

A. Engagement Plan (Criteria 2, 4, 5; PC-1, PC-3, PC-4, RQ-1,3,6)

The study team will include researchers and key stakeholders involved in life and/or care of patients with <condition> (Table 8). A group of 10-12 patients and family members/caregivers will form a Patient/Family Advisors (PFA) group (Table 8). The PFA will meet in person 2-4 times/year; two patients and 2 family members/caregivers will represent the PFA at the SAC meetings. The SAC will include 9 stakeholder partners (Table 8). The SAC and the research (PI; 3-5 Madison and 2-4 Boston investigators) study team members will meet in person at least twice/year and 2-4 more times/year in-person or by teleconferencing throughout the 5-year project. The investigators will work closely with leaders of the health systems, meeting with them at least annually, to bring the leaders' input to the study team. The stakeholders have advised on this project since its inception (see XX) and will continue to be fully engaged as study team members (Table 9). To facilitate an effective and sustainable **partnership**, we will work with <consultant> to develop a tailored training program for PFA members in Year 1. <Consultant> will continue to consult on effective meeting practices and other strategies to support meaningful patient stakeholder engagement across the project lifespan. (Table 8), and compensation and disability accommodations. <Consultant> will also co-facilitate initial PFA and SAC meetings in partnership with the researcher team members to help **promote co-learning** in the spirit of **transparency, honesty, trust and equal-partnership -- values** we will deliberately promote and are committed to.

Table 8. The study team will include both researchers and stakeholders.	
Group	Members of The Stakeholder Groups
PFA	<p>10-12 members: 5-6 patients with <condition> and 5-6 family members/caregivers</p> <p>Two patient-advisors have been identified: xxx and xxxx</p>
SAC	<p>Patient members (2): 2 patients with <condition> representing the PFA</p> <p>Family members (2): 2 family members/caregivers representing the PFA</p> <p>Physician members (2): family physician xxx and xxxx</p> <p>Psychologist member (1): health psychologist xxx who works with patients in the XXX clinic that provides care for underinsured, underserved populations</p>

	<p>Patient advocate member (1): xxx (Rep from national condition organization)</p> <p>Community advocate member (1): xx* (Rep from local non-profit organization)</p>
Consultant	XXX will be engaged throughout the project to help train the patient stakeholders and enhance their engagement, and support a meaningful researcher-stakeholder partnership; A group of community advisors (CARDS®) will also advise (Table 9)

Table 9. Stakeholders Are Involved at Every Stage of The Proposed Project: 1) Planning, 2) Conduct, and 3) Dissemination.

Stage of the Project	Investigator Responsibility	Stakeholder (PFA, SAC) input
1) Planning the Study		
Research topic and question selection	Clinical experience, review of evidence to identify gaps: MM should be assessed for <condition>	Clinicians, patients with <condition> and family members confirmed the relevance and importance of MM to be tested; health system leaders were in agreement (see XX)
Study design	Two study design choices: MM vs CBT or MM vs CBT vs wait-list control	Patients advised against a wait-list control group: lack of active treatment would not be “fair” to the control group subjects
Outcomes selection; ways of data collection	Review of existing guidelines on the selection of outcomes; optimal ways for data collection	Patient, family members and clinicians endorsed the choice of outcomes and prioritized them; patients recommended to maximize remote (online, phone) data collection (see XX)
2) Conducting the Study		
Study materials and protocol	Research team will draft the study protocol and materials	PFA and CARDS® will advise on these drafts to ensure that we limit subject burden, encourage recruitment, retention and adherence; they will advise on the outcome measure packet before it

		is finalized and on the “official” study’s name
Data and Safety Monitoring Board (DSMC)	Research team will invite 3-4 DSMC members (external to the study)	We will invite 1-2 individuals to represent the PFA group to join the DSMC to ensure patient-centeredness
Recruitment	Research team will draft the recruitment strategy (see XX) and materials	Strategy will be vetted by PFA, SAC, and health systems’ leaders; recruitment materials will be vetted by PFA and CARDS®; recruitment challenges will be brought to PFA, SAC and CARD®S to develop solutions
Retention, adherence, engagement of subjects	Research team will monitor and encourage retention, adherence and engagement (see XX)	The plan for enhancing retention, adherence, and engagement, and challenges in these areas will be discussed with PFA, CARDS®, and SAC; <Consultant> will monitor and advise on stakeholder engagement throughout the study
Protocols for brief videorecording interviews	Research team will draft the protocol for this patient-initiated measure	PFA will review and advise to ensure the qualitative interview questions and physical activity task are appropriate
Protocols for in-depth qualitative interviews	Research team and <Survey Consultant> will draft the protocol	PFA and SAC will review and advise to ensure the qualitative interview questions are appropriate
Quantitative data: collection, analysis, interpretation	Research team will be responsible for high-quality data collection, clean-up, entry, analysis and write-up	PFA and SAC will review data collection processes if there are problems with missing data; PFA and SAC will advise on the identification and interpretation of major themes before the coding of qualitative data is finalized
Qualitative data: analysis, interpretation	Research team will be responsible for high-quality data collection, transcription, analysis and write-up	input on result interpretation

3) Disseminating the Study Results

Dissemination	Research team will draft presentations, manuscripts, and other dissemination materials (e.g., will select videorecordings to post online) and will make the intervention manuals available	PFA and SAC will advise on result interpretation; will review the result summaries to ensure the results are communicated in meaningful, usable ways; will be encouraged to co-present, co-author the dissemination materials; community and patient advocates, XXX and XXX, members of the SAC, will help dissemination to end-users via their websites
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