Supplemental Digital Content 3 Theme definitions and representative quotes

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| **Theme** | **Definition** | **Representative Quote** |
| **Convenience/ Access** | **Barrier:** Far away clinic, inconvenient timing, not easily physically accessible, coming back for follow-up appointments | *“[Y]ou go in the waiting room and then they do some tests and then they send you to another waiting room; it seems like a long process.”* |
| **Facilitator:** Time, scheduling, proximity to clinic, ease of getting to clinic. | *“But having maybe something that simple on site, immediate, understandable, I think that’s a huge benefit.”* |
| **Cost** | **Barrier:** Lack of insurance, high out of pocket cost, bad insurance coverage, transportation cost, anything cost related | *“Cost is [the] Number 1 barrier [...] the more that’s free, the better.”* |
| **Facilitator:** Alternative methods of care, donations, programs, assistance, good insurance coverage | *“You know, if you need that help and is offered to you free, any person would go and get that help.”* |
| **Fear** | **Barrier:** Fear of knowing progression or severity of disease (denial) | *“The fear, you know. A lot of times you’re just afraid of what might be found. Being suspect is one thing, but to actually being diagnosed and anticipating what the future means in terms of treatment or if it can be treated. So, I think fear plays a big part.”* |
| **Facilitator:** Fear of vision loss | *“I mean I’m going to be 65 years old. So everything as you age, everything is another fear like, what am I going to lose tomorrow? So it’s just another thing if you can prevent it prevent it, you know, and this can be happening and it could be something that doesn’t have to happen, just because you’re getting older.  So, yeah, take care of it.”* |
| **Knowledge** | **Barrier:**  - Eye disease: Not knowing about glaucoma, not understanding the disease, not understanding the consequences, not understanding demographics of disease  - Resources: not having knowledge of available screening/resources | *“So, people just don't know they have this. That's part of the problem [...] Because it's painless, people who have it don't -- it's -- don't realize it.”*  *“A lot of people don't take advantage of it. When we first started here eight years ago, people didn't know that we were here. So, they didn't know they had access to glasses.”* |
| **Facilitator:**  - Eye disease: Knowledge of glaucoma, personal experience of self or others with eye disease  - Resources: having knowledge of available resources and screening. | ***“****Well, there was a history of some of my relatives having cataracts and so I would like to take a little bit more interest in my eyesight.”*  *“Well, I think awareness is a big thing.  You know, that just so people are clear on what we’re offering because I think if that is made clear, then there’s going to be a, you know, the recognition of the need, you know, will draw people, people in.”* |
| **Language** | **Barrier:** - difficulty accessing screening due to language difficulty and trouble with translation | *“Many of them can't speak English on the phone so if you're not able to speak their language they're not going to talk to you on the phone or make an attempt.”* |
| **Loss of Contact** | **Barrier:** Loss to follow-up, loss of contact information due to changing number or etc. | *“Because it's -- totally different population than you and I. Not a lot of follow up with medical appointments. Especially when there's something wrong.”* |
| **Perceived Need/ Benefit** | **Barrier:** Lack of symptoms | *“If I was like 25 and I had nothing wrong with my eyes, I wouldn't even bother with it. But if I was like 55 and squinting to read or something like that, then I would definitely participate in the program.”* |
| **Facilitator:** Perception that their vision or symptoms can benefit from an intervention thus asking for help | *“Now they have blurry vision [... and] that's probably when a lot of people catch it and say, ‘Hey, I got to go to the optometrist’.”* |
| **Priorities** | **Barrier:** Examples of when there are competing priorities, eyesight is not a priority | *“But sometimes that person can say, oh I’ll come to my appointment for the afternoon and they still don’t come.  And it’s a lot of barrier some time with them coming, it might be transportation, it might be problems with someone keeping their children, it’s a lot of things going on”* |
| **Facilitator:** Vision and health as a priority | *“[There is] nothing to prevent me, because I want to be healthy, and other things I can prevent me is if I'm asked to pay money, and I’m not walking, but since it's free, I find health is so precious, nothing can prevent me”* |
| **Policy** | **Barrier:** Regulations, rules and bureaucracy that impede patients getting the appropriate screening and time. | “*Because sometimes with insurance, the rides, a month are limited. And some people have to keep seeing a specialist, they've like serious appointments, and they've like real severe, illnesses and they can't miss or they, they're seeing different specialists but they ran out of the amount of rides.”* |
| **Facilitator:** Policies that encourage patients to make it to screening/appointments | *“...So then they tried something else where there was some automated calling system that that they had instituted you know, through you know, admin to notifying patients.  So, they’ve tried different things and they’ve also instituted policies and if you have so many no shows for your appointments that you could not make an appointment here just because I guess people were just abusive”* |
| **Social Support** | **Barrier:** Lack of community resources or social support | *“[T]hey bring the children in with them to the exam room and stuff because they don’t have any way around the childcare situation. So I really just don’t know. A lot of people don’t have a good support system in their life.”* |
| **Facilitator:** Having good social network, good community support and resources. | *“We have other family. If I know well enough in advance that I could possibly make arrangements with them.”* |
| **Transportation** | **Barrier:** Not having transportation to make it to screening or appointments | *“[H]ow do I get to the Hope Clinic to do, yeah I’d love to have my glasses fixed to taking care of and get new glasses but how do I get there, transportation is huge”* |
| **Facilitator:** Having access to adequate transportation | *“I think being here at Hope and we’re on right, directly on public transportation line with the bus stop being right out front.”* |
| **Trust** | **Barrier:** Lacking trust in faculty, staff, or clinic | *“I think in the beginning there’ll probably be some hesitancy [to participate in the program].  People are suspicious what is it really for and what does it mean, and will it really help, do I really need?”* |
| **Facilitator:** Trusting clinic, reputation of UM, prior good experiences with providers/ site. | “*Well, I think that Hope as an organization has a good amount of trust with our clients like relationships.  And so, when we say, okay, this thing is being offered or whatever, our clients already kind of have an existing trust that well, if you’re saying this is something that’s available, yeah.*” |