Figure 2. Evidence Map

|  |  |  |  |
| --- | --- | --- | --- |
| Legend | | | |
| Favors audio intervention for all reported outcomes or for at least 1 outcome and no difference for other outcomes | No difference for all reported outcomes or mixed results (at least 1 favors intervention or at least 1 favors comparator), when the intervention replaced in-person interactions with audio interactions | No difference for all reported outcomes or mixed results (at least 1 favors intervention or at least 1 favors comparator), when the intervention supplemented usual care with audio interactions | Favors comparator for all reported outcomes or for at least 1 outcome and no difference for other outcomes |
| *Author (Year)* Sample includes at least a quarter of participants who represented  populations at risk of disparities  ↑ Audio component seeks to supplement usual care with audio  ↔ Audio component seeks to replace other care with audio | | ● Low risk of bias or some concerns of bias  ○ High risk of bias  ✷ Data available for both arms but no indicator of whether differences were statistically  significant | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Outcomes** | | | | |
| **Author (Year)** | **Intervention Focus** | **Intervention Purpose** | **Glycemic Control (A1c)** | **Other Clinical Outcomesb** | **Patient-Reported Health/QoL** | **Health Care Access & Utilization** | **Patient Safety & Harms** |
| ***Doupis 2019*15** | MM+BLC | ↑ | ○ | ○ | ○ | ○ |  |
| Lauffenburger 201925 | MM+BLC | ↑ | ● |  |  | ● |  |
| Varney 201428 | MM+BLC | ↑ | ● | ● |  |  |  |
| ***Baron 2017*32** | MM+BLC | ↑ | ● | ● | ● |  |  |
| ***Crowley 2013*23** | MM+BLC | ↑ | ● | ● |  | ● |  |
| ***Chamany 2015*17,37** | MM+BLC | ↑ | ○ |  | ✷ | ○ |  |
| ***McMahon 2012*22** | MM+BLC | ↑ | ● | ● |  |  |  |
| Mons 201321 | MM+BLC | ↑ | ● | ● | ● |  |  |
| ***Crowley 201635*** | MM+BLC | ↑ | ● | ● |  | ● |  |
| Van Dyck 201330 | BLC | ↑ | ● | ● |  |  |  |
| Gudban 202133 | BLC | ↑ | ✷ | ✷ |  |  |  |
| Karhula 201527 | BLC | ↑ | ● | ● | ● |  |  |
| Nicolucci 201520 | BLC | ↑ | ○ | ○ | ○ | ○ | ✷ |
| Eakin 201429 | BLC | ↑ | ● | ● |  |  |  |
| von Storch 201916 | BLC | ↑ | ○ | ○ |  |  |  |
| ***Naik 2019*24** | BLC | ↑ | ● |  |  |  |  |
| Patja 201231 | BLC | ↑ | ✷ | ✷ |  |  |  |
| Peasah 202019 | MM | ↑ | ○ |  |  |  |  |
| ***Levy 2015*36** | MM | ↑ | ○ |  |  |  | ✷ |
| O’Connor 201434 | MM | ↑ | ● | ● |  | ● |  |
| Leichter 201318a | MM+BLC | ↔ | ○ | ○ |  |  | ✷ |
| ***O’Neil 2016*26** | BLC | ↔ | ● | ● |  |  | ● |

**Abbreviations:** BLC, behavioral/lifestyle counseling; MM, medication management; MM+BLC, both behavioral and lifestyle counseling; QoL, quality of life.

a Studies that used a non-inferiority design.

b Other clinical outcomes included blood pressure, weight, body mass index, or lipids.