care and well-being. *Health Services Research*, 42(1 Pt 2), 467–487.
- Carlson, M., Vigen, C. L. P., Rubayi, S., Blanche, E. I., Blanchard, J., Atkins, M., Bates-Jensen, B., Garber, S., Pyatak, E., Diaz, J., Florindez, L., Hay, J., Mallinson, T., Unger, J., Azen, S. P., Scott, M., Cogan, A., & Clark, F. (2017). Lifestyle intervention for adults with spinal cord injury: Results of the USC-RLANRC Pressure Ulcer Prevention Study. *The Journal of Spinal Cord Medicine*, 1–18. <https://doi.org/10.1080/10790268.2017.1313931>
- Challis, D., Darton, R., Johnson, L., Stone, M., & Traskie, K. (1991). An evaluation of an alternative to long-stay hospital care for frail elderly patients: II. Costs and effectiveness. *Age and Ageing*, 20(4), 245–254.
- Chan, A. W. K., Yu, D. S. F., Choi, K. C., Chan, H. Y. L., & Wong, E. M. L. (2016). Effects of a peer-assisted tai-chi-qigong programme on social isolation and psychological wellbeing in Chinese hidden elders: A pilot randomised controlled trial. *The Lancet*, 388, S23.
- Chan, A. W., Yu, D. S., & Choi, K. C. (2017). Effects of tai chi qigong on psychosocial well-being among hidden elderly, using elderly neighborhood volunteer approach: A pilot randomized controlled trial. *Clinical Interventions in Aging*, 12, 85–96. <https://doi.org/10.2147/CIA.S124604>
- Chan, R. J., Webster, J., & Bowers, A. (2016). End-of-life care pathways for improving outcomes in caring for the dying. *The Cochrane Database of Systematic Reviews*, 2, CD008006. <https://doi.org/10.1002/14651858.CD008006.pub4>
- Chandler, D., & Knackert, B. (1997). Positioners for wheelchairs in long-term-care facilities. *American Journal of Occupational Therapy*, 51(10), 921–924.
- Chesbro, S., Conti, G., & Williams, B. (2005). Using the assessing the learning strategies of adults tool with older adults: Comparisons based on age and functional ability. *Topics in Geriatric Rehabilitation*, 21(4), 323–331.
- Chiatti, C., Rimland, J., Bonfranceschi, F., Masera, F., Bustacchini, S., & Cassetta, L. (2015). The UP-TECH project, an intervention to support caregivers of Alzheimer's disease patients in Italy: Preliminary findings on recruitment and caregiving burden in the baseline population. *Ageing and Mental Health*, 19(6), 517–525.
- Chien, C. L., Lee, C. M., Wu, Y. W., Chen, T. A., & Wu, Y. T. (2008). Home-based exercise increases exercise capacity but not quality of life in people with chronic heart failure: A systematic review. *Australian Journal of Physiotherapy*, 54(2), 87–93.
- Childress, S., Brubaker, P. H., Amico, L. A., Nesbit, B. A., Williams, C. M., & Rejeski, J. W. (2008). Patterns of physical activity before and after an exercise intervention in overweight/obese older adults with CVD or the metabolic syndrome. *Journal of Cardiopulmonary Rehabilitation and Prevention*, 28(4), 268.
- Chiu, C. W., & Man, D. W. (2004). The effect of training older adults with stroke to use home-based assistive devices. *OTJR Occupation, Participation and Health*, 24(3), 113–120.
- Chiu, M., Pauley, T., Wesson, V., Pushpakumar, D., & Sadavoy, J. (2015). Evaluation of a problem-solving (PS) techniques-based intervention for informal carers of patients with dementia receiving in-home care. *International Psychogeriatrics*, 27(6), 937–948.
- Choi, N. G., Hegel, M. T., Marti, C. N., Marinucci, M. L., Sirrianni, L., & Bruce, M. L. (2014). Telehealth problem-solving therapy for depressed low-income homebound older adults. *American Journal of Geriatric Psychiatry*, 22(3), 263–271. <https://doi.org/10.1016/j.jagp.2013.01.037>
- Choyce, J., Shaw, K. L., Sitch, A. J., Mistry, H., Whitehouse, J. L., & Nash, E. F. (2017). A prospective pilot study of home monitoring in adults with cystic fibrosis (HOME-CF): Protocol for a randomised controlled trial. *BMC Pulmonary Medicine*, 17(1), 22. <https://doi.org/10.1186/s12890-017-0366-x>
- Christine, O., Ingeborg, P., Astrid, B., Marie-José, E.-S., & Camilla, I. (2016). Effect of animal-assisted activity on balance and quality of life in home-dwelling persons with dementia. *Geriatric Nursing*, 37(4), 284–291.
- Chung, P. K., & Zhao, Y. N. (2016). Effectiveness of a balance-improved exercise program for enhancing functional fitness of older adults: A randomized, controlled trial. *International journal of behavioral medicine*, 23, S247.
- Cifu, D. (2010). Geriatric rehabilitation services in the veterans health administration. *Generations*, 34(2), 64–73.
- Ciliska, D., Hayward, S., Thomas, H., Mitchell, A., Dobbins, M., Underwood, J., Rafael, A., & Martin, E. (1996). A systematic overview of the effectiveness of home visiting as a delivery strategy for public health nursing interventions. *Canadian Journal of Public Health. Revue Canadienne de Sante Publique*, 87(3), 193–198.
- Cky, L., & Wan, X. (2017). Using prompted voiding to manage urinary incontinence in nursing homes: Can it be sustained? *Journal of the American Medical Directors Association*, 18(6), 509–514. <https://doi.org/10.1016/j.jamda.2016.12.084>
- Claes-Eric, N., & Agneta, S. (1991). Mobility and transport for elderly and disabled persons: Proceedings of a conference held at Stockholmssmassan, Alvsjo, Sweden, May 21–24, 1989, organized by the Swedish Board of Transport in co-operation with the Department of Traffic Planning and Engineer. *Transportation studies*, v. 13. Gordon and Breach Science Publishers, Philadelphia, PA.
- Clark, H. (1998). Keeping the house up. *Community Care*, 16, 22–23.
- Clarke, P., & Colantonio, A. (2005). Wheelchair use among community-dwelling older adults: Prevalence and risk factors in a national sample. *Canadian Journal on Aging*, 24(2), 191–198.
- Clemson, L., Singh, M. A. F., Bundy, A., Cumming, R. G., Manollaras, K., O'Loughlin, P., & Black, D. (2012). Integration of balance and strength training into daily life activity to reduce rate of falls in older people (the LiFE study): Randomised parallel trial. *BMJ*, 345, e4547. <https://doi.org/10.1136/bmj.e4547>
- Coleman, B. J. (1995). European models of long-term care in the home and community. *International Journal of Health Services*, 25(3), 455–474.

- Connell, P. G. O., & Gnatz, S. (1989). Hemiplegia and amputation: Rehabilitation in the dual disability. *Archives of Physical Medicine & Rehabilitation*, 70(6), 451–454.
- Cook, M., Esme, D., Katie, S., Ian, J., Reem, M., Vugt, D., Marjolein, & Frans, V. (2012). Functional analysis-based interventions for challenging behaviour in dementia. *Cochrane Database of Systematic Reviews*, 2, CD006929. <https://doi.org/10.1002/14651858.CD006929.pub2>
- Coster, S., Watkins, M., & Norman, I. J. (2018). What is the impact of professional nursing on patients' outcomes globally? An overview of research evidence. *International Journal of Nursing Studies*, 78, 76–83. <https://doi.org/10.1016/j.ijnurstu.2017.10.009>
- Cyarto, E. V., Brown, W. J., & Marshall, A. L. (2006). Retention, adherence and compliance: Important considerations for home- and group-based resistance training programs for older adults. *Journal of Science and Medicine in Sport*, 9(5), 402–412. <https://doi.org/10.1016/j.jsams.2006.06.020>
- Dale, S. B., & Brown, R. (2006). Reducing nursing home use through consumer-directed personal care services. *Medical Care*, 44(8), 760–767.
- Dalton, J., Thomas, S., Harden, M., Eastwood, A., & Parker, G. (2018). Updated meta-review of evidence on support for carers. *Journal of Health Services Research and Policy*, 23, 196–207. <https://doi.org/10.1177/1355819618766559>
- Daly, I. M. (2012). Rehabilitation interventions for pain and disability in osteoarthritis: A review of interventions including exercise, manual techniques, and assistive devices. *Orthopaedic Nursing*, 31(2), 103–108. <https://doi.org/10.1079/nor.0b013e31824fce07>
- Danilovich, M. K., Hughes, S. L., Corcos, D. M., Marquez, D. X., & Eisenstein, A. R. (2017). Translating strong for life into the community care program: Lessons learned. *Journal of Applied Gerontology*, 36(5), 553–569. <https://doi.org/10.1177/0733464815625833>
- Dapp, U., Anders, J. A., Renteln-Kruse, W., Minder, C. E., Meier-Baumgartner, H. P., Swift, C. G., Gillmann, G., Egger, M., Beck, J. C., & Stuck, A. E. (2011). A randomized trial of effects of health risk appraisal combined with group sessions or home visits on preventive behaviors in older adults. *Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 66(5), 591–598. <https://doi.org/10.1093/gerona/66.5.591>
- Davison, T. E., Nayer, K. B. I., Coxon, S., De Bono, A., Eppingstall, B., Jeon, Y.-H., van der Ploeg, E. S., & O'Connor, D. W. (2016). A personalized multimedia device to treat agitated behavior and improve mood in people with dementia: A pilot study. *Geriatric Nursing*, 37(1), 25–29.
- Day, L., Hill, K. D., Jolley, D., Cicutti, F. M., Flicker, L., & Segal, L. (2012). Impact of Tai Chi on impairment, functional limitation, and disability among preclinically disabled older people: A randomized controlled trial. *Archives of Physical Medicine and Rehabilitation*, 93(8), 1400–1407. <https://doi.org/10.1016/j.apmr.2012.03.018>
- de Roos, P., Lucas, C., Strijbos, J. H., & van Trijffel, E. (2018). Effectiveness of a combined exercise training and home-based walking programme on physical activity compared with standard medical care in moderate COPD: A randomised controlled trial. *Physiotherapy*, 104(1), 116–121. <https://doi.org/10.1016/j.physio.2016.08.005>
- de van der Schueren, M., & Roodenburg, A. (2017). *Increase protein intake of older meal service clients with readymade protein-rich meals and foods*. <https://ClinicalTrials.gov/Show/Nct03032237>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/535/CN-01561535/frame.html>
- de Vries, N. M., Staal, J. B., van der Wees, P. J., Adang, E. M., Akkermans, R., Olde Rikkert, M. G., & Nijhuis-van der Sanden, M. W. (2016). Patient-centred physical therapy is (cost-) effective in increasing physical activity and reducing frailty in older adults with mobility problems: A randomized controlled trial with 6 months follow-up. *Journal of Cachexia, Sarcopenia and Muscle*, 7(4), 422–435. <https://doi.org/10.1002/jcsm.12091>
- Del, A. M., Lisa, C., & Louisa, L. (2006). Functional interdependence. *Australasian Journal on Ageing*, 25(3), 134–139.
- Delbaere, K., Bourgois, J., Noortgate, V., Den, N., Vanderstraeten, G., Willems, T., & Cambier, D. (2006). A home-based multidimensional exercise program reduced physical impairment and fear of falling. *Acta Clinica Belgica*, 61(6), 340–350.
- Dellasega, C., & Zerbe, T. (2002). Caregivers of frail rural older adults: Effects of an advanced practice nursing intervention. *Journal of Gerontological Nursing*, 28(10), 40–49.
- Der-Fa, L., Hart, L., Lutgendorf, S., & Perkhounkova, Y. (2013). The effect of healing touch on the pain and mobility of persons with osteoarthritis: A feasibility study. *Geriatric Nursing*, 34(4), 314–322.
- Dohrn, I. M., Hagstromer, M., Hellenius, M. L., & Stahle, A. (2017). Short- and long-term effects of balance training on physical activity in older adults with osteoporosis: A randomized controlled trial. *Journal of Geriatric Physical Therapy*, 40(2), 102–111. <https://doi.org/10.1519/jpt.000000000000077>
- Donaldson, C. (1990). Willingness to pay for publicly-provided goods—A possible measure of benefit? *Journal of Health Economics*, 9(1), 103–118.
- Donaldson, C., & Bond, J. (1991). Cost of continuing-care facilities in the evaluation of experimental national health service nursing homes. *Age and Ageing*, 20(May 91), 160–168.
- Douglas, J. W., & Lawrence, J. C. (2015). Environmental considerations for improving nutritional status in older adults with dementia: A narrative review. *Journal of the Academy of Nutrition & Dietetics*, 115(11), 1815–1831. <https://doi.org/10.1016/j.jand.2015.06.376>
- Douma, J. G., Volkers, K. M., Vuijk, J. P., Sonneveld, M. H., Goossens, R. H., & Scherder, E. J. (2015). The effects of observation of walking in a living room environment, on physical, cognitive, and quality of life related outcomes in older adults with dementia: A study protocol of a randomized controlled trial. *BMC Geriatrics*, 15, 26. <https://doi.org/10.1186/s12877-015-0024-1>
- Dozeman, E., van Marwijk, H. W. J., van Schaik, D. J. F., Smit, F., Stek, M. L., van der Horst, H. E., Bohlmeijer, E. T., & Beekman, A. T. F. (2012). Contradictory effects for prevention of depression and anxiety in residents in homes for the elderly: A pragmatic randomized controlled trial. *International Psychogeriatrics*, 24(8), 1242–1251. <https://doi.org/10.1017/S1041610212000178>
- Dozeman, E., van Schaik, D. J. F., van Marwijk, H. W. J., Stek, M. L., Beekman, A. T., & van der Horst, H. E. (2011). Feasibility and effectiveness of activity-scheduling as a guided self-help intervention for the prevention of depression and anxiety in residents in homes for the elderly: A pragmatic randomized controlled trial. *International Psychogeriatrics*, 23(6), 969–978. <https://doi.org/10.1017/s1041610211000202>
- Dreizler, J., Koppitz, A., Probst, S., & Mahrer-Imhof, R. (2014). Including nurses in care models for older people with mild to moderate depression: An integrative review. *Journal of Clinical Nursing*, 23(7–8), 911–926. <https://doi.org/10.1111/jocn.12237>
- Drummond, A. E., Whitehead, P., Fellows, K., Sprigg, N., Sampson, C. J., Edwards, C., & Lincoln, N. B. (2013). Occupational therapy pre-discharge home visits for patients with a stroke (HOVIS): Results of a feasibility randomized controlled trial. *Clinical Rehabilitation*, 27(5), 387–397. <https://doi.org/10.1177/0269215512462145>
- Duckworth, J., Repede, E., & Elliott, L. (2013). Nurse practitioners aiding frail elderly through home visits. *Home Health Care Management & Practice*, 25(5), 212–216. <https://doi.org/10.1177/1084822313484760>
- Dumoulin, C., Hay-Smith, J., Habée-Séguin, G., Mac, & Mercier, J. (2014). Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database of Systematic Reviews*, 10(10), CD005654.

- Eklund, K., Wilhelmson, K., Gustafsson, H., Landahl, S., & Dahlin-Ivanoff, S. (2013). One-year outcome of frailty indicators and activities of daily living following the randomised controlled trial: "Continuum of care for frail older people". *BMC Geriatrics*, 13, 76. <https://doi.org/10.1186/1471-2318-13-76>
- Elbadawy, M. A. (2017). Effectiveness of periosteal stimulation therapy and home exercise program in the rehabilitation of patients with advanced knee osteoarthritis. *Clinical Journal of Pain*, 33(3), 254–263. <https://doi.org/10.1097/AJP.0000000000000404>
- El-Khoury, F., Cassou, B., Latouche, A., Aegerter, P., Charles, M. A., & Dargent-Molina, P. (2015). Effectiveness of two year balance training programme on prevention of fall induced injuries in at risk women aged 75-85 living in community: Ossebo randomised controlled trial. *BMJ*, 351, h3830. <https://doi.org/10.1136/bmj.h3830>
- Engberg, S., McDowell, B. J., Weber, E., Brodak, I., Donovan, N., & Engberg, R. (1997). Assessment and management of urinary incontinence among homebound older adults: A clinical trial protocol. *Advanced Practice Nursing Quarterly*, 3(2), 48–56.
- Fahlman, M. M., Topp, R., McNevin, N., Morgan, A. L., & Boardley, D. J. (2007). Structured exercise in older adults with limited functional ability. *Journal of Gerontological Nursing*, 33(6), 32–39.
- Fairhall, N., Sherrington, C., Lord, S., Susan, K., & Cameron, I. D. (2015). A multifactorial interdisciplinary intervention reduces frailty, increases function and is cost-effective in older adults who are frail: Randomised controlled trial. *Physiotherapy (United Kingdom)*, 1, eS371–eS372. <https://doi.org/10.1016/j.physio.2015.03.588>
- Fances, M. H. (2011). *The prevention of patient falls in healthcare settings, with particular emphasis on the effect of bedrail use on falls and injury as part of multi-faceted interventions.*
- Fanning, J., Walkup, M., Ambrosius, W., Brawley, L., Ip, E., Marsh, A., & Rejeski, J. W. (2018). Change in health-related quality of life and social cognitive outcomes in obese, older adults in a randomized controlled weight loss trial: Does physical activity behavior matter? *Journal of Behavioral Medicine*, 41(3), 299–308. <https://doi.org/10.1007/s10865-017-9903-6>
- Farmer, B. C., Croteau, K. A., Richeson, N. E., & Jones, D. B. (2006). Using pedometers as a strategy to increase the daily steps of older adults with chronic illness: From research to practice. *Home Healthcare Nurse*, 24(7), 449–456.
- Feldman, P. H., Murtaugh, C. M., Pezzin, L. E., McDonald, M. V., & Peng, T. R. (2005). Just-in-time evidence-based e-mail "reminders" in home health care: Impact on patient outcomes. *Health Services Research*, 40(3), 865–885.
- Fernandez-Barres, S., Garcia-Barco, M., Basora, J., Martinez, T., Pedret, R., & Arija, V. (2017). The efficacy of a nutrition education intervention to prevent risk of malnutrition for dependent elderly patients receiving Home Care: A randomized controlled trial. *International Journal of Nursing Studies*, 70, 131–141. <https://doi.org/10.1016/j.ijnurstu.2017.02.020>
- Fields, N. L., Anderson, K. A., & Dabelko-Schoeny, H. (2014). The effectiveness of adult day services for older adults: A review of the literature from 2000 to 2011. *Journal of Applied Gerontology*, 33(2), 130–163. <https://doi.org/10.1177/0733464812443308>
- Finkelstein, E., & Fuller, K. (2012). Measuring the benefit to the homebound, frail older adult of a collaborative effort between a social services agency and an academic geriatric house call program. *Journal of the American Geriatrics Society*, 4, S174–S175. <https://doi.org/10.1111/j.1532-5415.2012.04000.x>
- Fischer, S. M., Cervantes, L., Fink, R. M., & Kutner, J. S. (2015). Apoyo con Carino: A pilot randomized controlled trial of a patient navigator intervention to improve palliative care outcomes for Latinos with serious illness. *Journal of Pain & Symptom Management*, 49(4), 657–665. <https://doi.org/10.1016/j.jpainsymman.2014.08.011>
- Fitzgerald, J. F., Smith, D. M., Martin, D. K., Freedman, J. A., & Katz, B. P. (1994). A case manager intervention to reduce readmissions. *Archives of Internal Medicine*, 154(15), 1721–1729. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/240/CN-00103240/frame.html>
- Fleet, E., Gopal, R. G., Patel, B., Cookson, B., Charlett, A., Bowman, C., & Davey, P. (2014). Impact of implementation of a novel antimicrobial stewardship tool on antibiotic use in nursing homes: A prospective cluster randomized control pilot study. *Journal of Antimicrobial Chemotherapy*, 69(8), 2265–2273. <https://doi.org/10.1093/jac/dku115>
- Flora, P., & Faulkner, G. E. (2006). Physical activity: An innovative context for intergenerational programming. *Journal of Intergenerational Relationships*, 4(4), 63–74.
- Forbes, D. (2002). Review: Home visiting with multidimensional assessment and multiple visits reduces nursing home admissions in low risk elderly people. *Evidence Based Nursing*, 5(4), 118.
- Forster, A., Airlie, J., Birch, K., Cicero, R., Cundill, B., Ellwood, A., Godfrey, M., Graham, L., Green, J., Hulme, C., Lawton, R., McLellan, V., McMaster, N., & Farrin, A. (2017). Research Exploring Physical Activity in Care Homes (REACH): Study protocol for a randomised controlled trial. *Trials*, 18(1), 182. <https://doi.org/10.1186/s13063-017-1921-8>
- Forster, A., Young, J., Lambley, R., & Langhorne, P. (2008). Medical day hospital care for the elderly versus alternative forms of care. *Cochrane Database of Systematic Reviews*, 4, CD001730. <https://doi.org/10.1002/14651858.CD001730.pub2>
- Fowler, C., & Kim, M. T. (2015). Home visits by care providers—Influences on health outcomes for caregivers of homebound older adults with dementia. *Geriatric Nursing*, 36(1), 25–29. <https://doi.org/10.1016/j.gerinurse.2014.09.002>
- Galle, F., Onofrio, D., V., Spica, V. R., Mastronuzzi, R., Krauss, P. R., Belfiore, P., Buono, P., & Liguori, G. (2017). Improving physical fitness and health status perception in community-dwelling older adults through a structured program for physical activity promotion in the city of Naples, Italy: A randomized controlled trial. *Geriatrics & Gerontology International*, 17(10), 1421–1428. <https://doi.org/10.1111/ggi.12879>
- Gary, R. (2006). Exercise self-efficacy in older women with diastolic heart failure: Results of a walking program and education intervention. *Journal of Gerontological Nursing*, 32(7), 31–39.
- Ghassemzadeh, R., Nasseh, H., Arastoo, A. A., Kamali, M., Foroushani, R., A., & Arzaghi, M. (2013). Quality of life in elderly diabetic: Comparison between home and nursing home. *Acta Medica Iranica*, 51(4), 254–259.
- Gianoudis, J., Bailey, C., Ebeling, P., Nowson, C., Sanders, K., Hill, K., & Daly, R. (2011). Effects of a targeted multimodal exercise program incorporating high-speed power training on falls and fracture risk factors in older adults: A community-based randomized controlled trial. *Journal of Science and Medicine in Sport*, 14, e12. <https://doi.org/10.1016/j.jsams.2011.11.026>
- Gibson, T. S. (2002). *Effects of a home-based resistance training program on physical function and strength in a group of older adults.*
- Gielen, A. C., Shields, W., Frattaroli, S., McDonald, E., Jones, V., Bishai, D., O'Brocki, R., Perry, E. C., Bates-Hopkins, B., Tracey, P., & Parsons, S. (2013). Enhancing fire department home visiting programs: Results of a community intervention trial. *Journal of Burn Care & Research*, 34(4), e250–e256. <https://doi.org/10.1097/BCR.0b013e3182685b3a>
- Giesbrecht, E. M., Mortenson, W. B., & Miller, W. C. (2012). Prevalence and facility level correlates of need for wheelchair seating assessment among long-term care residents. *Gerontology*, 58(4), 378–384. <https://doi.org/10.1159/000334819>
- Gine-Garriga, M., Guerra, M., Pages, E., Manini, T. M., Jimenez, R., & Unnithan, V. B. (2010). The effect of functional circuit training on physical frailty in frail older adults: A randomized controlled trial. *Journal of aging and physical activity*, 18(4), 401–424. <https://doi.org/10.1123/japa.18.4.401>
- Giordano, A., Bonometti, G. P., Vanoglio, F., Paneroni, M., Bernocchi, P., Comini, L., & Giordano, A. (2016). Feasibility and cost-effectiveness of



- a multidisciplinary home-telehealth intervention programme to reduce falls among elderly discharged from hospital: Study protocol for a randomized controlled trial. *BMC Geriatrics*, 16(1), 209.
- Gleeson, M., Sherrington, C., Borkowski, E., & Keay, L. (2014). Improving balance and mobility in people over 50 years of age with vision impairments: Can the Alexander Technique help? A study protocol for the VISIBILITY randomised controlled trial. *Injury Prevention*, 20(1), 3. <https://doi.org/10.1136/injuryprev-2012-040726>
- Goedendorp, M. M., Kuiper, D., Reijneveld, S. A., Sanderman, R., & Steverink, N. (2017). Sustaining program effectiveness after implementation: The case of the self-management of well-being group intervention for older adults. *Patient Education and Counseling*, 100(6), 1177–1184. <https://doi.org/10.1016/j.pec.2017.01.006>
- Gordon, D. S. (1990). Night care: The evaluation of an experimental night sitter service in Aberdeen. *Social Services Research*, 19(1), 24–36.
- Gosman-Hedstrom, G., Claesson, L., Blomstrand, C., Fagerberg, B., & Lundgren-Lindquist, B. (2002). Use and cost of assistive technology the first year after stroke. A randomized controlled trial. *International Journal of Technology Assessment in Health Care*, 18(3), 520–527.
- Gothe, N. P., Fanning, J., Awick, E., Chung, D., Wojcicki, T. R., Olson, E. A., Mullen, S. P., Voss, M., Erickson, K. I., Kramer, A. F., & McAuley, E. (2014). Executive function processes predict mobility outcomes in older adults. *Journal of the American Geriatrics Society*, 62(2), 285–290. <https://doi.org/10.1111/jgs.12654>
- Graff, M. J., Vernooij-Dassen, M. J., Hoefnagels, W. H., Dekker, J., & de Witte, P. L. (2003). Occupational therapy at home for older individuals with mild to moderate cognitive impairments and their primary caregivers: A pilot study. *Occupation, Participation & Health*, 23(4), 155–164.
- Graham-Phillips, A., Roth, D. L., Huang, J., Dilworth-Anderson, P., & Gitlin, L. N. (2016). Racial and ethnic differences in the delivery of the resources for enhancing Alzheimer's caregiver health II intervention. *Journal of the American Geriatrics Society*, 64(8), 1662–1667. <https://doi.org/10.1111/jgs.14204>
- Gray, Y. L., & Sedhom, L. (1997). Client satisfaction: Traditional care versus cluster care. *Journal of Professional Nursing*, 13(1), 56–61.
- Griffiths, P. (2000). Early discharge plus home based rehabilitation reduced length of initial hospital stay but did not improve health related quality of life in patients with acute stroke. *Evidence Based Nursing*, 3, 127. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=107143327%26site=ehost-live>
- Griffiths, P. (2013). PROTOCOL: Evaluating the CG ASSIST Program for Caregiving Dyads. <https://ClinicalTrials.gov/Show/Nct02021565>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/006/CN-01480006/frame.html>
- Gros, A., David, R., Chung, P.-C., Chicheportiche, L., Moy, L., Stoutz, D. J., Guetin, S., Bremond, F., & Robert, P. (2016). First results from the SafEE project: Safe & Easy Environment for Alzheimer's disease and related disorders. *Gerontechnology*, 15, 80.
- Guidetti, S., Andersson, K., Andersson, M., Tham, K., & Koch, V. L. (2010). Client-centred self-care intervention after stroke: A feasibility study. *Scandinavian journal of occupational therapy*, 17(4), 276–285. <https://doi.org/10.3109/11038120903281169>
- Guidon, M., & McGee, H. (2013). One-year effect of a supervised exercise programme on functional capacity and quality of life in peripheral arterial disease. *Disability & Rehabilitation*, 35(5), 397–404. <https://doi.org/10.3109/09638288.2012.694963>
- Guitard, P., Sveistrup, H., Fahim, A., & Leonard, C. (2013). Smart grab bars: A potential initiative to encourage bath grab bar use in community dwelling older adults. *Assistive Technology*, 25(3), 139–148. <https://doi.org/10.1080/10400435.2012.732654>
- Haines, T. P., Russell, T., Brauer, S. G., Erwin, S., Lane, P., Urry, S., Jasiewicz, J., & Condie, P. (2009). Effectiveness of a video-based exercise programme to reduce falls and improve health-related quality of life among older adults discharged from hospital: A pilot randomized controlled trial. *Clinical Rehabilitation*, 23(11), 973–985. <https://doi.org/10.1177/0269215509338998>
- Halvarsson, A., Franzen, E., & Stahle, A. (2015). Balance training with multi-task exercises improves fall-related self-efficacy, gait, balance performance and physical function in older adults with osteoporosis: A randomized controlled trial. *Clinical Rehabilitation*, 29(4), 365–375. <https://doi.org/10.1177/0269215514544983>
- Hariprasad, V. R., Sivakumar, P. T., Koparde, V., Varambally, S., Thirthalli, J., Varghese, M., Basavaraddi, I. V., & Gangadhar, B. N. (2013). Effects of yoga intervention on sleep and quality-of-life in elderly: A randomized controlled trial. *Indian Journal of Psychiatry*, 55(7), S364–S368. <https://doi.org/10.4103/0019-5545.116310>
- Harrison, M. B., Graham, I. D., Lorimer, K., Vandenkerkhof, E., Buchanan, M., Wells, P. S., Brandys, T., & Pierscianowski, T. (2008). Nurse clinic versus home delivery of evidence-based community leg ulcer care: A randomized health services trial. *BMC Health Services Research*, 8, 243. <https://doi.org/10.1186/1472-6963-8-243>
- Hauer, K. (2015). *Home-based exercise training following ward-based rehabilitation in geriatric patients with cognitive impairment*. <http://Isrctn.Com/Isrctn82378327>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/168/CN-01308168/frame.html>
- Hayashi, N., Morihara, T., Kazui, H., Kono, A., Iwase, M., Hamasaki, T., Hata, Y., Kuwata, N., Murata, K., Shinke, A., Okuda, M., & Takeda, M. (2011). Cognitive training on elderly Japanese in Osaka: Major outcome (ADAS) from prospective, randomized, open, blindendpoint trial. *Alzheimer's and Dementia*, 1, S644. <https://doi.org/10.1016/j.jalz.2011.05.1846>
- Health Quality Ontario (2008). Social isolation in community-dwelling seniors: An evidence-based analysis. *Ontario Health Technology Assessment Series*, 8(5), 1–49. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS%26CSC=Y%26NEWS=N%26PAGE=fulltext%26D=prem%26AN=23074510>
- Heneka, N., Shaw, T., Rowett, D., & Phillips, J. (2016). Identifying the scope and impact of opioid medication errors in adult palliative care and oncology settings: A systematic review. *Palliative Medicine*, 30(6), NP184–NP185. <https://doi.org/10.1177/0269216316646056>
- Hennig, T. R., Costa, M. J., Rossi, A. G., & Moraes, A. B. (2012). Auditory rehabilitation effects on the temporal ordering ability in elderly hearing aids users. *Jornal Da Sociedade Brasileira de Fonoaudiologia*, 24(1), 26–33. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/638/CN-00849638/frame.html>
- Henrard, J. C. (1991). Care for elderly people in the European Community. *Social Policy and Administration*, 25, 184–192.
- Herke, M., Fink, A., Langer, G., Wustmann, T., Watzke, S., Hanff, A.-M., & Burckhardt, M. (2018). Environmental and behavioural modifications for improving food and fluid intake in people with dementia. *The Cochrane Database of Systematic Reviews*, 7, CD011542. <https://doi.org/10.1002/14651858.CD011542.pub2>
- Hile, E., Neuhold, R., & Davidson, V. (2018). Training for the fight: Adherence to a novel prehab approach in pancreaticoduodenectomy. *Rehabilitation Oncology*, 36(1), E8. <https://doi.org/10.1097/01.REO.0000000000000098>
- Hinkka, K., Karppi, S. L., Pohjolainen, T., Rantanen, T., Puukka, P., & Tilvis, R. (2007). Network-based geriatric rehabilitation for frail elderly people: Feasibility and effects on subjective health and pain at one year. *Journal of Rehabilitation Medicine*, 39(6), 473–478.
- Hinrichs, T., Moschny, A., Brach, M., Wilm, S., Klaassen-Mielke, R., Trampisch, M., & Platen, P. (2011). Effects of an exercise programme for chronically ill and mobility-restricted elderly with structured support by the general practitioner's practice (HOMEfit)—Study protocol of a randomised controlled trial. *Trials*, 12, 263. <https://doi.org/10.1186/1745-6215-12-263>
- Hiroko, K. (2003). *The effects of aromatherapy with the scent of lavender on the psychological well-being on elderly adults*.

- Hirsch, C. (2015). 2015—An elastic band exercise program improved fitness in older adults who use wheelchairs in nursing homes. *ACP Journal Club*, 162(4), 1. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=103760304%26site=ehost-live>
- Hofstad, H., Naess, H., Moe-Nilssen, R., & Skouen, J. S. (2013). Early supported discharge after stroke in Bergen (ESD Stroke Bergen): A randomized controlled trial comparing rehabilitation in a day unit or in the patients' homes with conventional treatment. *International Journal of Stroke*, 8(7), 582–587. <https://doi.org/10.1111/j.1747-4949.2012.00825.x>
- Holthe, T., Halvorsrud, L., Karterud, D., Hoel, K. A., & Lund, A. (2018). Usability and acceptability of technology for community-dwelling older adults with mild cognitive impairment and dementia: A systematic literature review. *Clinical Interventions in Aging*, 13, 863–886. <https://doi.org/10.2147/CIA.S154717>
- Hongdao, M. (2004). *The demand for personal assistance: Do price and information matter?*
- Hooper, L., Bunn, K., Jimoh, F. O., & Wilsher, H. S. (2014). Effectiveness of factors to reduce the risk of dehydration in older people living in residential care: A systematic review. *European Geriatric Medicine*, 1, S70.
- Hori, M., Iizuka, M., Nakamura, M., Aiba, I., Saito, Y., Kubota, M., Urabe, M., & Kinoshita, A. (2014). At-home music therapy intervention using video phone (Skype) for elderly people with dementia. *Gan to kagaku ryoho. Cancer & Chemotherapy*, 41(Suppl 1), 33–35.
- Hu, X. (2007). The effectiveness of Tai Chi on mental health status and functional fitness in older Japanese returnees from China: A randomized controlled trial. *Japanese Journal of Physical Fitness and Sports Medicine*, 56(4), 409–418. [https://www.jstage.jst.go.jp/article/jspfsm/56/4/56\\_4\\_409/\\_pdf/\\_char/en](https://www.jstage.jst.go.jp/article/jspfsm/56/4/56_4_409/_pdf/_char/en)
- Huang, T. T., & Acton, G. J. (2004). Effectiveness of home visit falls prevention strategy for Taiwanese community-dwelling elders: Randomized trial. *Public Health Nursing*, 21(3), 247–256.
- Hughes, S., Manheim, L., Edelman, P., & Conrad, K. (1987). Impact of long-term home care on hospital and nursing home use and cost. *Health Services Research*, 22(1), 19–47.
- Hum, A. Y. M., Wu, H. Y., Ali, N. B., Leong, I. Y. O., Chin, J. J., Lee, A. O. K., Tay, R. Y., & Koh, M. Y. H. (2018). The dignity in advanced dementia (diadem) study: Developing an integrated geriatric palliative homecare program. *Progress in Palliative Care*, 26(2), 65–72. <https://doi.org/10.1080/09699260.2018.1442286>
- Humbert, J., Legault, F., Dahrouge, S., Halabisky, B., Boyce, G., Hogg, W., & Aмос, S. (2007). Integration of nurse practitioners into a family health network. *Canadian Nurse*, 103(9), 30–34.
- Hummel, S. L., Karmally, W., Gillespie, B. W., Helmke, S. T., Teruya, S., Wessler, J. D., Wells, J. M., Jimenez, O., Trumble, E., Cornellier, M., Marolt, C., & Maurer, M. S. (2017). Geriatric out-of-hospital randomized meal trial in heart failure (GOURMETHF) pilot randomized trial: Primary results. *Journal of Cardiac Failure*, 23(11), 830. <https://doi.org/10.1016/j.cardfail.2017.10.005>
- Hung, L. C., Liu, C. C., Hung, H. C., & Kuo, H. W. (2003). Effects of a nursing intervention program on disabled patients and their caregivers. *Archives of Gerontology & Geriatrics*, 36(3), 259–272.
- Iecovich, E. (2007). Client satisfaction with live-in and live-out home care workers in Israel. *Journal of Aging & Social Policy*, 19(4), 105–122.
- Ifudu, O., Paul, H., Mayers, J. D., Cohen, L. S., Breznsnyak, W. F., Herman, A. I., Avram, M. M., & Friedman, E. A. (1994). Pervasive failed rehabilitation in center-based maintenance hemodialysis patients. *American Journal of Kidney Diseases*, 23(3), 394–400.
- Ihsan, H. Z. (2013). *Improving the quality of care for patients with faecal incontinence.*
- Ilieva, E. M., Oral, A., Kucukdeveci, A. A., Varela, E., Valero, R., Berteau, M., & Christodoulou, N. (2013). Osteoarthritis. The role of physical and rehabilitation medicine physicians. The European perspective based on the best evidence. A paper by the UEMS-PRM Section Professional Practice Committee. *European Journal of Physical & Rehabilitation Medicine*, 49(4), 579–593.
- Iliffe, S., Kendrick, D., Morris, R., Griffin, M., Haworth, D., Carpenter, H., Masud, T., Skelton, D. A., Dinan-Young, S., Bowling, A., Gage, H., Res, P., & Team (2015). Promoting physical activity in older people in general practice: ProAct65+cluster randomised controlled trial. *British Journal of General Practice*, 65(640), E731–E738. <https://doi.org/10.3399/bjgp15X687361>
- Iliffe, S., Wilcock, J., Drennan, V., Goodman, C., Griffin, M., Knapp, M., Lowery, D., Manthorpe, J., Rait, G., & Warner, J. (2015). Changing practice in dementia care in the community: Developing and testing evidence-based interventions, from timely diagnosis to end of life (EVIDEM). *NIHR Journals Library*, <https://doi.org/10.3310/pgfar03030>
- Intiso, D., Rienzo, D. F., Russo, M., Paziienza, L., Tolfa, M., Iarossi, A., & Maruzzi, G. (2012). Rehabilitation strategy in the elderly. *Journal of Nephrology*, 25(Suppl 1), S90–S95. <https://doi.org/10.5301/jn.5000138>
- Istvandy, L. (2017). Combining music and reminiscence therapy interventions for wellbeing in elderly populations: A systematic review. *Complementary therapies in clinical practice*, 28, 18–25. <https://doi.org/10.1016/j.ctcp.2017.03.003>
- Iyengar, K. P., Nadkarni, J. B., Ivanovic, N., & Mahale, A. (2007). Targeted early rehabilitation at home after total hip and knee joint replacement: Does it work? *Disability & Rehabilitation*, 29(6), 495–502.
- Jacobson, B. H., Thompson, B., Wallace, T., Brown, L., & Rial, C. (2011). Independent static balance training contributes to increased stability and functional capacity in community-dwelling elderly people: A randomized controlled trial. *Clinical Rehabilitation*, 25(6), 549–556. <https://doi.org/10.1177/0269215510392390>
- Jame Bozorgi, A. A., Ghamkhar, L., Kahlaee, A. H., & Sabouri, H. (2016). The effectiveness of occupational therapy supervised usage of adaptive devices on functional outcomes and independence after total hip replacement in iranian elderly: A randomized controlled trial. *Occupational Therapy International*, 23(2), 143–153. <https://doi.org/10.1002/oti.1419>
- Jan, M., Simone, T., & Bernhard, E. (2017). Treadmill training and body weight support for walking after stroke. *Cochrane Database of Systematic Reviews*, 8, CD002840. <https://doi.org/10.1002/14651858.CD002840.pub4>
- Jane, C., Steve, B., & Howe, T. (2015). Prosthetic rehabilitation for older dysvascular people following a unilateral transfemoral amputation. *Cochrane Database of Systematic Reviews*, 1, <https://doi.org/10.1002/14651858.CD005260.pub3>
- Jansen, C. P., Classen, K., Wahl, H. W., & Hauer, K. (2013). Promote physical activity of older people in nursing homes: A systematic review. *Zeitschrift für Gerontologie und Geriatrie*, 46, 26.
- Jeon, M. Y., & Jeong, H. (2015). Effects of a stroke primary prevention program on risk factors for at-home elderly. *Medical Science Monitor*, 21, 3696–3703.
- Jessup, J. V., Horne, C., Vishen, R. K., & Wheeler, D. (2003). Effects of exercise on bone density, balance, and self-efficacy in older women. *Biological Research for Nursing*, 4(3), 171–180.
- Joan, O., Linda, J., & Brenda, R. (2004). Timed voiding for the management of urinary incontinence in adults. *Cochrane Database of Systematic Reviews*, 1, CD002802. <https://doi.org/10.1002/14651858.CD002802.pub2>
- João, A., Elzbieta, B.-C., Manuel, R., Inês, C., & Daniela, C. (2016). The effectiveness of nonpharmacological interventions in older adults with depressive disorders: A systematic review. *International Journal of Nursing Studies*, 58, 59–70.
- Jobe, J. B., Smith, D. M., Ball, K., Tennstedt, S. L., Marsiske, M., Willis, S. L., Rebok, G. W., Morris, J. N., Helmers, K. F., Leveck, M. D., & Kleinman, K. (2001). ACTIVE: A cognitive intervention trial to promote independence in older adults. *Controlled Clinical Trials*, 22(4), 453–479.



- John, A. A. (2000). *Identification and management of late life depression: Working across primary care and community service boundaries*.
- Johnen, B., & Schott, N. (2018). Feasibility of a machine vs free weight strength training program and its effects on physical performance in nursing home residents: A pilot study. *Aging Clinical and Experimental Research*, 30(7), 819–828. <https://doi.org/10.1007/s40520-017-0830-8>
- Johnson, S., & Cockburn, M. (1988). The Marie Curie/St Luke's relative support scheme: A home care service for relatives of the terminally ill. *Journal of Advanced Nursing*, 13, 565–570. <https://search.proquest.com/docview/57562350?accountid=10792>
- Joranson, N., Pedersen, I., Rokstad, A. M., & Ihlebaek, C. (2017). Change in quality of life in older people with dementia participating in paraactivity: A cluster-randomized controlled trial. *Journal of Advanced Nursing*, 73(6), 1531. <https://doi.org/10.1111/jan.13307>
- Jung, S., Lee, S., Bae, S., Lee, S., Makino, K., Shinkai, Y., & Shimada, H. (2018). Effectiveness of the KENKOJISEICHI local revitalization system on cognitive function change in older adults with mild cognitive impairment: Study protocol for a randomized controlled trial. *Trials*, 19, 276. <https://doi.org/10.1186/s13063-018-2642-3>
- Jyvakorpi, S. K., Puranen, T., Pitkala, K. H., & Suominen, M. H. (2012). Nutritional treatment of aged individuals with Alzheimer disease living at home with their spouses: Study protocol for a randomized controlled trial. *Trials*, 13, 66. <https://doi.org/10.1186/1745-6215-13-66>
- Kamioka, H., Nakamura, Y., Yazaki, T., Uebaba, K., Mutoh, Y., Okada, S., & Takahashi, M. (2004). Effectiveness of comprehensive health education combining hot spa bathing and lifestyle education in middle-aged and elderly women: Randomized controlled trial of three- and six-month interventions. *Journal of the Japanese Society of Balneology, Climatology & Physical Medicine*, 67(4), 202–214.
- Kamioka, H., Nakamura, Y., Yazaki, T., Uebaba, K., Mutoh, Y., Okada, S., & Takahashi, M. (2006). Comprehensive health education combining hot spa bathing and lifestyle education in middle-aged and elderly women: One-year follow-up on randomized controlled trial of three- and six-month interventions. *Journal of Epidemiology*, 16(1), 35–44.
- Karlsson, M. K., Magnusson, H., Schewelov, von, T., & Rosengren, B. E. (2013). Prevention of falls in the elderly—a review. *Osteoporosis International*, 24(3), 747–762. <https://doi.org/10.1007/s00198-012-2256-7>
- Karmarkar, A. M. (2009). *Prescription, outcomes, and risk assessment of wheelchairs for aging population*. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=109852907%26site=ehost-live>
- Karmarkar, A. M., Collins, D. M., Kelleher, A., & Cooper, R. A. (2009). Satisfaction related to wheelchair use in older adults in both nursing homes and community dwelling. *Disability & Rehabilitation Assistive Technology*, 4(5), 337–343. <https://doi.org/10.1080/17483100903038543>
- Karmarkar, A. M., Collins, D. M., Kelleher, A., Ding, D., Oyster, M., & Cooper, R. A. (2010). Manual wheelchair-related mobility characteristics of older adults in nursing homes. *Disability & Rehabilitation Assistive Technology*, 5(6), 428–437. <https://doi.org/10.3109/17483107.2010.481346>
- Katzel, L. I. (2016). *Multimodal exercise and weight loss in older obese veterans with dysmobility*. <https://ClinicalTrials.gov/Show/Nct02806336>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/260/CN-01578260/frame.html>
- Kawagoshi, A., Kiyokawa, N., Sugawara, K., Takahashi, H., Sakata, S., Satake, M., & Shioya, T. (2015). Effects of low-intensity exercise and home-based pulmonary rehabilitation with pedometer feedback on physical activity in elderly patients with chronic obstructive pulmonary disease. *Respiratory Medicine*, 109(3), 364–371. <https://doi.org/10.1016/j.rmed.2015.01.008>
- Keall, M. D., Piersie, N., Howden-Chapman, P., Guria, J., Cunningham, C. W., & Baker, M. G. (2017). Cost-benefit analysis of fall injuries prevented by a programme of home modifications: A cluster randomised controlled trial. *Injury Prevention*, 23(1), 22–26. <https://doi.org/10.1136/injuryprev-2015-041947>
- Keeney, T., Jette, A., Freedman, V., & Cabral, H. (2017). Racial differences in patterns of use of rehabilitation services for adults aged 65 and older. *Journal of the American Geriatrics Society*, 65(12), 2707–2712.
- Kegelmeyer, D. A., Parthasarathy, S., Kostyk, S. K., White, S. E., & Kloos, A. D. (2013). Assistive devices alter gait patterns in Parkinson disease: Advantages of the four-wheeled walker. *Gait & Posture*, 38(1), 20–24. <https://doi.org/10.1016/j.gaitpost.2012.10.027>
- Kelly, M. E., Loughrey, D., Lawlor, B. A., Robertson, I. H., Walsh, C., & Brennan, S. (2014). The impact of cognitive training and mental stimulation on cognitive and everyday functioning of healthy older adults: A systematic review and meta-analysis. *Ageing Research Reviews*, 15, 28–43. <https://doi.org/10.1016/j.arr.2014.02.004>
- Kemmler, W., von Stengel, S., Engelke, K., Haberle, L., Mayhew, J. L., & Kalender, W. A. (2010). Exercise, body composition, and functional ability. A randomized controlled trial. *American Journal of Preventive Medicine*, 38(3), 279–287. <https://doi.org/10.1016/j.amepre.2009.10.042>
- Kendall, J. C., French, S. D., Hartvigsen, J., & Azari, M. F. (2018). Chiropractic treatment including instrument-assisted manipulation for non-specific dizziness and neck pain in community-dwelling older people: A feasibility randomised sham-controlled trial. *Chiropractic and Manual Therapies*, 26(1), 14. <https://doi.org/10.1186/s12998-018-0183-1>
- Kerschman, K., Alacamlioglu, Y., Kollmitzer, J., Wober, C., Kaider, A., Hartard, M., Ghanem, A. H., & Preisinger, E. (1998). Functional impact of unvarying exercise program in women after menopause. *American Journal of Physical Medicine & Rehabilitation*, 77(4), 326–332.
- Kerski, D., Drinka, T., Carnes, M., Golob, K., & Craig, W. A. (1987). Post-geriatric evaluation unit follow-up: Team versus nonteam. *Journal of Gerontology*, 42(2), 191–195.
- Kerwin, M., Nunes, F., & Silva, P. A. (2012). Dance! Don't fall—Preventing falls and promoting exercise at home. *Studies in Health Technology and Informatics*, 177, 254–259.
- King, A. I., Parsons, M., & Robinson, E. (2012). A restorative home care intervention in New Zealand: Perceptions of paid caregivers. *Health and Social Care in the Community*, 20, 70–79.
- Kiosses, D. N., Arean, P. A., Teri, L., & Alexopoulos, G. S. (2010). Home-delivered problem adaptation therapy (PATH) for depressed, cognitively impaired, disabled elders: A preliminary study. *American Journal of Geriatric Psychiatry*, 18(11), 988–998. <https://doi.org/10.1097/JGP.0b013e3181d6947d>
- Kiosses, D. N., Rosenberg, P. B., McGovern, A., Fonzetti, P., Zaydens, H., & Alexopoulos, G. S. (2015). Depression and suicidal ideation during two psychosocial treatments in older adults with major depression and dementia. *Journal of Alzheimer's Disease*, 48(2), 453–462. <https://doi.org/10.3233/JAD-150200>
- Kiosses, D., Ceide, M. E., & Korenblatt, J. (2018). A path forward: A culturally relevant psychosocial intervention for depression in cognitively impaired older adults. *American Journal of Geriatric Psychiatry*, 26(3 Supp), S3–S4.
- Kolt, G. S., Schofield, G. M., Kerse, N., Garrett, N., Schluter, P. J., Ashton, T., & Patel, A. (2009). The healthy steps study: A randomized controlled trial of a pedometer-based green prescription for older adults. Trial protocol. *BMC Public Health*, 9, 404. <https://doi.org/10.1186/1471-2458-9-404>
- Konick-McMahan, J., Bixby, B., & McKenna, C. (2003). Heart failure in older adults. Providing nursing care to improve outcomes. *Journal of Gerontological Nursing*, 29(12), 35–41.
- Kono, A., Fujita, T., Tsumura, C., Kondo, T., Kushiyama, K., & Rubenstein, L. Z. (2009). Preventive home visit model targeted to specific care needs of ambulatory frail elders: Preliminary report of a randomized trial design. *Aging-Clinical & Experimental Research*, 21(2), 167–173.

- Kravitz, R. L., Reuben, D. B., Davis, J. W., Mitchell, A., Hemmerling, K., Kington, R. S., & Siu, A. L. (1994). Geriatric home assessment after hospital discharge. *Journal of the American Geriatrics Society*, 42(12), 1229–1234.
- Kristen, D., Daisy, C., & Cheryl, S. (2000). Therapeutic design of environments for people with dementia: A review of the empirical research. *Gerontologist*, 40(4), 397–416.
- Kristiina, N., Ilkka, V., Raija, L., & Pia, L. (2011). Benefits of home-based rocking-chair exercise for physical performance in community-dwelling elderly women: A randomized controlled trial. *Aging Clinical and Experimental Research*, 23(4), 279–287.
- Kruse, R. L., Oliver, D. P., Wittenberg-Lyles, E., & Demiris, G. (2013). Conducting the ACTIVE randomized trial in hospice care: Keys to success. *Clinical Trials*, 10(1), 160–169. <https://doi.org/10.1177/1740774512461858>
- Kumar, K. S., Samuelkamaleshkumar, S., Viswanathan, A., & Macaden, A. S. (2017). Cognitive rehabilitation for adults with traumatic brain injury to improve occupational outcomes. *Cochrane Database of Systematic Reviews*, 2017(6), CD007935. <https://doi.org/10.1002/14651858.CD007935.pub2>
- Kunik, M. E., Snow, A. L., Wilson, N., Amspoker, A. B., Sangsiry, S., Morgan, R. O., Ying, J., Hersch, G., & Stanley, M. A. (2017). Teaching caregivers of persons with dementia to address pain. *American Journal of Geriatric Psychiatry*, 25(2), 144–154. <https://doi.org/10.1016/j.jagp.2016.04.009>
- Kuo, L. M., Huang, H. L., Hsu, W. C., Wang, Y. T., & Shyu, Y. L. (2016). Home-based caregiver training: Benefits differ by care receivers' dementia diagnosis. *Geriatric Nursing*, 37(5), 376–384. <https://doi.org/10.1016/j.gerinurse.2016.05.005>
- Kuo, L., Huang, H., Huang, H., Liang, J., Chiu, Y., Chen, S., Kwok, Y., Hsu, W., & Shyu, Y. (2013). A home-based training program improves Taiwanese family caregivers' quality of life and decreases their risk for depression: A randomized controlled trial. *International Journal of Geriatric Psychiatry*, 28(5), 504–513.
- Kusumoto, A., Suzuki, T., Yoshida, H., & Kwon, J. (2007). Intervention study to improve quality of life and health problems of community-living elderly women in Japan by shoe fitting and custom-made insoles. *Gerontology*, 53(6), 348–356.
- Lacroix, A., Kressig, R., Muehlbauer, T., Gschwind, Y., Pfenninger, B., Bruegger, O., & Granacher, U. (2016). Effects of a supervised versus an unsupervised combined balance and strength training program on balance and muscle power in healthy older adults: A randomized controlled trial. *Gerontology*, 62(3), 275–288. <https://doi.org/10.1159/000442087>
- Lahtinen, A., Leppilähti, J., Harmainen, S., Sipilä, J., Antikainen, R., Seppänen, M. L., Willig, R., Vahanikkilä, H., Ristiniemi, J., Rissanen, P., & Jalovaara, P. (2015). Geriatric and physically oriented rehabilitation improves the ability of independent living and physical rehabilitation reduces mortality: A randomised comparison of 538 patients. *Clinical Rehabilitation*, 29(9), 892–906. <https://doi.org/10.1177/0269215514559423>
- Lahtinen, A., Leppilähti, J., Vahanikkilä, H., Harmainen, S., Koistinen, P., Rissanen, P., & Jalovaara, P. (2017). Costs after hip fracture in independently living patients: A randomised comparison of three rehabilitation modalities. *Clinical Rehabilitation*, 31(5), 672–685. <https://doi.org/10.1177/0269215516651480>
- Lam, L. C., Chau, R. C., Wong, B. M., Fung, A. W., Tam, C. W., Leung, G. T., Kwok, T. C., Leung, T. Y., Ng, S. P., & Chan, W. M. (2012). A 1-year randomized controlled trial comparing mind body exercise (tai chi) with stretching and toning exercise on cognitive function in older Chinese adults at risk of cognitive decline. *Journal of the American Medical Directors Association*, 13(6), 568. <https://doi.org/10.1016/j.jamda.2012.03.008>
- Laming, N. (2017). POSTER: A systematic review investigating the effectiveness of occupational therapy for older people in care homes in improving physical function and quality of life. *British Journal of Occupational Therapy*, 80, 73–88.
- Lapid, M. I., Rummans, T. A., Brown, P. D., Frost, M. H., Johnson, M. E., Huschka, M. M., Sloan, J. A., Richardson, J. W., Hanson, J. M., & Clark, M. M. (2006). Impacting the quality of life in elderly cancer patients with a structured multidisciplinary intervention: A randomized controlled trial. *Journal of the American Geriatrics Society*, 54(4), S196.
- Laufer, Y. (2002). Effects of one-point and four-point canes on balance and weight distribution in patients with hemiparesis. *Clinical Rehabilitation*, 16(2), 141–148. <https://doi.org/10.1191/0269215502cr4810a>
- Leinonen, R., Heikkinen, E., Hirvensalo, M., Lintunen, T., Rasinaho, M., Sakari-Rantala, R., Kallinen, M., Koski, J., Mottonen, S., Kannas, S., Huovinen, P., & Rantanen, T. (2007). Customer-oriented counseling for physical activity in older people: Study protocol and selected baseline results of a randomized-controlled trial (ISRCTN 07330512). *Scandinavian Journal of Medicine & Science in Sports*, 17(2), 156–164. <https://doi.org/10.1111/j.1600-0838.2006.00536.x>
- Leone, E., Deudon, A., & Robert, P. (2012). Motivation, engagement and verbal/motor stimulation in severe dementia-The STIM-EHPAD study. *Revue de Neuropsychologie, Neurosciences Cognitives et Cliniques*, 4(2), 114–122. <https://doi.org/10.3917/rne.042.0114>
- Levine, R. E., & Gitlin, L. N. (1993). A model to promote activity competence in elders. *American Journal of Occupational Therapy*, 47(2), 147–153.
- Levy-Storms, L. (2008). Therapeutic communication training in long-term care institutions: Recommendations for future research. *Patient Education and Counseling*, 73(1), 8–21. <https://doi.org/10.1016/j.pec.2008.05.026>
- Liebel, D. (2008). Process evaluation of a nurse home visiting intervention that postpones disability worsening in older adults. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 68(9-B), 5860.
- Lim, W. K., Berlowitz, D., Murphy, M. C., & Jackson, B. (2005). Abstract: Effectiveness of pharmacist home visits for patients with congestive cardiac failure: the COPE (community pharmacy care) study. *Internal Medicine Journal*, 35, A54–A55. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/872/CN-00604872/frame.html>
- Lim, W. K., Lambert, S. F., & Gray, L. C. (2003). Effectiveness of case management and post-acute services in older people after hospital discharge. *Medical Journal of Australia*, 178(6), 262–266.
- Lin, J. S., Whitlock, E. P., Eckstrom, E., Fu, R. W., Perdue, L. A., Beil, T. L., & Leipzig, R. M. (2012). Challenges in synthesizing and interpreting the evidence from a systematic review of multifactorial interventions to prevent functional decline in older adults. *Journal of the American Geriatrics Society*, 60(11), 2157–2166. <https://doi.org/10.1111/j.1532-5415.2012.04214.x>
- Lingler, J. H., Arida, J., Happ, M. B., Sereika, S. M. M., Tamres, L., Tang, F., & Erlen, J. (2014). Medication errors and related deficiencies by caregivers of persons with memory loss: Preliminary results of an intervention to maximize medication management (3M). *Alzheimer's and Dementia*, 10, P737. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/753/CN-01056753/frame.html>
- Littlewood, C., Bateman, M., Brown, K., Bury, J., Mawson, S., May, S., & Walters, S. (2016). A self-managed single exercise programme versus usual physiotherapy treatment for rotator cuff tendinopathy: A randomised controlled trial (the SELF study). *Clinical Rehabilitation*, 30(7), 686–696. <https://doi.org/10.1177/0269215515593784>
- Liu, J. Y., & Lai, C. (2014). Implementation of observational pain management protocol to improve pain management for long-term institutionalized older care residents with dementia: Study protocol for a cluster-randomized controlled trial. *Trials*, 15(1), 78. <https://doi.org/10.1186/1745-6215-15-78>

- Liu, L., Stroulia, E., Nikolaidis, I., Miguel-Cruz, A., & Rincon, R. A. (2016). Smart homes and home health monitoring technologies for older adults: A systematic review. *International Journal of Medical Informatics*, 91, 44–59. <https://doi.org/10.1016/j.ijmedinf.2016.04.007>
- Liu, Y. W., & Tsui, C. M. (2014). A randomized trial comparing Tai Chi with and without cognitive-behavioral intervention (CBI) to reduce fear of falling in community-dwelling elderly people. *Archives of Gerontology & Geriatrics*, 59(2), 317–325. <https://doi.org/10.1016/j.archger.2014.05.008>
- Livingston, G., Barber, J., Rapaport, P., Knapp, M., Griffin, M., King, D., Livingston, D., Mummery, C., Walker, Z., Hoe, J., Sampson, E. L., & Cooper, C. (2013). Clinical effectiveness of a manual based coping strategy programme (START, STRategies for RelaTives) in promoting the mental health of carers of family members with dementia: Pragmatic randomised controlled trial. *BMJ*, 347, f6276. <https://doi.org/10.1136/bmj.f6276>
- Lord, S. R., Castell, S., Corcoran, J., Dayhew, J., Matters, B., Shan, A., & Williams, P. (2003). The effect of group exercise on physical functioning and falls in frail older people living in retirement villages: A randomized, controlled trial. *Journal of the American Geriatrics Society*, 51(12), 1685–1692. <https://doi.org/10.1046/j.1532-5415.2003.51551.x>
- Low, L. F., & Fletcher, J. (2015). Models of home care services for persons with dementia: A narrative review. *International Psychogeriatrics*, 27(10), 1593–1600. <https://doi.org/10.1017/S1041610215000137>
- Low, L. F., Baker, J. R., Jeon, Y. H., Camp, C., Haertsch, M., & Skropeta, M. (2013). Study protocol: Translating and implementing psychosocial interventions in aged home care the lifestyle engagement activity program (LEAP) for life. *BMC Geriatrics*, 13, 124. <https://doi.org/10.1186/1471-2318-13-124>
- Luger, E., Dörner, T. E., Haider, S., Kapan, A., Lackinger, C., & Schindler, K. (2016). Effects of a home-based and volunteer-administered physical training, nutritional, and social support program on malnutrition and frailty in older persons: A randomized controlled trial. *Journal of the American Medical Directors Association*, 17(7), 671.e9–671.e16. <https://doi.org/10.1016/j.jamda.2016.04.018>
- Lundqvist, M., Davidson, T., Ordell, S., Sjöström, O., Zimmerman, M., & Sjögren, P. (2015). Health economic analyses of domiciliary dental care and care at fixed clinics for elderly nursing home residents in Sweden. *Community Dental Health*, 32(1), 39–43.
- Luukinen, H., Lehtola, S., Jokelainen, J., Vaananen-Sainio, R., Lotvonen, S., & Koistinen, P. (2006). Prevention of disability by exercise among the elderly: A population-based, randomized, controlled trial. *Scandinavian Journal of Primary Health Care*, 24(4), 199–205. <https://doi.org/10.1080/02813430600958476>
- Maghsoudi, E., Pak, M. H. M., Zareei, F., Rashid, S. P., Sofiyani, A., & Shahidi, L. (2015). The effect of care plan application based on Roy adaptation model on the self-efficacy in elderly people in urmia nursing homes. *Research Journal of Pharmaceutical, Biological and Chemical Sciences*, 6(1), 793–799. [http://www.rjpbcs.com/pdf/2015\\_6\(1\)/\[100\].pdf](http://www.rjpbcs.com/pdf/2015_6(1)/[100].pdf)
- Maire, A. I., Jean-Jacques, T., & Berton, B. (2012). Effect of Haptic Supplementation Provided By A Fixed Or Mobile Stick On Postural Stabilization In Elderly People. *Gerontology*, 58, 419–429. <https://doi.org/10.1159/000337495>
- Majewski, M., Dabrowska, G., Pawik, M., & Rozek, K. (2015). Evaluation of a home-based pulmonary rehabilitation program for older females suffering from bronchial asthma. *Advances in Clinical & Experimental Medicine*, 24(6), 1079–1083. <https://doi.org/10.17219/acem/31679>
- Maki, B. E., Cheng, K. C., Mansfield, A., Scovil, C. Y., Perry, S. D., Peters, A. L., McKay, S., Lee, T., Marquis, A., Corbeil, P., Fernie, G. R., Liu, B., & McIlroy, W. E. (2008). Preventing falls in older adults: New interventions to promote more effective change-in-support balance reactions. *Journal of Electromyography & Kinesiology*, 18(2), 243–254.
- Mameletzi, D., Kouidi, E., Koutlianos, N., & Deligiannis, A. (2011). Effects of long-term exercise training on cardiac baroreflex sensitivity in patients with coronary artery disease: A randomized controlled trial. *Clinical Rehabilitation*, 25(3), 217–227. <https://doi.org/10.1177/0269215510380825>
- Mangione, K. K., Miller, A. H., & Naughton, I. V. (2010). Cochrane review: Improving physical function and performance with progressive resistance strength training in older adults. *Physical Therapy*, 90(12), 1711–1715. <https://doi.org/10.2522/ptj.20100270>
- Marasinghe, M. K. (2016). Assistive technologies in reducing caregiver burden among informal caregivers of older adults: A systematic review. *Disability & Rehabilitation Assistive Technology*, 11(5), 353–360. <https://doi.org/10.3109/17483107.2015.1087061>
- Marioni, G., Fermo, S., Lionello, M., Fasanaro, E., Giacomelli, L., Zanon, S., Staffieri, C., Dall'Igna, F., Manzato, E., & Staffieri, A. (2013). Vestibular rehabilitation in elderly patients with central vestibular dysfunction: A prospective, randomized pilot study. *Age*, 35(6), 2315–2327. <https://doi.org/10.1007/s11357-012-9494-7>
- Markle-Reid, M., Browne, G., & Gafni, A. (2013). Nurse-led health promotion interventions improve quality of life in frail older home care clients: Lessons learned from three randomized trials in Ontario, Canada. *Journal of Evaluation in Clinical Practice*, 19(1), 118–131. <https://doi.org/10.1111/j.1365-2753.2011.01782.x>
- Marston, A. (2007). Can the type of walking stick issued effect mobility, confidence or fear of falling? *International Journal of Therapy & Rehabilitation*, 14(5), 229–234.
- Martini, D., Zeeboer, E., Hildebrand, A., Fling, B., Hugos, C., & Cameron, M. (2018). ADSTEP: Preliminary investigation of a multicomponent walking aid program in people with multiple sclerosis. *Archives of Physical Medicine and Rehabilitation*, 99, 2050–2058. <https://doi.org/10.1016/j.apmr.2018.05.023>
- Mason, A., Weatherly, H., Spilsbury, K., Golder, S., Arksey, H., Adamson, J., & Drummond, M. (2007). The effectiveness and cost-effectiveness of respite for caregivers of frail older people. *Journal of the American Geriatrics Society*, 55(2), 290–299. <https://doi.org/10.1111/j.1532-5415.2006.01037.x>
- Mazzuca, K. B., Farris, N. A., Mendenhall, J., & Stoupa, R. A. (1997). Demonstrating the added value of community health nursing for clients with insulin-dependent diabetes. *Journal of Community Health Nursing*, 14(4), 211–224.
- McCusker, J., Verdon, J., Tousignant, P., De Courval, L. P., Dendukuri, N., & Belzile, E. (2001). Rapid emergency department intervention for older people reduces risk of functional decline: Results of a multicenter randomized trial. *Journal of the American Geriatrics Society*, 49(10), 1272–1281.
- McEwan, R. T. (1992). *Screening the elderly in general practice: Evaluation of a comprehensive functional assessment programme*. <https://search.proquest.com/docview/301491909?accountid=10792> [http://resolver.ebscohost.com/openurl?ctx\\_ver=Z39.88-2004%26ctx\\_enc=info:ofi/enc:UTF-8%26fr\\_id=info:sid/ProQuest+Dissertations+%26+Theses+Global%26ft\\_val\\_fmt=info:ofi/fmt:kev:mtx:dissertation%26ftg](http://resolver.ebscohost.com/openurl?ctx_ver=Z39.88-2004%26ctx_enc=info:ofi/enc:UTF-8%26fr_id=info:sid/ProQuest+Dissertations+%26+Theses+Global%26ft_val_fmt=info:ofi/fmt:kev:mtx:dissertation%26ftg)
- McMillan, S. C. (2005). Interventions to facilitate family caregiving at the end of life. *Journal of Palliative Medicine*, 8(Suppl. 1), S–132.
- McNeil, J. K. (1995). Effects of nonprofessional home visit programs for subclinically unhappy and unhealthy older adults. *Journal of Applied Gerontology*, 14(3), 333–342. <https://doi.org/10.1177/073346489501400307>
- Mehlhorn, J., Freytag, A., Schmidt, K., Brunkhorst, F. M., Graf, J., Troitzsch, U., Schlattmann, P., Wensing, M., & Gensichen, J. (2014). Rehabilitation interventions for postintensive care syndrome: A systematic review. *Critical Care Medicine*, 42(5), 1263–1271. <https://doi.org/10.1097/CCM.000000000000148>
- Mehrholtz, J., Pohl, M., Platz, T., Kugler, J., & Elsner, B. (2015). Electromechanical and robot-assisted arm training for improving



- activities of daily living, arm function, and arm muscle strength after stroke. *Cochrane Database of Systematic Reviews*, 11, CD006876. <https://doi.org/10.1002/14651858.CD006876.pub4>
- Melis, R. J., van Eijken, M. I., Boon, M. E., Olde Rikkert, M. G., & van Achterberg, T. (2010). Process evaluation of a trial evaluating a multidisciplinary nurse-led home visiting programme for vulnerable older people. *Disability & Rehabilitation*, 32(11), 937–946. <https://doi.org/10.3109/09638280903381006>
- Melis, R. J., van Eijken, M. I., Borm, G. F., Wensing, M., Adang, E., van de Lisdonk, E. H., van Achterberg, T., & Olde Rikkert, M. G. (2005). The design of the Dutch EASYcare study: A randomised controlled trial on the effectiveness of a problem-based community intervention model for frail elderly people [NCT00105378]. *BMC Health Services Research*, 5, 65.
- Mello, J. D. A., Hermans, K., Van Audenhove, C., Macq, J., & Declercq, A. (2015). Evaluations of home care interventions for frail older persons using the interRAI Home Care instrument: A systematic review of the literature. *Journal of the American Medical Directors Association*, 16(2), 173. <https://doi.org/10.1016/j.jamda.2014.11.007>
- Mercadante, S., Porzio, G., Valle, A., Fusco, F., Aielli, F., & Costanzo, V. (2011). Palliative sedation in patients with advanced cancer followed at home: A systematic review. *Journal of Pain & Symptom Management*, 41(4), 754–760. <https://doi.org/10.1016/j.jpainsymman.2010.07.013>
- Merom, D., Mathieu, E., Cerin, E., Morton, R. L., Simpson, J. M., Rissel, C., Anstey, K. J., Sherrington, C., Lord, S. R., & Cumming, R. G. (2016). Social dancing and incidence of falls in older adults: A cluster randomised controlled trial. *PLOS Medicine*, 13(8), 1002112. <https://doi.org/10.1371/journal.pmed.1002112>
- Messecar, D. (1999). "Hospital at home" care was as effective as routine hospital care for older adults. *Evidence-Based Nursing*, 2(2), 50–51.
- Messecar, D. (2003). Commentary: An exercise and incontinence intervention did not reduce the incidence or cost of acute conditions in nursing home residents. *Evidence Based Nursing*, 6(4), 116–117. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=106733418%26site=ehost-live>
- Michaud, H. N., & Duchesne, L. (2017). Aural rehabilitation for older adults with hearing loss: Impacts on quality of life—a systematic review of randomized controlled trials. *Journal of the American Academy of Audiology*, 28(7), 596–609. <https://doi.org/10.3766/jaaa.15090>
- Mikkil, V., Kirsten, A., Jorgen, L., & Carsten, H. (2005). Feasible model for prevention of functional decline in older people: Municipality-randomized, controlled trial. *Journal of the American Geriatrics Society*, 53(4), 563–568. <http://search.ebscohost.com/login.aspx?direct=true%26db=gnh%26AN=107201%26site=ehost-live>
- Mikkelsen, L., Petersen, A., Mechlenburg, I., Mikkelsen, S., Søballe, K., & Bandholm, T. (2017). Description of load progression and pain response during progressive resistance training early after total hip arthroplasty: Secondary analyses from a randomized controlled trial. *Clinical Rehabilitation*, 31(1), 11–22. <https://doi.org/10.1177/0269215516628305>
- Miller, K. L., Magel, J. R., & Hayes, J. G. (2010). The effects of a home-based exercise program on balance confidence, balance performance, and gait in debilitated, ambulatory community-dwelling older adults: A pilot study. *Journal of Geriatric Physical Therapy*, 33(2), 85–91.
- Mitchell, S. (1987). Homing in on help. *Social Services Insight*, 2, 15–17. <https://search.proquest.com/docview/57710877?accountid=10792>
- Mitseva, A., Peterson, C. B., Karamberi, C., LCh, O., Ballis, A. V., Giannakakos, C., & Dafoulas, G. E. (2012). Gerontechnology: Providing a helping hand when caring for cognitively impaired older adults—intermediate results from a controlled study on the satisfaction and acceptance of informal caregivers. *Current Gerontology & Geriatrics Research*, 2012, 401705. <https://doi.org/10.1155/2012/401705>
- Moffa-Trotter, M., & Anemaet, W. (1996). Home care for hip fracture survivors and fallers: The "Be HIP!" program. *Topics in Geriatric Rehabilitation*, 12(1), 46–58.
- Moholdt, T., Vold, B. M., Grimsmo, J., Slordahl, S. A., & Wisloff, U. (2012). Home-based aerobic interval training improves peak oxygen uptake equal to residential cardiac rehabilitation: A randomized, controlled trial. *PLOS One*, 7(7), e41199. <https://doi.org/10.1371/journal.pone.0041199>
- Molloy, G. J., Johnston, D. W., Gao, C., Witham, M. D., Gray, J. M., Argo, I. S., Struthers, A. D., & McMurdo, M. E. (2006). Effects of an exercise intervention for older heart failure patients on caregiver burden and emotional distress. *European Journal of Cardiovascular Prevention & Rehabilitation*, 13(3), 381–387.
- Monteau, D. (2010). COMMENTARY: Effects of a programme of home visits on health status, the use of health care and its cost in elderly subjects in poor health. *Cahiers de l'annee Gerontologique*, 2(3), 176–179. <https://doi.org/10.1007/s12612-010-0123-8>
- Montgomery, C. (2010). *Effects of quantitative progressive exercise rehabilitation on muscle function, functional performance, and quality of life of assisted living residents*. <http://search.ebscohost.com/login.aspx?direct=true%26db=ccm%26AN=109853663%26site=ehost-live>
- Moore, M., Warburton, J., O'Halloran, P. D., Shields, N., & Kingsley, M. (2016). Effective community-based physical activity interventions for older adults living in rural and regional areas: A systematic review. *Journal of aging and physical activity*, 24(1), 158–167. <https://doi.org/10.1123/japa.2014-0218>
- Morag, T. (2017). *PROTOCOL: The effect of cognitive training on cognitive function in older people with mild to moderate dementia: A single-blind randomised control trial*. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/964/CN-01456964/frame.html>
- Morey, M. C., Blair, C. K., Sloane, R., Cohen, H. J., Snyder, D. C., & Demark-Wahnefried, W. (2015). Group trajectory analysis helps to identify older cancer survivors who benefit from distance-based lifestyle interventions. *Cancer*, 121(24), 4433–4440. <https://doi.org/10.1002/cncr.29684>
- Moriarty, H., Winter, L., Robinson, K., Piersol, C. V., Vause-Earland, T., Iacovone, D. B., Newhart, B., True, G., Fishman, D., Hodgson, N., & Gitlin, L. N. (2016). A randomized controlled trial to evaluate the veterans' in-home program for military veterans with traumatic brain injury and their families: Report on impact for family members. *Pm & R*, 8(6), 495–509. <https://doi.org/10.1016/j.pmrj.2015.10.008>
- Morin, S. (2017). *PROTOCOL: HIP mobile: A community-based monitoring, rehabilitation and learning e-system for patients following a hip fracture*. <https://ClinicalTrials.gov/Show/Nct03153943>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/102/CN-01575102/frame.html>
- Mortenson, W. B., Demers, L., Fuhrer, M. J., Jutai, J. W., Lenker, J., & DeRuyter, F. (2013). Effects of an assistive technology intervention on older adults with disabilities and their informal caregivers: An exploratory randomized controlled trial. *American Journal of Physical Medicine & Rehabilitation*, 92(4), 297–306. <https://doi.org/10.1097/PHM.0b013e31827d65bf>
- Mottram, P., Pitkala, K., & Lees, C. (2007). WITHDRAWN: Institutional versus at-home long term care for functionally dependent older people: Systematic review. *Cochrane Database of Systematic Reviews*, 4, CD003542.
- Mozley, C. G., Schneider, J., Cordingley, L., Molineux, M., Duggan, S., Hart, C., Stoker, B., Williamson, R., Lovegrove, R., & Cruickshank, A. (2007). The care home activity project: Does introducing an occupational therapy programme reduce depression in care homes? *Aging & Mental Health*, 11(1), 99–107.
- Mozolic, J., Morgan, A., & Laurienti, P. (2008). Cognitive training impacts brain structure and function of healthy older adults in a randomized controlled trial. *Gerontologist*, 48, 492.
- Mukamel, D., Peterson, D., Temkin-Greener, H., Delavan, R., Gross, D., Kunitz, S., & T, F. W. (2007). Program characteristics and enrollees' outcomes in the Program of All-inclusive Care for the Elderly (PACE). *The Milbank Quarterly*, 85(3), 499–531.

- Muller, C., Glassel, A., Marotzki, U., & Voigt-Radloff, S. (2014). Potential analyses for research on occupational therapy-led training of activities of daily living in stroke patients. *Zeitschrift Fur Evidenz Fortbildung Und Qualitat Im Gesundheitswesen*, 108(Suppl), S36–S44. <https://doi.org/10.1016/j.zefq.2014.09.003>
- Mustian, K. M., Peppone, L., Darling, T. V., Palesh, O., Heckler, C. E., & Morrow, G. R. (2009). A 4-week home-based aerobic and resistance exercise program during radiation therapy: A pilot randomized clinical trial. *The Journal of Supportive Oncology*, 7(5), 158–167.
- Neil, T. (1989). Reviews—Matching resources to needs in community care by bleddyn davies and david challis/case management in community care—An evaluated experiment in the home care of the elderly by David Challis and Bleddyn Davies. *Journal of Social Policy*, 18(3), 465–469.
- Nelson, K., Fennell, T., Gray, K. E., Williams, J. L., Lutton, M. C., Silverman, J., Jain, K., Augustine, M. R., Kopf, W., Taylor, L., Sayre, G., & Vanderwarker, C. (2016). *Protocol: Veteran peer coaches optimizing and advancing cardiac health*. <https://Clinicaltrials.Gov/Show/Nct02697422>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/212/CN-01556212/frame.html>
- Ness, A., Symonds, N., Siarkowski, M., Broadfoot, M., McBrien, K., Lang, E. S., Holroyd-Leduc, J., & Ronksley, P. (2018). Effectiveness of hospital avoidance interventions among elderly patients: A systematic review. *Canadian Journal of Emergency Medicine*, 20(Supple), S6. <https://doi.org/10.1017/cem.2018.62>
- Neville, C. (2015). *The Watermemories swimming club for people with dementia: Cluster randomised controlled trial*. <http://www.anzctr.org.au/Actrn12615000458538.aspx>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/068/CN-01308068/frame.html>
- Newbury, J., & Marley, J. (2000). Preventive home visits to elderly people in the community. Visits are most useful for people aged  $\geq 75$ . *BMJ*, 321(7259), 512. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/677/CN-00360677/frame.html>
- Newcomer, R., Yordi, C., DuNah, R., Fox, P., & Wilkinson, A. (1999). Effects of the medicare Alzheimer's disease demonstration on caregiver burden and depression. *Health Services Research*, 34(3), 669–689.
- Nguyen, S. A., Korenblatt, J., & Ceide, M. E. (2015). Does a geriatric psychiatrist colocated in a home care agency improve recognition of mental disorders by primary care providers? *American Journal of Geriatric Psychiatry*, 1, S71.
- Nieman, C. L., Marrone, N., Mamo, S. K., Betz, J., Choi, J. S., Contrera, K. J., Thorpe, R. J., Gitlin, L. N., Tanner, E. K., Han, H. R., Szanton, S. L., & Lin, F. R. (2017). The Baltimore HEARS Pilot Study: An affordable, accessible, community-delivered hearing care intervention. *Gerontologist*, 57(6), 1173–1186. <https://doi.org/10.1093/geront/gnw153>
- Niemela, K., Leinonen, R., & Laukkanen, P. (2012). A supportive home visit program for older adults implemented by nonprofessionals: Feasibility and effects on physical performance and quality of life at one year—A pilot study. *Archives of Gerontology & Geriatrics*, 54(3), e376–e382. <https://doi.org/10.1016/j.archger.2011.10.006>
- Nijs, K. A. N. D., De Graaf, C., & Siebelink, E. (2006). Effect of family style meals on energy intake and risk of malnutrition in Dutch nursing home residents. *Journals of Gerontology: Series A, Biological Sciences and Medical Sciences*, 61(9), 935–942.
- Nikolaus, T., Specht-Leible, N., Bach, M., Wittmann-Jennewein, C., Oster, P., & Schlierf, G. (1995). Effectiveness of hospital-based geriatric evaluation and management and home intervention team (GEM-HIT). Rationale and design of a 5-year randomized trial. *Zeitschrift fur Gerontologie und Geriatrie*, 28(1), 47–53.
- Nikoleitou, D., Man, W. D., Mustfa, N., Moore, J., Rafferty, G., Grant, R. L., Johnson, L., & Moxham, J. (2016). Evaluation of the effectiveness of a home-based inspiratory muscle training programme in patients with chronic obstructive pulmonary disease using multiple inspiratory muscle tests. *Disability & Rehabilitation*, 38(3), 250–259. <https://doi.org/10.3109/09638288.2015.1036171>
- Nilsson, P., Baigi, A., Sward, L., Moller, M., & Mansson, J. (2012). Lateral epicondylalgia: A structured programme better than corticosteroids and NSAID. *Scandinavian journal of occupational therapy*, 19(5), 404–410. <https://doi.org/10.3109/11038128.2011.620983>
- Nishiguchi, S., Yamada, M., Tanigawa, T., Sekiyama, K., Kawagoe, T., Suzuki, M., Yoshikawa, S., Abe, N., Otsuka, Y., Nakai, R., Aoyama, T., & Tsuboyama, T. (2015). A 12-week physical and cognitive exercise program can improve cognitive function and neural efficiency in community-dwelling older adults: A randomized controlled trial. *Journal of the American Geriatrics Society*, 63(7), 1355–1363. <https://doi.org/10.1111/jgs.13481>
- Noelker, L. S., & Bass, D. M. (1989). Home care for elderly persons: Linkages between formal and informal caregivers. *Journals of Gerontology*, 44, S63–S70.
- Northey, J. M., Cherbuin, N., Pumpa, K. L., Smee, D. J., & Rattray, B. (2018). Exercise interventions for cognitive function in adults older than 50: A systematic review with meta-analysis. *British Journal of Sports Medicine*, 52(3), 154–160. <https://doi.org/10.1136/bjsports-2016-096587>
- Nour, K., Desrosiers, J., Gauthier, P., & Carbonneau, H. (2002). Impact of a home leisure educational program for older adults who have had a stroke (Home Leisure Educational Program). *Therapeutic Recreation Journal*, 36(1), 48–64.
- Nourhashemi, F. (2015). *PROTOCOL: SAFEWALKER contribution to the rehabilitation of older people after a post-fall syndrome*. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/281/CN-01553281/frame.html>
- Nowak, F., Nagle, L., & Bernardo, A. (1998). Review: Case management programmes improve patient outcomes [commentary on Ferguson JA, Weinberger M. Case management programs in primary care. *J GEN INTERN MED* 1998 Feb;13:123-6]. *Evidence Based Nursing*, 1, 128.
- Oleske, D. M., & Hauck, W. W. (1988). A population-based evaluation of the impact of interventions for improving care to cancer patients in the home setting. *Home Health Care Services Quarterly*, 9(1), 45–61. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/432/CN-01448432/frame.html>
- Oliveira, J., Sherrington, C., Amorim, A., Dario, A., & Tiedemann, A. (2016). What is the effect of health coaching on physical activity participation in older people?: A systematic review of randomised controlled trials. *Journal of aging and physical activity*, 24, S108. S108.
- Ollonqvist, K., Aaltonen, T., Karppi, S. L., Hinkka, K., & Pontinen, S. (2008). Network-based rehabilitation increases formal support of frail elderly home-dwelling persons in Finland: Randomised controlled trial. *Health & Social Care in the Community*, 16(2), 115–125. <https://doi.org/10.1111/j.1365-2524.2007.00733.x>
- Opinder, S., Ruth, P.-J., Fiona, M., Alan, M., Wei, T., Tracey, S., Pip, L., Denise, K., Alison, W., Maria, W., & Justin, W. (2016). Comparing the cost-effectiveness and clinical effectiveness of a new community in-reach rehabilitation service with the cost-effectiveness and clinical effectiveness of an established hospital-based rehabilitation service for older people: A pragmatic randomised controlled trial with microcost and qualitative analysis the Community In-reach Rehabilitation And Care Transition (CIRACT) study. *Health Services and Delivery Research*, 4(7), <https://doi.org/10.3310/hsdr04070>
- Orrell, M., Aguirre, E., Spector, A., Hoare, Z., Woods, R. T., Streater, A., Donovan, H., Hoe, J., Knapp, M., Whitaker, C., & Russell, I. (2014). Maintenance cognitive stimulation therapy for dementia: Single-blind, multicentre, pragmatic randomised controlled trial. *British Journal of Psychiatry*, 204(6), 454–461. <https://doi.org/10.1192/bjp.bp.113.137414>
- Orrell, M., Hancock, G., Hoe, J., Woods, B., Livingston, G., & Challis, D. (2007). A cluster randomised controlled trial to reduce the unmet

- needs of people with dementia living in residential care. *International Journal of Geriatric Psychiatry*, 22(11), 1127–1134.
- Ottmann, G., Allen, J., & Feldman, P. (2013). A systematic narrative review of consumer-directed care for older people: Implications for model development. *Health and Social Care in the Community*, 21(6), 563–581. <https://doi.org/10.1111/hsc.12025>
- Overbeek, A., Korfage, I. J., Jabbarian, L. J., Billekens, P., Hammes, B. J., Polinder, S., Severijnen, J., Swart, S. J., Witkamp, F. E., van der Heide, A., & Rietjens, J. A. C. (2018). Advance care planning in frail older adults: A cluster randomized controlled trial. *Journal of the American Geriatrics Society*, 66(6), 1089–1095. <https://doi.org/10.1111/jgs.15333>
- Padulo, J., Giorgio, D. A., & Kuvacic, G. (2018). Comments on: Improving physical fitness and health status perception in community-dwelling older adults through a structured program for physical activity promotion in the city of Naples, Italy: A randomized controlled trial. *Geriatrics & Gerontology International*, 18(4), 658–660.
- Palvanen, M., Kannus, P., Piirtola, M., Niemi, S., Parkkari, J., & Jarvinen, M. (2012). The chaos falls clinic in preventing falls and injuries among home-dwelling older adults: A randomised controlled trial. *Osteoporosis International*, 2, S140–S171. <https://doi.org/10.1007/s00198-012-1928-7>
- Park, J., McCaffrey, R., Newman, D., Liehr, P., & Ouslander, J. G. (2017). A pilot randomized controlled trial of the effects of chair yoga on pain and physical function among community-dwelling older adults with lower extremity osteoarthritis. *Journal of the American Geriatrics Society*, 65(3), 592–597. <https://doi.org/10.1111/jgs.14717>
- Parlevliet, J., Hodac, M., Buurman, B., Boeschoten, E., & Rooij, D. S. (2010). Systematic comprehensive geriatric assessment in elderly patients on chronic dialysis. *European Geriatric Medicine*, 1, S129–S130. <https://doi.org/10.1016/j.eurger.2010.07.009>
- Parsons, M., Senior, H., Chen, M.-H. X., Jacobs, S., Parsons, J., Sheridan, N., & Kenealy, T. (2013). Assessment without action; a randomised evaluation of the interRAI home care compared to a national assessment tool on identification of needs and service provision for older people in New Zealand. *Health & Social Care in the Community*, 21(5), 536–544. <https://doi.org/10.1111/hsc.12045>
- Pathy, M. S., Bayer, A., Harding, K., & Dibble, A. (1992). Randomised trial of case finding and surveillance of elderly people at home. *Lancet*, 340(8824), 890–893.
- Payette, H., Boutier, V., Coulombe, C., & Gray-Donald, K. (2002). Benefits of nutritional supplementation in free-living, frail, undernourished elderly people: A prospective randomized community trial. *Journal of the American Dietetic Association*, 102(8), 1088–1095.
- Pearson, N. K., Gibson, B. J., Davis, D. M., Gelbier, S., & Robinson, P. G. (2007). The effect of a domiciliary denture service on oral health related quality of life: A randomised controlled trial. *British Dental Journal*, 203(2), E3.
- Pedersen, L. J. (2016). Early nutritional follow-up after discharge prevents deterioration of adl functions in malnourished, independent, geriatric patients who live alone—A randomized clinical trial. In T. Suzuki, K. Maeda & H. Wakabayashi (Eds.), *Effect of early nutritional follow-up* (Vol. 20, p. 584). Springer Science & Business Media B.V. <https://pubmed.ncbi.nlm.nih.gov/27102800/>
- Perula, L. A., Varas-Fabra, F., Rodriguez, V., Ruiz-Moral, R., Fernandez, J. A., Gonzalez, J., Perula, C. J., Roldan, A. M., & De Dios, C. (2012). Effectiveness of a multifactorial intervention program to reduce falls incidence among community-living older adults: A randomized controlled trial. *Archives of Physical Medicine & Rehabilitation*, 93(10), 1677–1684. <https://doi.org/10.1016/j.apmr.2012.03.035>
- Peter, S., Giggi, U., & Ania, W. (2004). Support for family carers who care for an elderly person at home—A systematic literature review. *Scandinavian Journal of Caring Sciences*, 18(2), 111–119.
- Pflaum, M., Lang, F. R., & Freiburger, E. (2016). Active and safe with wheeled walkers: Pilot study on feasibility of mobility exercises for wheeled walker users. *Zeitschrift für Gerontologie und Geriatrie*, 49(5), 366–371. <https://doi.org/10.1007/s00391-015-1007-8>
- Picorelli, A., Miranda, A., Pereira, M., Souza, L., Pereira, S., Daniele, Diogo, F., & Catherine, S. (2014). Adherence to exercise programs for older people is influenced by program characteristics and personal factors: A systematic review. *Journal of Physiotherapy*, 60(3), 151–156. <https://doi.org/10.1016/j.jphys.2014.06.012>
- Pihl, E., Cider, A., Stromberg, A., Fridlund, B., & Martensson, J. (2011). Exercise in elderly patients with chronic heart failure in primary care: Effects on physical capacity and health-related quality of life. *European Journal of Cardiovascular Nursing*, 10(3), 150–158. <https://doi.org/10.1016/j.ejcnurse.2011.03.002>
- Pine, Z. M., Gurland, B., & Chren, M. M. (2002). Use of a cane for ambulation: Marker and mitigator of impairment in older people who report no difficulty walking. *Journal of the American Geriatrics Society*, 50(2), 263–268.
- Ploeg, J., Brazil, K., Hutchison, B., Kaczorowski, J., Dalby, D. M., Goldsmith, C. H., & Furlong, W. (2010). Effect of preventive primary care outreach on health related quality of life among older adults at risk of functional decline: Randomised controlled trial. *BMJ*, 340, c1480. <https://doi.org/10.1136/bmj.c1480>
- Podd, S. J., Hunt, J., & Sulke, N. (2015). Home orthostatic training in elderly patients with vasovagal syncope—A prospective randomised controlled trial. *European Cardiology Review*, 10(2), 123–127. <https://doi.org/10.15420/ecr.2015.10.2.1>
- Pollack, C. D. (1998). *Post-hospitalization referral to home health care and subsequent rehospitalization for Medicare patients with congestive heart failure* (Thesis).
- Pollock, R. D., Martin, F. C., & Newham, D. J. (2012). Whole-body vibration in addition to strength and balance exercise for falls-related functional mobility of frail older adults: A single-blind randomized controlled trial. *Clinical Rehabilitation*, 26(10), 915–923. <https://doi.org/10.1177/0269215511435688>
- Pozet, A., Lejeune, C., Bonnet, M., Dabakuyo, S., Dion, M., Fagnoni, P., Gaimard, M., Imbert, G., Nerich, V., Foubert, A., Chotard, M., Bonin, M., Anota, A., & Bonnetain, F. (2016). Evaluation of efficacy and efficiency of a pragmatic intervention by a social worker to support informal caregivers of elderly patients (The ICE Study): Study protocol for a randomized controlled trial. *Trials*, 17, 531. <https://doi.org/10.1186/s13063-016-1622-8>
- Pressler, K. (2015). *“They’ll think it’s a good thing”: Examining the dynamics of walking, cane and wheelchair use among older adults and their social ties*. Dissertation Abstracts International Section A: Humanities and Social Sciences, 76(5-A(E)).
- Prizer, L., & Zimmerman, S. (2018). Progressive support for activities of daily living for persons living with dementia. *The Gerontologist*, 58(suppl\_1), S74–S87. <https://doi.org/10.1093/geront/gnx103>
- Pynnonen, K., Tormakangas, T., Rantanen, T., Tiikkainen, P., & Kallinen, M. (2018). Effect of a social intervention of choice vs. control on depressive symptoms, melancholy, feeling of loneliness, and perceived togetherness in older Finnish people: A randomized controlled trial. *Aging & Mental Health*, 22(1), 77–84. <https://doi.org/10.1080/13607863.2016.1232367>
- Ramsay, E., Sherrington, C., Close, J., Lord, S., Barraclough, E., Kirkham, C., O’Rourke, S., Vogler, C., Dean, C., & Clemson, L. (2011). A home-based exercise intervention designed to prevent falls in older people recently discharged from hospital: Overview, safety and adherence. *Physiotherapy*, 1, eS1034. <https://doi.org/10.1016/j.physio.2011.04.002>
- Rana, A. K. M. M., Kabir, Z. N., Lundborg, C. S., & Wahlin, A. (2010). Health education improves both arthritis-related illness and self-rated health: An intervention study among older people in rural Bangladesh. *Public Health*, 124(12), 705–712. <https://doi.org/10.1016/j.puhe.2010.07.005>
- Ranganathan, M., Ezhumalai, S., & Prahara, S. K. (2012). Pattern of disability among persons who availed half-way home-care services for



- psychosocial rehabilitation. *Industrial Psychiatry Journal*, 21(2), 173–177. <https://doi.org/10.4103/0972-6748.119655>
- Rantanen, T., Rantakokko, M., Ayravainen, I., Khalil, H., Honkala, S., Eronen, J., Lyyra, T. M., & Vaarama, M. (2012). Mobility limitation, access to outdoors and quality of life: A randomised controlled trial delivered by older volunteers. *Journal of aging and physical activity*, 20, S320–S321.
- Ratzka, A. D. (1986). *Independent living and attendant care in Sweden: A consumer perspective*. In World Rehabilitation Fund, monograph No. 34. World Rehabilitation Fund, International Exchange of Experts and Information in Rehabilitation, New York, NY.
- Redford, J. B. (1993). Seating and wheeled mobility in the disabled elderly population. *Archives of Physical Medicine & Rehabilitation*, 74(8), 877–885.
- Reeder, B., Meyer, E., Lazar, A., Chaudhuri, S., Thompson, H. J., & Demiris, G. (2013). Framing the evidence for health smart homes and home-based consumer health technologies as a public health intervention for independent aging: A systematic review. *International Journal of Medical Informatics*, 82(7), 565–579. <https://doi.org/10.1016/j.ijmedinf.2013.03.007>
- Reid, M. C., Henderson, C. R., Trachtenberg, M. A., Beissner, K. L., Bach, E., Barron, Y., Sridharan, S., & Murtaugh, C. M. (2017). Implementing a pain self-management protocol in home care: A cluster-randomized pragmatic trial. *Journal of the American Geriatrics Society*, 65(8), 1667–1675. <https://doi.org/10.1111/jgs.14836>
- Reid, U. V., & Ploeg, J. (2002). An outpatient geriatric evaluation and management programme was more effective than usual care in preventing functional decline in high risk older adults. *Evidence Based Nursing*, 5, 19.
- Rentschler, A. J., Simpson, R., Cooper, R. A., & Boninger, M. L. (2008). Clinical evaluation of Guido robotic walker. *Journal of Rehabilitation Research & Development*, 45(9), 1281–1293.
- Resnick, B., & Galik, E. (2013). Using function-focused care to increase physical activity among older adults. *Annual Review of Nursing Research*, 31, 175–208. <https://doi.org/10.1891/0739-6686.31.175>
- Ricauda, N. A., Bo, M., Molaschi, M., Massaia, M., Salerno, D., Amati, D., Tibaldi, V., & Fabris, F. (2004). Home hospitalization service for acute uncomplicated first ischemic stroke in elderly patients: A randomized trial. *Journal of the American Geriatrics Society*, 52(2), 278–283. <https://doi.org/10.1111/j.1532-5415.2004.52069.x>
- Richardson, J. P., Daly, M. P., & Adelman, A. M. (1989). Rehabilitation in the elderly. *Maryland Medical Journal*, 38(2), 149–153.
- Rideout, E. (2004). Cardiac rehabilitation improved exercise tolerance after a myocardial infarction in older patients. *Evidence Based Nursing*, 7(1), 20.
- Rie, K., Sun, K. H., & Kiyoko, M. (2012). The best evidence for minimizing resistance-to-care during assisted personal care for older adults with dementia in nursing homes: A systematic review. *JBI Library of Systematic Reviews*, 10(58), 4622–4632.
- Rizzo, J. A., Baker, D. I., McAvay, G., & Tinetti, M. E. (1996). The cost-effectiveness of a multifactorial targeted prevention program for falls among community elderly persons. *Medical Care*, 34(9), 954–969. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/607/CN-00129607/frame.html>
- Robertson, M. C., Gardner, M. M., Devlin, N., McGee, R., & Campbell, A. J. (2001). Effectiveness and economic evaluation of a nurse delivered home exercise programme to prevent falls. 2: Controlled trial in multiple centres. *BMJ*, 322(7288), 701–704. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/603/CN-00325603/frame.html>
- Robinson, H., MacDonald, B., Kerse, N., & Broadbent, E. (2013). The psychosocial effects of a companion robot: A randomized controlled trial. *Journal of the American Medical Directors Association*, 14(9), 661–667. <https://doi.org/10.1016/j.jamda.2013.02.007>
- Roger, C., Tracy, D., Christina, B., Craig, F., & Tracy, B. (2011). *Screening for hearing loss in adults ages 50 years and older: A review of the evidence for the U.S. Preventive Services Task Force*. <http://0-ovidsp.ovid.com.lib.exeter.ac.uk/ovidweb.cgi?T=JS%26PAGE=reference%26D=medp%26NEWS=N%26AN=21542547>
- Rogers, C., Johnson, J., Nueslein, B., Edmunds, D., & Valdez, R. (2018). “I love fruit but i can't afford it”: Using participatory action research to develop community-based initiatives to mitigate challenges to chronic disease management in an African American community living in public housing. *Journal of Racial and Ethnic Health Disparities*, 5, 1315–1327. <https://doi.org/10.1007/s40615-018-0480-3>
- Romskaug, R., Molden, E., Straand, J., Kersten, H., Skovlund, E., Pitkala, K. H., & Wyller, T. B. (2017). Cooperation between geriatricians and general practitioners for improved pharmacotherapy in home-dwelling elderly people receiving polypharmacy—The COOP Study: Study protocol for a cluster randomised controlled trial. *Trials*, 18(1), 158. <https://doi.org/10.1186/s13063-017-1900-0>
- Roselle, T. (2015). The impact of mobility scooters on their users. Does their usage help or hinder?: A state of the art review. *Journal of Transport & Health*, 2(2), 269–275.
- Rossi, L. P., Brandalize, M., Pereira, R., & Gomes, A. R. (2014). The effects of a perturbation-based balance training on neuromuscular recruitment and functional mobility in community-dwelling older women: A randomized controlled trial. *Topics in Geriatric Rehabilitation*, 30(4), 256–263. <https://doi.org/10.1097/tgr.0000000000000035>
- Routasalo, P. E., Tilvis, R. S., Kautiainen, H., & Pitkala, K. H. (2009). Effects of psychosocial group rehabilitation on social functioning, loneliness and well-being of lonely, older people: Randomized controlled trial. *Journal of Advanced Nursing*, 65(2), 297–305. <https://doi.org/10.1111/j.1365-2648.2008.04837.x>
- Rubin, C. D., Sizemore, M. T., Loftis, P. A., Adams-Huet, B., & Anderson, R. J. (1992). The effect of geriatric evaluation and management on Medicare reimbursement in a large public hospital: A randomized clinical trial. *Journal of the American Geriatrics Society*, 40(10), 989–995.
- Rubio Acuña, M. (2013). Effectiveness of home visits in the elderly on functional status, mortality and nurse home admission. *Gerokomos*, 24(2), 78–80.
- Rudilla, D., Galiana, L., Oliver, A., & Barreto, P. (2016). Comparing counseling and dignity therapies in home care patients: A pilot study. *Palliative & supportive care*, 14(4), 321–329. <https://doi.org/10.1017/S1478951515001182>
- Ruihuan, P., Mingchao, Z., Hao, C., Youhua, G., Lechang, Z., Mei, L., Zhijing, Y., Leying, Z., Jie, Z., & Hongxia, C. (2018). A randomized controlled trial of a modified wheelchair arm-support to reduce shoulder pain in stroke patients. *Clinical Rehabilitation*, 32(1), 37–47. <https://doi.org/10.1177/0269215517714830>
- Ruikes, F. G. H., Zuidema, S. U., Akkermans, R. P., Assendelft, W. J. J., Schers, H. J., & Koopmans, R. T. C. M. (2016). Multicomponent program to reduce functional decline in frail elderly people: A cluster controlled trial. *Journal of the American Board of Family Medicine*, 29(2), 209–217. <https://doi.org/10.3122/jabfm.2016.02.150214>
- Ryburn, B., Wells, Y., & Foreman, P. (2009). Enabling independence: Restorative approaches to home care provision for frail older adults: Systematic review. *Health & Social Care in the Community*, 17(3), 225–234. <https://doi.org/10.1111/j.1365-2524.2008.00809.x>
- Rydwick, E., Frandin, K., & Akner, G. (2010). Effects of a physical training and nutritional intervention program in frail elderly people regarding habitual physical activity level and activities of daily living—A randomized controlled pilot study. *Archives of Gerontology and Geriatrics*, 51(3), 283–289. <https://doi.org/10.1016/j.archger.2009.12.001>
- Sahyoun, N., & Vaudin, A. (2014). Home-delivered meals and nutrition status among older adults. *Nutrition in Clinical Practice*, 29(4), 459–465.

- Sakurai, R., Fujiwara, Y., Kim, H., Saito, K., Yasunaga, M., Nonaka, K., Kobayashi, K., Ogawa, K., Yoshida, H., Tanaka, C., Uchida, H., Suzuki, K., Watanabe, S., & Shinkai, S. (2011). A randomized controlled trial of the effects of a comprehensive intervention program for community-dwelling older adults. *Nippon Ronen Igakkai Zasshi—Japanese Journal of Geriatrics*, 48(4), 352–360.
- Sakurai, R., Yasunaga, M., Saito, K., Fukaya, T., Kim, M. J., Tsunoda, N., Muraki, E., Suzuki, H., Shinkai, S., Watanabe, S., & Fujiwara, Y. (2013). Effects of a comprehensive intervention program, including hot bathing, on physical function in community-dwelling healthy older adults: A pilot randomized controlled trial. *Aging-Clinical & Experimental Research*, 25(4), 453–461. <https://doi.org/10.1007/s40520-013-0080-3>
- Salazar, A. M., Warden, D. L., Schwab, K., Spector, J., Braverman, S., Walter, J., Cole, R., Rosner, M. M., Martin, E. M., Ecklund, J., & Ellenbogen, R. G. (2000). Cognitive rehabilitation for traumatic brain injury: A randomized trial. Defense and Veterans Head Injury Program (DVHIP) study group. *Journal of the American Medical Association*, 283(23), 3075–3081. <https://doi.org/10.1001/jama.283.23.3075>
- Sampedro, M. (2015). *Protocol: Workshop for primary prevention of falls. Changing to Never Fall. CTNF*. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/826/CN-01554826/frame.html>
- Sampson, E., Candy, B., & Jones, L. (2009). Enteral tube feeding for older people with advanced dementia. *Cochrane Database of Systematic Reviews*, 2, <https://doi.org/10.1002/14651858.CD007209.pub2>
- Sanford, J. A., Arch, M., & Megrew, M. B. (1995). An evaluation of grab bars to meet the needs of elderly people. *Assistive Technology*, 7(1), 36–47.
- Sayers, S. P., Bean, J., Cuoco, A., LeBrasseur, N. K., Jette, A., & Fielding, R. A. (2003). Changes in function and disability after resistance training: Does velocity matter? A pilot study. *American Journal of Physical Medicine & Rehabilitation*, 82(8), 605–613.
- Schoenmakers, B., Buntinx, F., & DeLepeleire, J. (2010). Supporting the dementia family caregiver: The effect of home care intervention on general well-being: Systematic review. *Aging and Mental Health*, 14(1), 44–56.
- Schoonhoven, L., Gaal, B. G., Teerenstra, S., Adang, E., Vleuten, C., & Achterberg, T. (2015). Cost-consequence analysis of “washing without water” for nursing home residents: A cluster randomized trial. *International Journal of Nursing Studies*, 52(1), 112–120. <https://doi.org/10.1016/j.ijnurstu.2014.08.001>
- Schwartz, P. J., Blumenfeld, S., & Simon, E. P. (1990). The Interim Homecare Program: An innovative discharge planning alternative. *Health and Social Work*, 15, 152–160.
- Seitz, D., Gill, S., Austin, P., Bell, C., Gruneir, A., Anderson, G., & Rochon, P. (2014). Access to rehabilitation and outcomes following hip fracture for older adults with dementia. *Alzheimer's and Dementia*, 4, P736.
- Sharoni, S. K. A., Minhat, H. S., Zulkefli, N. A. M., & Baharom, A. (2016). Health education programmes to improve foot self-care practices and foot problems among older people with diabetes: A systematic review. *International Journal of Older People Nursing*, 11(3), 214–239. <https://doi.org/10.1111/opn.12112>
- Sharoni, S. K. A., Rahman, H. A., Minhat, H. S., Shariff-Ghazali, S., & Ong, M. H. A. (2018). The effects of self-efficacy enhancing program on foot self-care behaviour of older adults with diabetes: A randomised controlled trial in elderly care facility, Peninsular Malaysia. *PLOS One*, 13(3), e0192417. <https://doi.org/10.1371/journal.pone.0192417>
- Sharpe, R., Smith, J. R., Orr, N., Phoenix, C., Bethel, A., Goodwin, V., Lang, I., & Garside, R. (2016). Physical activity interventions in older adults: A systematic review of reviewS. *International journal of behavioral medicine*, 23, S248–S249.
- Shaw, K. L., & Page, C. (2008). A pilot community-based walking-for-exercise program for senior women. *Topics in Geriatric Rehabilitation*, 24(4), 315–324. <https://doi.org/10.1097/TGR.0b013e31818cd005>
- Sheppard, S. (1998). *A randomised controlled trial comparing hospital at home with in-patient hospital care*. [http://resolver.ebscohost.com/openurl?ctx\\_ver=Z39.88-2004%26ctx\\_enc=info:ofi/enc:UTF-8%26rft\\_id=info:sid/ProQuest+Dissertations+%26+Theses+Global%26rft\\_val\\_fmt=info:ofi/fmt:kev:mtx:dissertation%26rft.g](http://resolver.ebscohost.com/openurl?ctx_ver=Z39.88-2004%26ctx_enc=info:ofi/enc:UTF-8%26rft_id=info:sid/ProQuest+Dissertations+%26+Theses+Global%26rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation%26rft.g)
- Shepherd, S., & Iliffe, S. (1998). The effectiveness of hospital at home compared with in-patient hospital care: A systematic review. *Journal of Public Health Medicine*, 20(3), 344–350.
- Sherrington, C., Lord, S. R., & Herbert, R. D. (2004). A randomized controlled trial of weight-bearing versus non-weight-bearing exercise for improving physical ability after usual care for hip fracture. *Archives of Physical Medicine and Rehabilitation*, 85(5), 710–716. <https://doi.org/10.1016/S0003-9993%2803%2900620-8>
- Sherwood, D. A. (1980). *The effects of homemaker and day care services on the association of elderly recipients with their family networks*. <http://resolver.ebscohost.com/openurl?sid=OVID:embase%26id=pmid:%26id=doi:%26issn=%26isbn=%26volume=%26issue=%26page=%26pages=%26date=1980%26title=%3D%3D%3D%26atitle=The+effects+of+homemake>
- Sherwood, S., John, M., & Ruchlin, S. H. (1986). Alternative paths to long-term care: Nursing home, geriatric day hospital, senior center, and domiciliary care options. *American Journal of Public Health*, 76, 38–44.
- Shigekazu, U., Akiko, T., & Kota, O. (2015). A randomized controlled trial of a long-term functioning improvement tool home visit program for frail older Japanese people. *International Journal of Geriatric Psychiatry*, 30(8), 887–888.
- Shigekazu, U., Motoyuki, Y., Tamiko, I., Katsunori, I., & Reiko, K. (2012). Letter to the editor: The effect of a functioning improvement tool home visit program on instrumental activities of daily living and depressive status in older people. *International Journal of Geriatric Psychiatry*, 27(11), 1206–1208. <https://doi.org/10.1002/gps.2835>
- Shimada, H., Ishii, K., Makizako, H., Ishiwata, K., Oda, K., & Suzukawa, M. (2017). Effects of exercise on brain activity during walking in older adults: A randomized controlled trial. *Journal of NeuroEngineering and Rehabilitation*, 14, 50. <https://doi.org/10.1186/s12984-017-0263-9>
- Shishegar, M., Kerr, D., & Blake, J. (2018). A systematic review of research into how robotic technology can help older people. *Smart Health*, 25, 892–918. <https://doi.org/10.1016/j.smhl.2018.03.002>
- Sidel, V. W., Beizer, J. L., Lisi-Fazio, D., Kleinmann, K., Weston, J., Thomas, C., & Kelman, H. R. (1990). Controlled study of the impact of educational home visits by pharmacists to high-risk older patients. *Journal of Community Health*, 15(3), 163–174. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/757/CN-00068757/frame.html>
- Signe, A., & Elmstahl, S. (2008). Psychosocial intervention for family caregivers of people with dementia reduces caregiver's burden: Development and effect after 6 and 12 months. *Scandinavian Journal of Caring Sciences*, 22(1), 98–109. <https://doi.org/10.1111/j.1471-6712.2007.00498.x>
- Simmons, S. F., Schnelle, J. F., MacRae, P. G., & Ouslander, J. G. (1995). Wheelchairs as mobility restraints: Predictors of wheelchair activity in nonambulatory nursing home residents. *Journal of the American Geriatrics Society*, 43(4), 384–388.
- Simmons, S., Rahman, A., & Dietz, P. (1996). Improving wheelchair mobility. *Nursing Homes Long Term Care Management*, 45(5), 32.
- Singh, M. A. F. (2018). *PROTOCOL: HOMEcare: Caring for the dementia caregiver and their loved one via the HOMEcare exercise and mindfulness for health program*. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/984/CN-01456984/frame.html>
- Singh, M. F. (2017). *PROTOCOL: BRAIN training trial: Balance, resistance, or interval training trial: A randomised controlled trial of three exercise modalities in mild cognitive impairment*. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/942/CN-01456942/frame.html>
- Sini, E., Anthony, W., Seija, A., & Pirkko, R. (2010). A collaborative approach to home care delivery for older clients: Perspectives of



- home care providers. *Journal of Interprofessional Care*, 24(2), 198–200. <https://doi.org/10.3109/13561820903078272>
- Siragusa, S., Arcara, C., Malato, A., Anastasio, R., Valerio, M. R., Fulfaro, F., Coco, L. L., Grimaudo, S., Bajardi, G., Abbadessa, V., & Gebbia, N. (2005). Home therapy for deep vein thrombosis and pulmonary embolism in cancer patients. *Annals of Oncology*, 16(Suppl 4), iv136–iv139.
- Sjosten, N. M., Vahlberg, T. J., & Kivela, S. L. (2008). The effects of multifactorial fall prevention on depressive symptoms among the aged at increased risk of falling. *International Journal of Geriatric Psychiatry*, 23(5), 504–510. <https://doi.org/10.1002/gps.1927>
- Sladek, R. M., Jones, T., Phillips, P. A., Luszcz, M., Rowett, D., Eckermann, S., Woodman, R. J., & Frith, P. (2011). Health, economic, psychological and social impact of educating carers of patients with advanced pulmonary disease (protocol). *Contemporary Clinical Trials*, 32(5), 717–723. <https://doi.org/10.1016/j.cct.2011.05.004>
- Smith, N., Ivaldi, A., Kellard, K., & Beckhelling, J. (2006). Evidence base review on mobility: Choices and barriers for different social groups. *Department for Transport*. Sep 2006 162 2006.
- Sorensen, S., Pinquart, M., & Duberstein, P. (2002). How effective are interventions with caregivers? An updated meta-analysis. *Gerontologist*, 42(3), 356–372.
- Sosnoff, J. J., Finlayson, M., McAuley, E., Morrison, S., & Motl, R. W. (2014). Home-based exercise program and fall-risk reduction in older adults with multiple sclerosis: Phase 1 randomized controlled trial. *Clinical Rehabilitation*, 28(3), 254–263. <https://doi.org/10.1177/0269215513501092>
- Sprange, K., Mountain, G. A., Brazier, J., Cook, S. P., Craig, C., Hind, D., Walters, S. J., Windle, G., Woods, R., Keetharuth, A. D., Chater, T., & Horner, K. (2013). Lifestyle Matters for maintenance of health and wellbeing in people aged 65 years and over: Study protocol for a randomised controlled trial. *Trials*, 14, 302. <https://doi.org/10.1186/1745-6215-14-302>
- Stark, S., Somerville, E., Keglovits, M., Conte, J., Li, M., Hu, Y. L., & Yan, Y. (2017). Protocol for the home hazards removal program (HARP) study: A pragmatic, randomized clinical trial and implementation study. *BMC Geriatrics*, 17(1), 90. <https://doi.org/10.1186/s12877-017-0478-4>
- Stathi, A., Withall, J., Greaves, C. J., Thompson, J. L., Taylor, G., Medina-Lara, A., Green, C., Bilzon, J., Gray, S., Johansen-Berg, H., Sexton, C. E., Western, M. J., de Koning, J. L., Bollen, J. C., Moorlock, S. J., Demnitz, N., Seager, P., Guralnik, J. M., Rejeski, W. J., & Fox, K. R. (2018). A community-based physical activity intervention to prevent mobility-related disability for retired older people (REtirement in ACTion (REACT)): Study protocol for a randomised controlled trial. *Trials*, 19, 228. <https://doi.org/10.1186/s13063-018-2603-x>
- Stein, S. R., Linn, M. W., & Weiner, A. S. (1981). Effectiveness of Service Workers' Action Team (SWAT) for the elderly. *Journal of the American Geriatrics Society*, 29(9), 411–417.
- Stelmack, J. A., Tang, X. C., Reda, D. J., Rinne, S., Mancil, R. M., & Massof, R. W. (2007). Veterans affairs low vision intervention trial. *IOVS*, 2005, 46, ARVO E-abstract 1920. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/027/CN-00624027/frame.html>
- Stenvall, M., Olofsson, B., Nyberg, L., Lundstrom, M., & Gustafson, Y. (2007). Improved performance in activities of daily living and mobility after a multidisciplinary postoperative rehabilitation in older people with femoral neck fracture: A randomized controlled trial with 1-year follow-up. *Journal of Rehabilitation Medicine*, 39(3), 232–238.
- Steultjens, E., & Clemson, L. (2006). A preventative home safety programme for community-dwelling older people with low vision reduced falls and was more cost-effective than an exercise programme: Commentary. *Australian Occupational Therapy Journal*, 53(3), 243–244. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/316/CN-00615316/frame.html>
- Stevens-Lapsley, J. E. (2016). *Improving rehabilitation outcomes after total hip arthroplasty*. <https://Clinicaltrials.Gov/Show/Nct02920866>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/244/CN-01521244/frame.html>
- Stevenson, J., & Gray, P. (1981). Rehabilitation for long-term residents. *Geriatric Nursing*, 2(2), 127–131.
- Stewart, S. (2006). Review: Multidisciplinary interventions reduce hospital admission and all cause mortality in heart failure. *Evidence Based Nursing*, 9(1), 23.
- Stewart, S., Harvey, I., Poland, F., Lloyd-Smith, W., Mugford, M., & Flood, C. (2005). Are occupational therapists more effective than social workers when assessing frail older people? Results of CAMELOT, a randomised controlled trial. *Age and Ageing*, 34(1), 41–46. <https://doi.org/10.1093/ageing/afh230>
- Stewart, S., Wiley, J. F., Ball, J., Chan, Y. K., Ahamed, Y., Thompson, D. R., & Carrington, M. J. (2016). Impact of nurse-led, multidisciplinary home-based intervention on event-free survival across the spectrum of chronic heart disease: Composite analysis of health outcomes in 1226 patients from 3 randomized trials. *Circulation*, 133(19), 1867–1877. <https://doi.org/10.1161/CIRCULATIONAHA.116.020730>
- Stolle, C., Wolter, A., Roth, G., & Rothgang, H. (2012). Effects of the resident assessment instrument in home care settings: Results of a cluster randomized controlled trial. *Zeitschrift für Gerontologie und Geriatrie*, 45(4), 315–322. <https://doi.org/10.1007/s00391-011-0221-2>
- Stow, R., Ives, N., Smith, C., Rick, C., & Rushton, A. (2015). A cluster randomised feasibility trial evaluating nutritional interventions in the treatment of malnutrition in care home adult residents. *Trials*, 16(1), 433. <https://doi.org/10.1186/s13063-015-0952-2>
- Straw, L. B., & Harley, R. K. (1991). Assessment and training in orientation and mobility for older persons: Program development and testing. *Journal of Visual Impairment and Blindness*, 87(7), 291–296.
- Stuck, A. E., Kharicha, K., Dapp, U., Anders, J., Renteln-Kruse, W., Meier-Baumgartner, H. P., Iliffe, S., Harari, D., Bachmann, M. D., Egger, M., Gillmann, G., Beck, J. C., & Swift, C. G. (2007). The PRO-AGE study: An international randomised controlled study of health risk appraisal for older persons based in general practice. *BMC Medical Research Methodology*, 7, 2. <https://doi.org/10.1186/1471-2288-7-2>
- Stuck, A. E., Zwahlen, H. G., Neuenschwander, B. E., Schweizer, R. A. M., Bauen, G., & Beck, J. C. (1995). Methodologic challenges of randomized controlled studies on in-home comprehensive geriatric assessment: The EIGER project. Evaluation of In-Home Geriatric Health Visits in Elderly Residents. *Aging-Clinical & Experimental Research*, 7(3), 218–223.
- Sturkenboom, I. H., Nijhuis-van der Sanden, M. W., & Graff, M. J. (2016). A process evaluation of a home-based occupational therapy intervention for Parkinson's patients and their caregivers performed alongside: A randomized controlled trial. *Clinical Rehabilitation*, 30(12), 1186–1199.
- Subhadra, E., Andrew, F., Neophytou, C., & de Souza, L. (2007). Older adults' use of, and satisfaction with, electric powered indoor/outdoor wheelchairs. *Age and Ageing*, 36(4), 431–435. <https://doi.org/10.1093/ageing/afm034>
- Sungkarat, S., Boripuntakul, S., Chattipakorn, N., Watcharasaksilp, K., & Lord, S. R. (2017). Effects of Tai Chi on cognition and fall risk in older adults with mild cognitive impairment: A randomized controlled trial. *Journal of the American Geriatrics Society*, 65(4), 721–727. <https://doi.org/10.1111/jgs.14594>
- Suwanwela, N. C., Phanthumchinda, K., Limtongkul, S., Suvanprakorn, P., Volunteers, T. R. C., & Bureau (2002). Comparison of short (3-day) hospitalization followed by home care treatment and conventional (10-day) hospitalization for acute ischemic stroke. *Cerebrovascular Diseases*, 13(4), 267–271.
- Swank, A. M., Kachelman, J. B., Bibeau, W., Quesada, P. M., Nyland, J., Malkani, A., & Topp, R. V. (2011). Prehabilitation before total knee arthroplasty increases strength and function in older adults with

- severe osteoarthritis. *Journal of Strength & Conditioning Research*, 25(2), 318–325. <https://doi.org/10.1519/JSC.0b013e318202e431>
- Tanner, J. A., Black, B. S., Johnston, D., Hess, E., Rabins, P. V., Lyketsos, C., & Samus, Q. (2013). Effectiveness of a multicomponent care coordination intervention on dementia caregivers in the community—A randomized control trial. *American Journal of Geriatric Psychiatry*, 1, S97–S98.
- Tappen, R. M., & Debra, H. (2014). The effect of in-home cognitive training on functional performance of individuals with mild cognitive impairment and early-stage Alzheimer's disease. *Research in Gerontological Nursing*, 7(1), 14–24.
- Tasiemski, T., Kennedy, P., Gardner, B. P., & Taylor, N. (2005). The association of sports and physical recreation with life satisfaction in a community sample of people with spinal cord injuries. *Neurorehabilitation*, 20(4), 253–265.
- Taule, T., Strand, L. I., Skouen, J. S., & Raheim, M. (2015). Striving for a life worth living: Stroke survivors' experiences of home rehabilitation. *Scandinavian Journal of Caring Sciences*, 29(4), 651–661. <https://doi.org/10.1111/scs.12193>
- Tennsleedt, S., Howland, J., Lachman, M., Peterson, E., Kasten, L., & Jette, A. (1998). A randomized, controlled trial of a group intervention to reduce fear of falling and associated activity restriction in older adults. *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, 53(6), P384–P392. <https://doi.org/10.1093/geronb/53B.6.P384>
- The impact of home-visit, pharmacists-led medication management programme among single-living, hypertensive elderly with suboptimal compliance to multiple medications: A randomized controlled trial. (2013). *ChiCTR*. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/952/CN-01134952/frame.html>
- Thomas, R., Worrall, G., Elgar, F., & Knight, J. (2007). Can they keep going on their own? A four-year randomized trial of functional assessments of community residents. *Canadian Journal on Aging*, 26(4), 379–390.
- Thulesius, H., Petersson, C., Petersson, K., & Hakansson, A. (2002). Learner-centred education in end-of-life care improved well being in home care staff: A prospective controlled study. *Palliative Medicine*, 16(4), 347–354.
- Tibaek, S., Andersen, C. W., Pedersen, S. F., & Rudolf, K. S. (2014). Does progressive resistance strength training as additional training have any measured effect on functional outcomes in older hospitalized patients? A single-blinded randomized controlled trial. *Clinical Rehabilitation*, 28(4), 319–328. <https://doi.org/10.1177/0269215513501524>
- Tiedemann, A., O'Rourke, S., Sesto, R., & Sherrington, C. (2013). A 12-week iyengar yoga program improved balance and mobility in older community-dwelling people: A pilot randomized controlled trial. *Journals of Gerontology Series A-Biological Sciences and Medical Sciences*, 68(9), 1068–1075. <https://doi.org/10.1093/gerona/glt087>
- Tiedemann, A., Paul, S., Ramsay, E., O'Rourke, S. D., Chamberlain, K., Kirkham, C., Merom, D., Fairhall, N., Oliveira, J. S., Hassett, L., & Sherrington, C. (2015). What is the effect of a combined physical activity and fall prevention intervention enhanced with health coaching and pedometers on older adults' physical activity levels and mobility-related goals?: Study protocol for a randomised controlled trial. *BMC Public Health*, 15, 477. <https://doi.org/10.1186/s12889-015-1380-7>
- Tiedemann, A., Rissel, C., Howard, K., Tong, A., Merom, D., Smith, S., Wickham, J., Bauman, A., Lindley, R., Lord, S., Vogler, C., Lester, D., & Sherrington, C. (2016). Health coaching to enhance physical activity and prevent falls in community-dwelling people aged 60 years and over: Study protocol for the CHAnGE cluster randomised controlled trial. *Journal of Aging and Physical Activity*, 24, S101.
- Timonen, L., Rantanen, T., Ryyanen, O. P., Taimela, S., Timonen, T. E., & Sulkava, R. (2002). A randomized controlled trial of rehabilitation after hospitalization in frail older women: Effects on strength, balance and mobility. *Scandinavian Journal of Medicine & Science in Sports*, 12(3), 186–192. <https://doi.org/10.1034/j.1600-0838.2002.120310.x>
- Timonen, L., Rantanen, T., Timonen, T. E., & Sulkava, R. (2002). Effects of a group-based exercise program on the mood state of frail older women after discharge from hospital. *International Journal of Geriatric Psychiatry*, 17(12), 1106–1111.
- Tinetti, M. E., Baker, D. I., Garrett, P. A., Gottschalk, M., Koch, M. L., & Horwitz, R. I. (1993). Yale FICESIT: Risk factor abatement strategy for fall prevention. *Journal of the American Geriatrics Society*, 41(3), 315–320.
- Toeys, S. E. (2000). *Effect of an in-home oral assessment and education on the oral health status of older adults receiving home health care services*. UMI Dissertation Services, ProQuest Information and Learning, Ann Arbor, MI.
- Toot, S., Devine, M., & Orrell, M. (2011). The effectiveness of crisis resolution/home treatment teams for older people with mental health problems: A systematic review and scoping exercise. *International Journal of Geriatric Psychiatry*, 26(12), 1221–1230. <https://doi.org/10.1002/gps.2686>
- Torres, S. J., Robinson, S., Orellana, L., O'Connell, S. L., Grimes, C. A., Mundell, N. L., Dunstan, D. W., Nowson, C. A., & Daly, R. M. (2017). Effects of progressive resistance training combined with a protein-enriched lean red meat diet on health-related quality of life in elderly women: Secondary analysis of a 4-month cluster randomised controlled trial. *British Journal of Nutrition*, 117(11), 1550–1559. <https://doi.org/10.1017/s0007114517001507>
- Torres-Arreola, L., del, P., Doubova, V. S., Hernandez, S., Torres-Valdez, L., Constantino-Casas, N., Garcia-Contreras, F., & Torres-Castro, S. (2009). Effectiveness of two rehabilitation strategies provided by nurses for stroke patients in Mexico. *Journal of Clinical Nursing*, 18(21), 2993–3002.
- Toseland, R. W., Rossiter, C. M., Peak, T., & Smith, G. C. (1990). Comparative effectiveness of individual and group interventions to support family caregivers. *Social Work*, 35(3), 209–217.
- Towfighi, A., Cheng, E. M., Ayala-Rivera, M., McCreath, H., Sanossian, N., Dutta, T., Mehta, B., Bryg, R., Rao, N., Song, S., Razmara, A., Ramirez, M., Sivers-Teixeira, T., Tran, J., Mojarro-Huang, E., Montoya, A., Corrales, M., Martinez, B., Willis, P., ... Vickrey, B. G. (2017). Randomized controlled trial of a coordinated care intervention to improve risk factor control after stroke or transient ischemic attack in the safety net: Secondary stroke prevention by Uniting Community and Chronic care model teams Early to End Disparities (SUCCEED). *BMC Neurology*, 17(1), 24. <https://doi.org/10.1186/s12883-017-0792-7>
- Tracy, C. (2012). The effects of life review through writing on depressive symptoms and life satisfaction in older adults. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 73(1-B), 237.
- Troyer, J. L., McAuley, W. J., & McCutcheon, M. E. (2010). Cost-effectiveness of medical nutrition therapy and therapeutically designed meals for older adults with cardiovascular disease. *Journal of the American Dietetic Association*, 110(12), 1840–1851. <https://doi.org/10.1016/j.jada.2010.09.013>
- Tsai, C. L., Pan, C. Y., Chen, F. C., & Tseng, Y. T. (2017). Open- and closed-skill exercise interventions produce different neurocognitive effects on executive functions in the elderly: A 6-month randomized, controlled trial. *Frontiers in Aging Neuroscience*, 9. <https://doi.org/10.3389/fnagi.2017.00294>
- Tse, M. M., Ng, S. S., Lee, P. H., Lai, C., Kwong, E., Liu, J. Y., Yuen, J., Bai, X., & Yeung, S. S. (2016). Play activities program to relieve chronic pain and enhance functional mobility and psychological well-being for frail older adults: A pilot cluster randomized controlled trial. *Journal of the American Geriatrics Society*, 64(10), E86–E88. <https://doi.org/10.1111/jgs.14374>
- Tsuchihashi-Makaya, M., Matsuo, H., Kakinoki, S., Takechi, S., Tsutsui, H., & Homecare, I. J. (2011). Rationale and design of the Japanese heart

- failure outpatients disease management and cardiac evaluation (J-HOMECARE). *Journal of Cardiology*, 58(2), 165–172. <https://doi.org/10.1016/j.jjcc.2011.04.004>
- Ukawa, S., Satoh, H., Yuasa, M., Ikeno, T., Kawabata, T., Araki, A., Yoshioka, E., Murata, W., Ikoma, K., & Kishi, R. (2012). A randomized controlled trial of a Functioning Improvement Tool home-visit program and its effect on cognitive function in older persons. *International Journal of Geriatric Psychiatry*, 27(6), 557–564. <https://doi.org/10.1002/gps.2753>
- Ukawa, S., Yuasa, M., Ikeno, T., Yoshioka, E., Satoh, H., Murata, W., Ikoma, K., & Kishi, R. (2012). Randomised controlled pilot study in Japan comparing a home visit program using a Functioning Improvement Tool with a home visit with conversation alone. *Australasian Journal on Ageing*, 31(3), 187–189. <https://doi.org/10.1111/j.1741-6612.2012.00589.x>
- Ullmann, G., & Li, Y. (2017). Health benefits of seated Tai Chi. *BMC Complementary and Alternative Medicine. Conference: World Congress Integrative Medicine and Health*, 17(Suppl. 1), 317. <https://doi.org/10.1186/s12906-017-1783-3>
- Ulrich, P. P. (2005). Nutritional care: The effectiveness of actively involving older patients. *Journal of Clinical Nursing*, 14(2), 247–255.
- Uy, C., Kurrle, S. E., & Cameron, I. D. (2008). Inpatient multidisciplinary rehabilitation after hip fracture for residents of nursing homes: A randomised trial. *Australasian Journal on Ageing*, 27(1), 43–44. <https://doi.org/10.1111/j.1741-6612.2007.00277.x>
- Vaapio, S., Salminen, M., Vahlberg, T., Sjosten, N., Isoaho, R., Aarnio, P., & Kivela, S. L. (2007). Effects of risk-based multifactorial fall prevention on health-related quality of life among the community-dwelling aged: A randomized controlled trial. *Health and Quality of Life Outcomes*, 5, 20. <https://doi.org/10.1186/1477-7525-5-20>
- Vahlberg, B., Lindmark, B., Zetterberg, L., Hellstrom, K., & Cederholm, T. (2017). Body composition and physical function after progressive resistance and balance training among older adults after stroke: An exploratory randomized controlled trial. *Disability and Rehabilitation*, 39(12), 1207–1214. <https://doi.org/10.1080/09638288.2016.1191551>
- van Achterberg, T., van Gaal, B. G., Geense, W. W., Verbeke, G., van der Vleuten, C., & Schoonhoven, L. (2016). Completeness of assisted bathing in nursing homes related to dementia and bathing method: Results from a secondary analysis of cluster-randomised trial data. *International Journal of Older People Nursing*, 11(2), 121–129. <https://doi.org/10.1111/opn.12104>
- van Ginneken, N., Tharyan, P., Lewin, S., Rao, G. N., Meera, S. M., Pian, J., Chandrashekar, S., & Patel, V. (2013). Non-specialist health worker interventions for the care of mental, neurological and substance-abuse disorders in low- and middle-income countries. *Cochrane Database of Systematic Reviews*, 11, CD009149. <https://doi.org/10.1002/14651858.CD009149.pub2>
- van Hout, H. P. J., Nijpels, G., van Marwijk, H. W. J., Jansen, A. P. D., van't Veer, P. J., Tybout, W., & Stalman, W. A. (2005). Design and pilot results of a single blind randomized controlled trial of systematic demand-led home visits by nurses to frail elderly persons in primary care [ISRCTN05358495]. *BMC Geriatrics*, 5, 11.
- van Mulligen-van de Belt, E. C., Smalbrugge, M., & Depla, M. F. (2013). Meagre evidence so far for effectiveness of in-home comprehensive geriatric assessment: A literature review. *Tijdschrift Voor Gerontologie En Geriatrie*, 44(5), 215–227. <https://doi.org/10.1007/s12439-013-0042-4>
- van Ooijen, M. W., Roerdink, M., Trekop, M., Visschedijk, J., Janssen, T. W., & Beek, P. J. (2013). Functional gait rehabilitation in elderly people following a fall-related hip fracture using a treadmill with visual context: Design of a randomized controlled trial. *BMC Geriatrics*, 13, 13. <https://doi.org/10.1186/1471-2318-13-34>
- van Spall, H. G. C., Lee, S. F., Xie, F., Ko, D., Thabane, L., Ibrahim, Q., Mitoff, P., Heffernan, M., Maingi, M., Tjandrawidjaja, M., Zia, M., Panju, M., Perez, R., Simek, K., Porepa, L., Graham, I., Haynes, B., Houghton, D., & Connolly, S. (2018). Knowledge to action: Rationale and design of the Patient-Centered Care Transitions in Heart Failure (PACT-HF) stepped wedge cluster randomized trial. *American Heart Journal*, 199, 75–82. <https://doi.org/10.1016/j.ahj.2017.12.013>
- Vandepitte, S., Noortgate, V., Den, N., Putman, K., Verhaeghe, S., Verdonck, C., & Annemans, L. (2016). Effectiveness of respite care in supporting informal caregivers of persons with dementia: A systematic review. *International Journal of Geriatric Psychiatry*, 31(12), 1277–1288. <https://doi.org/10.1002/gps.4504>
- Vandepitte, S., Van Den Noortgate, N., Putman, K., Verhaeghe, S., & Annemans, L. (2016). Effectiveness and cost-effectiveness of an in-home respite care program in supporting informal caregivers of people with dementia: Design of a comparative study. *BMC Geriatrics*, 16(1), 207. <https://doi.org/10.1186/s12877-016-0373-4>
- VanDeVelde-Coke, S. (2004). Effectiveness and efficiency of providing home care visits in nursing clinics versus the traditional home setting. UMI Dissertation Services, ProQuest Information and Learning, Ann Arbor, MI.
- Vass, M., Hendriksen, C., & Avlund, K. (2004). A feasible model for promoting health and prevent functional decline in older people. A municipality randomised controlled trial. *Gerontologist*, 44, 360.
- Venturelli, M., Lanza, M., Muti, E., & Schena, F. (2010). Positive effects of physical training in activity of daily living-dependent older adults. *Experimental Aging Research*, 36(2), 190–205. <https://doi.org/10.1080/03610731003613771>
- Verloo, H., Goulet, C., Morin, D., & von Gunten, A. (2015). Effect estimation of an innovative nursing intervention to improve delirium among home-dwelling older adults: A randomized controlled pilot trial. *Dementia and Geriatric Cognitive Disorders Extra*, 5(1), 176–190. <https://doi.org/10.1159/000375444>
- Vetter, N. J., Jones, D. A., & Victor, C. R. (1984). Effect of health visitors working with elderly patients in general practice: A randomised controlled trial. *British Medical Journal*, 288(6414), 369–372.
- Victor, C. R., & Vetter, N. J. (1988). Rearranging the deckchairs on the Titanic: Failure of an augmented home help scheme after discharge to reduce the length of stay in hospital. *Archives of Gerontology and Geriatrics*, 7(1), 83–91. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/094/CN-00351094/frame.html>
- Vincent, L., Colantonio, A., & Santaguida, P. L. (2005). Wheelchair use, pain, and satisfaction with life in a national sample of older adults. *Gerontechnology*, 3(3), 159–164.
- Viswanathan, P., Boger, J., Hoey, J., Elinas, P., & Mihailidis, A. (2007). Technology in medicine: The future of wheelchairs: Intelligent collision avoidance and navigation assistance. *Geriatrics and Aging*, 10(4), 253–256.
- von Humboldt, S., & Leal, I. (2014). What influences the subjective wellbeing of older adults?: A systematic review of the literature. *Revista Argentina De Clinica Psicologica*, 23(3), 219–230.
- Vriendt, D. P., Peersman, W., Florus, A., Verbeke, M., Velde, V., & De, D. (2016). Improving health related quality of life and independence in community dwelling frail older adults through a client-centred and activity-oriented program. A pragmatic randomized controlled trial. *Journal of Nutrition, Health & Aging*, 20(1), 35–40. <https://doi.org/10.1007/s12603-016-0673-6>
- Vroomen, J. L. M., Boorsma, M., Bosmans, J. E., Frijters, D. H. M., Nijpels, G., & van Hout, H. P. J. (2012). Is it time for a change? A cost-effectiveness analysis comparing a multidisciplinary integrated care model for residential homes to usual care. *PLOS One*, 7(5), e37444. <https://doi.org/10.1371/journal.pone.0037444>
- Wallace, S. A., Roe, B., Williams, K., & Palmer, M. (2004). Bladder training for urinary incontinence in adults. *Cochrane Database of Systematic Reviews*, 1, CD001308.
- Wanderley, F. A. C., Oliveira, N. L., Marques, E., Moreira, P., Oliveira, J., & Carvalho, J. (2015). Aerobic versus resistance training effects on



- health-related quality of life, body composition, and function of older adults. *Journal of Applied Gerontology*, 34(3), NP143–NP165.
- Wang, C. J., Fetzer, S. J., Yang, Y. C., & Wang, J. J. (2013). The impacts of using community health volunteers to coach medication safety behaviors among rural elders with chronic illnesses. *Geriatric Nursing*, 34(2), 138–145. <https://doi.org/10.1016/j.gerinurse.2012.12.013>
- Wang, J., & Wu, B. (2017). Domestic helpers as frontline workers in China's home-based elder care: A systematic review. *Journal of Women & Aging*, 29(4), 294–305. <https://doi.org/10.1080/08952841.2016.1187536>
- Wang, R., Gorski, S., Holliday, P., & Fernie, G. (2011). Evaluation of a contact sensor skirt for an anti-collision power wheelchair for older adult nursing home residents with dementia: Safety and mobility. *Assistive Technology*, 23(3), 117–134. <https://doi.org/10.1080/10400435.2010.541406>
- Wang, W., Jiang, Y., He, H. G., & Koh, K. W. (2016). A randomised controlled trial on the effectiveness of a home-based self-management programme for community-dwelling patients with myocardial infarction. *European Journal of Cardiovascular Nursing*, 15(6), 398–408. <https://doi.org/10.1177/1474515115586904>
- Ward, P. R., Tudor, C. A., & Gowers, J. I. (1978). Evaluation of follow up services for elderly people prescribed hearing aids: Report of a pilot project. *British Journal of Audiology*, 12, 127–134. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/936/CN-00996936/frame.html>
- Warland, A., & Tonning, F. (1991). Assistive devices for hard-of-hearing persons—Distribution system and costs. *British Journal of Audiology*, 25(Dec 91), 399–404.
- Warner, L. M., Wolff, J. K., Ziegelmann, J. P., Schwarzer, R., & Wurm, S. (2016). Revisiting self-regulatory techniques to promote physical activity in older adults: Null-findings from a randomised controlled trial. *Psychology & Health*, 31(10), 1145–1165. <https://doi.org/10.1080/08870446.2016.1185523>
- Waterman, H., Ballinger, C., Brundle, C., Chastin, S., Gage, H., Harper, R., Henson, D., Laventure, B., McEvoy, L., Pilling, M., Ollevent, N., Skelton, D. A., Stanford, P., & Todd, C. (2016). A feasibility study to prevent falls in older people who are sight impaired: The VIP2UK randomised controlled trial. *Trials*, 17(1), 464.
- Weiss, Z., Snir, D., Klein, B., Avraham, I., Shani, R., Zetler, H., Eyal, P., Dynia, A., & Eldar, R. (2004). Effectiveness of home rehabilitation after stroke in Israel. *International Journal of Rehabilitation Research*, 27(2), 119–125.
- Whitehead, P. J., James, M., Belshaw, S., Dawson, T., Day, M. R., & Walker, M. F. (2016). Bathing adaptations in the homes of older adults (BATH-OUT): Protocol for a feasibility randomised controlled trial (RCT). *BMJ Open*, 6(10), e013448. <https://doi.org/10.1136/bmjopen-2016-013448>
- Whitehead, P. J., Walker, M. F., Parry, R. H., Latif, Z., McGeorge, I. D., & Drummond, A. E. (2016). Occupational Therapy in HomeCare Reablement Services (OTHERS): Results of a feasibility randomised controlled trial. *BMJ Open*, 6(8), e011868. <https://doi.org/10.1136/bmjopen-2016-011868>
- Whittemore, R., Rosenberg, A., Gilmore, L., Withey, M., & Breault, A. (2014). Implementation of a diabetes prevention program in public housing communities. *Public Health Nursing (Boston, Mass.)*, 31(4), 317–326. <https://doi.org/10.1111/phn.12093>
- Whitten, P., & Mickus, M. (2007). Home telecare for COPD/CHF patients: Outcomes and perceptions: Randomized controlled trial. *Journal of Telemedicine & Telecare*, 13(2), 69–73.
- Wilhelmson, K., Duner, A., Eklund, K., Gosman-Hedstrom, G., Blomberg, S., Hasson, H., Gustafsson, H., Landahl, S., & Dahlin-Ivanoff, S. (2011). Design of a randomized controlled study of a multi-professional and multidimensional intervention targeting frail elderly people. *BMC Geriatrics*, 11, 24. <https://doi.org/10.1186/1471-2318-11-24>
- William, A., Richard, D., Andrew, K., & Shirley, M. (1991). Geriatric evaluation and management: Current status and future research directions. *Journal of the American Geriatrics Society*, 39(9, Suppl.), 25–75.
- Williams, K. (2013). Evidence-based strategies for communicating with older adults in long-term care. *Journal of Clinical Outcomes Management*, 20(11), 507–512. [http://www.turner-white.com/pdf/jcom\\_nov13\\_longterm.pdf](http://www.turner-white.com/pdf/jcom_nov13_longterm.pdf)
- Williams, S., Meyer, C., Batchelor, F., & Hill, K. (2015). Exercise for mild balance dysfunction: Research into practice. *Journal of aging and physical activity*, 23(4), 588–596.
- Wilson, A., Parker, H., Wynn, A., Jagger, C., Spiers, N., Jones, J., & Parker, G. (1999). Randomised controlled trial of effectiveness of Leicester hospital at home scheme compared with hospital care. *BMJ*, 319(7224), 1542–1546. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/891/CN-00264891/frame.html>
- Wilson, D., & Truman, C. (2005). Comparing the health services utilization of long-term-care residents, home-care recipients, and the well elderly. *The Canadian Journal of Nursing Research*, 37(4), 138–154.
- Winter, L., Moriarty, H., Robinson, K., Piersol, C., Vause-Earland, T., Newhart, B., Iacovone, D. B., Hodgson, N., & Gitlin, L. (2016). Efficacy and acceptability of a home-based, family-inclusive intervention for veterans with TBI: A randomized controlled trial. *Brain Injury*, 30(4), 373–387. <https://doi.org/10.3109/02699052.2016.1144080>
- Wittwer, J. (2016). Protocol: Move to the music—The effect of music cues on walking in people with 2 types of progressive neurological disorder. <http://www.Anzctr.Org.Au/Actrn12616000851460.Aspx>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/099/CN-01308099/frame.html>
- Wolinsky, F. D. (2011). The Iowa Healthy and Active Minds Study (IHAMS): A randomized controlled trial to improve cognitive functioning in older adults. *Gerontologist*, 51, 580.
- Wong, E. Y., Lee, A. H., James, A. P., & Jancey, J. (2018). Physical activity and nutrition intervention for Singaporean women aged 50 years and above: study protocol for a randomised controlled trial. *Trials*, 19. <https://doi.org/10.1186/s13063-018-2562-2>
- Wong, F. K., Chow, S. K., Chan, T. M., & Tam, S. K. (2014). Comparison of effects between home visits with telephone calls and telephone calls only for transitional discharge support: A randomised controlled trial. *Age & Ageing*, 43(1), 91–97. <https://doi.org/10.1093/ageing/aft123>
- Wongcharoen, S., Sungkarat, S., Munkhetvit, P., Lugade, V., & Silsupadol, P. (2017). Home-based interventions improve trained, but not novel, dual-task balance performance in older adults: A randomized controlled trial. *Gait and Posture*, 52, 147–152. <https://doi.org/10.1016/j.gaitpost.2016.11.036>
- Woolrych, R. (2016). Gerontechnology: Creating enabling environments to meet the challenges and opportunities of an aging society. *Medicina*, 49(Suppl), 5–6. <http://revista.fmrp.usp.br/2016/suplementos/2016-suplemento2.pdf> <http://ovidsp.ovid.com/ovidweb.cgi?T=JS%26CSC=Y%26NEWS=N%26PAGE=fulltext%26D=emexb%26AN=619950826>
- Wu, C. Y., Chen, C. L., Tsai, W. C., Lin, K. C., & Chou, S. H. (2007). A randomized controlled trial of modified constraint-induced movement therapy for elderly stroke survivors: Changes in motor impairment, daily functioning, and quality of life. *Archives of Physical Medicine and Rehabilitation*, 88(3), 273–278. <https://doi.org/10.1016/j.apmr.2006.11.021>
- Wu, Y. (2017). Diet, Exercise and cardiovascular health (DECIDE)—Salt reduction strategies for the elderly in nursing homes in China. <https://ClinicalTrials.gov/Show/Nct03290716>. <http://cochranelibrary-wiley.com/o/cochrane/clcentral/articles/296/CN-01564296/frame.html>
- Wu, Y. T., Chien, C. L., Chou, N. K., Wang, S. S., Lai, J. S., & Wu, Y. W. (2008). Efficacy of a home-based exercise program for orthotopic heart transplant recipients. *Cardiology*, 111(2), 87–93. <https://doi.org/10.1159/000119695>

- Wyatt, G. K., Donze, L. F., & Beckrow, K. C. (2004). Efficacy of an in-home nursing intervention following short-stay breast cancer surgery. *Research in Nursing & Health*, 27(5), 322–331. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS%26CSC=Y%26NEWS=N%26PAGE=fulltext%26D=med5%26AN=15362143>
- Wyers, C. E., Breedveld-Peters, J. J., Reijven, P. L., Helden, S., Guldmond, N. A., Severens, J. L., Verburg, A. D., Meesters, B., Rhijn, L. W., & Dagnelie, P. C. (2010). Efficacy and cost-effectiveness of nutritional intervention in elderly after hip fracture: Design of a randomized controlled trial. *BMC Public Health*, 10, 212. <https://doi.org/10.1186/1471-2458-10-212>
- Xueyu, L., Hao, Y., Shunlin, X., Rongbin, L., & Yuan, G. (2017). Effects of low-intensity exercise in older adults with chronic heart failure during the transitional period from hospital to home in China: A randomized controlled trial. *Research in Gerontological Nursing*, 10(3), 121–128. <https://doi.org/10.3928/19404921-20170411-02>
- Yoon, J., Chang, E., Rubenstein, L. V., Park, A., Zulman, D. M., Stockdale, S., Ong, M. K., Atkins, D., Schectman, G., & Sm, A. (2018). Impact of primary care intensive management on high-risk veterans' costs and utilization: A randomized quality improvement trial. *Annals of Internal Medicine*, 168(12), 846–854. <https://doi.org/10.7326/M17-3039>
- Yu, D. S. F. (2016). Effects of a health and social collaborative case management model on health outcomes of family caregivers of frail older adults: Preliminary data from a pilot randomized controlled trial. *Journal of the American Geriatrics Society*, 64(10), 2144–2148. <https://doi.org/10.1111/jgs.14259>
- Yuet, W. F. K., Ching, S., June, C., Pui, L. A. K., Fu, T. S. K., & Sarah, M. (2015). Economic evaluation of the differential benefits of home visits with telephone calls and telephone calls only in transitional discharge support. *Age & Ageing*, 44(1), 143–147. [ageing/afu166](https://doi.org/10.1093/ageing/afu166).
- Yuk, L. K. (2004). *Improving the quality of life for nursing home residents with dementia: A life story approach*. [http://resolver.ebscohost.com/openurl?ctx\\_ver=Z39.88-2004%26ctx\\_enc=info:ofi/enc:UTF-8%26rft\\_id=info:sid/ProQuest+Dissertations+%26+Theses+Global%26rft\\_val\\_fmt=info:ofi/fmt:kev:mtx:dissertation%26rft\\_g](http://resolver.ebscohost.com/openurl?ctx_ver=Z39.88-2004%26ctx_enc=info:ofi/enc:UTF-8%26rft_id=info:sid/ProQuest+Dissertations+%26+Theses+Global%26rft_val_fmt=info:ofi/fmt:kev:mtx:dissertation%26rft_g)
- Yusif, S., Soar, J., & Hafeez-Baig, A. (2016). Older people, assistive technologies, and the barriers to adoption: A systematic review. *International Journal of Medical Informatics*, 94, 112–116. <https://doi.org/10.1016/j.ijmedinf.2016.07.004>
- Yu-Yahiro, J. A., Resnick, B., Orwig, D., Hicks, G., & Magaziner, J. (2009). Design and implementation of a home-based exercise program post-hip fracture: The Baltimore hip studies experience. *PM & R*, 1(4), 308–318. <https://doi.org/10.1016/j.pmrj.2009.02.008>
- Zarit, S., Bangertner, L., Liu, Y., & Rovine, M. (2017). Exploring the benefits of respite services to family caregivers: Methodological issues and current findings. *Aging and Mental Health*, 21(3), 224–231.
- Zeeuwe, P. E. M., Verhagen, A. P., Bierma-Zeinstra, S. M. A., Rossum, E., Faber, M. J., & Koes, B. W. (2006). The effect of Tai Chi Chuan in reducing falls among elderly people: Design of a randomized clinical trial in the Netherlands. *BMC Geriatrics*, 6, 6. <https://doi.org/10.1186/1471-2318-6-6>
- Zhang, L., Weng, C. S., Liu, M., Wang, Q. H., Liu, L. M., & He, Y. (2014). Effect of whole-body vibration exercise on mobility, balance ability and general health status in frail elderly patients: A pilot randomized controlled trial. *Clinical Rehabilitation*, 28(1), 59–68. <https://doi.org/10.1177/0269215513492162>
- Zhao, Y. A., Chung, P. K., & Tong, T. K. (2017). Effectiveness of a balance-focused exercise program for enhancing functional fitness of older adults at risk of falling: A randomised controlled trial. *Geriatric Nursing*, 38(6), 491–497. <https://doi.org/10.1016/j.jgerinurse.2017.02.011>
- Zhe, W., & McCuskey, S. M. (2008). Site-level environmental support of active behavior and fall prevention for seniors: Systematic review. *Seniors Housing and Care Journal*, 16(1), 97–121.
- Zheng, G. H., Xia, R., Zhou, W. J., Tao, J., & Chen, L. D. (2016). Aerobic exercise ameliorates cognitive function in older adults with mild cognitive impairment: A systematic review and meta-analysis of randomised controlled trials. *British Journal of Sports Medicine*, 50(23), 1443. <https://doi.org/10.1136/bjsports-2015-095699>
- Zimmer, J. G., Eggert, G. M., & Chiverton, P. (1990). Individual versus team case management in optimizing community care for chronically ill patients with dementia. *Journal of Aging & Health*, 2(3), 357–372.
- Zimmer, J. G., Groth-Juncker, A., & McCusker, J. (1984). Effects of a physician-led home care team on terminal care. *Journal of the American Geriatrics Society*, 32(4), 288–292.

## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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## APPENDIX 1: AGELINE SEARCH STRATEGY

#	Query	Limiters/expanders	Last run via	Results
S117	S114 AND S115 AND S116	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1620
S116	S97 OR S98 OR S99 OR S100 OR S101 OR S102 OR S103 OR S104 OR S105 OR S106 OR S107 OR S108 OR S109 OR S110 OR S111 OR S112	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	50,309
S115	S63 OR S64 OR S65 OR S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79 OR S80 OR S81 OR S82 OR S83 OR S84 OR S85 OR S86 OR S87 OR S88 OR S89 OR S90 OR S91 OR S92 OR S93 OR S94 OR S95 OR S96	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	76,717
S114	S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58 OR S59 OR S60 OR S61 OR S62	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	9488
S113	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	105,340
S112	AB "usual care" or "usual practices"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	472
S111	AB groups	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	36,075
S110	TI trial OR AB trial	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	4922
S109	TI randomly OR AB randomly	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2580
S108	TI randomized OR AB randomized	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2866
S107	TI controlled N study OR AB controlled N2 study	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	347
S106	DE "Randomized Controlled Trials" OR DE "Controlled Clinical Trials"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2002
S105	AB medline	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	745
S104	AB pubmed	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	363
S103	TI overview OR AB overview	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3185
S102	TI evidence N2 synthesi* OR AB evidence N2 synthesi*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	44

S101	TI review	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2612
S100	AB review* and (literature or studies or trials)	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	8168
S99	TI (meta-analysis or metaanalysis) OR AB (meta-analysis or metaanalysis)	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	697
S98	TI (meta-analysis or metaanalysis) OR (meta-analysis or metaanalysis)	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	870
S97	TI systematic* OR AB systematic*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2823
S96	TI institutionalization OR AB institutionalization	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1701
S95	TI reablement OR AB reablement	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	8
S94	TI adherence OR AB adherence	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1010
S93	TI satisfaction OR AB satisfaction	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	6127
S92	TI relationships OR AB relationships	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	20,928
S91	TI security OR AB security	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	9802
S90	TI "community life" OR AB "community life"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	106
S89	TI mobility OR AB mobility	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3638
S88	TI "self efficacy" OR AB "self efficacy"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1155
S87	TI "self care" OR AB "self care"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1221
S86	TI tiredness OR AB tiredness	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	72
S85	TI fatigue OR AB fatigue	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	678
S84	TI energy OR AB energy	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1789
S83	TI vitality OR AB vitality	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	391

S82	TI distress OR AB distress	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1763
S81	TI pain OR AB pain	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3778
S80	TI "sensory function*" OR AB "sensory function"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	91
S79	TI cognitive OR AB cognitive	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	16,478
S78	TI depression OR AB depression	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	12,698
S77	TI "functional ability" OR AB "functional ability"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	865
S76	TI "mental health" OR AB "mental health"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	6757
S75	TI (happiness or happier) OR AB (happiness or happier)	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	755
S74	TI "social participation" OR AB "social participation"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	315
S73	TI "social life" OR AB "social life"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	343
S72	TI wellbeing OR AB wellbeing	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	328
S71	TI independence OR AB independence	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3181
S70	TI "quality of life" OR AB "quality of life"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	6388
S69	TI "activities of daily living" OR AB "activities of daily living"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	4863
S68	DE "Quality of Life"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	5646
S67	DE "Functional Ability"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3318
S66	DE "Leisure Activities" OR DE "Games" OR DE "Hobbies" OR DE "Reading" OR DE "Recreation" OR DE "Travel"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3271
S65	DE "Instrumental Activities of Daily Living"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	676
S64	DE "Daily Activities"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	394



S63	DE "Activities of Daily Living"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3306
S62	TI ((kitchen or bathroom or bedroom)) OR AB ((kitchen or bathroom or bedroom))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	662
S61	TI (medication N2 reminders) OR AB (medication N2 reminders)	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	21
S60	TI "foot care" OR AB "foot care"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	56
S59	TI toileting OR AB toileting	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	268
S58	TI "personal hygiene" OR AB "personal hygiene"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	85
S57	TI grooming OR AB grooming	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	151
S56	TI bathing OR AB bathing	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	425
S55	TI (((household or routine) N (jobs or tasks or chores))) OR AB (((household or routine) N (jobs or tasks or chores)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	117
S54	TI housekeeping OR AB housekeeping	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	294
S53	TI homemaking OR AB homemaking	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	91
S52	TI ((meal* N3 (provision or assistance or help or service* or preparation or delivery))) OR AB ((meal* N3 (provision or assistance or help or service* or preparation or delivery)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	575
S51	TI ((food N (preparation or assistance or help or service or delivery))) OR AB ((food N (preparation or assistance or help or service or delivery)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	4
S50	TI "house help" OR AB "house help"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	5
S49	TI shopping OR AB shopping	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	873
S48	TI "community services" OR AB "community services"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	949
S47	TI "home visit*" OR AB "home visit*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	630
S46	TI "home support service*" OR AB "home support service*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	44
S45	TI "home care service*" OR AB "home care service*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	668

S44	DE "Home Care"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	3133
S43	TI (ramp or ramps) OR AB (ramp or ramps)	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	66
S42	TI "shallow steps" OR AB "shallow steps"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1
S41	TI "stair rails" OR AB "stair rails"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2
S40	TI stairs OR AB stairs	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	330
S39	TI "stair climbing" OR AB "stair climbing"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	46
S38	TI Stair lift** OR AB "Stair lift**"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	5
S37	TI (((Adapt* or adjust*) N3 (door* or entry or exit))) OR AB (((Adapt* or adjust*) N3 (door* or entry or exit)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	12
S36	TI "vision aid**" OR AB "vision aid**"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	18
S35	TI "hearing aid**" OR AB "hearing aid**"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	317
S34	TI "hearing device**" OR AB "hearing device**"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	11
S33	TI spectacles OR AB spectacles	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	20
S32	TI glasses OR AB glasses	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	104
S31	TI eyeglasses OR AB eyeglasses	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	61
S30	DE "Hearing Aids"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	214
S29	TI ((communication N (aid* or device**))) OR AB ((communication N (aid* or device**)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1
S28	TI "transfer device**" OR AB "transfer device**"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	5
S27	TI scooter* OR AB scooter*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	22
S26	TI Wheelchair* OR AB Wheelchair*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	435

S25	TI ((Adapt* N3 (home* or house*))) OR AB ((Adapt* N3 (home* or house*)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	168
S24	TI ((Adapt* N3 (cars or transport or vehicles))) OR AB ((Adapt* N3 (cars or transport or vehicles)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	13
S23	TI "walking stick*" OR AB "walking stick*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	8
S22	TI crutches OR AB crutches	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	20
S21	TI cane* OR AB cane*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	140
S20	TI ((walking N2 (device* or aid* or equipment))) OR AB ((walking N2 (device* or aid* or equipment)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	79
S19	TI motility OR AB motility	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	16
S18	TI "mobility aid*" OR AB "mobility aid*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	26
S17	TI "mobility device*" OR AB "mobility device*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	34
S16	TI "mobility equipment" OR AB "mobility equipment"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	5
S15	TI "assistive equipment" OR AB "assistive equipment"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	9
S14	TI "assistive devices" OR AB "assistive devices"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	284
S13	DE "Assistive Devices"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	751
S12	TI ((veteran* and (old* or home* or retire*))) OR AB ((veteran* and (old* or home* or retire*)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	1576
S11	TI geriatric* OR AB geriatric*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	16,521
S10	TI ((Resident* and (old* or home* or retirement or nursing))) OR AB ((Resident* and (old* or home* or retirement or nursing)))	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	14,367
S9	TI "end of life" OR AB "end of life"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	2172
S8	TI retirement OR AB retirement	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	16,495
S7	TI pensioners OR AB pensioners	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases Search Screen—Advanced Search Database—AgeLine	286

S6	TI old* age* OR AB old* age*	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases 34,385 Search Screen—Advanced Search Database—AgeLine
S5	TI "older women" OR AB "older women"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases 3854 Search Screen—Advanced Search Database—AgeLine
S4	TI "older men" OR AB "older men"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases 1695 Search Screen—Advanced Search Database—AgeLine
S3	TI "older adult*" OR AB "older adult*"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases 37,102 Search Screen—Advanced Search Database—AgeLine
S2	TI "older people" OR AB "older people"	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases 9585 Search Screen—Advanced Search Database—AgeLine
S1	TI elderly OR AB elderly	Search modes—Boolean/Phrase	Interface—EBSCOhost Research Databases 32,088 Search Screen—Advanced Search Database—AgeLine

## APPENDIX 2: ASSIA SEARCH STRATEGY

(MAINSUBJECT.EXACT("Elderly people") OR MAINSUBJECT.EXACT("Elderly people") OR ti(elderly OR "older people" OR "older men" OR older women " or " older age " or " old age " or pensioners or retirement or " end of life " or geriatric") OR ab(elderly OR "older people" OR "older men" OR older women " or " older age " or " old age " or pensioners or retirement or " end of life " or geriatric") OR ti((Resident\* AND (old\* OR home\* OR retirement OR nursing))) OR ti((Resident\* AND (old\* OR home\* OR retirement OR nursing))) OR ab((veteran\* AND (old\* OR home\* OR retire\*)))) AND ((ti,ab("assistive devices" or "assistive equipment" or "mobility equipment" or "mobility devices" or "mobility aid\*" or motility) OR ti,ab(walking near/2 (device\* or aid\* or equipment)) OR ti,ab(cane\* or crutch\* or "walking stick" or wheelchair\* or scooter) OR ti,ab(adapt\* near/3 (cars or transport or vehicles or home\* or house\*)) OR ti,ab(communication near/2 (device\* or aid\* or equipment)) OR ti,ab("hearing aid\*" or hearing device\* or eyeglasses or glasses or spectacles or "vision aid\*") OR ti,ab((adapt\* or adjust) near/3 (door\* or entry or exit)) OR ti,ab(stair\*) OR ti,ab(ramp or ramps) OR MAINSUBJECT.EXACT.EXPLODE("Home care")) OR (ti("home care" OR "home support" OR home visit " or " community services " or shopping or " house help " or " home help " or homemaking or housekeeping or bathing or grooming or " personal hygiene " or toileting or " footcare "")) OR ab("home care" OR "home support" OR home visit " or " community services " or shopping or " house help " or " home help " or homemaking or housekeeping or bathing or grooming or " personal hygiene " or toileting or " footcare "")) OR ti,ab(food near (preparation or assistance or help or service or delivery)) OR ti,ab(meal\* near/3 (provision or preparation or assistance or help or service or delivery)) OR ti,ab(kitchen or bathroom or bedroom))

## APPENDIX 3: CINAHL SEARCH STRATEGY

	Query	Results
S122	S16 AND S68 AND S103 AND S121	1,915
S121	S104 OR S105 OR S106 OR S107 OR S108 OR S109 OR S110 OR S111 OR S112 OR S113 OR S114 OR S115 OR S116 OR S117 OR S118 OR S119 OR S120	1,059,185
S120	AB "usual care" or "usual practices"	7,133
S119	AB groups	535,924
S118	TI trial OR AB trial	241,739
S117	TI randomly OR AB randomly	66,660
S116	TI randomized OR AB randomized	147,898
S115	TI controlled N study OR AB controlled N2 study	19,862
S114	(MH "Randomized Controlled Trials")	75,376
S113	AB medline	34,544
S112	AB pubmed	27,376

S111	TI overview OR AB overview	36,219
S110	TI evidence N2 synthesi* OR AB evidence N2 synthesi*	2,611
S109	TI review	147,301
S108	AB review* and (literature or studies or trials)	230,546
S107	TI (meta-analysis or metaanalysis) OR AB (meta-analysis or metaanalysis)	47,271
S106	TI (meta-analysis or metaanalysis) OR (meta-analysis or metaanalysis)	59,045
S105	TI systematic* OR AB systematic*	111,442
S104	(MH "Systematic Review")	65,382
S103	(S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79 OR S80 OR S81 OR S82 OR S83 OR S84 OR S85 OR S86 OR S87 OR S88 OR S89 OR S90 OR S91 OR S92 OR S93 OR S94 OR S95 OR S96 OR S97 OR S98 OR S99 OR S100 OR S101 OR S102)	899,122
S102	TI institutionalization OR AB institutionalization	1,956
S101	TI reablement OR AB reablement	59
S100	TI adherence OR AB adherence	34,819
S99	TI satisfaction OR AB satisfaction	58,116
S98	TI relationships OR AB relationships	221,114
S97	TI security OR AB security	14,091
S96	TI "community life" OR AB "community life"	293
S95	TI mobility OR AB mobility	20,472
S94	TI "self efficacy" OR AB "self efficacy"	16,170
S93	TI "self care" OR AB "self care"	12,062
S92	TI tiredness OR AB tiredness	1,133
S91	TI fatigue OR AB fatigue	28,761
S90	TI energy OR AB energy	45,433
S89	TI vitality OR AB vitality	2,603
S88	TI distress OR AB distress	37,058
S87	TI pain OR AB pain	191,463
S86	TI "sensory function*" OR AB "sensory function*"	671
S85	TI cognitive OR AB cognitive	96,135
S84	TI depression OR AB depression	92,125
S83	TI "functional ability" OR AB "functional ability"	2,170
S82	TI "mental health" OR AB "mental health"	78,164
S81	TI (happiness or happier) OR AB (happiness or happier)	3,585
S80	TI "social participation" OR AB "social participation"	1,462
S79	TI "social life" OR AB "social life"	1,416
S78	TI wellbeing OR AB wellbeing	8,393
S77	TI independence OR AB independence	13,126
S76	TI "quality of life" OR AB "quality of life"	90,744
S75	TI "activities of daily living" OR AB "activities of daily living"	11,299
S74	(MM "Automobile Driving")	5,878
S73	(MM "Quality of Life + ")	45,014
S72	(MM "Human Activities")	619
S71	(MM "Home Maintenance")	751
S70	(MM "Leisure Activities")	3,321
S69	(MH "Activities of Daily Living + ")	55,234
S68	S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47 OR S48 OR S49 OR S50 OR S51 OR S52 OR S53 OR S54 OR S55 OR S56 OR S57 OR S58 OR S59 OR S60 OR S61 OR S62 OR S63 OR S64 OR S65 OR S66 OR S67	53,724

S67	TI ((kitchen or bathroom or bedroom)) OR AB ((kitchen or bathroom or bedroom))	2,693
S66	TI (medication N2 reminders) OR AB (medication N2 reminders)	141
S65	TI "foot care" OR AB "foot care"	1,048
S64	TI toileting OR AB toileting	543
S63	TI "personal hygiene" OR AB "personal hygiene"	503
S62	TI grooming OR AB grooming	458
S61	TI bathing OR AB bathing	1,784
S60	TI (((household or routine) N (jobs or tasks or chores))) OR AB (((household or routine) N (jobs or tasks or chores)))	5
S59	TI housekeeping OR AB housekeeping	662
S58	TI homemaking OR AB homemaking	64
S57	TI ((meal* N3 (provision or assistance or help or service* or preparation or delivery))) OR AB ((meal* N3 (provision or assistance or help or service* or preparation or delivery)))	674
S56	TI ((food N (preparation or assistance or help or service or delivery))) OR AB ((food N (preparation or assistance or help or service or delivery)))	18
S55	TI "house help" OR AB "house help"	2
S54	TI shopping OR AB shopping	2,202
S53	TI "community services" OR AB "community services"	1,494
S52	TI "home visit*" OR AB "home visit*"	4,651
S51	TI "home support service*" OR AB "home support service*"	43
S50	TI "home care service*" OR AB "home care service*"	1,128
S49	(MM "Home Care Equipment and Supplies")	247
S48	(MH "Home Rehabilitation + ")	1,802
S47	TI (ramp or ramps) OR AB (ramp or ramps)	1,036
S46	TI "shallow steps" OR AB "shallow steps"	12
S45	TI "stair rails" OR AB "stair rails"	2
S44	TI stairs OR AB stairs	2,309
S43	TI "stair climbing" OR AB "stair climbing"	671
S42	TI Stair lift*" OR AB "Stair lift*"	12
S41	TI (((Adapt* or adjust*) N3 (door* or entry or exit))) OR AB (((Adapt* or adjust*) N3 (door* or entry or exit)))	126
S40	TI "vision aid*" OR AB "vision aid*"	53
S39	TI "hearing aid*" OR AB "hearing aid*"	4,815
S38	TI "hearing device*" OR AB "hearing device*"	296
S37	TI spectacles OR AB spectacles	505
S36	TI glasses OR AB glasses	885
S35	TI eyeglasses OR AB eyeglasses	121
S34	(MH "Hearing Aids + ")	14,658
S33	TI ((communication N (aid* or device*))) OR AB ((communication N (aid* or device*)))	3
S32	TI "transfer device*" OR AB "transfer device*"	102
S31	TI scooter* OR AB scooter*	231
S30	TI Wheelchair* OR AB Wheelchair*	4,427
S29	TI ((Adapt* N3 (home* or house*))) OR AB ((Adapt* N3 (home* or house*)))	514
S28	TI ((Adapt* N3 (cars or transport or vehicles))) OR AB ((Adapt* N3 (cars or transport or vehicles)))	79
S27	TI "walking stick*" OR AB "walking stick*"	70
S26	TI crutches OR AB crutches	398
S25	TI cane* OR AB cane*	870
S24	TI ((walking N2 (device* or aid* or equipment))) OR AB ((walking N2 (device* or aid* or equipment)))	682
S23	TI motility OR AB motility	3,562

S22	TI "mobility aid*" OR AB "mobility aid**"	Display
S21	TI "mobility device*" OR AB "mobility device**"	Display
S20	TI "mobility equipment" OR AB "mobility equipment"	Display
S19	TI "assistive equipment" OR AB "assistive equipment"	Display
S18	TI "assistive devices" OR AB "assistive devices"	Display
S17	(MM "Assistive Technology Devices")	Display
S16	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15	Display
S15	TI ((veteran* and (old* or home* or retire*))) OR AB ((veteran* and (old* or home* or retire*)))	Display
S14	TI geriatric* OR AB geriatric*	Display
S13	TI ((Resident* and (old* or home* or retirement or nursing))) OR AB ((Resident* and (old* or home* or retirement or nursing)))	Display
S12	TI "end of life" OR AB "end of life"	Display
S11	TI retirement OR AB retirement	Display
S10	TI pensioners OR AB pensioners	Display
S9	TI old* age* OR AB old* age*	Display
S8	TI "older women" OR AB "older women"	Display
S7	TI "older men" OR AB "older men"	Display
S6	TI "older adult*" OR AB "older adult**"	Display
S5	TI "older people" OR AB "older people"	Display
S4	TI elderly OR AB elderly	Display
S3	(MM "Frail Elderly")	Display
S2	(MH "Aged, 80 and Over")	Display
S1	(MM "Aged")	Display

#### APPENDIX 4: COCHRANE LIBRARY SEARCH STRATEGY

Search Name:

Date Run: 31/07/18 14:52:15.684

Description:

ID Search Hits

#1 MeSH descriptor: [Aged] explode all trees 1381

#2 MeSH descriptor: [Aged, 80 and over] explode all trees 176

#3 MeSH descriptor: [Frail Elderly] explode all trees 707

#4 elderly:ti,ab 23565

#5 "older people":ti,ab 2886

#6 "older adult\*":ti,ab 8626

#7 "older men":ti,ab 1070

#8 "older women":ti,ab 1656

#9 "old\* age\*":ti,ab 3327

#10 pensioners:ti,ab 23

#11 retirement:ti,ab 270

#12 "end of life":ti,ab 923

#13 (Resident\* and (old\* or home\* or retirement or nursing)):ti,ab 3257

#14 geriatric\*:ti,ab 4492

#15 (veteran\* and (old\* or home\* or retire\*)):ti,ab 930

#16 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 43904

#17 MeSH descriptor: [Self-Help Devices] explode all trees 440

#18 "assistive devices":ti,ab 154

#19 "assistive equipment":ti,ab 5

#20 "mobility equipment":ti,ab 0

- #21 "mobility device\*":ti,ab 24
- #22 "mobility aid\*":ti,ab 22
- #23 motility:ti,ab 3258
- #24 (walking near/2 (device\* or aid\* or equipment)):ti,ab 233
- #25 cane\*:ti,ab 262
- #26 crutches:ti,ab 101
- #27 "walking stick\*":ti,ab 11
- #28 (Adapt\* near/3 (cars or transport or vehicles)):ti,ab 7
- #29 (Adapt\* near/3 (home\* or house\*)):ti,ab 103
- #30 Wheelchair\*:ti,ab 564
- #31 scooter\*:ti,ab 11
- #32 "transfer device\*":ti,ab 8
- #33 (communication near (aid\* or device\*)):ti,ab 208
- #34 MeSH descriptor: [Optical Devices] explode all trees 3992
- #35 MeSH descriptor: [Hearing Aids] explode all trees 489
- #36 eyeglasses:ti,ab 52
- #37 glasses:ti,ab 619
- #38 spectacles:ti,ab 386
- #39 "hearing device\*":ti,ab 24
- #40 "hearing aid\*":ti,ab 571
- #41 "vision aid\*":ti,ab 44
- #42 ((Adapt\* or adjust\*) near/3 (door\* or entry or exit)):ti,ab 31
- #43 "Stair lift\*":ti,ab 1
- #44 "stair climbing":ti,ab 343
- #45 stairs:ti,ab 450
- #46 "stair rails":ti,ab 1
- #47 "shallow steps":ti,ab 0
- #48 (ramp or ramps):ti,ab 474
- #49 MeSH descriptor: [Home Care Services] explode all trees 2709
- #50 "home care service\*":ti,ab 123
- #51 "home support service\*":ti,ab 3
- #52 "home visit\*":ti,ab 2466
- #53 "community services":ti,ab 252
- #54 shopping:ti,ab 257
- #55 "house help":ti,ab 0
- #56 "home help":ti,ab 46
- #57 (food near (preparation or assistance or help or service or delivery)):ti,ab 432
- #58 (meal\* near/3 (provision or assistance or help or service\* or preparation or delivery)):ti,ab 181
- #59 homemaking:ti,ab 3
- #60 housekeeping:ti,ab 65
- #61 ((household or routine) near (jobs or tasks or chores)):ti,ab 74
- #62 bathing:ti,ab 531
- #63 grooming:ti,ab 58
- #64 personal hygiene:ti,ab 257
- #65 toileting:ti,ab 122
- #66 "foot care":ti,ab 161
- #67 (medication near/2 reminders):ti,ab 95
- #68 (kitchen or bathroom or bedroom):ti,ab 400
- #69 #17 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68 19187
- #70 #16 and #69 1814



**APPENDIX 5: EMBASE SEARCH STRATEGY**

Database: Embase &lt;1974 to 2018 July 30&gt;

Search Strategy:

- 
- 1 Frail Elderly/(8986)
  - 2 elderly.ti,ab. (307606)
  - 3 older people.ti,ab. (28244)
  - 4 older adult\*.ti,ab. (77298)
  - 5 older men.ti,ab. (10061)
  - 6 older women.ti,ab. (16183)
  - 7 old\* age\*.ti,ab. (91882)
  - 8 pensioners.ti,ab. (1069)
  - 9 retirement.ti,ab. (13626)
  - 10 "end of life".ti,ab. (26578)
  - 11 (Resident\* and (old\* or home\* or retirement or nursing)).ti,ab. (50626)
  - 12 geriatric\*.ti,ab. (66412)
  - 13 (veteran\* and (old\* or home\* or retire\*)).ti,ab. (7328)
  - 14 or/1-13 (597440)
  - 15 self help device/(686)
  - 16 orthopedic equipment/(7113)
  - 17 assistive devices.ti,ab. (2030)
  - 18 assistive equipment.ti,ab. (67)
  - 19 mobility equipment.ti,ab. (40)
  - 20 mobility device\*.ti,ab. (366)
  - 21 mobility aid\*.ti,ab. (423)
  - 22 motility.ti,ab. (107762)
  - 23 (walking adj2 (device\* or aid\* or equipment)).ti,ab. (1867)
  - 24 cane\*.ti,ab. (7668)
  - 25 crutch/(907)
  - 26 crutches.ti,ab. (1592)
  - 27 walking stick\*.ti,ab. (314)
  - 28 (Adapt\* adj3 (cars or transport or vehicles)).ti,ab. (570)
  - 29 (Adapt\* adj3 (home\* or house\*)).ti,ab. (1916)
  - 30 Wheelchair\*.ti,ab. (9414)
  - 31 scooter\*.ti,ab. (455)
  - 32 transfer device\*.ti,ab. (324)
  - 33 (communication adj (aid\* or device\*)).ti,ab. (1123)
  - 34 eyeglasses.ti,ab. (737)
  - 35 glasses.ti,ab. (9279)
  - 36 spectacles.ti,ab. (2696)
  - 37 exp hearing aid/(24552)
  - 38 hearing aid\*.ti,ab. (9542)
  - 39 hearing device\*.ti,ab. (588)
  - 40 vision aid\*.ti,ab. (467)
  - 41 ((Adapt\* or adjust\*) adj3 (door\* or entry or exit)).ti,ab. (302)
  - 42 Stair lift\*.ti,ab. (5)
  - 43 stair climbing.ti,ab. (1871)
  - 44 stairs.ti,ab. (4629)
  - 45 stair rails.ti,ab. (4)
  - 46 shallow steps.ti,ab. (1)
  - 47 (ramp or ramps).ti,ab. (8753)
  - 48 exp home care/(67776)
  - 49 home care service\*.ti,ab. (1915)
  - 50 home support service\*.ti,ab. (62)

- 51 home visit\*.ti,ab. (9825)
- 52 community services.ti,ab. (3077)
- 53 shopping.ti,ab. (4729)
- 54 house help.ti,ab. (3)
- 55 home help.ti,ab. (526)
- 56 (food adj (preparation or assistance or help or service or delivery)).ti,ab. (4484)
- 57 (meal\* adj3 (provision or assistance or help or service\* or preparation or delivery)).ti,ab. (1594)
- 58 homemaking.ti,ab. (141)
- 59 housekeeping.ti,ab. (10998)
- 60 ((household or kitchen or routine) adj (jobs or tasks or chores)).ti,ab. (1136)
- 61 bathing.ti,ab. (11145)
- 62 grooming.ti,ab. (6112)
- 63 personal hygiene.ti,ab. (2422)
- 64 toileting.ti,ab. (1310)
- 65 foot care.ti,ab. (1788)
- 66 (medication adj2 reminders).ti,ab. (242)
- 67 (kitchen or bathroom or bedroom).ti,ab. (7945)
- 68 or/15-67 (322386)
- 69 daily life activity/(78117)
- 70 Human Activities/(3185)
- 71 independent living/(3089)
- 72 recreation/(18512)
- 73 shopping/(1911)
- 74 social participation/(4612)
- 75 "activities of daily living".ti,ab. (30943)
- 76 "quality of life".ti,ab. (359513)
- 77 independence.ti,ab. (47534)
- 78 wellbeing.ti,ab. (18483)
- 79 social life.ti,ab. (5685)
- 80 social participation.ti,ab. (2771)
- 81 happiness.ti,ab. (6798)
- 82 happier.ti,ab. (909)
- 83 mental health.ti,ab. (147320)
- 84 functional ability.ti,ab. (6217)
- 85 depression.ti,ab. (400172)
- 86 cognitive.ti,ab. (416634)
- 87 sensory function\*.ti,ab. (4984)
- 88 pain.ti,ab. (796354)
- 89 distress.ti,ab. (135545)
- 90 vitality.ti,ab. (14572)
- 91 energy.ti,ab. (546309)
- 92 fatigue.ti,ab. (127854)
- 93 tiredness.ti,ab. (5785)
- 94 self care.ti,ab. (20633)
- 95 self efficacy.ti,ab. (26490)
- 96 mobility.ti,ab. (142390)
- 97 community life.ti,ab. (577)
- 98 security.ti,ab. (47760)
- 99 relationships.ti,ab. (378690)
- 100 satisfaction.ti,ab. (157439)
- 101 adherence.ti,ab. (146634)
- 102 reablement.ti,ab. (63)
- 103 institutionalization.ti,ab. (5821)
- 104 or/69-103 (3385736)

105 "systematic review"/(174301)  
 106 systematic\*.ti,ab. (453751)  
 107 (meta-analysis or metaanalysis).ti,ab. (148557)  
 108 (review\* and (literature or studies or trials)).ab. (880084)  
 109 review.ti. (455568)  
 110 (evidence adj2 synthesi\*).ti,ab. (6614)  
 111 overview.ti,ab. (167411)  
 112 pubmed.ab. (104333)  
 113 medline.ab. (118298)  
 114 or/106-113 (1650752)  
 115 exp controlled clinical trial/(694556)  
 116 randomized.ti,ab. (638306)  
 117 randomly.ab. (384901)  
 118 trial.ti,ab. (727369)  
 119 groups.ab. (2487203)  
 120 usual care.ab. (18552)  
 121 or/115-120 (3623667)  
 122 114 or 121 (5002455)  
 123 14 and 68 and 104 and 122 (3448)

\*\*\*\*\*

## APPENDIX 6: PSYCINFO SEARCH STRATEGY

Database: PsycINFO <1806 to July Week 4 2018>

Search Strategy:

-----

1 elderly.ti,ab. (54174)  
 2 older people.ti,ab. (12110)  
 3 older adult\*.ti,ab. (41115)  
 4 older men.ti,ab. (2189)  
 5 older women.ti,ab. (4109)  
 6 old\* age\*.ti,ab. (20699)  
 7 pensioners.ti,ab. (185)  
 8 retirement.ti,ab. (9183)  
 9 "end of life".ti,ab. (8017)  
 10 (Resident\* and (old\* or home\* or retirement or nursing)).ti,ab. (20000)  
 11 geriatric\*.ti,ab. (14314)  
 12 (veteran\* and (old\* or home\* or retire\*)).ti,ab. (3282)  
 13 or/1-12 (152396)  
 14 assistive devices.ti,ab. (459)  
 15 assistive equipment.ti,ab. (12)  
 16 mobility equipment.ti,ab. (9)  
 17 mobility device\*.ti,ab. (109)  
 18 mobility aid\*.ti,ab. (96)  
 19 motility.ti,ab. (2556)  
 20 (walking adj2 (device\* or aid\* or equipment)).ti,ab. (158)  
 21 cane\*.ti,ab. (672)  
 22 crutches.ti,ab. (96)  
 23 walking stick\*.ti,ab. (38)  
 24 (Adapt\* adj3 (cars or transport or vehicles)).ti,ab. (31)  
 25 (Adapt\* adj3 (home\* or house\*)).ti,ab. (515)  
 26 Wheelchair\*.ti,ab. (1489)  
 27 scooter\*.ti,ab. (87)  
 28 transfer device\*.ti,ab. (11)  
 29 (communication adj (aid\* or device\*)).ti,ab. (660)

- 30 Hearing aids/(1719)
- 31 eyeglasses.ti.ab. (133)
- 32 glasses.ti.ab. (1145)
- 33 spectacles.ti.ab. (464)
- 34 hearing device\*.ti.ab. (93)
- 35 hearing aid\*.ti.ab. (2472)
- 36 vision aid\*.ti.ab. (53)
- 37 ((Adapt\* or adjust\*) adj3 (door\* or entry or exit)).ti.ab. (116)
- 38 Stair lift\*.ti.ab. (1)
- 39 stair climbing.ti.ab. (166)
- 40 stairs.ti.ab. (563)
- 41 stair rails.ti.ab. (1)
- 42 (ramp or ramps).ti.ab. (1042)
- 43 home care service\*.ti.ab. (497)
- 44 home support service\*.ti.ab. (30)
- 45 home visit\*.ti.ab. (3811)
- 46 community services.ti.ab. (2062)
- 47 shopping.ti.ab. (5054)
- 48 house help.ti.ab. (1)
- 49 home help.ti.ab. (168)
- 50 (food adj (preparation or assistance or help or service or delivery)).ti.ab. (1559)
- 51 (meal\* adj3 (provision or assistance or help or service\* or preparation or delivery)).ti.ab. (474)
- 52 homemaking.ti.ab. (248)
- 53 housekeeping.ti.ab. (531)
- 54 ((household or kitchen or routine) adj (jobs or tasks or chores)).ti.ab. (995)
- 55 bathing.ti.ab. (838)
- 56 grooming.ti.ab. (4042)
- 57 personal hygiene.ti.ab. (415)
- 58 toileting.ti.ab. (515)
- 59 foot care.ti.ab. (123)
- 60 (medication adj2 reminders).ti.ab. (43)
- 61 (kitchen or bathroom or bedroom).ti.ab. (1808)
- 62 or/14-61 (35245)
- 63 exp "Activities of Daily Living"/(5520)
- 64 "activities of daily living".ti.ab. (8352)
- 65 "quality of life".ti.ab. (59139)
- 66 "Quality of Life"/(37055)
- 67 independence.ti.ab. (24287)
- 68 wellbeing.ti.ab. (10013)
- 69 social life.ti.ab. (5978)
- 70 social participation.ti.ab. (2191)
- 71 happiness.ti.ab. (13763)
- 72 happier.ti.ab. (1484)
- 73 mental health.ti.ab. (157706)
- 74 functional ability.ti.ab. (1345)
- 75 depression.ti.ab. (219164)
- 76 cognitive.ti.ab. (370295)
- 77 sensory function\*.ti.ab. (1264)
- 78 pain.ti.ab. (83792)
- 79 distress.ti.ab. (57532)
- 80 vitality.ti.ab. (3953)
- 81 energy.ti.ab. (33607)
- 82 fatigue.ti.ab. (22222)
- 83 tiredness.ti.ab. (1251)

84 self care.ti,ab. (8094)  
 85 self efficacy.ti,ab. (34497)  
 86 mobility.ti,ab. (16761)  
 87 community life.ti,ab. (1109)  
 88 security.ti,ab. (25264)  
 89 relationships.ti,ab. (258664)  
 90 satisfaction.ti,ab. (95291)  
 91 adherence.ti,ab. (24737)  
 92 reablement.ti,ab. (16)  
 93 institutionalization.ti,ab. (4822)  
 94 or/63-93 (1229400)  
 95 systematic\*.ti,ab. (108262)  
 96 (meta-analysis or metaanalysis).ti,ab. (23648)  
 97 (review\* and (literature or studies or trials)).ab. (201906)  
 98 review.ti. (142171)  
 99 (evidence adj2 synthesi\*).ti,ab. (1195)  
 100 overview.ti,ab. (69147)  
 101 pubmed.ab. (9463)  
 102 medline.ab. (11506)  
 103 or/95-102 (435243)  
 104 randomized.ti,ab. (63903)  
 105 randomly.ab. (66378)  
 106 trial.ti,ab. (94392)  
 107 groups.ab. (454479)  
 108 usual care.ab. (3673)  
 109 or/104-108 (591784)  
 110 103 or 109 (980597)  
 111 13 and 62 and 94 and 110 (539)  
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## APPENDIX 7: SOCIAL POLICY AND PRACTICE SEARCH STRATEGY

Database: Social Policy and Practice <201804>

Search Strategy:

-----

1 elderly.ti,ab. (13983)  
 2 older people.ti,ab. (24556)  
 3 older adult\*.ti,ab. (5159)  
 4 older men.ti,ab. (545)  
 5 older women.ti,ab. (1322)  
 6 old\* age\*.ti,ab. (4684)  
 7 pensioners.ti,ab. (876)  
 8 retirement.ti,ab. (3880)  
 9 "end of life".ti,ab. (1661)  
 10 (Resident\* and (old\* or home\* or retirement or nursing)).ti,ab. (11855)  
 11 geriatric\*.ti,ab. (2842)  
 12 (veteran\* and (old\* or home\* or retire\*)).ti,ab. (184)  
 13 or/1-12 (55038)  
 14 assistive devices.ti,ab. (74)  
 15 assistive equipment.ti,ab. (8)  
 16 mobility equipment.ti,ab. (9)  
 17 mobility device\*.ti,ab. (14)  
 18 mobility aid\*.ti,ab. (17)  
 19 motility.ti,ab. (1)  
 20 (walking adj2 (device\* or aid\* or equipment)).ti,ab. (19)

- 21 cane\*.ti,ab. (51)
- 22 crutches.ti,ab. (3)
- 23 walking stick\*.ti,ab. (7)
- 24 (Adapt\* adj3 (cars or transport or vehicles)).ti,ab. (13)
- 25 (Adapt\* adj3 (home\* or house\*)).ti,ab. (310)
- 26 Wheelchair\*.ti,ab. (316)
- 27 scooter\*.ti,ab. (19)
- 28 transfer device\*.ti,ab. (3)
- 29 (communication adj (aid\* or device\*)).ti,ab. (50)
- 30 [Hearing aids/] (0)
- 31 eyeglasses.ti,ab. (1)
- 32 glasses.ti,ab. (29)
- 33 spectacles.ti,ab. (17)
- 34 hearing device\*.ti,ab. (1)
- 35 hearing aid\*.ti,ab. (85)
- 36 vision aid\*.ti,ab. (7)
- 37 ((Adapt\* or adjust\*) adj3 (door\* or entry or exit)).ti,ab. (1)
- 38 Stair lift\*.ti,ab. (5)
- 39 stair climbing.ti,ab. (10)
- 40 stairs.ti,ab. (70)
- 41 stair rails.ti,ab. (1)
- 42 (ramp or ramps).ti,ab. (40)
- 43 home care service\*.ti,ab. (684)
- 44 home support service\*.ti,ab. (49)
- 45 home visit\*.ti,ab. (670)
- 46 community services.ti,ab. (1160)
- 47 shopping.ti,ab. (884)
- 48 house help.ti,ab. (0)
- 49 home help.ti,ab. (382)
- 50 (food adj (preparation or assistance or help or service or delivery)).ti,ab. (67)
- 51 (meal\* adj3 (provision or assistance or help or service\* or preparation or delivery)).ti,ab. (241)
- 52 homemaking.ti,ab. (12)
- 53 housekeeping.ti,ab. (40)
- 54 ((household or kitchen or routine) adj (jobs or tasks or chores)).ti,ab. (84)
- 55 bathing.ti,ab. (142)
- 56 grooming.ti,ab. (273)
- 57 personal hygiene.ti,ab. (47)
- 58 toileting.ti,ab. (61)
- 59 foot care.ti,ab. (26)
- 60 (medication adj2 reminders).ti,ab. (2)
- 61 (kitchen or bathroom or bedroom).ti,ab. (311)
- 62 or/14-61 (5918)
- 63 [exp "Activities of Daily Living"/] (0)
- 64 "activities of daily living".ti,ab. (1300)
- 65 "quality of life".ti,ab. (6357)
- 66 ["Quality of Life"/] (0)
- 67 independence.ti,ab. (3826)
- 68 wellbeing.ti,ab. (4416)
- 69 social life.ti,ab. (337)
- 70 social participation.ti,ab. (347)
- 71 happiness.ti,ab. (405)
- 72 happier.ti,ab. (118)
- 73 mental health.ti,ab. (23759)
- 74 functional ability.ti,ab. (211)

75 depression.ti.ab. (7846)  
 76 cognitive.ti.ab. (7353)  
 77 sensory function\*.ti.ab. (23)  
 78 pain.ti.ab. (1266)  
 79 distress.ti.ab. (2687)  
 80 vitality.ti.ab. (167)  
 81 energy.ti.ab. (2664)  
 82 fatigue.ti.ab. (320)  
 83 tiredness.ti.ab. (32)  
 84 self care.ti.ab. (659)  
 85 self efficacy.ti.ab. (842)  
 86 mobility.ti.ab. (2688)  
 87 community life.ti.ab. (244)  
 88 security.ti.ab. (5575)  
 89 relationships.ti.ab. (13857)  
 90 satisfaction.ti.ab. (4829)  
 91 adherence.ti.ab. (688)  
 92 reablement.ti.ab. (163)  
 93 institutionalization.ti.ab. (581)  
 94 or/63-93 (74744)  
 95 systematic\*.ti.ab. (5049)  
 96 (meta-analysis or metaanalysis).ti.ab. (684)  
 97 (review\* and (literature or studies or trials)).ab. (11073)  
 98 review.ti. (9726)  
 99 (evidence adj2 synthesi\*).ti.ab. (113)  
 100 overview.ti.ab. (9080)  
 101 pubmed.ab. (196)  
 102 medline.ab. (471)  
 103 or/95-102 (28484)  
 104 randomized.ti.ab. (634)  
 105 randomly.ab. (1161)  
 106 trial.ti.ab. (2435)  
 107 groups.ab. (25738)  
 108 usual care.ab. (230)  
 109 or/104-108 (28684)  
 110 103 or 109 (54320)  
 111 13 and 62 and 94 and 110 (196)  
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## APPENDIX 8: SOCIAL SCIENCE CITATION INDEX (SSCI) VIA WEB OF SCIENCE SEARCH STRATEGY

SSCI via Web of Science

# 4	640	#3 AND #2 AND #1Indexes = SSCI Timespan = 1900-2018
# 3	40,698	TITLE: ("systematic review" or "controlled trial")Indexes = SSCI Timespan = 1900-2018
# 2	501,019	TI = (mobility or function* or "quality of life" or independence or wellbeing or social or activities)Indexes = SSCI Timespan = 1900-2018
# 1	258,485	TITLE: (old* or elderly or aged)Indexes = SSCI Timespan = 1900-2018

## APPENDIX 9: CODING TOOL

Category		Answer
Geographical information	WHO Regions	<ol style="list-style-type: none"> <li>1. South Asia</li> <li>2. Sub-Saharan Africa</li> <li>3. East Asia and Pacific</li> <li>4. Europe and Central Asia</li> <li>5. Latin America and Caribbean</li> <li>6. Middle East and North Africa</li> <li>7. North America</li> </ol>
	World Bank Region (2019 FY)	<ol style="list-style-type: none"> <li>1. Low income economies</li> <li>2. Lower Middle income economies</li> <li>3. Upper Middle income economies</li> <li>4. High income economies</li> </ol>
Study design	Design	<ol style="list-style-type: none"> <li>1. Systematic reviews</li> <li>2. - RCT</li> </ol>
	Publication status	<ol style="list-style-type: none"> <li>1. Complete</li> <li>2. On-going (e.g., Protocols)</li> </ol>
Population	Age Group	<ol style="list-style-type: none"> <li>1. Includes &lt;65 years</li> <li>2. Includes &gt;65 years</li> <li>3. Includes &gt;75 years</li> <li>4. Includes &gt;85 years</li> </ol>
	Sex/Gender	<ol style="list-style-type: none"> <li>1. Includes LGBTQ2+</li> <li>2. Proportion of females included in study</li> </ol>
Health Conditions		<ol style="list-style-type: none"> <li>1. Communicable Disease</li> <li>2. Noncommunicable disease</li> <li>3. Injury</li> <li>4. Discharge from hospital</li> <li>5. End-of-life</li> <li>6. Physical Frailty</li> <li>7. Social Frailty</li> <li>8. - Care Dependent</li> </ol>
Intervention	General Social support services, systems and policies	<ol style="list-style-type: none"> <li>1. Homemaking</li> <li>2. Personal Care</li> <li>3. Transportation</li> <li>4. Family/Caregiver support</li> <li>5. Befriending or friendly visits</li> </ol>
	Health services, systems and policies	<ol style="list-style-type: none"> <li>1. General health services for disease prevention</li> <li>2. Health promotion services</li> <li>3. Rehabilitation Services</li> <li>4. Long-term care services</li> <li>5. Visiting Healthcare Professionals</li> <li>6. Visiting Lay care providers</li> </ol>
	Products and Technology	<ol style="list-style-type: none"> <li>1. Personal mobility and transportation devices</li> <li>2. Adaptations to physical environment</li> </ol>
Outcome	Intrinsic Capacity	<ol style="list-style-type: none"> <li>1. Mental</li> <li>2. Sensory functions and pain</li> <li>3. Neuro-musculoskeletal function</li> <li>4. Voice and speech</li> <li>5. Cardiovascular, Haematological, Immune, Respiratory</li> <li>6. Digestive, Endocrine, Metabolic functions</li> <li>7. Genitourinary, Reproductive function</li> <li>8. Integumentary system function</li> </ol>
	Functional Ability	<ol style="list-style-type: none"> <li>1. Basic needs</li> <li>2. Learning and applying knowledge</li> <li>3. Contribution</li> <li>4. Mobility</li> <li>5. Communication</li> <li>6. Relationships</li> </ol>
	Process and other	<ol style="list-style-type: none"> <li>1. Falls</li> <li>2. Cost (out of pocket)</li> <li>3. Cost-effectiveness</li> <li>4. Satisfaction</li> </ol>



	<ol style="list-style-type: none"> <li>5. Access</li> <li>6. Safety</li> <li>7. Caregiver outcomes</li> <li>8. Adherence</li> <li>9. Health Service Utilization</li> <li>10. Quality of Life</li> <li>11. Financial security and stability</li> <li>12. Stigma</li> </ol>
Setting	<ol style="list-style-type: none"> <li>1. Residential home/apartment</li> <li>1. Long-term care</li> <li>1. Independent living</li> <li>1. Assisted Living</li> </ol>
Comparison	<ol style="list-style-type: none"> <li>1. Usual Care</li> <li>2. Other</li> </ol>
Systematic Review quality	<ol style="list-style-type: none"> <li>1. High</li> <li>2. Moderate</li> <li>3. Low</li> <li>4. Critically Low</li> <li>5. Protocol</li> </ol>
PROGRESS	<ol style="list-style-type: none"> <li>1. Place of residence</li> <li>2. Race/Ethnicity</li> <li>3. Occupation</li> <li>4. Gender/sex</li> <li>5. Religion</li> <li>6. Education</li> <li>7. Socioeconomic status</li> <li>8. Social Capital</li> </ol>
Gender Inequalities Is there an assessment of effects by sex/gender	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Planned but not reported</li> </ol>
Other inequalities Is there an assessment of effects by other characteristics, for example, socioeconomic status, income, race/ethnicity, etc	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Planned but not reported</li> </ol>

## APPENDIX 10: LINK TO ONLINE INTERACTIVE EGM

The online interactive EGM is available at [https://globalageing.cochrane.org/sites/globalageing.cochrane.org/files/public/uploads/ageing\\_egm\\_interactive\\_map\\_may5\\_20.html](https://globalageing.cochrane.org/sites/globalageing.cochrane.org/files/public/uploads/ageing_egm_interactive_map_may5_20.html).