

SUPPLEMENTARY DATA

Supplementary Appendix 1. Barriers to Care Questionnaire

Question	Yes	No	Answer
General Diabetes			
Do you have other health problems that are more important to you than taking care of your diabetes?			
Do you have other health problems that make it harder to take care of your diabetes? If yes, what?			
Are you satisfied with the diabetes medications and/or treatment you have been prescribed?			
Do you find it difficult to make changes to your lifestyle for your diabetes?			
Is there something specific holding you back from making your diabetes management a priority? If yes, do you know what it is?			
Feelings and Beliefs Towards Diabetes			
Do you keep having diabetes a secret?			
Do you think you will get complications from your diabetes?			
Do you think having diabetes is serious?			
Do you feel you are able to look after your diabetes on your own? If no, what would help you?			
Do you feel there is so much to do to take care of your diabetes that it is easier not to do anything?			
Knowledge and Confidence			
Have you been offered enough education sessions to help you understand diabetes? If yes, did you find them helpful?			
Do you feel you need more information about diabetes?			
On a scale of 1-10 (1=very little and 10=a lot) how confident are you that you could explain diabetes to someone else? Why?			
On a scale of 1-10 (1=very little and 10=a lot) how confident are you that you understand all the treatment options (medications and lifestyle) available for diabetes? Why?			
On a scale of 1-10 (1=very little and 10=a lot) how <i>important</i> is making necessary health behavior changes to make a difference in your blood sugar control?			
On a scale of 1-10 (1=very little and 10= a lot) how <i>confident</i> are you that you can make the necessary health behavior changes to make a difference in your blood sugar control?			

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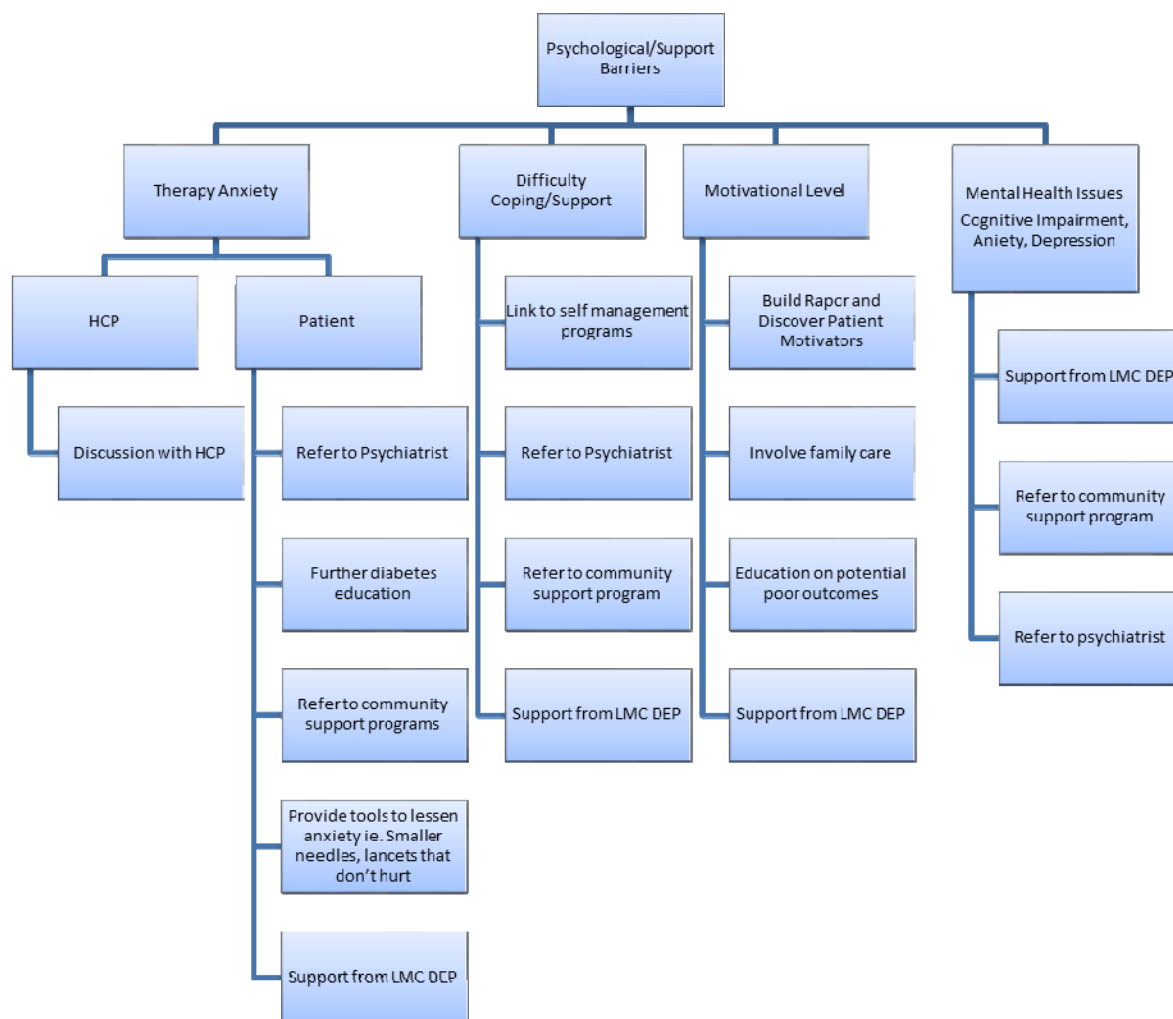
Access to your Diabetes Team and Diabetes Care			
Do you have trouble getting to: Your diabetes education centre Your diabetes educator (dietitian or nurse) Your family doctor Your endocrinologist			
Would you prefer if the diabetes clinic was closer to you?			
Is the office open at convenient times for you?			
Would you prefer if there were other options for your diabetes education visits, such as email, telephone or home visits? If yes, which option(s)?			
Are there other options you would prefer that I have not mentioned? If yes, which?			
Are you happy with your diabetes team? If not, why?			
Do you feel comfortable contacting your diabetes team with questions?			
Is having diabetes harder because of your financial situation? If yes, how?			
Cultural			
Do you find it difficult to understand the language spoken by your diabetes team?			
Would you find it helpful if there were translation services available to you?			
Do you feel your diabetes team understands your culture?			
Is there more your diabetes team could do to make you feel more comfortable related to your cultural needs? If yes, what?			
Support			
Do your family and friends support you and your diabetes? If yes, how?			
Do you find having diabetes just too much to handle?			
Would you find it helpful to meet with other people with diabetes for support?			

Questionnaire Administeree: _____

Date: _____

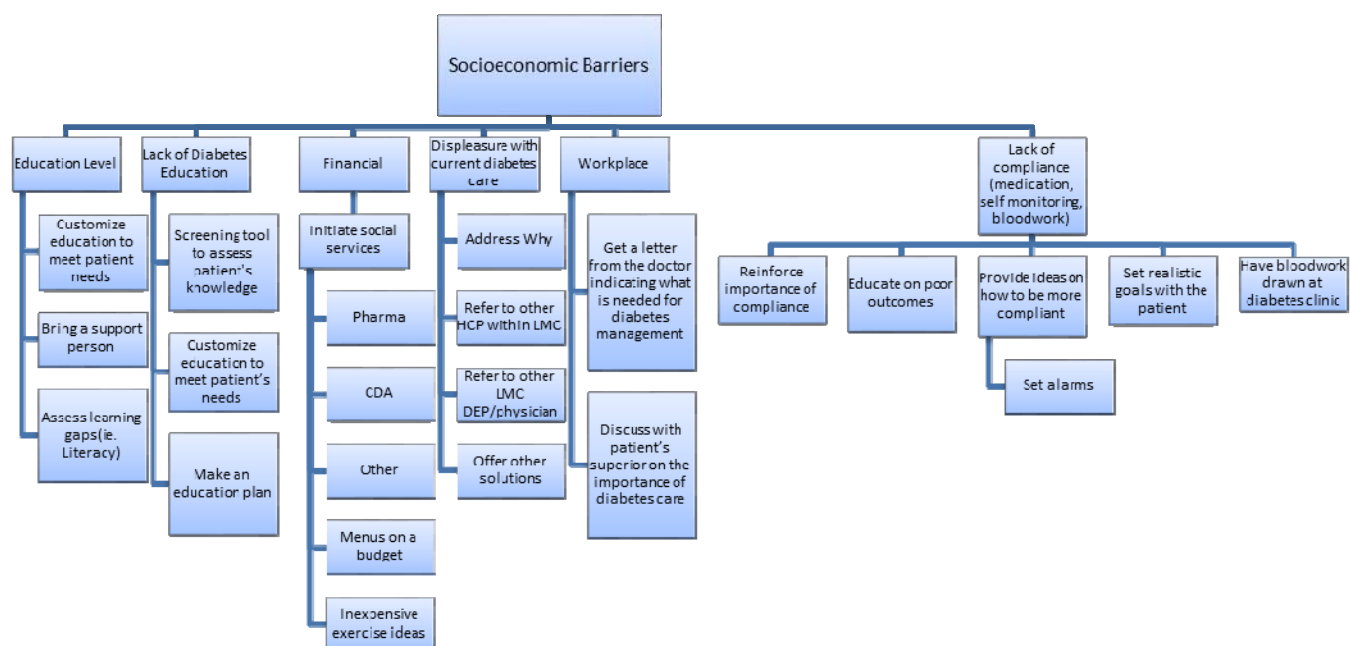
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Supplementary Appendix 2A. Psychological/Support Care Path



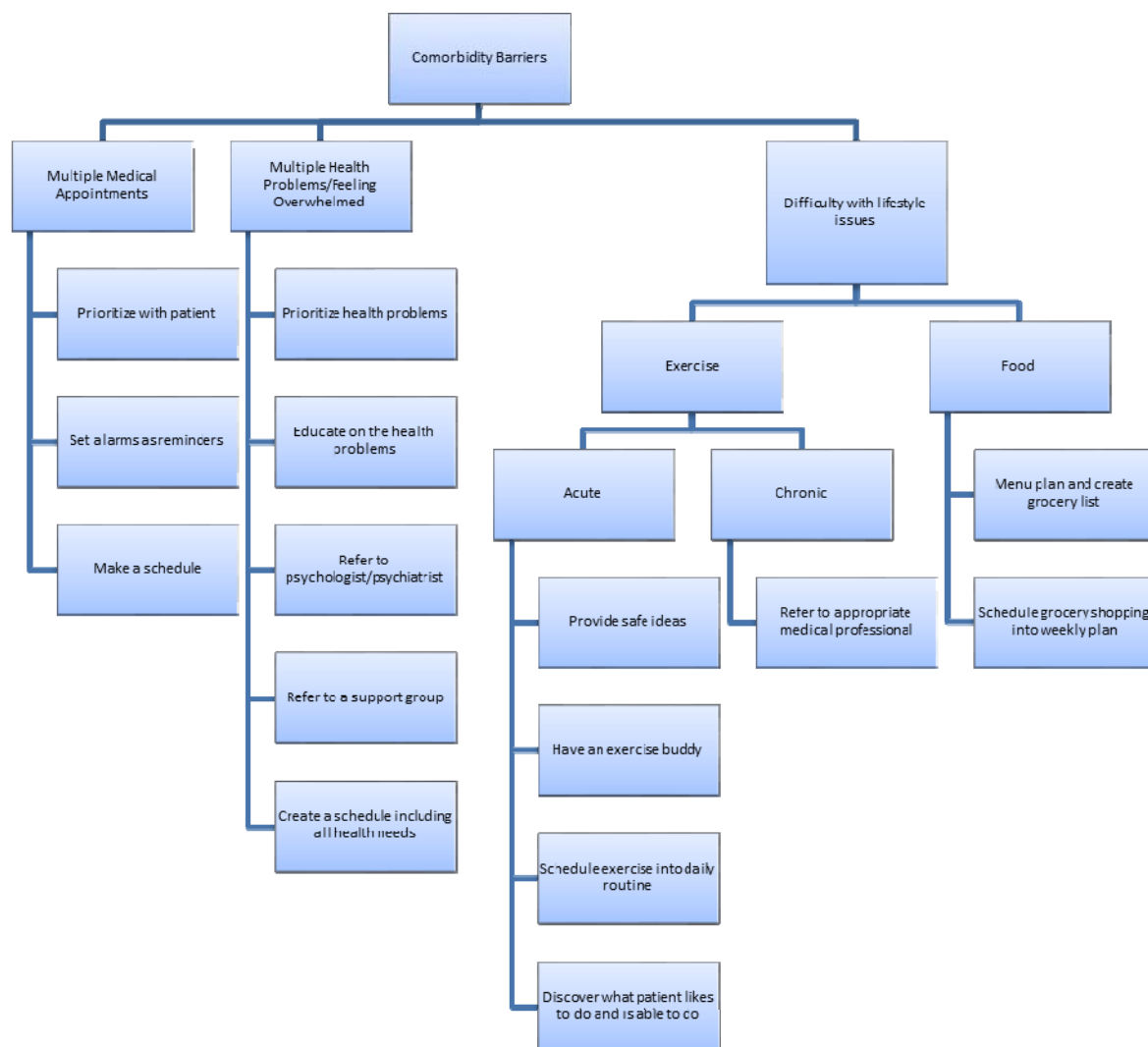
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Supplementary Appendix 2B. Socioeconomic Care Path



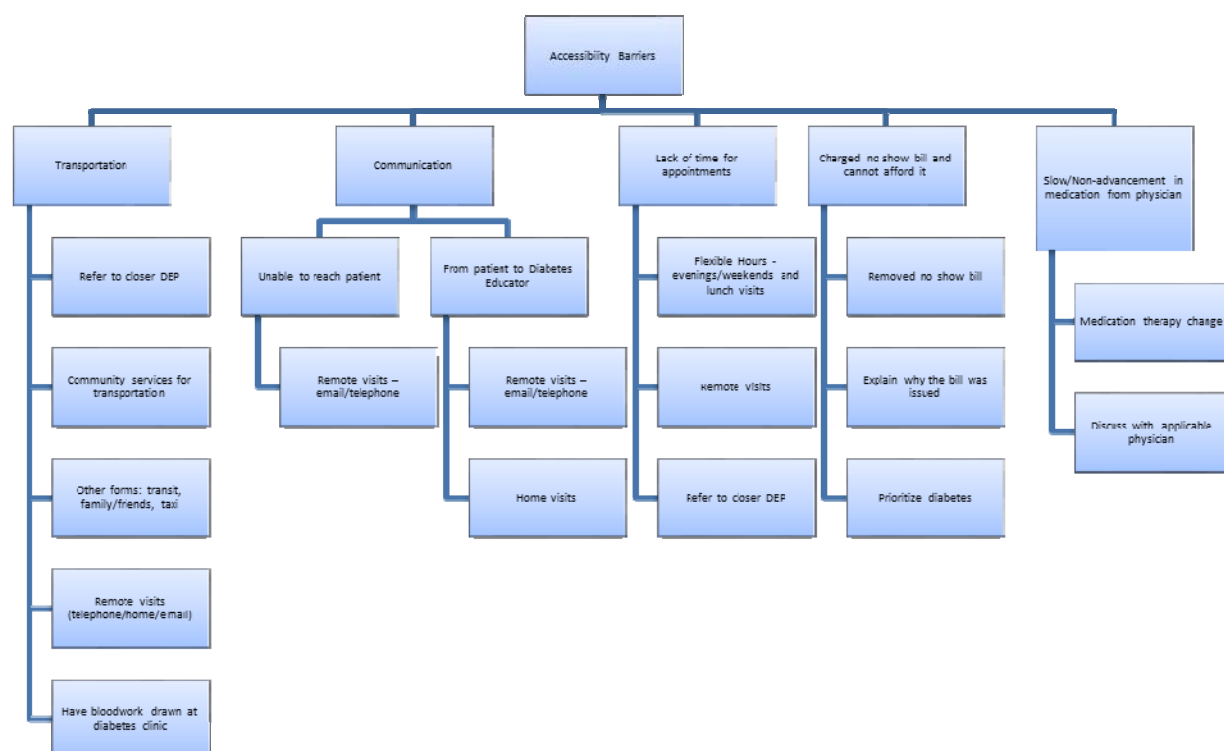
SUPPLEMENTARY DATA

Supplementary Appendix 2C. Comorbidity Care Path



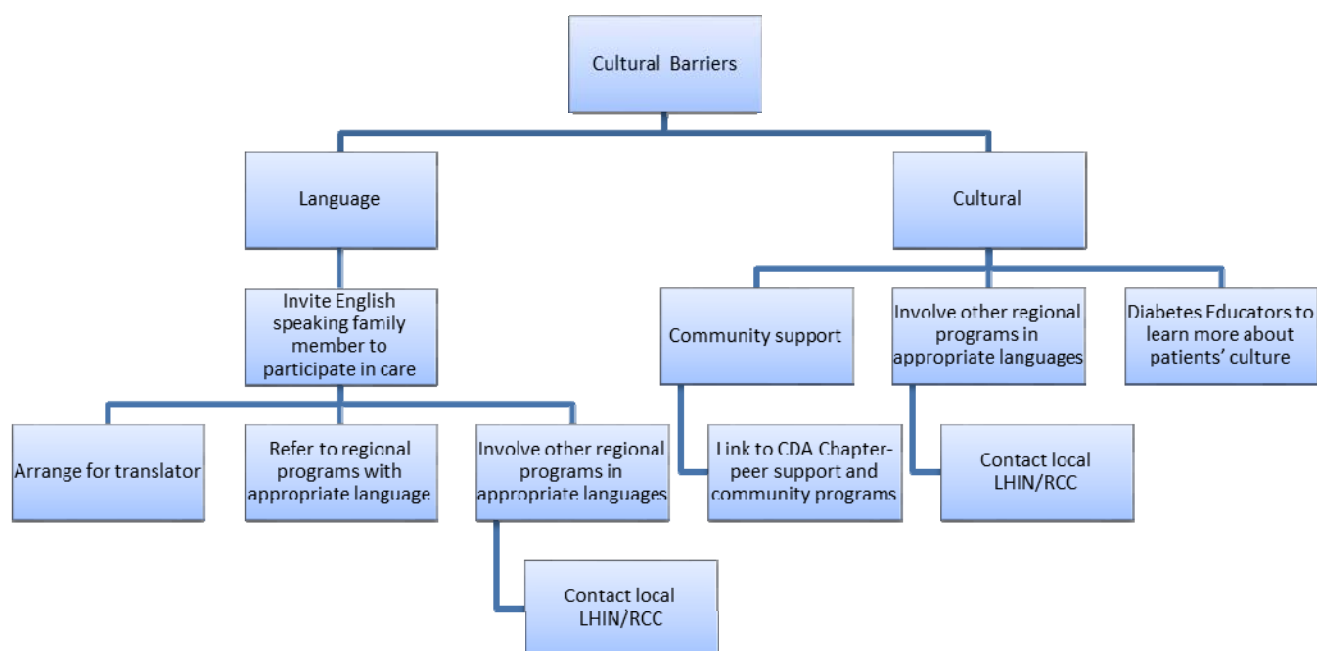
SUPPLEMENTARY DATA

Supplementary Appendix 2D. Accessibility Care Path



SUPPLEMENTARY DATA

Supplementary Appendix 2E. Cultural Barriers Care Path



Supplementary Appendix 3. LMC Patient Registry

All patient medical information recorded within the electronic medical record (EMR) of all LMC-based specialist practices and the Diabetes Education Program

Patients attending LMC clinics are given the option of providing a written informed consent for their EMR data to be used for research purposes.

Content

Data is collected by specially trained medical assistants (scribes) and/or pharmacists. All entries are verified/edited by the physician, physician assistant or diabetes educator. Lab data is imported from the provincial laboratory results platform (Ontario Lab Information System).

Data includes:

- Demographic information, including ethnicity
- Past medical history
- Past surgical history
- Current history
- Current medication dosages
- Social history including occupation, annual family income, highest personal education level achieved, non-public benefits provider status
- Family history
- Physical examination and vital signs
- All laboratory results