

Supplemental Material

Supplemental Methods

Data S1. Interview Guide

Open Ended Questions (in bold) and Probes (sub-items):

1. **Tell me about your most recent visit with your primary care provider.**
 - a. Why did you visit your provider and what happened during the visit?
 - b. Was a decision made during this encounter?

2. **Tell me about the most recent decisions made related to your high blood pressure care and management.**
 - a. Could you please describe the decisions made? For example, whether or not to start exercise, decision about whether or not to change the foods you eat, or your medication.
 - b. How were those decisions made?
 - c. Could you share a time when the provider talked to you about decisions about your high blood pressure care? Did the provider discuss care options for you to consider? Were you involved in making the decision?
 - d. How do you feel about making health care related decisions with your provider? How much involvement do you like to have?
 - e. How did your discussions with the provider influence the way you followed through with the blood pressure management decision that you made (for example, starting exercise or changing the foods that you eat)?

3. **Tell me about a time when you felt involved in making decisions together with your provider about your high blood pressure.**
 - a. What made it easy or difficult for you to get involved in making these decisions, if any?
 - b. Did the provider help you understand your high blood pressure? What did they do or say to help you to understand your high blood pressure?
 - c. Did they help you understand the options? What did they do or say to help you to understand the options so that you could come to a decision?
 - d. What could have been done to increase your involvement in making those decisions?
 - e. Did they ask about the things that matter most to you about your high blood pressure and its impact on your life? If yes, did they include what matters most to you when discussing your options?
 - f. In what ways were the things that are most important to you included in the discussion and decision?

4. **Tell me about the communication between you and your provider (when you made decisions together with the provider).**
 - a. Were you able to ask all the questions that you needed? What would help you to ask your questions?
 - b. Did you feel comfortable asking questions? Why or why not?
 - c. Did you have your questions answered?

- d. Were you able to tell the provider everything you needed to say?
- e. In what ways did the communication between you and your provider affect your involvement in making the decisions?
- f. What could the PROVIDER do to make the communication better so that you were (more) involved in decision making?
- g. What could YOU do to make it better?
- h. Is there a time when you disagreed with your provider? For example, about the next step in your treatment plan such as lifestyle change goal that you were not willing to try like exercising or reducing the salt in your diet. If yes, did you feel comfortable disagreeing with them or letting them know that you were not willing to try the recommended change? How did you tell them?

5. Tell me about the information that you received (when you were making a decision with your provider).

- a. Did your provider talk about your risk for having a heart attack or a stroke? Describe how they told you about your level of risk. For example, they used a risk chart or score.
- b. How might your understanding of risk for having a heart attack or a stroke influence your preferences for taking part or not in making the decisions?
- c. Did your provider talk about the benefits of hypertension treatment? Describe how they talked about benefits. For example, did they use a chart or score to discuss risk for a heart attack or stroke?
- d. How might your understanding of the benefits of treatment influence your preferences for taking part or not in making the decisions?
- e. What do you think providers could do differently to help you better understand your risk and benefits and how it relates to the options you have?

6. Sometimes patients share the same racial or ethnic background with their provider, sometimes they don't. Think about the provider in the situation we just discussed when you felt (didn't feel) involved in the decisions.

- a. Were you and the provider from the same racial or ethnic group?
- b. How do you think this affected the information shared, the communication and the decision-making process?
- c. Do you think it is helpful or harder to make decisions together when you and your provider are from the same (different) race/ethnicity group? Why?
- d. In what way do you think your racial or ethnic background influence whether you take part in decision making?

7. Tell me about a time when your provider made all the decisions alone about your high blood pressure.

- a. What are the reasons for the provider to make all the decisions alone?
- b. What kept you from being involved?
- c. What could PROVIDERS do to help you to get involved in making the decisions?
- d. What could YOU or others do to help you in being involved?

8. We use a phrase, "shared decision making" to describe when providers and patients make decisions together. This happens when providers talk with their

patient about treatment choices, and consider what is important to the patient, their values and beliefs, and make the decision together.

- a. I want to make sure I explained “shared decision making” well. Can you tell me what shared decision making means in your own way?”
- b. Is shared decision making helpful in high blood pressure care? Why or why not?
- c. As a patient, what do you think helps you and your provider to make these decisions together? Or what could help you and your provider to engage in shared decision making?
- d. What makes (could make) it harder?
- e. What could your clinic or healthcare site do to help more patients and providers to take part in shared decision making?

Table S1. Highlighted quotes for facilitators and barriers to SDM in the context of hypertension by group.

Facilitators	Barriers	Groups		Quotes
Patient-clinician communication				
Two-way communication	Lack of communication	Lower SDM	SBP < 10	“His [clinician] willingness to discuss my blood pressure, the consequences. He doesn't hold back when he talks to me, and I'm able to discuss my views, and he listens to it, and we make the decision together. [...] It's something positive.” (Pt. 1041)
		High SDM	SBP ≥ 10	“Like I said, my life, so I figure I should be able to [get involved]. I couldn't see going to a doctor who would not let me voice my opinion or ask questions about my health care. ” (Pt. 1319)
Discussion of options, pros, and cons		High SDM	SBP ≥ 10	“Well, it was easy when she was like “Well, you have the option to exercise, or change your eating habits to make your blood pressure more healthier.” So I felt as though that was a option that I was willing to take.” (Pt. 1215)
Able to ask questions		High SDM	SBP ≥ 10	“You got to be able to communicate what problems you're having, whatever, if it's a side effect. Or questions you have about whatever, then that should be something that you feel comfortable to discuss. [...] My doctor makes me feel that it's no such thing as basically a stupid question. That if there's something I'm not sure about, that I should feel comfortable asking. (Pt. 1319)
	Lack of information provision	Lower SDM	SBP ≥ 10	“I think that I should've been giving a little more information than I do get. I don't know if I have an actual doctor or a practitioner, but sometimes I do feel like I'm not getting all the information that I would get if I had a black doctor.” (Pt. 4101)
	Clinicians' accent	High SDM	SBP < 10	“I speak English [...] basically only English speaking person, and if they have a difficult accent to understand, then it's a very difficult conversation. So I don't care what color they are, or what their ethnic background is, if I can't understand them then it's difficult” (Pt. 0017)
Patient-clinician relationship				
Mutual understanding		High SDM	SBP < 10	[patient-clinician racial concordance] “I think it's easier [...] Because if we're from the same group, I imagine we'd understand each other better.” (Pt. 5272)

	No mutual understanding/ different perspectives	Lower SDM	SBP < 10	[patient-clinician racial discordance] “She is a younger generation person and she's also Asian descent, so they understand stuff differently than how Caucasians understand.” (Pt. 0106)
Shared history and experiences		High SDM	SBP < 10	[patient-clinician racial concordance] “I think it would help. [...] Well, core knowledge, it could be some history, it could be some shared history, it could be some shared experiences.” (Pt. 2012)
Respect for clinician’s education		High SDM	SBP ≥ 10	“In my case, it wouldn't make any difference [racial/ethnic concordance or discordance]. I would respect the education that the doctor has had and her suggestions. ” (Pt. 2013)
Trust and respect for the clinician		High SDM	SBP ≥ 10	“I think that is done with the trust you have in your doctor. The trust your doctors give you to treat him. It makes you get involved in the treatments and not to forget how the treatments were indicated.” (Pt. 5011)
Continuity of care		High SDM	SBP < 10	“They knew what we have tried, what’s worked, why we are where we are with the meds. So, the fact that they know the background is reassuring to me and then we don’t have to start from scratch each time. [...] a primary physician who has the context of my history and then he or she brings what’s the latest in the research, in the medication. I bring how I’m feeling and together, we either affirm what we’re doing or we modify it.” (Pt. 0010)
	Different lifestyles	Lower SDM	SBP < 10	[patient-clinician racial discordance] “It could be. It could be because if we’re from different ethnic groups, in the way we eat, and our lifestyle will be different. I think it is.” (Pt. 0076)
	Patient feeling intimidated	Lower SDM	SBP ≥ 10	“Being scared to ask questions. Being scared to talk to them. And just taking their word on everything just because they have doctors or they got degrees, that’s to me, no, get involved. Ask questions.” (Pt. 1108)
	Hierarchy	Lower SDM	SBP ≥ 10	“I think she thought that I didn’t understand, and I’m coming from-- I’m thinking “I’m the doctor, I know best, I’ve got the education, I’ve got the knowhow.” But still, no matter what you have, you can always listen to someone else. You can come to a person and talk to them like you would like to be spoken to if you was the patient, and that person was the doctor.” (Pt. 1238)
Patient factors				
Understanding of HTN and treatment		High SDM	SBP ≥ 10	“It makes it easier, because we have discussions back and forth. And I can ask questions, and it just makes it easier, because she really explains stuff to me so I can understand it enough for me to make the best decision.” (Pt. 1193)

	Lack of knowledge and understanding	Lower SDM	SBP < 10	"Maybe there are other people who don't understand like me, at the beginning. I didn't understand what high blood pressure implied. If I don't understand, then I don't know how to correct it." (Pt. 3039)
Control over oneself		Lower SDM	SBP ≥ 10	"It's easy for me [to participate in decision making] knowing that I am in control of myself. I'm still of my mind and I know what's right and what's wrong. I'm still in my mind to say I will do this, or I won't do this. Nobody has that privilege over me." (Pt. 1238)
	Lack of regimen compliance	High SDM	SBP < 10	"The most difficult thing is that sometimes I don't take the medication and that has an impact on them not being able to help me like they want to help me." (Pt. 5294)
Clinician factors				
Clinician takes time		Lower SDM	SBP < 10	"it's easy when she [clinician] shows me a little time, give me the time, listen to what I have to say, and answer any questions. And I can make the decision from there." (Pt 1033)
	Time constraints	Lower SDM	SBP ≥ 10	"Well, pressure on the provider to limit time with the patient, and I've seen that happen, when administration says you should see X number of patients in X number of time." (Pt. 1171)
Clinician shows interest in the patient		Lower SDM	SBP < 10	"I have a physician that shows interest in me. And so when he sits and he looks at me in the face and we are communicating, it makes it easy for me-- and I know he's listening to me. So it makes it easy for me to get involved and express myself regarding my health. And he works along with me. We're on the same page. And so that makes it easy." (Pt. 1035)
Clinician knowledgeable of health disparities		Lower SDM	SBP ≥ 10	"I guess my provider understand that because I'm African-American and, you know, the hypertension affect us more than any other race. And she's Caucasian so she has a very good understanding of what it is that I'm dealing with." (Pt. 1108)
Clinician's personality and attitudes		Lower SDM	SBP < 10	"Animosity between the two working together as a team. I mean, by "animosity" I mean him not listening to you or you're not listening to him or vice-versa on the medical for your best interests. Like me, I catch an attitude when a doctor gives me an attitude. How's that? So that would be detrimental to my health and making decisions." (Pt. 1041)
	Perceived lack of compassion	High SDM	SBP < 10	"She just rarely cares about what I have to say. You know what I mean? She always tells me what she thinks about what I said, and we never come up with decisions about my health. That's why I had to kind of like find another person that was more interested in my wellbeing than she was." (Pt. 1034)

Clinic or health system factors

Having an interpreter		High SDM	SBP < 10	“It doesn’t affect me [patient-clinician racial and ethnic discordance] because there’s always an interpreter, and she treats everyone equally.” (Pt. 5294)
	Limited availability of clinicians	High SDM	SBP ≥ 10	“In rural areas as well yeah. There aren't enough of them [clinicians] and two they're all rushed I mean [...] I'm always concerned because my provider is over 70 and I know that he's going to retire so. And I think, you know, who's gonna be there when he does, I have no idea.” (Pt. 2013)

Influence of participants’ race and ethnicity

Patient’s race specific risks		Lower SDM	SBP ≥ 10	“I’m African-American and I know that we’re at the top of the chart as far as having hypertension. So knowing that fact makes me very well aware of what’s going on. And it really vastly impacts decision-making.” (Pt. 1108)
Family history of HTN		High SDM	SBP ≥ 10	“Well, it’s important because my family-- a lot of my family members have high blood pressure. So it’s very important that I be-- it’s very important to me.” (Pt. 1193)
	Not taken seriously	Lower SDM	SBP < 10	“No, I will make a decision, but you do feel like maybe you are not being taken serious or understood all the way through. But, no, because if the doctor is fine, I’m fine with whatever they are.” (Pt. 1025)

SDM: shared decision making; BP: blood pressure; SBP: systolic blood pressure; Pt.: participant.

High SDM: CollaboRATE sum score ≥ 27; and Lower SDM: CollaboRATE sum score ≤ 26.

SBP ≥ 10: SBP decline of ≥ 10 mmHg; and SBP <10: SBP decline of <10 mmHg or increase/ no change in SBP.