

Appendix 1 (as supplied by the authors): Overarching aims of mixed methods study

Quantitative analyses

1. Administrative health data (ICES)
 - Trends in prevalence, incidence and mortality
 - Measures of diabetes control (HbA1c and lipid monitoring and control)
 - Health care utilization (access to primary care and specialists)
 - Diabetes-related emergency department visits and hospitalizations for hyper- and hypoglycemia
 - Emergency department visits, hospitalizations and medications related to cardiac disease (acute myocardial infarction, unstable angina and congestive heart failure)
 - Incidence of strokes (ischemic, hemorrhagic and transient ischemic attack), length of hospitalization, discharge to rehabilitation or long-term care, mortality at 7 days, 30 days and one year post-stroke
 - Peripheral vascular disease-related amputations and bypass surgeries
 - Diabetic retinopathy-related eye examinations and treatment
 - Dialysis, screening, follow-up monitoring, medications and nephrologist visits for kidney disease
 - Pregnancy-related outcomes, including rates of gestational diabetes, deliveries and complications, visits to comprehensive primary care physicians and specialists, types of birth and birth-related complications
2. First Nations Regional Health Survey
 - Distribution of diabetes risk factors among First Nations people living in First Nations communities in Ontario

Qualitative study

Interviews in First Nations communities to describe the lived experience of First Nations people newly diagnosed with diabetes, those with a first episode complication and those living with multiple co-morbidities