

Appendix B Proposed data extraction tool and corresponding proposed data reporting format for publication, operationalizing healthcare access at the system and individual levels using Levesque and colleagues' Conceptual Framework of Access to Health

A	B	C	D	E	F	G	H	I
Question #	Branching logic	Conceptual Framework of Access to Health (Levesque et al. 2013)			Extraction Form (REVIEWER USE ONLY)			Proposed reporting in Scoping Review (AGGREGATED REPORTING FOR PUBLICATION)
		Ecological Level	Domain of Access (Levesque et al 2013)	Relevant Levesque example (as per Levesque et al., Figure 2)	Extraction item	Question Type	Available Answers	AGGREGATED AND REPORTED FOR PUBLICATION
1		n/a			Author	Free text	[Free text response]	<i>cited in bibliography - not reported in table</i>
2					Year of publication	Year (numerical)	[Free text response]	<i>cited in bibliography - not reported in table</i>
3					Country program delivered in	Free text	[Free text response]	<i>Categorized, reported as % - categories to be established after data collection</i>
4					Publication type	Select one	Peer-reviewed journal Grey literature Other	% Peer-reviewed journal % Grey literature % Other
5					Description or definition of "older adult"	Free text	[Free text: Enter qualitative or quantitative description as reported]	<i>Categorized, reported as % - categories to be established after data collection</i>
6					Demographic characteristics of target population: Gender	No restriction/not reported Male only Female only Trans/GNC only	[Free text response]	% No restriction/not reported % Male only % Female only % Trans/GNC only"
7					Demographic characteristics of target population: Race	Select all that apply	No restriction/not reported Black White AIAN NHOPi Asian	% No restriction/not reported % Black % White % AIAN % NHOPi % Asian
8					Demographic characteristics of target population: Ethnicity	Select one	No restriction/not reported Hispanic Non-Hispanic	% No restriction/not reported % Hispanic % Non-Hispanic
9					Primary term used to describe the program in title/abstract	Select all that apply	Clinical link/linkage Community-to-clinic link/linkage Community-clinic link/linkage Community-based navigation Health broker Linkage program Liasion program Linkage to care Other (FILL IN ___)	% Clinical link/linkage % Community-to-clinic link/linkage % Community-clinic link/linkage % Community-based navigation % Health broker % Linkage program % Liasion program % Linkage to care % Other (REPORT ENTRIES IN LIST)
10	--	System	Approachability	Outreach	Is the program publicized?	Select one	Yes No	% Yes % No
11	--	System	Approachability	Outreach	Does the program description explicitly state if targeted outreach to vulnerable, high-risk groups (e.g., socially isolated older adults) is a component of program publicity?	Select one	Yes No	% Yes % No

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12	If Q10=yes	System	Approachability	Outreach	How is the program publicized to community members? (Select all that apply: Printed pamphlets; Printed poster (e.g., on bulletin boards); Social media; Email; Peer referral; Professional referral; Other (fill in))	Select all that apply	Not reported Printed pamphlets Printed poster (e.g., on bulletin boards) Social media Email Peer referral Professional referral Other (Fill in: _____)			% Not reported % Printed pamphlets % Printed poster (e.g., on bulletin boards) % Social media % Email % Peer referral % Professional referral % Other (REPORT ENTRIES IN LIST)		
13	If Q10=yes	System	Approachability	Outreach	In which community setting(s) are programs <u>publicized</u> in?	Select all that apply	Not reported Place of employment Prison or jail Faith-based organization Barbershops Community centers (e.g., senior centers) Volunteer organizations (e.g., American Heart Association) Nonprofit organizations (e.g., YMCAs) Clinical setting (hospital or community clinic/office) Home visit Other (Fill in: _____) *** <i>(list adapted from CDC 2016)</i>			% Not reported % Place of employment % Prison or jail % Faith-based organization % Barbershops % Community centers (e.g., senior centers) % Volunteer organizations (e.g., American Heart Association) % Nonprofit organizations (e.g., YMCAs) % Clinical setting (hospital or community clinic/office) % Other (REPORT ENTRIES IN LIST) *** <i>(list adapted from CDC 2016)</i>		
14	--	System	Acceptability	Professional values, norms, culture, gender	Does the program description explicitly designed to meet the unique needs of its target population(s)?	Select one	Yes No			% Yes % No		
15	--	System	Acceptability	Professional values, norms, culture, gender	Does the program description explicitly state how the program meets the unique needs of different cultural, socioeconomically disadvantaged, or vulnerable groups within the target population(s)?	Select one	Yes No			% Yes % No		
16	--	System	Availability and accommodation	Appointments mechanisms	Is an appointment mechanism explicitly a component of the program?	Select one	Not reported Yes No			% Not reported % Yes % No		
17	--	System	Availability and accommodation	Accommodation	Is the program explicitly designed to include people with disabilities?	Select all that apply	Yes - physical/mobility Yes - intellectual and/or developmental Yes - hard of hearing or deaf Yes - visually impaired or blind Yes - other disability (Fill in _____) No Not reported			% Not reported % Yes - Community-based participatory research methods % Yes - Co-creation methods % Yes - User-centered design % Yes - Community advisory board % Yes - Other method (REPORT ENTRIES IN LIST) % No		

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18	--	System	Affordability	What are the direct and indirect costs of the intervention?	What are the direct costs of the program reported?	Select one	Not reported Direct costs = \$0 Direct costs > \$0 (ENTER REPORTED \$: ____)	% Not reported % Direct costs = \$0 % Direct costs > \$0 REPORT Mean, SD, Range: Direct costs > \$0
19	--	System	Affordability	What are the direct and indirect costs of the intervention?	What are the indirect costs of the program reported?	Select one	Not reported Indirect costs = \$0 Indirect costs > \$0 (ENTER REPORTED \$: ____)	% Not reported % Indirect costs = \$0 % Indirect costs > \$0 REPORT Mean, SD, Range: Indirect costs > \$0
20	--	System	Appropriateness	Adequacy	Which population(s) is the program intended for?	Free text	[Free text response]	<i>Categorized, reported as % - categories to be established after data collection</i>
21	--	System	Appropriateness	Adequacy	What diagnose(es) (e.g., diabetes, complex needs) or health-related issues (e.g., social determinants of health) are targeted?	Free text	[Free text response]	<i>Categorized, reported as % - categories to be established after data collection</i>
22	--	System	Appropriateness	Adequacy	What programs/resources are provided?	Free text	[Free text response]	<i>Categorized, reported as % - categories to be established after data collection</i>
Q23 = Q29	--	System	Appropriateness	Adequacy	Were members of the target population involved in developing the program?	Select all that apply	Not reported Yes - Community-based participatory research methods Yes - Co-creation methods Yes - User-centered design Yes - Community advisory board Yes - Other method (REPORT ENTRIES IN LIST) No	% Not reported % Yes - Community-based participatory research methods % Yes - Co-creation methods % Yes - User-centered design % Yes - Community advisory board % Yes - Other method (REPORT ENTRIES IN LIST) % No
23	--	System	Appropriateness	Quality	Is program quality evaluated?	Select one	Not reported Yes No	% Not reported % Yes % No
24	If 23 = Yes	System	Appropriateness	Quality	How is program quality evaluated?	Free text	[Free text response]	<i>Categorized, reported as % - categories to be established after data collection</i>
25	--	System	Appropriateness	Coordination and continuity	Who is the healthcare sector representative(s)?	Select all that apply	Not reported Health professional (MD, NP, RN) MSW Other allied health professional (e.g., OT, SLP, PT) Caregiver (formal or informal) Student Research staff	% Not reported % Health professional (MD, NP, RN) % MSW % Other allied health professional (e.g., OT, SLP, PT) % Caregiver (formal or informal) % Student % Research faculty

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26	--	System	Appropriateness	Coordination and continuity	Who coordinates between the healthcare and community sectors?	Select all that apply	Not reported Health professional (MD, NP, RN) MSW Other allied health professional (e.g., OT, SLP, PT) Caregiver (formal or informal) Student Research staff Other (fill in _____) <i>*adapted from Carter et al 2018 DOI 10.1186/s12913-018-2889-0</i>	% Not reported % Health professional (MD, NP, RN) % MSW % Other allied health professional (e.g., OT, SLP, PT) % Caregiver (formal or informal) % Student % Research staff % Other (REPORT ENTRIES IN LIST)
27	--	System	Appropriateness	Coordination and continuity	Does the program description explicitly state that the program aims to promote continuity of care?	Select one	Yes No	% Yes % No
28	--	System	Appropriateness	Coordination and continuity	Does the program description directly or indirectly indicated that the program aims to promote patient-centered care or attributes of patient-centered care?	Select one	Yes No	% Yes % No
Q23 = Q29	--	Individual	Ability to perceive	Trust	Were members of the target population involved in developing the program?	Select all that apply	Not reported Yes - Community-based participatory research methods Yes - Co-creation methods Yes - User-centered design Yes - Community advisory board Yes - Other method (REPORT ENTRIES IN LIST) No	% Not reported % Yes - Community-based participatory research methods % Yes - Co-creation methods % Yes - User-centered design % Yes - Community advisory board % Yes - Other method % No
30	--	Individual	Ability to perceive	Health literacy	Is participants' health literacy assessed?	Select one	Not reported Yes No	% Not reported % Yes % No
31	--	Individual	Ability to perceive	Health beliefs	Are participants' health beliefs assessed?	Select one	Not reported Yes No	% Not reported % Yes % No
32	--	Individual	Ability to perceive	Trust	Is a trusted messenger involved in program publicity or delivery?	Select all that apply	Not reported Yes - Faith leader (eg clergy) Yes - Community Health Worker Yes - Caregiver Yes - Non-caregiver other friend or family member Yes - Peer No	% Not reported % Yes - Faith leader (eg clergy) % Yes - Community Health Worker % Yes - Caregiver % Yes - Non-caregiver other friend or family member % Yes - Peer % No

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33	--	Individual	Ability to seek	Personal and social values, culture, gender, autonomy	Does the program description explicitly state that it is designed to meet the unique needs of different cultural, socioeconomically disadvantaged, or vulnerable groups within the target	Select one	Yes No			% Yes % No		
34	If Q33 = Yes	Individual	Ability to seek	Personal and social values, culture, gender, autonomy	Does the program description explicitly state how it is designed to meet the unique needs of different cultural, socioeconomically disadvantaged, or vulnerable groups within the target population(s)?	Select one	Yes (Fill in: ____) No			% Yes (REPORT ENTRIES IN LIST) % No		
35	--	Individual	Ability to reach	Transportation Mobility	In what physical location is the program delivered?	Select all that apply	Not reported Place of employment Prison or jail Faith-based organization Barbershops Community centers (e.g., senior centers) Volunteer organizations (e.g., American Heart Association) Nonprofit organizations (e.g., YMCAs) Clinical setting (hospital or community clinic/office) Home visit Other (fill in ____)			% Not reported % Place of employment % Prison or jail % Faith-based organization % Barbershops % Community centers (e.g., senior centers) % Volunteer organizations (e.g., American Heart Association) % Nonprofit organizations (e.g., YMCAs) % Clinical setting (hospital or community clinic/office) % Other (REPORT ENTRIES IN LIST)		
36	--	Individual	Ability to reach	Transportation Mobility	Does the program description explicitly state how the program ensures the inclusion of participants who have challenges with transportation (e.g., due to mobility or transportation cost)?	Select one	Not reported Yes No Not applicable - no transportation required to participate in program			% Not reported % Yes % No % Not applicable - no transportation required to participate in program		
37	--	Individual	Ability to reach	Social support	Does the program description explicitly state how it engages social support networks or caregivers to facilitate older adults' access to the program?	Select one	Not reported Yes No			% Not reported % Yes % No		
38	--	Individual	Ability to pay	Income Assets Social capital	Does the program description explicitly state how the program ensures the inclusion of participants who can't afford its cost?	Select one	Not reported Yes No No participation cost (not applicable)			% Not reported % Yes % No % Not applicable - no cost		

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39	--	Individual	Ability to pay	Income Assets Social capital	Does the program description explicitly state that it is designed to meet the unique needs of different cultural, socioeconomically disadvantaged, or vulnerable older adult populations?	Select one	Not reported Yes No	% Not reported % Yes % No
40	If Q39=YES	Individual	Ability to pay	Income Assets Social capital	How does the program meet the unique needs of different cultural, socioeconomically disadvantaged, or vulnerable older adult populations?	Free text	[Free text response]	<i>Categorized, reported as % - categories to be established after data collection</i>
41	--	Individual	Ability to engage	Caregiver support	Is the program explicitly designed to support older adults' caregivers in delivery of the program to the care recipient?	Select one	Not reported Yes No	% Not reported % Yes % No
42	--	Individual	Ability to engage	Empowerment	Is participants' self-efficacy about managing the relevant health concern assessed?	Select one	Not reported Yes No	% Not reported % Yes % No
43	--	Individual	Ability to engage	Information	Is participants' health literacy about the relevant health concern assessed?	Select one	Not reported Yes No	% Not reported % Yes % No