

**Supplementary File 1. Strategies to improve equitable, person-centred OA care by strategy level and source****Patient-level strategies**

“Patient-level strategies” are those *offered to persons with OA to improve knowledge, confidence, behaviour, OA symptoms, OA status, or quality of life.*

Strategy		Source				
		Review	Guidelines	Policies	Professionals	Women
1	Involve interpreters (family or professional) to translate spoken language during healthcare appointments				X	X
2	Offer education sessions about OA and self-management to persons with OA (women-only, group, in-person and virtual, multiple languages, across Canada, free, at workplaces or community centres)				X	X
3	Provide educational material about OA to persons with OA (brochures physicians can hand out, posters in community settings and online, in different languages, include culturally relevant information)	X	X	X	X	X
4	Provide question prompt tools to persons with OA to help them prepare to ask questions, raise concerns, and offer information during healthcare appointments				X	X
5	Consider patients’ cultural needs and economic circumstances when offering treatment, self-care advice and/or programs (e.g., language, cost of services such as physiotherapy)	X			X	X
6	Healthcare professionals that first learn about patients’ OA concerns or symptoms should refer them for manual therapy (e.g., physiotherapy)				X	X
7	Have regular follow-up visits with patients to monitor progress (e.g., following self-management advice, symptom control)					X
8	Offer peer support groups for persons with OA to help with self-care (virtual and in-person, multiple languages)					X

**Clinician-level strategies**

“Clinician-level strategies” are those *offered to healthcare professionals to improve OA knowledge, confidence, behaviour, or skills.*

Strategy		Source				
		Review	Guidelines	Policies	Professionals	Women
9	Provide medical school education and mandatory (i.e. required) continuing education about how to diagnose and manage OA				X	X
10	Provide healthcare professionals with training on bias and cultural sensitivity			X	X	X
11	Provide healthcare professionals with timely access to interpreters				X	X
12	Provide healthcare professionals with OA educational materials to give to patients				X	X
13	Provide healthcare professionals with information or tools to help them diagnose and treat OA in persons from disadvantaged groups		X		X	
14	Ensure patient health records are linked so that all healthcare professionals have a full picture of patients’ health status				X	

**System-level strategies**

"System-level strategies" are those *developed and/or offered by health systems or government to improve access to OA care, advice and support.*

Strategy		Source				
		Review	Guidelines	Policies	Professionals	Women
15	Allow persons with OA to self-refer to clinics or self-management programs (e.g., patients do not need to rely on primary care provider for a referral)				X	
16	Offer health promotion campaigns to the public on how to prevent and manage OA in a variety of formats and settings (e.g., social media, billboards)				X	X
17	Expand the scope of practice of healthcare professionals (e.g. physiotherapists, occupational therapists, pharmacists) so that they can refer persons with OA for tests or services				X	X
18	Increase diversity of healthcare professionals and policymakers (e.g., more ethnically diverse or women providers)				X	X
19	Publicly fund services for OA management (e.g., ensure that provincial health insurance covers services like physiotherapy)				X	X
20	Offer a telephone support line that persons with OA can call for information about OA				X	
21	Implement OA-specific clinics or centres (e.g., one-stop clinics where patients can access various healthcare professionals such as family physicians, physiotherapists, social workers)				X	X
22	Develop a Canadian OA strategy and clinical pathway (e.g., collaboration between governments and healthcare professionals to create policies and guidelines to improve OA care)				X	
23	Develop public spaces in all communities that promote physical activity (e.g., bicycle/walking paths)				X	
24	Engage diverse women and other disadvantaged groups in planning OA policies, strategies and programs				X	
25	Implement primary care hubs in underserved areas for disadvantaged groups that include primary care physicians and nurses in community agencies				X	
26	Collect and share data about the health experiences of disadvantaged groups (e.g., diverse women) to understand their specific healthcare needs and preferences				X	
27	Evaluate the equity of programs or policies in healthcare organizations using formal tools or frameworks			X		
28	Train lay health leaders or community health workers from disadvantaged communities to assist persons in their community with OA in self-management			X		