

Appendix Figure 1: Future Healthcare Task Page for Intervention Arm

Planning For Your Future Healthcare

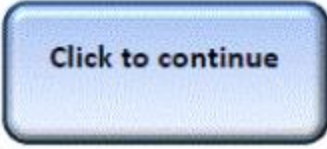
This task is required for completion of the *OnBoarding* process. You can complete an advance directive, or complete the form declining an advance directive at this time.

Advance directives are legal documents that allow you to make decisions about medical treatment ahead of time in case you become very ill and unable to communicate. They to guide your family, friends and health care professionals in an emergency, avoiding confusion and increasing the chances that you will receive the type of care you want.

In the following advance directive, you can designate who is to make medical decisions for you if you are unable to, and what type of care you would and would not want if you became very ill and unable to communicate.

For further information you can refer to our online brochure at [linktobrochure.pdf](#) twenty-four hours a day, or you can call one of our specialists at 215-777-7777 during business hours.

Please choose one of the following selections below:



A light blue, rounded rectangular button with a subtle gradient and a thin black border. The text "Click to continue" is centered in a bold, black, sans-serif font.

Appendix Figure 2: Second Future Healthcare Task Page for Intervention Arm

Plannin For Your Future Healthcare

Please choose one option below

<p><u>ADVANCE DIRECTIVE</u></p> <p>Click here to complete an advance directive</p>	<p><u>DECLINATION FORM</u></p> <p>Click here to decline from completing an advance directive</p>
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Employee will click on an option that loads corresponding form for completion.

Appendix Figure 3: Future Healthcare Task Page for Control Arm

Future Healthcare Planning

This task is NOT required for completion of the *OnBoarding* process. You can complete an advance directive or return to your previous task

Advance directives are legal documents that allow you to make decisions about medical treatment ahead of time in case you become very ill and unable to communicate. They to guide your family, friends and health care professionals in an emergency, avoiding confusion and increasing the chances that you will receive the type of care you want.

In the following advance directive, you can designate who is to make medical decisions for you if you are unable to, and what type of care you would and would not want if you became very ill and unable to communicate.

For further information you can refer to our online brochure at [linkto brochure.pdf](#) twenty-four hours a day, or you can call one of our specialists at 215-777-7777 during business hours.

Please choose one of the following selections below:

- I would like to complete an advance directive
- I already have an advance directive
- I would like to proceed with onboarding and return to this if I choose

Appendix Figure 4: Advance Directive Form

Instructions:

This form is an **Advance Healthcare Directive**, that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself.

Part I is the **Durable Health Care Power of Attorney**. This part lets you name someone to make decisions about your medical care—including decisions about life-sustaining treatment—if you can no longer speak for yourself. The durable health care power of attorney is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

Your durable health care power of attorney goes into effect when your doctor determines that you are no longer able to make or communicate your health care decisions. If you do not wish to assign someone, you can select the “I do not wish to appoint an agent” option

Part II contains your **Living Will**. Your living will lets you state your wishes about health care in the event that you can no longer make your own health care decisions and you are permanently unconscious or have an end-stage medical condition.

Your living will goes into effect when your doctor determines that you are no longer able to make or communicate your health care decisions, and you are permanently unconscious or have an end-stage medical condition.

When you have finished completing Parts I and II of your advance directive please print it out. In order to make it legally binding, you must then date and sign the printed document, or direct another to do so, in the presence of two witnesses. Both of your witnesses must be 18 years or older and, if you are unable to sign your Directive, neither witness can be the person who signed the Directive on your behalf.

Part I – Durable Healthcare Power of Attorney

I, _____ of _____ County, _____(State), appoint the person named below to be my agent to make health decisions for me **when and only when I lack sufficient capacity to make or communicate a choice regarding a healthcare decision** as verified by my attending physician. My agent may not delegate the authority to make decisions.

Appointment of Healthcare Agent (“Agent”)

I appoint the following agent:

Name: _____ Relationship: _____

Address: _____

Telephone Number: Home _____ Work _____

Email: _____

Alternate agent (to be contacted if the appointed agent is unable to serve):

Name: _____ Relationship: _____

Telephone Number: Home _____ Work _____

Email: _____

I understand that if I do not name an agent, my healthcare providers will ask my family or others who may know my preferences and values for help in determining my wishes for treatment.

_____I do not wish to appoint an agent.

Part II - Healthcare Treatment Instructions (Living Will)

The following healthcare treatment instructions exercise my right to make my own healthcare decisions. These instructions are intended to provide clear and convincing evidence of my wishes, and are to be followed only when I lack the ability to understand, make or communicate healthcare decisions for myself. Further, these wishes are only intended to apply if I am in a **state of permanent unconsciousness or have an end-stage medical condition** as verified by my attending physician.

In general, I wish to both live as long as possible and avoid pain and suffering. However, I understand that in some situations, choosing between these two goals may be necessary. If I am in a situation where such a choice is needed:

(Please make one selection in each category below. If you do not wish to specify an instruction, select the option stating that you do not wish to specify.)

Overall Goals of Care

_____ I want my healthcare providers to treat me by helping to relieve my pain and suffering, even if that means that I may not live as long.

OR

_____ I want my healthcare providers to treat me by helping me to live as long as possible, even if that means that I may have more pain or suffering.

OR

_____ I do not want to specify one of the above goals. My agent, with consultation from my healthcare provider, may direct the overall goals of my care based on his or her assessment of my preferences and values or best interests.

In addition, I want my healthcare providers and agent to focus on the following goals (optional):

Specific Procedures

These are my specific requests regarding life- prolonging procedures, in addition to requests I may write in at the end of this section.

1. Cardiopulmonary resuscitation (CPR)

_____ I do not want cardiopulmonary resuscitation (CPR) to be performed on me if my heart stops beating, even if performing CPR might prolong my life.

OR

_____ I request cardiopulmonary resuscitation (CPR) if my heart stops beating, even if performing CPR may increase my pain or suffering.

OR

_____ I do not wish to specify one of these options. My agent, with consultation from my

healthcare provider, may make any decisions about cardiopulmonary resuscitation (CPR) for me based on his or her assessment of my preferences and values or best interests.

2. Mechanical ventilator (breathing machine) use

_____ I do not want to be placed on a mechanical ventilator even if it might prolong my life. If I am unable to breathe on my own, I would prefer care directed towards relief of pain and suffering.

OR

_____ I wish to be placed on a mechanical ventilator (breathing machine) if it may prolong my life, even if it may also increase my pain or suffering.

OR

_____ I do not wish to specify one of these options. My agent, with consultation from my healthcare provider, may make any decisions about mechanical ventilator use for me based on his or her assessment of my preferences and values or best interests.

3. Dialysis (kidney filtration by machine)

_____ I do not want dialysis to be performed on me, even if dialysis might prolong my life. If I was on dialysis before I became permanently unconscious or developed an end-stage medical condition, I want dialysis to be stopped.

OR

_____ I request dialysis if it may prolong my life, even if it may also increase my pain or suffering. This includes continuing dialysis if I was on it before I became permanently unconscious or developed an end-stage medical condition.

OR

_____ I do not wish to specify one of these options. My agent, with consultation from my healthcare provider, may make decisions about the use of dialysis for me based on his or her assessment of my preferences and values or best interests.

4. Feeding tube insertion for artificial nutrition and hydration

_____ I do not want to have a feeding tube inserted or used for artificial nutrition and hydration.

OR

_____ I request feeding tube insertion and use for artificial nutrition and hydration if I cannot eat or drink.

OR

_____ I do not wish to specify one of these options. I understand that if I do not clearly

express my preferences, my agent will presume that I want artificial nutrition and hydration.

In addition, I make the following requests regarding whether or not to use specific therapies:

Care on hospital discharge if I am in an end-stage medical condition

These are my requests about how I wish to be cared for if I am in a hospital, my doctors say I no longer need to be in the hospital, but I cannot communicate and my doctors do not expect that to change.

_____ I want to be sent to my home if possible, or otherwise to a facility near my home, to receive care focused on keeping me as comfortable as possible rather than on prolonging my life. If my condition worsens, I do not want to return to a hospital again.

OR

_____ I want to be sent to my home if possible, or otherwise to a facility near my home, to receive care focused on keeping me alive as long as possible. If my condition worsens, I want to return to the hospital if that may prolong my life.

OR

_____ I do not wish to specify one of these options. I understand that if I do not express my preferences, my agent, with consultation from my health care provider, will make this decision for me based on his or her assessment of my preferences and values or best interests.

Agent’s Use of Instructions (Select one option only)

_____ I want the preferences I have expressed in this Living Will to be strictly followed by my agent.

OR

_____ I want the preferences I have expressed in this Living Will to serve as a general guide for my agent. My agent will have final say about all decisions, and may override these instructions.

Please indicate any exceptions to the above – that is, instructions that may not be overridden: _____

If I did not appoint an agent, these instructions shall be followed.

When you have finished completing Parts I and II, print out this form. Sign and Date the form below in the presence of two witnesses. Both of your witnesses must be 18 years or older. If you are unable to sign your Directive, neither witness can be the person who signs the Directive on your behalf.

Legal Protection

Pennsylvania law protects my healthcare agent and healthcare providers from any legal liability for their good faith actions in following my wishes as expressed in this form or in complying with my healthcare agent's direction. On behalf of myself, my executors and heirs, I further hold my healthcare agent and my healthcare providers harmless and indemnify them against any claim for their good faith actions in recognizing my healthcare agent's authority or in following my treatment instructions.

Having carefully read this document, I have signed it this ____ day of _____, 20__, revoking all previous healthcare powers of attorney and healthcare treatment instructions.

SIGNED: _____
(SIGN FULL NAME HERE)

Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person who signs this document on behalf of and at the direction of a principal may not be a witness. (It is preferable if the witnesses are not your heirs, nor your creditors, nor employed by any of your healthcare providers.)

WITNESS: _____

WITNESS: _____

Appendix Figures 2-5: Intervention and Control Screenshots for Participant Selections in Phase I and II

Appendix Figure 5. Intervention screen (Phase II)

Future Healthcare Planning

This task is **REQUIRED** for completion of the On Boarding process.
Please choose any one of the selections below to complete the Healthcare Planning task.

An advance health care directive is also called a living will. If you become seriously ill and cannot make decisions for yourself, an advance directive tells your doctors and family how you want to be treated and who you want to make health care decisions for you.

Complete an Advance Directive **Decline opportunity to complete an Advance Directive** **Confirm that I have an Advance Directive**

Appendix Figure 6. Control screen (Phase II)

Future Healthcare Planning

This task is **OPTIONAL** for completion of the On Boarding process.
Please choose one of the selections below, or skip this and return to the On Boarding portal.

An advance health care directive is also called a living will. If you become seriously ill and cannot make decisions for yourself, an advance directive tells your doctors and family how you want to be treated and who you want to make health care decisions for you.

Complete an Advance Directive **Confirm that I have an Advance Directive** [SKIP>>](#)

Appendix Figure 7. Intervention screen (Phase I)

Future Healthcare Planning

This task is required for completion of the On Boarding process. On the next page, you can choose to complete an advance directive, or to complete a form declining an advance directive at this time.

An advance health care directive is also called a living will. If you become seriously ill and cannot make decisions for yourself, an advance directive tells your doctors and family how you want to be treated and who you want to make health care decisions for you.

For further information you can refer to our online brochure at [Advance Directive Brochure.pdf](#), or you can call one of our specialists at 215-898-0861 during business hours.

Complete advance directive form **Complete form to decline an advance directive** **Complete form to confirm I already have an advance directive**

Appendix Figure 8. Control screen (Phase I)

Future Healthcare Planning

This task is NOT required for completion of the On Boarding process. You can complete an advance directive or return to your previous task.

An advance health care directive is also called a living will. If you become seriously ill and cannot make decisions for yourself, an advance directive tells your doctors and family how you want to be treated and who you want to make health care decisions for you.

For further information you can refer to our online brochure at [Advance Directive Brochure.pdf](#), or you can call one of our specialists at 215-898-0861 during business hours.

Complete advance directive form **Skip for now and return to this if I choose** **Complete form to confirm I already have an advance directive**

Technical Appendix Table 1: Baseline demographics of study participants (phase I)

Characteristic	Participants		
	Active Choice Intervention (n=234)	Control (n=259)	Total (n=493)
Age, median (IQR)	29 (25-39)	30 (25-38)	29 (25-38)
Gender, n (%) [*]			
Female	157 (67.1%)	190 (73.4%)	347 (70.4%)
Male	73 (31.2%)	60 (23.2%)	133 (27.0%)
Prefer not to answer or missing	4 (1.7%)	9 (3.5%)	13 (2.6%)
Race, n (%)			
White	112 (47.9%)	134 (51.7%)	246 (49.9%)
Black	71 (30.3%)	79 (30.5%)	150 (30.4%)
Asian	19 (8.1%)	12 (4.6%)	31 (6.3%)
Mixed or Other	20 (8.6%)	22 (8.5%)	42 (8.5%)
Prefer not to answer or missing	12 (5.1%)	12 (4.6%)	24 (4.9%)
Employment Status, n (%)			
Full-Time	173 (73.9%)	207 (79.9%)	380 (77.1%)
Part-Time	61 (26.1%)	52 (20.1%)	113 (22.9%)
Highest level of education, n (%)			
Graduate Degree	42 (18.0%)	51 (19.7%)	93 (18.9%)
College Degree	117 (50.0%)	117 (45.2%)	234 (47.5%)
Some College	50 (21.4%)	54 (20.9%)	104 (21.1%)
High School or Less	19 (8.1%)	16 (6.2%)	35 (7.1%)
Missing	6 (2.6%)	21 (8.1%)	27 (5.5%)
Clinical Degree, n (%) [†]			
No	166 (70.9%)	192 (74.1%)	358 (72.6%)
Yes	68 (29.1%)	67 (25.9%)	135 (27.4%)

No participant characteristics differed by group (all $p > 0.05$).

Technical Appendix Table 2: Baseline demographics of study participants (phase II)

Characteristic	Participants		
	Active Choice Intervention (n=408)	Control (n=378)	Total (n=786)
Age, median (IQR)	29 (25-38.5)	29 (25-36)	29 (25-38)
Gender, n (%) [*]			
Female	289 (70.8%)	282 (74.6%)	571 (72.7%)
Male	113 (27.7%)	87 (23.0%)	200 (25.5%)
Prefer not to answer or missing	6 (1.5%)	9 (2.4%)	15 (1.9%)
Race, n (%)			
White	221 (54.2%)	211 (55.8%)	432 (55.0%)
Black	106 (26.0%)	88 (23.3%)	194 (24.7%)
Asian	32 (7.8%)	29 (7.7%)	61 (7.8%)
Mixed or Other	35 (8.6%)	28 (7.4%)	63 (8.0%)
Prefer not to answer or missing	14 (3.4%)	22 (5.8%)	36 (4.6%)
Employment Status, n (%)			
Full-Time	291 (71.3%)	262 (69.3%)	553 (70.4%)
Part-Time	117 (28.7%)	116 (30.7%)	233 (29.6%)
Highest level of education, n (%)			
Graduate Degree	73 (17.9%)	58 (15.3%)	131 (16.7%)
College Degree	187 (45.8%)	181 (47.9%)	368 (46.8%)
Some College	86 (21.1%)	79 (20.9%)	165 (21.0%)
High School or Less	38 (9.3%)	35 (9.3%)	73 (9.3%)
Missing	24 (5.9%)	25 (6.6%)	49 (6.2%)
Clinical Degree, n (%) [†]			
No	334 (81.9%)	318 (84.1%)	652 (83.0%)
Yes	74 (18.1%)	60 (15.9%)	134 (17.1%)

No participant characteristics differed by group (all $p > 0.05$).

Technical Appendix Table 3: Participant responses to active choice or control intervention (phase I)

Participant response, n (%)	Participants		
	Active Choice Intervention (n=234)	Control (n=259)	Total (n=493)
Complete an advance directive*	89 (38.0%)	58 (22.4%)	147 (29.8%)
Decline advance directive completion	104 (44.4%)	--	104 (21.1%)
Skip task	--	177 (68.3%)	177 (35.9%)
Confirm prior advance directive completion	17 (7.3%)	15 (5.8%)	32 (6.5%)
Close out of window	24 (10.3%)	9 (3.5%)	33 (6.7%)
Return a signed, complete AD**	23 (9.8%)	15 (5.8%)	38 (7.7%)

*P-value < 0.001 for AD completion online.

**P-value = 0.093 for returning a signed, complete AD

Technical Appendix Table 4: Participant responses to active choice or control intervention (phase II)

Participant response, n (%)	Participants		
	Active Choice Intervention (n=408)	Control (n=378)	Total (n=786)
Complete an advance directive	136 (33.3%)	72 (19.1%)	208 (26.5%)
Decline advance directive completion	206 (50.5%)	--	206 (26.2%)
Skip task	--	272 (72.0%)	272 (34.6%)
Confirm prior advance directive completion	25 (6.1%)	25 (6.6%)	50 (6.4%)
Close out of window	41 (10.1%)	9 (2.4%)	50 (6.4%)
Return a signed, complete AD**	27 (6.6%)	10 (2.7%)	37 (4.7%)

*P-value < 0.001 for AD completion online.

**P-value = 0.009 for returning a signed, complete AD

Technical Appendix Table 5: Unadjusted comparisons and the fully adjusted logistic regression model for the completion of an advance directive (phase I and phase II combined)

Characteristic	Completed Advance Directive, n (%)	Completed Advance Directive, Unadjusted Odds Ratio (95% CI)*	P-value (Unadjusted)	Completed Advance Directive, Adjusted Odds Ratio (95% CI)**	P-value (Adjusted)
Randomization Group			<0.001		<0.001
Control	130 (20.4%)	1.00		1.00	
Active Choice Intervention	225 (35.1%)	2.12 (1.65 – 2.74)		2.12 (1.64 – 2.74)	
Age, (years)	--	1.01 (1.00 – 1.02)	0.109	1.01 (1.00 – 1.02)	0.093
Gender					
Female	264 (28.8%)	1.00	0.221	--	--
Male	86 (25.8%)	0.86 (0.65 -1.14)		--	
Race			0.010		0.006
White	161 (23.8%)	1.00		1.00	
Black	108 (31.4%)	1.45 (1.09 – 1.94)		1.50 (1.11 – 2.01)	
Asian	29 (31.5%)	1.48 (0.92 – 2.39)		1.46 (0.90 – 2.37)	
Mixed or other	40 (38.1%)	1.97 (1.28 – 3.03)		2.06 (1.32 – 3.21)	
Prefer not to answer	17 (28.3%)	1.26 (0.70 – 2.28)		1.41 (0.77 – 2.57)	
Employment Status			0.020		0.004
Full-Time	277 (29.7%)	1.00		1.00	
Part-Time	78 (22.5%)	0.70 (0.52 - 0.93)		0.65 (0.48 - 0.87)	
Education Level					--
Graduate Degree	61 (27.2%)	1.00	0.122	--	
College Degree	157 (26.1%)	0.95 (0.67 – 1.34)		--	
Some College	90 (33.5%)	1.35 (0.92 – 1.99)		--	
High School or Less	27 (25.0%)	0.91 (0.53 – 1.53)		--	
Clinical Degree					--
No	287 (28.4%)	1.00	0.210	--	
Yes	68 (25.3%)	0.83 (0.61 – 1.13)		--	

* All unadjusted models included a variable for study phase.

**The fully adjusted model included study phase, age, race, and employment status.

Technical Appendix Table 6: Unadjusted and fully adjusted logistic regression models for the completion of an advance directive (phase I)

Characteristic	Completed Advance Directive, n (%)	Completed Advance Directive, Unadjusted Odds Ratio (95% CI)	P-value (Unadjusted)	Completed Advance Directive, Adjusted Odds Ratio (95% CI)*	P-Value (Adjusted)
Randomization Group			<0.001		<0.001
Control	58 (22.4%)	1.00		1.00	
Active Choice Intervention	89 (38.0%)	2.13 (1.43 – 3.15)		2.13 (1.44 – 3.16)	
Age, (years)	--	1.01 (0.99 – 1.03)	0.432	1.01 (0.99 – 1.03)	0.422
Gender					
Female	103 (29.7%)	1.00	0.994	--	--
Male	40 (30.1%)	1.02 (0.66 -1.58)		--	
Race					--
White	65 (26.4%)	1.00	0.143	--	
Black	46 (30.7%)	1.23 (0.79 – 1.93)		--	
Asian	8 (25.8%)	0.97 (0.41 – 2.27)		--	
Mixed or other	17 (40.5%)	1.89 (0.96 – 3.73)		--	
Prefer not to answer	11 (45.8%)	2.36 (1.01 – 5.52)		--	
Employment Status					--
Full-Time	119 (31.3%)	1.00	0.182	--	
Part-Time	28 (24.8%)	0.72 (0.45 – 1.17)		--	
Education Level					--
Graduate Degree	26 (28.0%)	1.00	0.273	--	
College Degree	79 (33.8%)	1.31 (0.77 – 2.23)		--	
Some College	28 (26.9%)	0.95 (0.51 – 1.78)		--	
High School or Less	7 (20.0%)	0.64 (0.25 – 1.66)		--	
Clinical Degree					--
No	108 (30.2%)	1.00	0.782	--	
Yes	39 (28.9%)	0.94 (0.61 – 1.45)		--	

*The fully adjusted model included randomization group and age.

Technical Appendix Table 7: Unadjusted and fully adjusted logistic regression models for the completion of an advance directive (phase II)

Characteristic	Completed Advance Directive, n (%)	Completed Advance Directive, Unadjusted Odds Ratio (95% CI)	P-Value (Unadjusted)	Completed Advance Directive, Adjusted Odds Ratio (95% CI)*	P-Value (Adjusted)
Randomization Group			<0.001		<0.001
Control	72 (19.1%)	1.00		1.00	
Active Choice Intervention	136 (33.3%)	2.12 (1.53 – 2.95)		2.24 (1.58 – 3.19)	
Age, (years)	--	1.01 (1.00 – 1.03)	0.132	1.01 (0.99 – 1.02)	0.511
Gender					
Female	161 (28.2%)	1.00	0.077	--	--
Male	46 (23.0%)	0.76 (0.52 -1.11)		--	
Race			0.007		0.015
White	96 (22.2%)	1.00		1.00	
Black	62 (32.0%)	1.64 (1.12 – 2.40)		1.51 (0.99 – 2.28)	
Asian	21 (34.4%)	1.84 (1.03 – 3.26)		2.32 (1.24 – 4.33)	
Mixed or other	23 (36.5%)	2.01 (1.15 – 3.53)		2.10 (1.13 – 3.88)	
Prefer not to answer	6 (16.7%)	0.70 (0.28 – 1.73)		0.93 (0.34 – 2.55)	
Employment Status			0.039		0.034
Full-Time	158 (28.6%)	1.00		1.00	
Part-Time	50 (21.5%)	0.68 (0.48 - 0.98)		0.66 (0.45 - 0.97)	
Education Level			0.001		0.010
Graduate Degree	35 (26.7%)	1.00		1.00	
College Degree	78 (21.2%)	0.74 (0.47 – 1.17)		0.79 (0.49 – 1.27)	
Some College	62 (37.6%)	1.65 (1.00 – 2.72)		1.64 (0.96 – 2.81)	
High School or Less	20 (27.4%)	1.04 (0.54 – 1.97)		0.94 (0.47 – 1.88)	
Clinical Degree					--
No	179 (27.5%)	1.00	0.165	--	
Yes	29 (21.6%)	0.73 (0.47 – 1.14)		--	

*The fully adjusted model included randomization group, age, race, and employment status, and education level.

Technical Appendix Table 8: Demographics of study participants and non-participants*

Characteristic	Participants		
	Participants (n=1279)	Non-Participants (n=529)	Total (n=1808)
Age, median (IQR)	29 (25-38)	30 (26-40)	30 (25-38)
Gender, n (%)			
Female	918 (71.8%)	361 (69.1%)	1279 (70.7%)
Male	333 (26.0%)	125 (24.0%)	458 (25.3%)
Prefer not to answer or missing	28 (2.2%)	43 (8.1%)	71 (3.9%)
Race, n (%)			
White	678 (53.0%)	247 (46.7%)	925 (51.2%)
Black	344 (26.9%)	149 (28.2%)	493 (27.3%)
Asian	92 (7.2%)	30 (5.7%)	122 (6.8%)
Mixed or Other	105 (8.2%)	48 (9.1%)	153 (8.5%)
Prefer not to answer or missing	60 (4.7%)	55 (10.4%)	115 (6.4%)
Employment Status, n (%)**			
Full-Time	933 (73.0%)	342 (64.7%)	1275 (70.5%)
Part-Time	346 (27.1%)	187 (35.4%)	533 (29.5%)
Highest level of education, n (%)			
Graduate Degree	224 (17.5%)	82 (15.5%)	306 (16.9%)
College Degree	602 (47.1%)	225 (42.5%)	827 (45.7%)
Some College	269 (21.0%)	108 (20.4%)	377 (20.9%)
High School or Less	108 (8.4%)	56 (10.6%)	164 (9.1%)
Missing	76 (5.9%)	58 (11.0%)	134 (7.4%)
Clinical Degree, n (%)†			
No	1010 (79.0%)	413 (78.1%)	1423 (78.7%)
Yes	269 (21.0%)	116 (21.9%)	385 (21.3%)

*Participants are UPHS employees who clicked on the future healthcare planning task link; non-participants are employees who did not.

** p-value < 0.001 for participation across categories of employment status. There were no other significant differences between participants and non-participants when looking at non-missing data (all other p > 0.05).

† Participants were considered to have clinical degrees if they had any of the following designations: MD, MSN, BSN, RN, LPN, DO, NP, PA, DPT, PharmD, DVM, CRNA, speech pathology, CNA, CMA, surgical tech, medical assistant, nurse assistant, or medical tech.