

# **Supplementary Materials**



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**Data S1. IMPACTS COVID-19 Questionnaire**

**PID**  **INITIALS**  **DATE**  /  /   
mm dd yyyy

**RCID**

“Today, I’d like to ask you some questions about your experiences with COVID-19 and how it has impacted your life and your health. The questions should take about 20 minutes.”

**“Since the COVID-19 outbreak, have you experienced any of the following life events?”**

		Yes	No
1.	Testing positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Being exposed to someone with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Family member or close friend with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Loss of a family member or close friend due to COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Being laid off or furloughed?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Required to work in a job that is putting you at risk for infection?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Loss of health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Shortages of food?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Loneliness due to remaining at home?	<input type="checkbox"/>	<input type="checkbox"/>

**10. Since the COVID-19 outbreak, have you required medical care?**

- Yes
- No

(If ‘No’, skip to question 11)



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**10a. Were you able to get the care you needed?**

- Yes
- No

(If 'Yes', skip to question 11)

**10b. Why not?**

	Yes	No
<b>Clinic, physician, or hospital closed?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of contracting coronavirus at healthcare facility or pharmacy?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Care not available for your medical issue?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pharmacy closed?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afraid to use public transportation due to risk for infection?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Money or cost</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medicaid, Medicare, or Insurance problems?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Since the COVID-19 outbreak, are you able to get your prescription medications?**

- Yes
- No

(If 'Yes', skip to question 12)



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**11a. Why not?**

	Yes	No
<b>Clinic, physician, or hospital closed?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fear of contracting coronavirus at healthcare facility or pharmacy?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Care not available for your medical issue?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pharmacy closed?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afraid to use public transportation due to risk for infection?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Money or cost</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medicaid, Medicare, or Insurance problems?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**12. “On a scale of 1 to 10, how serious of a public health threat do you think the coronavirus is or might become? (1 being no threat at all, 10 being a very serious public health threat)”**

\_\_\_\_\_ (number 1-10)

**13. How likely do you think you or someone in your family will get sick from the coronavirus during this outbreak?**

- Very likely
- Somewhat likely
- Not that likely
- Not at all likely
- I or someone in my family has already had the coronavirus

**14. How much has the coronavirus changed your daily routine?**

- A lot
- Some
- A little
- Not at all



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**“As stay-at-home orders are lifted and places start to re-open, how worried are you about getting coronavirus in the following places:”**

		<b>Very Worried</b>	<b>Somewhat Worried</b>	<b>A Little Worried</b>	<b>Not at All Worried</b>	<b>Not Applicable</b>
<b>15.</b>	<b>Your workplace?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16.</b>	<b>Stores, such as grocery stores?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17.</b>	<b>Restaurants and bars?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18.</b>	<b>Your church?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19.</b>	<b>Your healthcare clinic?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20.</b>	<b>Large gatherings of people such as concerts and festivals?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. How willing are you to begin returning to your primary care clinic for routine treatment for your blood pressure and other chronic conditions once those services are offered?**

- Very willing
- Somewhat willing
- Not that willing
- Not at all willing

(If ‘Very willing’, skip to question 22)



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**21a. What are your concerns about returning to your primary care clinic?**

	Yes	No
Being exposed to COVID-19 at the clinic?	<input type="checkbox"/>	<input type="checkbox"/>
Being exposed to COVID-19 on public transportation?	<input type="checkbox"/>	<input type="checkbox"/>
Lack of transportation that was previously available to get to the clinic?	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making an appointment at the clinic due to limited availability?	<input type="checkbox"/>	<input type="checkbox"/>

**22. During the recent outbreak, did you have an appointment with a healthcare provider in person for your high blood pressure or other chronic conditions?**

- Yes
- No

**23. During the recent outbreak, did you have an appointment with a healthcare provider either by phone or computer for your high blood pressure or other chronic conditions?**

- Yes
- No

(If 'No', skip to question 24)

**23a. How did you meet with your provider?**

- By Phone
- By Video
- Both phone and video

**23b. Did you get the help you needed for your health on the call?**

- Yes
- No



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**23c. Was the quality of the healthcare you received on the phone or video better, worse, or the same as the quality of care you receive in person-to-person visits with your provider?**

- Better
- Worse
- Same
- Don't know

**“Have you experienced any of the following problems related to phone and video appointments with your provider:”**

		Yes	No	Not Applicable
24.	Lack of needed equipment to conduct the provider call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Lack of reliable internet or phone connection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Difficulty scheduling a provider call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Difficulty setting up software or app used for the provider call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Phone or computer appointments are not offered by your provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. Where do you get most of your information about COVID-19?**

- Local and/or national government officials
- Local and/or national newspapers, TV, or radio
- Internet and social media
- Church groups
- Family and friends
- Other (specify): \_\_\_\_\_



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**“Have you done the following things to protect yourself during the COVID-19 outbreak?”**

		Yes	No
30.	Stayed at home as much as possible?	<input type="checkbox"/>	<input type="checkbox"/>
31.	Stayed at least 6 feet from other people when you leave the house?	<input type="checkbox"/>	<input type="checkbox"/>

**32. How often do you wear a mask when you leave the house?**

- Always
- Sometimes
- Rarely
- Never

(If ‘Always’, skip to question 33.)

**32a. Why do you not regularly wear a mask when you leave your house?**

	Yes	No
You believe only sick people need to wear them?	<input type="checkbox"/>	<input type="checkbox"/>
You think masks don’t protect you from COVID-19 infection?	<input type="checkbox"/>	<input type="checkbox"/>
You haven’t been able to buy them anywhere	<input type="checkbox"/>	<input type="checkbox"/>
You can’t afford to buy them	<input type="checkbox"/>	<input type="checkbox"/>
You don’t leave the house	<input type="checkbox"/>	<input type="checkbox"/>
You don’t think the government should tell you to wear one	<input type="checkbox"/>	<input type="checkbox"/>





Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**33. During the stay-at-home order, how have you been getting your food?**

	Yes	No
Going to the grocery store during normal hours?	<input type="checkbox"/>	<input type="checkbox"/>
Going to the grocery store during special hours reserved for the elderly or those with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Having food delivered to your home by a store employee or commercial service, such as Instacart	<input type="checkbox"/>	<input type="checkbox"/>
Having food delivered to your home by a friend or family member	<input type="checkbox"/>	<input type="checkbox"/>
Getting food from a food bank	<input type="checkbox"/>	<input type="checkbox"/>
Using supplies you had in your home before the stay-at-home order began	<input type="checkbox"/>	<input type="checkbox"/>

**34. Which of the following best describes your living situation?**

- Live alone or with family in a single-family home
- Live alone or with family in an apartment or condo with multiple units in the same building
- Live in a residential facility where meals and household help are routinely provided by paid staff (or could be if requested)
- Live in a facility such as a nursing home which provides meals and 24-hour nursing care
- Temporarily staying with a relative or friend
- Temporarily staying in a shelter or homeless
- Other (specify): \_\_\_\_\_

**35. How many people do you live with, including yourself?**

\_\_\_\_\_ number of people



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**36. Do you have to take a shared elevator to get to your home?**

- Yes
- No

**37. Where do you do your laundry?**

- Inside your home
- Shared facility with other households in your building or complex
- Laundromat
- Other (specify): \_\_\_\_\_

**38. Have you taken less of your blood pressure medications or stopped taking them since the COVID 19 outbreak began?**

- Yes
- No

(If 'No', skip to question 39)

**38a. Why have you taken less or quit taking your blood pressure medications?**

	Yes	No
You are concerned that taking certain blood pressure medications could make COVID 19 symptoms worse in those who are infected?	<input type="checkbox"/>	<input type="checkbox"/>
You can't afford your medications?	<input type="checkbox"/>	<input type="checkbox"/>
You have not had access to a health care provider to prescribe or refill your medications	<input type="checkbox"/>	<input type="checkbox"/>
You have not had transportation to get your medications from the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>



Implementation of Multifaceted Patient-Centered Treatment  
Strategies for Intensive Blood Pressure Control

**39. Have you heard that uncontrolled blood pressure makes COVID-19 symptoms worse in those who are infected?**

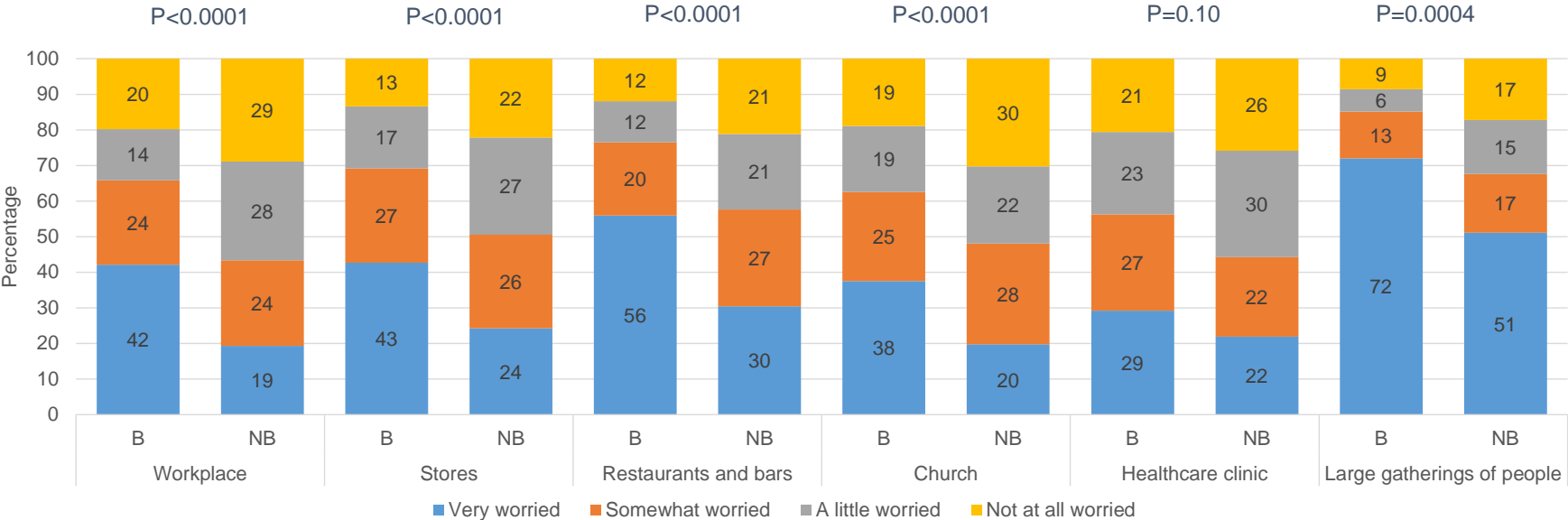
- Yes
- No

“We thank you for your participation in this blood pressure study.”

Intervention clinics: “Please let me know if you have questions and concerns about your hypertension treatment.”

Control clinics: “If you have any concerns about your blood pressure treatment, please contact your healthcare provider.”

**Figure S1.** Participant Concern about Contracting COVID-19 by Location as Stay-at-Home Orders are Lifted among Black and Non-Black Participants



B – Black, NB – Non-Black; P values for differences between racial groups

**Table S1. Comparison of Key Sociodemographic and Clinical Characteristics of 587 Survey Respondents and 262 Nonrespondents**

Characteristic	Survey Respondents N=587	Survey Nonrespondents N=262	P for difference
	N (%) or Mean $\pm$ SD	N (%) or Mean $\pm$ SD	
<b>Sociodemographics</b>			
Age, years	59.4 $\pm$ 9.0	58.6 $\pm$ 8.6	0.3
Female	350 (59.7)	139 (53.3)	0.08
Race			
Black or African-American	381 (65.1)	181 (69.9)	0.1
White or Caucasian	180 (30.8)	74 (28.6)	
Other	24 (4.1)	4 (1.5)	
Education Level			
Less than High School	134 (22.9)	84 (32.2)	0.01
High School Graduate	207 (35.3)	87 (33.3)	
Some Education After High School	245 (41.8)	90 (34.5)	
Employment			
Working Full or Part Time	215 (38.3)	97 (40.1)	0.2
Retired	210 (37.4)	75 (31.0)	
Unemployed	136 (24.2)	70 (28.9)	
Insurance Coverage*			
Medicare	170 (29.0)	75 (28.6)	0.9
Medicaid	306 (52.1)	134 (51.1)	0.8
Private/Other	112 (19.1)	43 (16.4)	0.4
Uninsured	87 (14.8)	45 (17.2)	0.4
<b>Medical History</b>			
Body Mass Index, kg/m <sup>2</sup>	33.9 $\pm$ 7.8	33.2 $\pm$ 8.1	0.2
Diabetes	228 (39.5)	98 (37.5)	0.6
High Cholesterol	369 (64.0)	159 (60.9)	0.4
Depression	187 (32.5)	76 (29.1)	0.3
Cardiovascular Disease	112 (19.4)	52 (20.0)	0.8
Chronic Kidney Disease	21 (3.6)	4 (1.5)	0.1

FQHC = Federally Qualified Health Center; SD = Standard Deviation

\* Some participants are covered by >1 type of insurance