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Supplementary Appendix 2. Delphi results

Patient-level strategies

Item	Strategy	Suggested revision from Round One	Round 1 (rating)	Round 2 (rating)	Decision
1	Involve interpreters (family or professional) to translate spoken language during healthcare appointments	None	Retain (81.3%)	---	Retain
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)	None	Retain (90.6%)	---	Retain
3	Provide educational material about OA to persons with OA (brochures physicians can hand out, posters in community settings and online, in multiple languages, include culturally relevant information)	None	Retain (90.6%)	---	Retain
4	Provide question prompt tools to persons with OA to help them prepare to ask questions, raise concerns, and offer information during healthcare appointments	Provide question prompt tools (pre-formed list of questions considered important by diverse persons with OA) to persons with OA to help them prepare to ask questions, raise concerns, and offer information during healthcare appointments	No consensus (76.6%)	79.6%	Discard
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)	Consider patients' cultural needs and economic circumstances when offering treatment, self-care advice and/or programs (e.g., language, cost of services from physiotherapists, chiropractors, dieticians, etc.)	Retain (93.8%)	---	Retain
6	Healthcare professionals that first learn about patients' OA concerns or symptoms should refer them for manual therapy (e.g., physiotherapy)	Healthcare professionals that first learn about patients' OA concerns or symptoms should refer them for services that include but are not restricted to manual therapy, exercise therapy or education, self-management programs, nutrition counseling, etc.	50.00%	90.7%	Retain

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7	Have regular follow-up visits with patients to monitor progress (e.g., following self-management advice, symptom control)	None	Retain (81.3%)	---	Retain
8	Offer peer support groups for persons with OA to help with self-care (virtual and in-person, multiple languages)	None	Retain (81.1%)	---	Retain

Clinician-level strategies

Item	Strategy	Suggested revision from Round One	Round 1 (rating)	Round 2 (rating)	Decision
9	Provide medical school education and mandatory (i.e. required) continuing education about how to diagnose and manage OA	Provide medical school education and mandatory (i.e. required) continuing education about how to diagnose and manage OA	Retain (85.9%)	---	Retain
10	Provide healthcare professionals with training on bias and cultural sensitivity	None	Retain (87.5%)	---	Retain
11	Provide healthcare professionals with timely access to interpreters	None	Retain (87.5%)	---	Retain
12	Provide healthcare professionals with OA educational materials to give to patients	None	Retain (92.2%)	---	Retain
13	Provide healthcare professionals with information or tools to help them diagnose and treat OA in persons from disadvantaged groups	None	Retain (89.1%)	---	Retain
14	Ensure patient health records are linked so that all healthcare professionals have a full picture of patients' health status	Ensure patient health records are linked so that all healthcare professionals have a full picture of patients' health ~~status~~ history	Retain (93.8%)	---	Retain

System-level strategies

Item	Strategy	Suggested revision from Round One	Round 1 (rating)	Round 2 (rating)	Decision
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)	None	Retain (81.3%)	---	Retain
16		Offer health promotion campaigns to the public on how to prevent and manage OA in a variety of		81.5%	Retain

	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)	formats and settings including but not limited to social media, billboards, cultural media, shops, places of worship, etc.)	No consensus (79.7%)		
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	Expand the scope of practice of healthcare professionals such as physio- or occupational therapists, chiropractors, pharmacists, etc. along with training so that they can refer persons with OA for tests or services	No consensus (78.1%)	75.9%	Discard
18	Increase diversity of healthcare professionals and policymakers (e.g., more ethnically diverse or women providers)	None	No consensus (78.1%)	75.9%	Discard
19	Publicly fund services for OA management (e.g., ensure that provincial health insurance covers services like physiotherapy)	Publicly fund services for OA management (e.g., ensure that provincial health insurance covers services from physiotherapists, chiropractors, dieticians, etc.)	Retain 85.9%	---	Retain
20	Offer a telephone support line that persons with OA can call for information about OA	None	No consensus (67.2%)	67.3	Discard
21	Implement OA-specific clinics or centres (e.g., one-stop clinics where patients can access various healthcare professionals (family physicians, physiotherapists, chiropractors, social workers, etc.)	Implement OA-specific clinics or centres (e.g., one-stop clinics where patients can access various healthcare professionals (family physicians, physiotherapists, chiropractors, social workers, etc.)	Retain (89.1%)	---	Retain
22	Develop a Canadian OA strategy and clinical pathway via collaboration of governments and healthcare professionals to improve OA care	Engage diverse persons with OA, healthcare professionals to develop a Canadian OA strategy	Retain (89.1%)	---	Retain
23	Develop public spaces in all communities that promote physical activity (e.g., bicycle/walking paths)	None	Retain (93.8%)	---	Retain
24	Engage diverse women and other disadvantaged groups in planning OA policies, strategies and programs	None	No consensus (79.7%)	87.0%	Retain
25		None	Retain (84.4%)	---	Retain

	Implement primary care hubs in underserved areas for disadvantaged groups that include primary care physicians and nurses in community agencies				
26	Collect and share data about the health experiences of disadvantaged groups (e.g., diverse women) to understand their specific OA needs and preferences	None	Retain (84.4%)	---	Retain
27	Evaluate the equity of OA programs or policies in healthcare organizations using formal tools or frameworks	Evaluate the equity of OA programs or policies in healthcare organizations using existing tools (e.g. surveys, measures, instruments) that are designed to assess equity of access to and quality of care among disadvantaged groups	No consensus (78.1%)	90.7%	Retain
28	Train lay health leaders or community health workers from disadvantaged communities to assist persons with OA in their community with OA self-management	None	Retain (84.4%)	---	Retain

Additional strategies

Recommended by Round One respondents and rated only in Round Two

Item	Strategy	Suggested revision from Round One	Round 1 (rating)	Round 2 (rating)	Decision
29	Fund OA diagnosis and management (e.g. primary care, manual therapy, exercise therapy, self-management education, etc.) as part of home care services	---	---	81.5%	Retain
30	Advocate for and fund research on equitable access to and quality of OA care	---	---	87.0%	Retain
31	Healthcare professionals should engage patients by inquiring about OA management needs and preferences	---	---	98.1%	Retain