

APPENDIX

The culturally-sensitive HF education curriculum was developed by a diverse team that included a cardiologist, a behavioral scientist, health educator, and community representatives with and without HF. The curriculum was organized into a patient education manual called the “Ticker Talk Manual” which was divided into 8 sections corresponding to 8 sessions of coaching. Manuals were created and pilot tested to representative coach and participant profiles for acceptability of the content and delivery iteratively with the research team. A quiz was designed to determine understanding of curriculum and responses were reviewed by the research team to ensure capacity to deliver the program as designed. Participants agreed or strongly agreed that they understood the role of sodium consumption, role of healthy diet, and importance of taking medication in 100% of cases. The majority of participants who were sampled thought the telephone reminder system was reliable and found reminders most helpful for appointments and medications (57-74%). Fidelity of the coaching was determined by in session observation (first 2 sessions) and a check list of delivery content and timing of the session. Post session reflections were conducted between the coaches and research team to ensure delivery of the curriculum as designed. The curriculum uses a plumbing metaphor to explain the pathogenesis of HF and renames drugs based upon their function rather than their technical name.

The coaches were identified through volunteers of similar age and gender characteristics as participants who were involved in a longitudinal study or healthy aging, hired and trained to provide education in both heart failure and disease management, and were tested for their knowledge and ability to change patient behavior. Similarly, a web-based patient portal was tested for technical stability and feasibility of establishing two-way telephone communications in real-time. We recruited a group of 12 participants from the Heart Failure Clinic at Victoria Hospital to pilot test both intervention tools. Nine participants were enrolled in the **COACH** group for three months and received 8 one-on-one coaching sessions from our trained coaches. Four participants were enrolled in the **ELECTRONIC** group and received health tips and reminders through text messaging. The intervention tools were optimized based on the feedback received from the study participants and coaches.