

Supplementary Table S1: Search Strategies (PubMed)

1. Sedentary behavior
2. Sedentary behaviour
3. Sedentary lifestyle
4. Physical inactivity
5. 1 or 2 or 3 or 4
6. Interventions
7. Strategies
8. Sedentary interventions
9. Breaking up sitting time
10. 5 or 6 or 7 or 8
11. 5 AND 10
12. Older adults
13. Elderly
14. Seniors
15. Aged
16. 12 OR 13 OR 14 OR 15
17. 11 AND 16
18. Limit 16 to English language

Supplementary Table S2: Summary of Studies by Study Design

First Author, Year, Country	Study Design, Sample size, mean age	Setting and length of intervention	SB Study Objective	SB Intervention components	Intervention delivery strategies	Format	Theory / Model used	Outcomes to measure SB	Results as described by authors
Baronne Gibbs [40], 2017, Pittsburg, USA	RCT, N= 38, age = 68.5 Eligibility = >60 years and physically inactive (self-report)	Community adults (working and retired), 12 weeks	To compare the effects of 2 self-monitoring interventions (SITLESS and Get Active): to decrease SB and increase MVPA	Goal attainment (reduce SB by 1 hour) Activity monitoring Education	Motivational Interviewing, Instruction, Information goal setting, problem solving, self-monitoring through phone app, consultations coaching	Individual in-person and telephone consultations	Not reported	Sensewear pro arm band accelerometer CHAMPS	Negative No statistically significant change in self-reported SB for Sit less group (p=0.595) or Get Active Group (p=0.495) Self-reported MVPA increased by 45 min/week (p=0.034) and objectively measured MVPA did not increase significantly (p=0.358) for Sit Less Group Self-reported MVPA increased by 225 min/day (p=0.008) and objectively measured MVPA increased by 67 min/week (p=0.02) for Get Active Group
Bonnefoy [36], 2012, France	RCT, N=102, age = 84 Eligibility = >80 years and frail	Community older adults living at home and receiving assistance from a home helper, 4-month intervention	To evaluate the effectiveness of a multi-component home program (prescribed by PT) for mobility delivered by home helper change on health outcomes	Physical activity (Exercise program)	Instruction (written and verbal) coaching by HH	In-person	Not reported	PASE	Negative No change in SB (P=0.42). Improvement in maximum walking distance and walking time for good compliers (p=0.007; p=0.004) This study demonstrated that just increasing PA does not change SB
Lee [45], 2013, Australia	RCT, 2 arms, N= 375, age = 66 Recruited 45 years and older Insufficiently PA (participate in <30 min MVPA for at least 5 days/week)	Community-dwelling adults intervention carried out in home, 6-month intervention	To determine the effectiveness of a low-cost, accessible, physical activity and nutrition program (PANS) on physical activity and nutrition behaviours	Education Physical Activity	Instruction Information booklet Self-monitoring Goal setting Resistance band and pedometer given	Telephone, email and written material	SCT Precede Proceed Model	IPAQ sitting	Positive: PANS Intervention group had statistically significant reduction in mean sitting time (355 min/week decrease in sitting time; p < 0.001) relative to control
Fanning [39], 2016, US	RCT, N=307, age = 70 Eligibility = >65 and low active	Community-dwelling adults >60, 6-month intervention	To evaluate the effectiveness of a home-based DVD exercise program on SB to a wait-list control	Physical Activity (multi-component DVD home exercise program) Education (healthy living, PA and SB)	Instruction, Information, Goal setting, Self-monitoring (exercise logs), Feedback on performance from research staff	Self-administered DVD	SCT and ecological model	Actigraph Accelerometer (sitting time and sitting breaks)	Positive: statistically significant Increase in number of sitting breaks (p=0.02) (4 more breaks/day at 12-month follow-up) No change in sitting time (p=0.048)
Harris [31], 2017, UK	RCT, 3 arms, N= 1023, age = 45 – 75 (average not reported) Eligibility = 45 – 65 and no	Primary care setting with community-dwelling adults, 3-month intervention	To compare a primary care pedometer-based walking intervention (PACE-UP) to a nurse consultation intervention and	Education Physical activity (walking program with pedometer)	Instruction Information (written material in PACE-UP patient handbook on benefits of PA and risks of SB) Goal setting	Individually administered Face to face individual	Michie's BCT	Actigraph Accelerometer Followed up at 3 months and 12 months	Negative: All 3 groups had no significant reduction in SB. Both interventions had statistically significant improvements in step counts and MVPA

	restriction to SB or PA		control on PA levels		Self-monitoring with pedometer and diary, Consultation				
Kerr [42], 2016, US	RCT Pilot trial, N = 30, age = 61 Recruited adults 50 – 70 years old Sedentary (8 hours sitting/day or more)	Community-dwelling older adults, 14-day intervention	To compare 2 interventions to decrease SB using goal setting (sitting time vs. sit to stand transitions)	Education (benefits of PA and risks of SB) Goal Attainment	Health coaching Instruction Information Goal setting Self-monitoring (accelerometer, pedometer trackers, tick sheets), Action Planning, Problem solving, Individual consultation	Face to face Written material Emails Phone calls	Social Ecological Model	Active Pal inclinometer (sitting time and sit-to-stand transitions)	Positive: sitting time intervention had significant reduction in sitting time (130 min/day decrease) but no change in sit to stand transitions. Sit to stand intervention had a significant increase in sit-stand transitions (13/day), but no change in sitting time Feasible intervention
King [41], 2016, US	RCT, 3 arms, N= 95, age = 60 Recruited ages 45 years and older who were insufficiently active (engage in less than 60 min MVPA/week and self report sitting for 10 hours or more/day)	Community dwelling older adults, 8- week intervention	To compare the effectiveness of 3 different behaviour change apps on decreasing SB and increasing PA and compare the PA and SB changes of 3 different behaviour change apps to a control (diet app)	Activity monitoring (mobile app) Education	Apps use: Goal setting Problem solving Prompts with Positive reinforcement Feedback in performance Comparative norms Motivational prompts	Accelerometer embedded in app Self-administered	SCT and self-regulation theory, social influence theory, Operant conditioning principles	Accelerometer in smart phone	Positive: No significant reduction in SB in all 3 intervention groups compared to control group. However, social app had statistically significant reduction in SB compared to all other groups. Significant reduction in sitting time in social and affects apps compared to analytic and control apps.
Maher [46], 2017, US	RCT, N= 42, age = 76.9 Recruited from senior centres Not excluded on SB or PA	Community dwelling older adults recruited from senior centres, 2-week intervention	To evaluate the feasibility, acceptability, safety, and preliminary efficacy of an intervention that combined video with group discussions to reduce older adults' sedentary behavior through goal setting when compared to a control group	Education	Goal setting (developing detailed plans and strategies to meet goals) Peer support Information (information on SB and consequences) Action Planning	Videos Group discussion face to face	HAPA (as above) Dual Process Model	SBQ (9 item)	Positive: intervention group reported an average decrease in total SB of 837.8 min/week (119 min/day) (p<0.001) one week following the intervention; no significant reduction in SB for control Weekday SB decreased significantly (p<0.05), however reduction in weekend SB was not significant
Muller [47], 2016, Malaysia	RCT, N=43, age = 63 Eligibility = 55-70 years and not exercising regularly	Community-dwelling older adults, 12-week intervention	To determine the effectiveness of an exercise booklet and weekly SMS text on PA and maintenance of PA and secondary outcomes (SB)	Education PA (Exercise program)	Instruction Information (written material), Coaching, Motivational interviewing, Prompts	Face to face individual, written material, mobile phone text messages, self-administered exercise	Not described	Exercise logs IPAQ sitting	Negative: No significant reduction in SB for intervention group at both time points. SMS text messages significantly improved exercise frequency (p=0.03) at 12 weeks; however, no significant improvement at 24 weeks (after text messages stopped)

Mutrie [48], 2012, UK	RCT, N=41, age = 71 Recruited age 65 years and older and not meeting PA guidelines	Community dwelling adults recruited from primary care, 12-week intervention	To assess the feasibility of a pedometer-based walking programme in combination with PA consultations in Scottish adults	Goal Attainment, Education (benefits of PA and risks of SB, SB strategies) PA (daily walking program) Activity Monitoring	Consultation, Goal setting (to increase steps by 3000 above initial step count) Information Pedometer self-monitoring, peer support	Face to face individual and group, self-administered pedometer	SCT, logic model, RE-AIM Framework	Active Pal inclinometer, pedometer	Positive: Intervention group (with pedometer and nurse consultation) showed significant reduction in sitting time (67.5 min/day; p<0.001) compared to control from baseline to week 12. Significance not maintained at 24 weeks. Objectively measured walking time increased during the walking intervention (2119 steps/day; p=0.001) and remained 12 weeks after intervention.
Strath [49], 2014	RCT, N= 114, age = 63 Recruited 50 – 80 years and walking <8000 steps/day	Community dwelling adults, 12-week intervention	To determine the effectiveness of an intervention that combines pedometer guidance with internet-based motivational messaging on age-related health outcomes	Activity Monitoring (Pedometer) Education (strategies to decrease SB and increase PA)	Motivational messages (prompts) Self-monitoring (pedometer), Feedback on performance, Goal setting, Rewards, Barrier identification, Instruction Information Peer support (discussion forum)	Web-based	Self-regulation, behaviour change	accelerometer	Positive: Significant decrease in overall sedentary time for the entire cohort (all 3 groups averaged 20 min/day decrease in sitting; p=0.04) over the study period but this decrease was not significantly different between groups (P=0.77)
Copeland [22], 2017	Critical Review, age = 60 – 72 years Narrative review of 12 studies	Community dwelling older adults	To determine the validity and reliability of self-report measurement tools, and the consequences of prolonged ST on geriatric-relevant health outcomes and determine the effectiveness of interventions to reduce ST	Education, Physical Activity, Activity Monitoring, Goal Attainment	Motivational Interviewing, Instruction, Information goal setting, problem solving, self-monitoring through phone app, consultations coaching, feedback on performance, peer support	Face to face individual, written material, mobile phone text messages, self-administered exercise	Not described	Accelerometer and self-report measures	Positive: Reducing sedentary behaviour for older adults is feasible
Ball [32], 2017, Australia	Pre-post design, n=80, age = NA Eligibility: comprised 40 – 65 years and does not meet PA guidelines and spends 3/4day sitting	Home/ Community intervention, 4-month intervention	To increase PA to 150 min MVPA/week and decrease sitting by 150 min/week through an incentive-based approach	Reward system based on a point system for good behaviour (points to purchase) Activity monitoring (fit-bit) Education Goal attainment	Motivational interviewing, text message prompts, Instruction, Information, goal setting, self-monitoring with Fitbit), Graded tasks	Telephone calls and texts, web-based	Control Theory Self-regulation Contingency Management Theory	IPAQ (sitting time)	Positive: decreased sitting time by 3.1 hours/day (ES = 1.35; p<0.001) Leisure time PA increased by 252.5 min/week (ES = 0.61; p<0.001)
Britten [50], 2017, UK	Pre-post design 3 groups stratified by site, (uncontrolled), N= 22, age = 74.8	Community dwelling adults over 60, 8-week intervention	To evaluate the feasibility and impact of a dance program delivered at local community centres to low income older adults on	PA (group exercise with dance steps led by dance artist)	Peer support Barrier identification Problem solving/	Group face to face	Not reported	IPAQ Focus groups	Positive: decrease in self-reported SB on weekends (105.2 min/week) (t(21) = 1.81, p<0.05 d= 0.20) Significant improvements in physical activity, TUG, Geriatric depression scale and falls efficacy scale

	Sampling included 60 years and older, not excluded based on PA or SB		physical health outcomes						
Fitzsimons [51], 2013, Scotland	Pre-post design, single group Pilot study, N=24, age = 68 Sampling was 60 years and older, not excluded based on PA or SB	Community dwelling adults over 60 years, 2- week intervention	To evaluate the feasibility of individualized consultation to decrease SB and determine which SBs may be open to change	Education Activity monitor (accelerometer)	Individualized consultation, Instruction Information, goal setting, self-monitoring with accelerometer, barrier identification/ problem solving, action planning graded tasks, habit formation, habit reversal	Individual one-on one and self-administered	Ecological model	Activ Pal inclinometer, sedentary behaviour questionnaire (SBQ)	Positive: statistically significant decrease in total objective time spent sitting (24 min/day; p=0.004) and total self-reported sitting time (60 min/week; p<0.005). Increase in total time stepping by 13 min/day (p=0.044) The main modes of sedentary behaviour influenced by the intervention were television viewing and sitting while driving in a car, train or bus.
Gardiner [52], 2011, Australia	Pre-post study design, N=59, age = 74 Sampling 60 years and older and self-reported TV viewing of 2 or more hours/day	Community dwelling older adults with > 2 hours TV time/day, 6-day intervention	To examine the feasibility of an intervention (Stand up for your health) aimed at decreasing and breaking up sedentary time	Education (benefits of PA and risks of SB) Goal attainment (to Stand up and move after 30 minutes of sitting)	Goal setting, barrier identification, feedback (compared to normative data), self-monitoring, Action plan, Instruction (strategies to break up sitting) Information	Individual one-on one and mailed education and accelerometer feedback	social cognitive theory and behavioral choice theory	Acti-graph accelerometer	Positive: Statistically significant decrease in sitting time by 3.2%/day (95% CI= -4.18, -2.14, p<0.001) and increase in number of breaks in a day by 4.0 (95% CI=1.48, 6.52; p<0.003] 4/day (p=0.003). MVPa also significantly improved.
Rosenberg [53] 2015, US	Pre-post design, N= 36, age = 71.4 Sampling over 60 years with a BMI>27 and self-report and objectively measured sitting of >7 hours/day	Recruited from Primary care clinics – unsure if just community dwelling, 8-week intervention	To examine the feasibility of the TABS intervention (Take active breaks from sitting: decrease total sitting time by 2 hrs/day through more standing/moving and an additional 15 breaks from sitting/day) in older adults with overweight and obesity and determine the impact on health outcomes	Education (Benefits of PA and risks of SB, strategies to decrease SB) Goal attainment	Health coaching Motivational interviewing, goal setting (patient specific), performance feedback (graphical feedback charts depicting sitting and standing time), environmental restructuring, Instruction Information	Telephone calls, web-based	SCT	Active Pal accelerometer IPAQ SBQ	Positive: Objective measures demonstrated statistically significant decrease in sitting time by 27 min/day (3% change) (p=0.04; ES = 0.25), sit to stand increased by 2 transitions/day (not significant) Self-reported weekday sitting time decreased by 1.81 hour/day (P=0.01, ES = 0.66)
King [54], 2013, US	Iterative design before and after Pilot study, 3 arms N=68, age = 60 Sampling included: 40 years and older insufficiently	Community-dwelling older adults, 8-week intervention	To design, develop and determine the feasibility and effectiveness of 3 different mobile apps (analytically vs. socially vs.	Activity monitoring (Mobile Apps) Education	Apps use: Goal setting Problem solving Positive reinforcement Avatar game like self-assessment Feedback	Accelerometer embedded in app Self-administered	SCT and self-regulation theory, social influence theory, operant conditioning principles	CHAMPS Australian Sedentary Behaviour Questionnaire Measure of adults sedentary time (MOST)	Positive: All participants had significantly decrease in sitting time. Average decrease in daily minutes of TV time = 29.1m/day. No difference between groups All groups significantly decreased time spent sitting and watching TV (t(58)=2.5, p<0.02). Between group differences not significant (p>0.34).

	physically active (i.e., engaged in less than 60 minutes MVPA per week that increased heart rate, breathing, or perspiration), reported typically sitting for 10 or more hours per day,		affectively framed) on behaviour change (decreasing sitting and increasing MVPA) with		Comparative norms Motivational messages (prompts)				Affect App had the smallest amount of change with sitting time
Lewis [55], 2016, Australia	Pre-post study, N=27, age = 69.4 Sampling included >60 years	Community dwelling, intervention carried out in home, 6-week intervention	To determine the feasibility and preliminary effectiveness of a goal-setting, home program intervention (Small Steps) on reducing sedentary behaviour	Education Goal attainment	Instruction Information (Work book) personalized goal setting normative feedback, graded tasks (aim to decrease SB by 90 min/day) Self-monitoring (check list) Supportive coaching	Face to face individual sessions in participants home, computer assisted telephone interview, phone calls, independent	Self-determination theory	ActivePal accelerometer Multimedia Activity Reall for Parents and Children (MARCA)	Positive: Sitting time was significantly reduced By 51.5 min/day (p=0.006; d=-0.58) And number of bouts of prolonged sitting By 0.8/day (p=0.002; d=-0.7) Self-reported sitting decreased by 96min/day (p<0.001; d=-0.77), however after bonnferoni correction no significant difference
Liu [37], 2015, China	Quasi-experimental pre-post design, N=39, age = 76, Recruited from nursing home Not excluded to SB or PA status	Residents in Nursing Homes, 6-week intervention	Examine the effectiveness of an educational program on PA status for residents in a nursing home	Education Physical Activity	Goal setting Self-monitoring (pedometer) Instruction Information (Written material- Activity Log book)	Face to face group and individual, independent	Guided by Go-4 Life (national institute on aging)	IPAQ	Positive: Significant improvement in total PA as measured by IPAQ (p<0.01), however not broken down to SB component in IPAQ caution
Matei [43], 2015, UK	Pre-post design with 2 groups, N= 43, ages = 66.7, Sampling 65-75 years Not excluded to SB or PA status	Community dwelling older adults recruited from shelter housing and intervention community centres, 4-week	To determine the feasibility of a SB intervention (On your feet Earn your seat) and to determine the effectiveness of replacing SB with all 4 types of PA	Education	Instruction Information (written booklet, PA tips) motivational interviewing Self-monitoring (tick sheets) Habit formation Habit reversal Action Planning	Written material with tips and strategies	Habit Formation Model	IPAQ, MOST	Positive: Significant reduction in mean sitting time (1056 min/week); p=0.001) only for the second sample of participants (community recruited)
Leask [56], 2017, Glasgow	Qualitative Participatory research, N= 11, age = 74	Community dwelling, 10-month intervention	To co-create a tailored intervention for older adults that targets decreasing SB	Focus groups of older adults, researchers and exercise experts recommended Education	Review of literature Field notes Video recordings Worksheet tasks	Face to face group	Not reported	Qualitative content analysis	Positive: Focus groups recommended to include; daily diary, strategies to modify routine, education, self-monitoring and action planning to evaluate change when designing SB interventions for older adults

	Not excluded based on PA or SB								
Maier [57], 2016, US	Qualitative Pre-post design, N= 100, age = 74 Eligibility = >60 years and sitting 8 hours/day or more on average	Community dwelling older adults, 14-day intervention	Using a dual process model of motivation, determine the variables associated with between group and individual factors associated with SB in older adults by asking participants questions about their motivation at beginning and end of day	Activity monitoring (Accelerometer) Education Answer daily questionnaires	Instruction Information (Written material) Self-monitoring (accelerometer) Habit formation	Face to face individual and self-administered	Dual-process theories of motivation; Health Action Process Approach (HAPA); Habit model	Active Pal accelerometer SBQ (9-item)	Positive: SB WAS: (a) Negatively associated with planning to reduce SB at the within-person level ($\gamma_{10} = -0.51, p = .005$) (b) Positively associated with SB habit strength ($\gamma_{02} = 19.97, p = .04$) PLANS TO LIMIT SB WERE: (a) Positively associated with task self-efficacy at the within-person level (b) Negatively associated at the between-person level (c) Positively associated with intentions at the between- and within-person level. INTENTIONS TO LIMIT SEDENTARY BEHAVIOUR WERE: (a) Positively associated with task self-efficacy at the between and within person level (b) Not associated with light-intensity physical activity outcome expectations, sedentary behavior risk perceptions, or sedentary behavior habit strength.
Gardner [59], 2014, London UK Original Protocol	Protocol, RCT, N=NA, age = 60 – 74 years (retired) and inactive (≤ 30 consecutive minutes of leisure time physical activity of ≥ 3 metabolic equivalents per week) - sedentary (≥ 6 total leisure time hours sitting per day)	Community dwelling older adults from primary care setting, 8-week intervention	To assess the feasibility of the “On your feet earn your seat” intervention and determine the effectiveness of improving sedentary behaviour habits through replacing SB with PA	Education Activity monitoring	Instruction Information on health consequences, Motivational text prompts, goal setting, self-monitoring of sedentary time (accelerometer and tick sheet), habit formation, habit reversal social support from research team	written material booklet (self-administered) telephone	Habit formation model	IPAQ SBQ ActivePal 3 (7 days)	Protocol
Gine-Garriga [44], 2017, Barcelona	Protocol RCT (3 armed trial), target = 446, age = 65 and older Eligibility: insufficiently active	Community dwelling older adults, 16-week intervention	To evaluate the SITLESS Project, which aims to compare exercise referrals (ERS) to ERS + SMS to control on changes with PA and SB outcomes	Physical Activity (weekly multi-component MVPA exercise program) Education Activity Monitoring	Instruction Information (Written materials) Goal setting Motivational coaching Self-monitoring (Pedometer and diaries)	Group based One to one face to face phone calls Independent	SCT	Actigraph and Active Pal accelerometer PACE SBQ	Protocol
Krehbiel [60], 2017, US	Protocol – RCT, Eligibility: >60 years, not	Community dwelling, 8-week intervention	Pilot study to evaluate feasibility of wear able technology to	Physical Activity (multi-component structured exercise program) Activity monitor	Self-monitoring (Fitbit feedback) Goal setting Motivational interviewing Coaching	Face to face group exercise program and face to face individual and	Not reported	Fit bit activity monitor	Protocol

	excluded based on PA or SB		decrease SB in older adults		counselling Barrier identification/ Problem solving	self-administered			
MacMillan [61], 2011, Scotland	Protocol, RCT, waitlist control, N=? age = 65 and older and not meeting the PA guidelines	Community dwelling older adults recruited through primary care, 24 week intervention	To examine the effectiveness of a walking program on PA outcome and behaviour change for older adults pedometer	Education Physical activity (peer support walking groups) Exercise program	Instruction Information (Written educational material) Motivational interviewing consultations Goal setting Graded tasks (tailored weekly step # goals based on initial steps)	One on one consultation and group face to face	Transtheoretical model of change, SCT, Re-AIM	ActivPal Focus Groups	Protocol
Martin-Borras [33], 2014, Spain	Protocol, RCT, N= ?, ages 25 – 65, 2 phases Eligibility: >6 hours/day sitting	Community adults who are overweight/ mild obese recruited from primary care, 6-month intervention	To evaluate the effectiveness of an education-based intervention (designed for the individuals stage of change) on sedentary behaviour outcomes	Education (SEDESTACTIVEBehaviour change Intervention developed based on qualitative data from first phases (1 = focus groups, interviews, 2 = RCT intervention)	Instruction Information Goal setting Health coaching	Face to face visits, phone calls	Prochaska and DiClemente's Stages of Change Model	Activ Pal accelerometer, Marshall Questionnaire, Occupational Sitting and Physical Activity Questionnaire	Protocol
Rose [34], 2007, New Zealand	Protocol RCT, N= 880, age 40 – 74 years old women undertaking less than 150 minutes of at least moderate intensity physical activity per week.	Community dwelling adults recruited from primary care, 9 month intervention	To determine effectiveness of nurse-led intervention to increase physical activity in physically inactive women recruited from primary care.	Lifestyle script: Physical Activity (walking program) prescribed by exercise specialist Education	Motivational interviewing Counselling Information Goal setting	Face to face Self-administered	NA	New Zealand Physical activity questionnaire	Protocol
Brickwood [58], 2017, Australia	Protocol, RCT 3 arms N=?, age = over 60 and frail No excluded based on SB or PA	Community dwelling adults > 60 years, 12-month intervention	To compare PA levels compliance between usual care exercise group to PA activity tracker group to telephone counselling group following a 12-week strengthening program	Physical activity Activity monitoring	Remote physical activity monitoring and feedback (RAMF), problem solving, counselling information	Web-based telephone	Not reported	Active Pal accelerometer Active Australia Questionnaire	Protocol
Thogersen-Ntoumani [38], 2017, Australia	Protocol, Pilot RCT Eligibility = 60 years and older	Retirement villages	To assess the feasibility, preliminary effects on changes in PA	Physical activity (walking program) Workshops Education	Instruction Information (benefits of PA, risks of SB, strategies to	Face to face group Self-administered books	Self-determination theory	Pedometers Log books Sedentary time for older adults questionnaire	Protocol

	who do not meet the PA guidelines		and SB of an intervention aimed to have resident ambassadors lead a walking program for older adults.		decrease SB), motivational interviewing, goal setting, barrier identification/ problem solving, self-monitoring (tick sheets), peer support				
Tudor-Locke [35], 2014, US	Protocol, N=120?, age = 45 – 75 post-menopausal women with objectively determined sedentary: Average ≤5,000 steps/day during screening	Community-dwelling post-menopausal women	To compare the impact of 2 pedometer-based walking interventions relative to a control group on health outcomes	Physical activity (community walking program) Activity monitoring (Pedometers) Education	Instruction Information Goals setting Problem solving Self-monitoring (pedometer) Peer support Comparative norms Action Planning	Face to face Group and individual	NA	Acti-graph Accelerometer	Protocol