International consensus recommendations to bring an end to diabetes stigma and discrimination

Supplementary Materials

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Supplementary Table 1. Inclusion / exclusion criteria for systematic search

Inclusion criteria	Exclusion criteria
Population(s): people with diabetes	Studies where the focus is on other forms of
OR other populations' views about (people with) diabetes.	stigma / discrimination (e.g. based on age, gender, race, education, poverty) in the absence of a focus on diabetes-related stigma
Intervention(s): not necessary but, if present, focused as below.	and/or the other form of stigma cannot be distinguished from diabetes-related stigma. The
Comparator(s): not necessary / people with other conditions etc.	exception is weight-related stigma, because weight is potentially a visible characteristic of diabetes, and a driver of the blame/judgement
Outcome(s): i.e., focus of investigation = diabetes stigma, prejudice, bias, discrimination – sources, prevalence, experiences, associations, impacts, interventions to reduce stigma or its effects;	of people with diabetes.
OR general stigma, e.g., general self-stigma scale completed by people with diabetes;	
OR stigmatising attitudes, biases etc by another group towards (people with) diabetes;	
OR reported / observed / experienced discrimination due to diabetes.	
Study design: any	

Supplementary Table 2. Rapid review topic areas and descriptions

Topic areas	Descriptions: Examples, considerations						
Drivers & facilitators	Drivers: e.g., beliefs re personal responsibility of diagnosis and outcomes; beliefs re causes of diabetes; fear of injections; association with laziness and irresponsibility.						
	Facilitators: e.g., cultural norms, religion, community vs individualistic approaches (e.g., individual responsibility for health).						
Assessment	Among the affected population, i.e., general and diabetes-specific measures, and among people without diabetes, i.e., population-based assessments, self-assessment of endorsed and enacted stigma etc.						
Manifestations	a) Experiences in affected population: e.g., types of stigma (perceived, experienced, self-stigma); Settings & sources of stigma, e.g., media, social media, diabetes organisations, diabetes campaigns, health professionals, social media, workplace, schools.						
	b) Practices in the community: e.g., evidence of beliefs, attitudes, stereotypes, bias, prejudice, rejection, discrimination etc, including settings & sources, e.g., mass media, diabetes organisations, diabetes campaigns, health professionals, social media, workplace, schools.						
Prevalence	a) Affected population: stigma, discrimination.						
	b) Community: e.g., general population, Health professionals.						
Intersecting stigmas	Convergence with other forms of stigma: e.g., obesity, mental health, gender, race, age, educational status, socioeconomic status. The extent to which they may relate to or compound diabetes stigma.						
Outcomes	a) Affected population: e.g., psychological (including mental health), social, behavioural, clinical, medical (inc. access to healthcare).						
	b) Policy and structural: e.g., employment, driving and travel restrictions, education, legal rights, funding for research and clinical care / treatments.						
Protective mechanisms & vulnerabilities	Among the affected population, what facilitates or reduces the impact or internalisation of stigma, e.g., self-esteem, social support?						
Interventions	a) Community: to reduce stigma practices, e.g. organised by type of interventions, target population or socioecological layer.						
	b) Affected population: to reduce the impact or internalisation of stigma.						

Supplementary Table 3. List of articles referenced in the *Summary of Evidence*, identified: a) via the systematic search, and b) post-search

a) 116 eligible articles identified via the systematic search

- American Diabetes Association. Cracking the case. A federal jury finds diabetes discrimination at the FBI. *Diabetes forecast* 2009; **62**(10): 61-3.
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* Some focus on diabetes stigma but were published after the search was comducted. Most were identified via hand-searching of reference lists or were known to the panel.

Supplementary Table 4. Example of the development a Statement of Evidence

Draft Statements of Evidence (generated by rapid reviewer subgroup following peer review subgroup feedback)

- The media portrayal of diabetes is influential in public attitudes towards the condition; stereotypical representations perpetuate discrimination based on the belief that people living with diabetes are to blame for their condition, a likely primary mechanism of stigma related to T1D, T2D, and GDM.
- People with diabetes perceived popular culture, media and health campaigns to have an important role in creating and reinforcing stigma.
- Media portrayals of diabetes are influential and can be harmful; it plays an important role in shaping public attitudes and beliefs about people with diabetes.
- Media portrayals of diabetes are often scientifically inaccurate and reinforce stereotypes.
- Negative beliefs and misunderstanding about diabetes are facilitated in the wider community by inaccurate and dramatic portrayals of diabetes in mainstream and social media.

Dolphi Statements of Fuidor so		Agreement ratings (by panel members)				bers)	Common of feedback
Delphi Round	Statements of Evidence (generated by subgroup)	Fully Agree	Slightly Agree	Slightly Disagree	Fully Disagree	Don't Know	Summary of feedback (from panel members)
One	Diabetes stigma is perpetuated in campaigns, mainstream and social media, and healthcare by inaccurate and fear-based messaging and imagery of diabetes and its complications.	74%	20%	6%	0%	0%	 Some fear appeals may include accurate information. Consider adding "oversimplified", "sensationalist" What is meant by campaign? Specify 'health campaign' Why specify mainstream and social media? What is meant by 'mainstream'?
Two	REVISED: Diabetes stigma is perpetuated by the use of over-simplified, sensationalist and/or fear-based messaging and imagery about diabetes and its complications in the media, health campaigns and in healthcare.	88%	10%	2%	0%	0%	Grammatical edits Broader society issues which campaigns contribute to
Three	REVISED: Diabetes stigma is facilitated by the use of over-simplified, sensationalist and/or fear-based messaging and imagery about diabetes and its complications in the media, health campaigns and in healthcare.	100%	-	-	0%	-	N/A

Supplementary Table 5. Assessment of diabetes stigma among people living with diabetes

Measure and citation	Psychometric validation: Target Population / Other	Aspects of stigma assessed ^a	Items	Language versions (Countries)				
Scales designed to assess diabetes stigma								
Diabetes Self-Stigma Scale (DSSS) ¹⁴⁹	Target: Adults with T2D	Comparative inability, social withdrawal, self-devaluation, and apprehensive feeling	16	Korean ^a				
Type 1 Diabetes Stigma Assessment Scale (DSAS-1) ¹⁸	Target: Adults with T1D Other: Adolescents with T1D ¹⁵³	Treated differently, blame and judgement, identity	19 Short form: 8 ¹⁸⁶	English (Australia; NZ; USA); Danish; Greek (Greece); Iranian; Japanese; Korean; Turkish Short form: English (USA)				
Type 2 Diabetes Stigma Assessment Scale (DSAS-2) ¹⁶	Target: Adults with T2D	Treated differently, blame and judgement, self-stigma	19	English (Australia; NZ; USA); Arabic (Saudi Arabia); Kannada (India); Spanish (USA; Colombia); Turkish				
Brief subscales designed to assess diabetes stigma, incorporated within measures designed to assess other / broader diabetes-specific constructs								
"Stigma" subscale of Barriers to Diabetes Adherence (BDA) questionnaire ¹⁶⁸	Target: Adolescents with T1D	Perceived and internalised stigma	6	English (USA); ^b Arabic (Qatar)				
"Negative social perceptions" subscale of the Type 1 Diabetes Distress Scale (T1-DDS) ¹⁸⁷	Target: Adults with T1D	Perceived stigma	4	English (USA); ^b French (Canada); German; Portuguese (Brazil); Spanish				
"Shame/stigma subscale" of the Type 2 Diabetes Distress Assessment System (T2-DDAS) ¹⁶⁴	Target: Adults with T2D	Self-stigma and shame	3	English (USA); ^b French (Canada); Spanish				
Generic stigma or generic health s	stigma scales that have been used	to assess stigma among people with o	liabetes					
8-item Stigma Scale for Chronic Illnesses (SSCI-8)	Target: Adults with chronic illness ^c	Internalised and enacted stigma	8	English (USA) ^b				
Self-Stigma Scale (SSS)	Target: Minority groups Other: Adults with T2D ¹⁸²	Cognitive, affective, and behavioural dimensions	39	Chinese (Hong Kong); ^b Japanese				
Kandem Institute Stigma Scale (KISS) ¹⁸⁴	Target: Adults with chronic conditions, including diabetes	Perceived and enacted social stigma, discordant stigma, and self-stigma	24	Japanese ^b				

T1D: type 1 diabetes; T2D: type 2 diabetes; NZ: New Zealand; USA: United States of America. ^a As reported by scale developers; ^b Language of original validation;

^c SSCI-8 has been employed in T1D and T2D samples, including for validation purposes of diabetes-specific scales^{2,4}