

Online Supplementary Material

Ferrer RL, Mody-Bailey P, Jaén CR, Gott S, Araujo S. A medical assistant–based program to promote healthy behaviors in primary care. *Ann Fam Med.* 2009;7(6):504-512.

<http://www.annfammed.org/cgi/content/full/7/6/504/DC1>

Supplemental Table 1. Prevalence of Individual Risk Behaviors and Risk Behavior Clusters in the Entire Study Sample (N = 864)

Variable	Prevalence, % (95% CI)
Risk behavior	
Smoking	44.8 (41.4-48.2)
Risky drinking	20.4 (17.8-23.3)
Unhealthy diet	92.1 (90.1-93.8)
Low physical activity	26.8 (23.9-29.9)
Risk behavior clusters	
None	3.3 (2.3-4.8)
1 risk	33.8 (30.6-37.1)
Smoking only	1.9 (1.1-3.0)
Risky drinking only	0.1 (0.0-0.6)
Unhealthy diet only	30.0 (26.9-33.2)
Low physical activity only	1.9 (1.1-3.0)
2 risks	40.7 (37.4-44.1)
Smoking, risky drinking	0.3 (0.0-1.0)
Smoking, unhealthy diet	21.4 (18.7-24.3)
Smoking, low physical activity	0.3 (0.0-1.0)
Risky drinking, unhealthy diet	5.1 (3.7-6.8)
Risky drinking, low physical activity	0.0 (0.0-0.4)
Unhealthy diet, low physical activity	13.5 (11.3-16.0)
3 risks	19.4 (16.9-22.2)
Smoking, drinking, diet	11.0 (9.0-13.3)
Smoking, drinking, physical activity	0.0 (0.0-0.4)
Drinking, diet, physical activity	1.3 (0.6-2.3)
Smoking, diet, physical activity	7.2 (5.5-9.1)
All 4 risks	2.7 (0.2-4.0)
Note: Estimates in this table are calculated using imputed data as described in the Methods.	

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Supplemental Table 2. Intervention Chosen by Patients With Multiple Behavioral Risks in the Intervention Arm

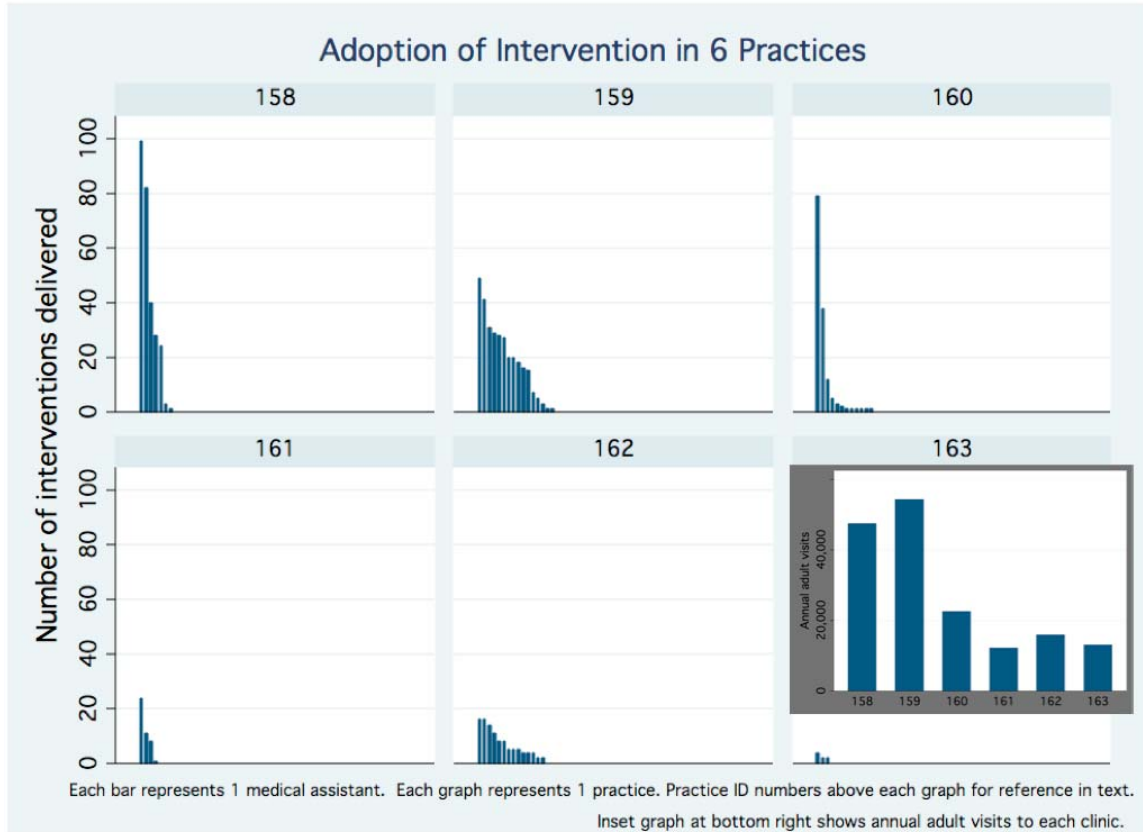
Risk Cluster	Intervention Chosen n (%)				
	No.	Smoking	Risky Drinking	Poor Diet	Low Physical Activity
Smoking, risky drinking	1	1 (100)	0 (0)	–	–
Smoking, unhealthy diet	82	63 (77)	–	5 (6)	–
Smoking, low physical activity	1	1 (100)	–	–	0
Risky drinking, unhealthy diet	18	–	1 (6)	9 (50)	–
Risky drinking, low physical activity	0	–	–	–	–
Unhealthy diet, low physical activity	29	–	–	7 (24)	22 (76)
Smoking, drinking, unhealthy diet	31	25 (81)	2 (6)	2 (6)	–
Smoking, drinking, low physical activity	0	–	–	–	–
Risky drinking, diet, low physical activity	0	–	–	–	–
Smoking, diet, low physical activity	25	21 (84)	–	0 (0)	4 (16)
All 4	6	6 (100)	0 (0)	0 (0)	0 (0)
Total	193	117	3	23	26

Note: Percentages sum across rows. Not all rows sum to 100% because some participants crossed over to a nonprotocol intervention (24 patients; all of whom had dietary risk but chose physical activity instead of diet intervention).

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Supplemental Figure 1. Adoption of intervention by medical assistants at 6 primary care clinics.



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Supplemental Table 3. Themes and Illustrative Quotations From Interviews With 15 Medical Assistants

Theme	Illustrative Quotation
Pressure to keep patient flow moving	"...the doctors are haranguing us because they want their patients in their room and so we're having to hurry trying to get these questions answered."
Extra workload was a challenge	"It wasn't really complicated. It was mainly the extra work that it was."
Unease with delivering health messages at odds with their own behavior	"I find it hard to preach about losing weight when I'm sitting there and I'm 80 pounds overweight."
Medical assistants felt hindered by their organizations	"I'm not gonna be able to change how they are. It has to be a team effort, and I could tell you, there is no team effort in this clinic. They're trying to make it a team, but I think it's gonna be very difficult because we haven't been a team for a long time."
Helping patients change could be personally satisfying	"... when he came back he said, "Thank you so much, you really helped me out." And that was it so it made me feel good because I helped him out. He stopped smoking, he really stopped smoking. He just needed a little push."
Confidence in their ability to relate to patients	"Because a lot of times, patients won't open up to the doctor like they will, you know, to me or a sheet of paper."