

**Supplement: Interview Guide Used as a Part of Provider Interviews**

How did you start working with COPE? (Variations: what motivated you to work with COPE, how did you hear about COPE, etc.? Introduced to COPE through a CHR or provider?)

What are some ways in which you interact with COPE? (Case management? education? training?)

In terms of working with COPE, what works well in your Service Unit? What could be improved? Do teams collaborate well?

Are there challenges in your Service Unit you feel like COPE could play a greater role or assist in addressing?

What are some challenges in implementing COPE in your Service Unit? What can be done to improve collaboration with COPE at SU? (ex. Management challenges)

Has COPE impacted communication/collaboration within your Service Unit? (Probe: clinic settings? community settings?) Do you believe that the collaboration has impacted patients' health outcomes? (If so, how?)

Do you feel that COPE has impacted your work day-to-day? (If so, how?)

Do you refer patients? How do you decide if you will refer a patient to COPE?

Can you describe a typical interaction with COPE patients? Is it different from interactions with non-COPE patients (Probe: clinic visit, home visit, education sessions?)

Can you describe a typical case management meeting?

If you do not have case management in your Service Unit, do you think it would be useful to? What are the barriers?

*How does food access impact patient health in your service unit? \**

*Do you use holistic medicine, traditional medicine, or traditional teachings in your practice? \**

***\*These questions were added to the analysis as part of a request from the COPE Community Health Advisory Panel.***