Supplementary Online Content

Fischer SM, Kline DM, Min SJ, Okuyama S, Fink RM. Effect of *Apoyo con Cariño* (Support With Caring) trial of a patient navigator intervention to improve palliative care outcomes for Latino adults with advanced cancer: a randomized clinical trial. *JAMA Oncol*. Published online September 20, 2018. doi:10.1001/jamaoncol.2018.4014

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eAppendix. Patient Navigator Training and Patient Navigator Intervention

Patient navigator training

There were 3 PNs on the study team, each embedded in their own community site. The PNs are bilingual and bicultural and all of them had a background in health-related work. Of the four navigators, one had worked as a Certified Nursing Assistant (CNA) and as a Medical Assistant in the past. Another had worked as a CNA, a financial counselor in the hospital setting, and as a medical translator. The third navigator has worked on community health related research in the rural community where she lives. They all completed training in the Colorado Patient Navigator Training (www.patientnavigatortraining.org) motivational interviewing course and two one-hour webinars adapted from the curriculum developed by Dr. Joshua Hauser (through Livestrong Foundation support) entitled "Navigating the System". The PNs also completed the two-day **End-of-Life Nursing Consortium Course (ELNEC)** providing them with a foundation of core palliative care elements and have completed the Institutional Review Board required curriculum- CITI coursework. The PI (SF) and Co-I (RF) provided formal training regarding each of the five scripted navigator visits and the role of the PN in addressing barriers to care utilizing core Latino values. The PNs demonstrated mastery over the enrollment and study processes as well as the intervention content through standardized "patient" role playing exercises with the Project Manager (DK) proficiency with and each visit guide before going into the field to navigate. Ongoing training for skill building and education were provided through weekly team meetings and biannual 2 day retreats.

Patient navigator intervention

The intervention included five PN-initiated home visits for each intervention participant. Home visits followed a guide/script that served as a framework to ensure all PNs were congruent in information delivery. Navigators reviewed the educational packet and addressed barriers to three study domains: ACP, pain management, and hospice utilization. All written study materials and outcome measures (not already available in Spanish) were translated into Spanish using a rigorous forward and back translation process with adjudication of any discrepancies among the bicultural bilingual study team members.

The visits were structured yet flexible. At each visit, the PN reviewed the educational materials with participants that cover the palliative care domains. Navigators were trained to identify barriers to palliative care during each visit. As barriers are identified, navigators will follow the manualized actions or tactics to address the barriers. These actions are grounded in the four core elements of the patient navigator intervention and based on the theoretical model (eTable 1). The PN used advocacy, activation, empowerment, education, and motivational interviewing to help address barriers to study domains and was available by phone or to make additional visits if the patient/family caregiver requested help. While we planned for the visits to be in the patients' homes, the PN was allowed to visit patients in the hospital, clinic, or other facility, if preferred. The PN facilitated documenting ACP through completing the study AD form or another one of the patient's choosing. If patients opted to complete an AD, the PN would ensure a copy was brought to the oncology clinic and submitted into the medical record.

eTable 1. Core Elements of the Patient Navigator Intervention

Core Elements of Patient Navigator Intervention	**Patient Navigator Tactics/Actions**	**Barriers Addressed**
Caregiver/Patient Activation	Help with appointment scheduling Incorporate Motivational Interviewing	Access to care Bias/Discrimination
Education (Awareness)	Review educational content of intervention using educational written materials (ACP, pain and symptom management, hospice)	Low health literacy
Access	Identify local community resources (e.g. Alzheimer's Association)	Access to Care
Advocacy	Accompany patient/caregiver to clinic visits Attend family meetings	Access to care Bias/Discrimination
Communication	Role Playing, Offer support Is bilingual	Bias/Discrimination Language
Trust	Is bicultural and from the community	Cultural preferences
Cultural values	Utilize core values in all messaging (cultural tailoring) Importance of family (*familia or familism*) Personal Connections based on trust (*confianza*) Value/build strong interpersonal connections (*personalismo*)	Cultural preferences

eTable 2. Process Measures of the Patient Navigator Intervention From the PNPOM

	Control (N = 90)	**Intervention (N = 87)**	**P value**
Process Measures for Advance Care Planning (Likert 1-5 scale, 1 = agreed, 5 = disagree, Mean (±SD))			
"I have been able to ask for extra help from my health care providers when I have needed it."	1.29 (± 0.74)	1.21 (± 0.58)	0.40[¥]
"Advance care planning can include things that are important to my culture."	1.62 (± 0.92)	1.23 (± 0.67)	0.002[¥]
"Advance care planning can include things that are important to me and my family."	1.41 (± 0.76)	1.06 (± 0.28)	< 0.0001[¥]
"I think advance care planning is important for my future medical care."	1.38 (± 0.67)	1.16 (± 0.55)	0.02
"I have completed an advance care directive." (yes)	38 (44.2%)	69 (79.3%)	< 0.0001
"I have talked to my family about the kind of care I would like at the end of my life." (yes)	48 (55.2%)	71 (83.5%)	< 0.0001
Process Measures for pain and quality of life (agree or somewhat agree)			
"I feel comfortable talking to my health care provider about pain that I cannot control."	81 (92.1%)	82 (96.5%)	0.33
"I have thought about what is most important to me and what makes my life worth living."	82 (95.4%)	84 (97.7%)	0.68
"I have been able to talk about and cope with fears related to my illness."	81 (93.1%)	83 (95.4%)	0.75
"I have been able to talk about the spiritual or religious aspects of my illness experience."	75 (87.2%)	83 (95.4%)	0.06
Hospice process measures (yes/no)			
Would recommend hospice for a loved one who is dying	55 (65.5%)	75 (88.2%)	0.0004
Would think about having hospice care at the end of life	56 (65.9%)	75 (88.2%)	0.0005

eFigure 1. Patient reported satisfaction with Patient Navigator (n = 87)