

Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the health coach. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

To test the hypothesis that in-clinic health coaching by medical assistants trained as health coaches improves control of one or more chronic vascular disease risk factors (diabetes, hypertension or hyperlipidemia) not controlled at baseline.

1. **Intervention Aim:** Inform, enable, and reinforce connections to patient assistance programs.

2. **Health Coach Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

- [x] Provide education (written or verbal)
- [x] Schedule visits
- [x] Attend patient appointments
- [x] Facilitate referrals
- [x] Improve patient communication
- [x] Provide information to healthcare provider
- [x] Act as an interpreter
- [x] Support self-management/reinforce skills
- [x] Provide social/emotional support
- [x] Help with patient goal setting
- [x] Link patients to social resources
- [x] Link patients to billing/insurance personnel
- [ ] Link patients to financial resources
- [ ] Liaise with employer to make sure health needs are met
- [x] Monitor attendance & follow-up after missed appointments
- [ ] Other:

Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future health coaching interventions (list below or highlight above).


3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- **Lack of knowledge**: Patient lacks the knowledge to understand and/or manage their condition
- **Disability**: Disability that makes getting health care difficult
- **Co-morbidity**: Medical or mental health problems that make getting care difficult
- **Not a priority**: Other issues take priority over care
- **Fear**: Fear about any aspect of health or health-related care
- **Attitudes toward providers**: Perceptions about health care providers that impact receiving care
- **Perceptions/Beliefs about test or treatment**: Personal or cultural beliefs that effect receiving care

**External Barriers**
- **Housing**: Worrying about housing during health care
- **Transportation**: Difficulty getting from home to health care site
- **Location of facility**: Distance from health care facility even if transportation is available
- **Social support**: Lacks a person/community for assistance during health care
- **Child care**: Not having child care when needed during health care
- **Adult care**: Difficulty finding support for other family members during health care
- **Employment demands**: Work demands make getting health care difficult
- **Insurance**: Paying for direct aspects of health care is a problem
- **Financial problems**: Dealing with financial problems (not directly related to health care) is interfering with receiving health care

**System Barriers**
- **Literacy**: Difficulty understanding written communication from the health care system
- **Language**: Not sharing a common language for communication
- **Problems with scheduling**: Difficulty scheduling and/or coordinating appointments
- **Communication with providers**: Lacks understanding of the information provided
- **System proactive**: Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. Theories or frameworks used to inform the development of the intervention:

Chronic Care Model, Transtheroretical Model (Stages of Change), Self-efficacy, Theory of Planned Behavior, Social Cognitive Theory, Pender’s Health Promotion Model
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the case manager. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Improve outpatient compliance with appointments for patients with cancer who were identified by predictive modeling as being at high risk of missing a scheduled appointment.

   Please denote here if the overall aim was different

2. **Case Manager Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
   - Monitor attendance & follow-up after missed appointments
   - Schedule visits
   - Facilitate referrals
   - Provide information to healthcare provider
   - Support self-management/reinforce skills
   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Other: Reminders prior to appointment

   Of the duties listed above, **please identify** those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or **highlight above**).
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
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4. Theories or frameworks used to inform the development of the intervention:

**Below please find a summary of the details we have extracted from your manuscript.** Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the case manager. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Increase access to and use of oral health services among low-income individuals with HIV.

   To address under-use of oral health care services among individuals with HIV, we evaluated the efficacy of a case management intervention that linked individuals to dental care.

2. **Case Manager Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
   - Facilitate referrals
   - Provide information to healthcare provider
   - Support self-management/reinforce skills
   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Monitor attendance & follow-up after missed appointments
   - Arrange transportation

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

   Educating participants about the importance of oral health

   Identifying individual and structural barriers to obtaining care

   Addressing structural barriers and/or linking participants to case management services
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**

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4. Theories or frameworks used to inform the development of the intervention:

*Theories of Empowerment and Self-Efficacy (from Gardner 2005)*

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Please identify any important theories or frameworks here

Anderson and Aday Health Services Utilization Model
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Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the community health worker. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Provide access to Diabetes self-management education for uninsured patients.

   Please denote here if the overall aim was different

2. **Community Health Worker Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - [ ] Provide education (written or verbal)
   - [ ] Attend patient appointments
   - [ ] Improve patient communication
   - [ ] Act as an interpreter
   - [ ] Provide social/emotional support
   - [ ] Link patients to social resources
   - [ ] Link patients to financial resources
   - [ ] Monitor attendance & follow-up after missed appointments
   - [ ] Schedule visits
   - [ ] Facilitate referrals
   - [ ] Provide information to healthcare provider
   - [ ] Support self-management/reinforce skills
   - [ ] Help with patient goal setting
   - [ ] Link patients to billing/insurance personnel
   - [ ] Liaise with employer to make sure health needs are met
   - [ ] Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

3. **Barriers targeted by program:** (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- [ ] Lack of knowledge: Patient lacks the knowledge to understand and/or manage their condition
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- [ ] Co-morbidity: Medical or mental health problems that make getting care difficult
- [ ] Not a priority: Other issues take priority over care
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- [ ] System proactive: Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. **Theories or frameworks used to inform the development of the intervention:**

*Social Cognitive Theory*

Please identify any other important theories or frameworks here
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the patient navigator. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Help patients complete transplant process steps in a more efficient and equitable manner.

   Please denote here if the overall aim was different

2. **Navigator Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Schedule visits
   - Attend patient appointments
   - Facilitate referrals
   - Improve patient communication
   - Provide information to healthcare provider
   - Act as an interpreter
   - Support self-management/reinforce skills
   - Improve patient communication
   - Help with patient goal setting
   - Provide social/emotional support
   - Link patients to billing/insurance personnel
   - Link patients to social resources
   - Liaise with employer to make sure health needs are met
   - Link patients to financial resources
   - Monitor attendance & follow-up after missed appointments
   - Other: Arrange transportation

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- [ ] Lack of knowledge: Patient lacks the knowledge to understand and/or manage their condition
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- [ ] System proactive: Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. Theories or frameworks used to inform the development of the intervention:

Please identify any important theories or frameworks here
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the patient navigator. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Optimize treatment of patients diagnosed with cancer by providing a patient navigator to act as a guide and coach during cancer treatment.

   Please denote here if the overall aim was different

2. **Navigator Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
   - Monitor attendance & follow-up after missed appointments
   - Schedule visits
   - Facilitate referrals
   - Provide information to healthcare provider
   - Support self-management/reinforce skills
   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

Patients reported appreciated two major facets: emotional support during a difficult time and assistance in processing so much information during a period when they felt overwhelmed. However, as with most complex interventions, context plays a huge role. The cancer center system in our community is quite good and control patients fared well probably in part due to the high quality care provided.
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- [ ] Lack of knowledge: Patient lacks the knowledge to understand and/or manage their condition
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**External Barriers**
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**System Barriers**
- [ ] Literacy: Difficulty understanding written communication from the health care system
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4. Theories or frameworks used to inform the development of the intervention:

Loosely grounded in self determination theory. Navigators were trained to establish strong relationships with patients, to support patient autonomy in decision making, and promote competence in understanding the system and communicating with their health care providers.
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the public health nurse. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Increase rates of health care visits for mental health and chronic health conditions and increase the ability to navigate the Medicaid system.

   Please denote here if the overall aim was different

   Additional aim: to improve mental and physical health, and employment outcomes for women in welfare-to-work program

2. **Public Health Nurse Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Schedule visits
   - Attend patient appointments
   - Facilitate referrals
   - Improve patient communication
   - Provide information to healthcare provider
   - Act as an interpreter
   - Support self-management/reinforce skills
   - Provide social/emotional support
   - Help with patient goal setting
   - Link patients to social resources
   - Link patients to billing/insurance personnel
   - Link patients to financial resources
   - Liaise with employer to make sure health needs are met
   - Monitor attendance & follow-up after missed appointments
   - Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

   They did everything on list above except act as interpreter.

   Below:

   Addressed all of the patient barriers below, and system barriers that included communication w/ providers and being proactive in the system (thus -- learning how to navigate their Medicaid)
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
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- Disability: Disability that makes getting health care difficult
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**External Barriers**
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4. Theories or frameworks used to inform the development of the intervention:

*Transactional Model of Stress and Coping*

Please identify any other important theories or frameworks here

I believe the article refers to Milio's Ecological Framework -- that is what we used.
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the community health worker. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Improve diabetes self-management behaviours.

   Please denote here if the overall aim was different

   Improve HbA1c

2. **Community Health Worker Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - [ ] Provide education (written or verbal)
   - [ ] Schedule visits
   - [ ] Attend patient appointments
   - [ ] Facilitate referrals
   - [ ] Improve patient communication
   - [ ] Provide information to healthcare provider
   - [ ] Act as an interpreter
   - [ ] Support self-management/reinforce skills
   - [ ] Provide social/emotional support
   - [ ] Help with patient goal setting
   - [ ] Link patients to social resources
   - [ ] Link patients to billing/insurance personnel
   - [ ] Link patients to financial resources
   - [ ] Liaise with employer to make sure health needs are met
   - [ ] Monitor attendance & follow-up after missed appointments
   - [ ] Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

   Education and social/emotional support

3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

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4. Theories or frameworks used to inform the development of the intervention:

*Empowerment Theory*

Please identify any other important theories or frameworks here

Empowerment and social ecological
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the patient navigator. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Improve treatment and follow-up access and adherence by influencing predisposing (knowledge/attitudes), reinforcing (social support/cues to action), and enabling (barrier reduction skill).

   Please denote here if the overall aim was different

2. **Navigator Duties:** (Please check boxes to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
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   - Provide information to healthcare provider
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   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Other:

Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

Please identify most important duties here
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4. Theories or frameworks used to inform the development of the intervention:

*Health Belief Model*
*Socio-Cultural Explanatory Theory*

Please identify any other important theories or frameworks here
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the case manager. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Overcome barriers to treatment adherence while engaging in case management activities.

   Please denote here if the overall aim was different
   
   To use a brief case management intervention to improve adherence to antiretroviral therapy among persons living with HIV in Los Angeles County.

2. **Case Manager Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - [ ] Provide education (written or verbal)
   - [ ] Schedule visits
   - [ ] Attend patient appointments
   - [ ] Facilitate referrals
   - [ ] Improve patient communication
   - [ ] Provide information to healthcare provider
   - [ ] Act as an interpreter
   - [ ] Support self-management/reinforce skills
   - [x] Provide social/emotional support
   - [x] Help with patient goal setting
   - [x] Link patients to social resources
   - [x] Link patients to billing/insurance personnel
   - [x] Link patients to financial resources
   - [ ] Liaise with employer to make sure health needs are met
   - [ ] Monitor attendance & follow-up after missed appointments
   - [ ] Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- ☒ Lack of knowledge: Patient lacks the knowledge to understand and/or manage their condition
- ☐ Disability: Disability that makes getting health care difficult
- ☒ Co-morbidity: Medical or mental health problems that make getting care difficult
- ☐ Not a priority: Other issues take priority over care
- ☐ Fear: Fear about any aspect of health or health-related care
- ☐ Attitudes toward providers: Perceptions about health care providers that impact receiving care
- ☐ Perceptions/Beliefs about test or treatment: Personal or cultural beliefs that effect receiving care

**External Barriers**
- ☒ Housing: Worrying about housing during health care
- ☐ Transportation: Difficulty getting from home to health care site
- ☒ Location of facility: Distance from health care facility even if transportation is available
- ☒ Social support: Lacks a person/community for assistance during health care
- ☒ Child care: Not having child care when needed during health care
- ☐ Adult care: Difficulty finding support for other family members during health care
- ☒ Employment demands: Work demands make getting health care difficult
- ☐ Insurance: Paying for direct aspects of health care is a problem
- ☒ Financial problems: Dealing with financial problems (not directly related to health care) is interfering with receiving health care

**System Barriers**
- ☒ Literacy: Difficulty understanding written communication from the health care system
- ☒ Language: Not sharing a common language for communication
- ☐ Problems with scheduling: Difficulty scheduling and/or coordinating appointments
- ☒ Communication with providers: Lacks understanding of the information provided
- ☐ System proactive: Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. Theories or frameworks used to inform the development of the intervention:

*Transtheoretical Model of Behaviour Change*

Please identify any important theories or frameworks here
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the case manager. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Link HIV infected persons to HIV care, and to sustain this linkage for more than a single visit.

   Please denote here if the overall aim was different

   Spelling: Gardner et al.
   Aim is correct. I would add that the aim was to link patients to HIV medical care in the context of a randomized trial, in order to provide the highest level of evidence for this type of intervention.

2. **Case Manager Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
   - Monitor attendance & follow-up after missed appointments
   - Schedule visits
   - Facilitate referrals
   - Provide information to healthcare provider
   - Support self-management/reinforce skills
   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

   Clarification: attending patient appointments was not protocol-driven. If it occurred, it was something mutually agreed as necessary in order for the participant to keep the care appointment.

   Clarification: Referrals were limited when they did occur. This was intentional in order to maintain the focus on allowing the patient to become self-directed toward primary medical care, with encouragement. The vast majority of other social and medical services were expected to be handled by the HIV clinic's medical and case management staff. We strived to keep the focus on primary medical care; engaging in a series of referrals (housing, sub. use treatment) takes away from that focus.

3. **Barriers targeted by program:** (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- **Lack of knowledge:** Patient lacks the knowledge to understand and/or manage their condition
- **Disability:** Disability that makes getting health care difficult
- **Co-morbidity:** Medical or mental health problems that make getting care difficult
- **Not a priority:** Other issues take priority over care
- **Fear:** Fear about any aspect of health or health-related care
- **Attitudes toward providers:** Perceptions about health care providers that impact receiving care
- **Perceptions/Beliefs about test or treatment:** Personal or cultural beliefs that effect receiving care

**External Barriers**
- **Housing:** Worrying about housing during health care
- **Transportation:** Difficulty getting from home to health care site
- **Location of facility:** Distance from health care facility even if transportation is available
- **Social support:** Lacks a person/community for assistance during health care
- **Child care:** Not having child care when needed during health care
- **Adult care:** Difficulty finding support for other family members during health care
- **Employment demands:** Work demands make getting health care difficult
- **Insurance:** Paying for direct aspects of health care is a problem
- **Financial problems:** Dealing with financial problems (not directly related to health care) is interfering with receiving health care

**System Barriers**
- **Literacy:** Difficulty understanding written communication from the health care system
- **Language:** Not sharing a common language for communication
- **Problems with scheduling:** Difficulty scheduling and/or coordinating appointments
- **Communication with providers:** Lacks understanding of the information provided
- **System proactive:** Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. **Theories or frameworks used to inform the development of the intervention:**

*Theories of Empowerment and Self-Efficacy*

Please identify any other important theories or frameworks here

Self-efficacy/strengths perspective theory was taught to the interventionists at their training at the Center for Interventions, Treatment and Addictions Research at Wright State University, Dayton, Ohio, in early 2001.

Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the community health worker. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Improve diabetic control.

   Please denote here if the overall aim was different

2. **Community Health Worker Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
   - Monitor attendance & follow-up after missed appointments
   - Schedule visits
   - Facilitate referrals
   - Provide information to healthcare provider
   - Support self-management/reinforce skills
   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- □ Lack of knowledge: Patient lacks the knowledge to understand and/or manage their condition
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- □ Perceptions/Beliefs about test or treatment: Personal or cultural beliefs that effect receiving care

**External Barriers**
- □ Housing: Worrying about housing during health care
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- □ Insurance: Paying for direct aspects of health care is a problem
- □ Financial problems: Dealing with financial problems (not directly related to health care) is interfering with receiving health care

**System Barriers**
- □ Literacy: Difficulty understanding written communication from the health care system
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- □ Problems with scheduling: Difficulty scheduling and/or coordinating appointments
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- □ System proactive: Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. Theories or frameworks used to inform the development of the intervention:

*Precede-Proceed*

Please identify any other important theories or frameworks here

Katz ML et al. Family-based psychoeducation and care ambassador intervention to improve glycemic control in youth with type 1 diabetes: a randomized trial Pediatric Diabetes 2014: 15: 142-150

Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the Care Ambassador. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. Intervention Aim: Help patients and their families receive ambulatory diabetes care as prescribed by the patient’s usual diabetes health care team.

Please denote here if the overall aim was different

To evaluate the care ambassador intervention when integrated into routine pediatric diabetes office visits and to determine whether this intervention supplemented by psychoeducational modules further improved outcomes.

2. Care Ambassador Duties: (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

- Provide education (written or verbal)
- Schedule visits
- Attend patient appointments
- Facilitate referrals
- Improve patient communication
- Provide information to healthcare provider
- Act as an interpreter
- Support self-management/reinforce skills
- Provide social/emotional support
- Help with patient goal setting
- Link patients to social resources
- Link patients to billing/insurance personnel
- Link patients to financial resources
- Liaise with employer to make sure health needs are met
- Monitor attendance & follow-up after missed appointments
- Other:

Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

Please identify most important duties here

Monitoring attendance & follow-up after missed appointments is one very important task to ensure that patients are coming regularly and they are not lost to follow-up. Maintaining regular appointments is one of the best ways to prevent both short term and long term adverse outcomes. Another important task is providing education (written and verbal), and psychosocial support about key issues involved in diabetes management along with goal setting.

3. **Barriers targeted by program:** (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**
- **Lack of knowledge:** Patient lacks the knowledge to understand and/or manage their condition
- **Disability:** Disability that makes getting health care difficult
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- **Perceptions/Beliefs about test or treatment:** Personal or cultural beliefs that effect receiving care

**External Barriers**
- **Housing:** Worrying about housing during health care
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**System Barriers**
- **Literacy:** Difficulty understanding written communication from the health care system
- **Language:** Not sharing a common language for communication
- **Problems with scheduling:** Difficulty scheduling and/or coordinating appointments
- **Communication with providers:** Lacks understanding of the information provided
- **System proactive:** Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. **Theories or frameworks used to inform the development of the intervention:**

Please identify any important theories or frameworks here

This intervention was based on previous research by Dr. Laffel incorporating the Care Ambassador intervention to ensure that patients are coming regularly and that they are not lost to follow up. This intervention was also guided by the importance of diabetes education, psychosocial support, and goal setting.
Below please find a summary of the details we have extracted from your manuscript. Please confirm that we have reported accurate descriptions of the intervention aim and the actions taken by the Care Ambassador. In addition, please confirm whether we have accurately indicated all of the barriers targeted by the intervention, or whether additional barriers were also addressed. There are four (4) questions in total.

1. **Intervention Aim:** Help patients and their families receive ambulatory diabetes care as prescribed by the patient’s usual diabetes health care team.

   Please denote here if the overall aim was different

2. **Care Ambassador Duties:** (Please check the boxes below to confirm the duties we extracted from the manuscript and to identify those we may have missed)

   - Provide education (written or verbal)
   - Attend patient appointments
   - Improve patient communication
   - Act as an interpreter
   - Provide social/emotional support
   - Link patients to social resources
   - Link patients to financial resources
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   - Provide information to healthcare provider
   - Support self-management/reinforce skills
   - Help with patient goal setting
   - Link patients to billing/insurance personnel
   - Liaise with employer to make sure health needs are met
   - Other:

   Of the duties listed above, please identify those which you feel had the greatest impact or should be included in the development of future navigator interventions (list below or highlight above).

   Please identify most important duties here

   Monitor attendance & follow-up after missed appointments is the most important task to ensure that patients are coming regularly and they are not lost to follow-up. Maintaining regular appointments is one of the best ways to prevent both short term and long term adverse outcomes.
3. Barriers targeted by program: (Please check the boxes below to confirm that we have accurately identified the barriers targeted by the intervention and to identify those we may have missed)

**Patient Barriers**

- Lack of knowledge: Patient lacks the knowledge to understand and/or manage their condition
- Disability: Disability that makes getting health care difficult
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**External Barriers**

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**System Barriers**

- Literacy: Difficulty understanding written communication from the health care system
- Language: Not sharing a common language for communication
- Problems with scheduling: Difficulty scheduling and/or coordinating appointments
- Communication with providers: Lacks understanding of the information provided
- System proactive: Difficulty accessing appropriate providers or lack of follow-up for missed or cancelled appointments

4. Theories or frameworks used to inform the development of the intervention:

Please identify any important theories or frameworks here

This intervention was guided by research stating the importance of ensuring that patients are coming regularly and that they are not lost to follow up.