Figure S1. US Participants reported common use of connected devices and high utility for their use



* Usefulness defined as a score of at least 7 on a 10-point scale. Percentages computed out of total participants that reported using each type of device.

Figure S2. Compared with the U.S., German participants reported more use of glucose monitors and connected apps, but less utility from these devices



* Usefulness defined as a score of at least 7 on a 10-point scale. Percentages computed out of total participants that reported using each type of device.

Figure S3. French participants reported frequent use of glucose meters and connected apps, but less utility from them



* Usefulness defined as a score of at least 7 on a 10-point scale. Percentages computed out of total participants that reported using each type of device.

Figure S4. US participants expressed interest in healthy behaviors and better tracking of blood glucose



Figure S5. Like the U.S., German participants wanted help with healthy behaviors, medication compliance, and reducing stress



Current Goals of Participants

Participants want help with

Figure S6. French participants reported similar health goals to US participants



Figure S7. US participants wanted a CES program that features personalized tracking of behaviors, medications, and T2DM outcomes

Patients would like help with



Program Goals Expectations

C

Program Needs

Participants reported they wanted the following features the most in a digital program to manage T2D (see table) Number

The ability to track my blood sugar trends	91 (79.8%)
The ability to track my medication usage	62 (54.4%)
The ability to talk to the doctors I see most often about my Type 2 Diabetes	59 (51.8%)
Progress reports on my personal goals (e.g., changes in weight, exercise, nutrition, or smoking)	58 (50.9%)
Personalized recommendations (for example, food or exercise recommendations)	53 (46.5%)
Encouragement for managing my Type 2 Diabetes	52 (45.6%)
The ability to track my meals	52 (45.6%)
The ability to track other health-related information (for example, sleep, stress)	51 (44.7%)
General information about Type 2 Diabetes management	48 (42.1%)
Medication reminders	37 (32.5%)
The ability to talk to a mental health professional	23 (20.2%)
The ability to talk to other people with Type 2 Diabetes	20 (17.5%)
Another potential feature	9 (7.9%)
I would never be interested in a digital health program designed to support my Type 2 Diabetes management	2 (1.8%)

Figure S8. Similar to the US, German participants wanted a CES program that offers tracking of behaviors, medications and blood glucose



Program Needs



Figure S9. French participants wanted a CES that provides information and encourages communication with physicians in addition to tracking



Program Needs

Participants reported they wanted the following features the most in a digital program to manage T2DM (see table)
The ability to track my blood sugar trends
22 (56.4%)

, , , ,	. ,
General information about Type 2 Diabetes management	21 (53.8%)
The ability to track other health-related information (for example, sleep, stress)	20 (51.3%)
The ability to talk to the doctors I see most often about my Type 2 Diabetes	17 (43.6%)
Personalized recommendations (for example, food or exercise recommendations)	16 (41%)
Encouragement for managing my Type 2 Diabetes	14 (35.9%)
Progress reports on my personal goals (e.g., changes in weight, exercise, nutrition, or smoking)	12 (30.8%)
The ability to talk to other people with Type 2 Diabetes	10 (25.6%)
The ability to track my meals	10 (25.6%)
The ability to track my medication usage	8 (20.5%)
Medication reminders	6 (15.4%)
Another potential feature	2 (5.1%)
I would never be interested in a digital health program designed to support my Type 2 Diabetes management	2 (5.1%)
The ability to talk to a mental health professional	2 (5.1%)

Figure S10. Factors affecting whether to participate in a CES program: U.S.

participation participation Diagnosed with Kidney disease Cost is very important * Medication reminders (most wanted CES features) Ability to track other health-related information (most wanted CES features) Progress reports on my goals (most wanted CES features) Better understanding the relationship between my blood sugar levels and my behaviors (CES expectations) Better understanding the relationship between my blood sugar levels and my behaviors. Not selected Personalised recommendations (most wanted CES features) Not currently employed I would never be interested in a digital * health program to support my T2DM -7.5 -5.0 -2.5 0.0 2.5 5.0 Estimate

Cost,* Medication reminders,† and tracking of health related info† were the largest factors influencing willingness to participate in a US CES program

US participants who responded they would never be interested in a digital health program for T2DM* were more than 4 times less likely to participate in a CES program

* at 0.05 stat. sig. level without multiplicity correction † at 0.1 stat. sig. level without multiplicity correction

(n = 114)

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Figure S11. Factors affecting whether to participate in aCES program: GermanyLower self-reported
likelihood of CESHigher self-reported
likelihood of CES

participation participation Better understanding the relationship between my blood sugar levels and my ~ behaviors (CES expectations) Better understanding the relationship between my blood sugar levels and my behaviors. Not selected Has been hospitalized Currently using Dedicated apps / websites Currently using Dedicated apps / websites. Not selected The ability to track my meals (most wanted CES features) Age Last HbA1c level: 6.6%-7.5% Last HbA1c level: >7.5% Last HbA1c level: 6.1%-6.5% Insulin ever used: Intermediate-acting ~ Last HbA1c level: Don't know -1000 0 500 -500 Estimate

The **likelihood of CES participation in Germany** tended to increase with:

 Wanting the CES to help with their understanding of the relationship between blood sugar levels and behaviors*

and decreased along with:

 Use of intermediate acting insulin*

* at 0.1 stat. sig. level without multiplicity correction

(n = 44) Small sample sizes limited the predictive power of the model among German participants.

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Figure S12. Factors affecting whether to
CES program: FranceParticipate in a
Lower self-reported
likelihood of CESHigher self-reported
likelihood of CESHigher self-reported
likelihood of CES

participation participation Measure blood sugar levels: multiple times per week Diagnosed with obesity Avg sleep hours on a weekend night: >=8Has been hospitalized in the past year Diagnosed with chronic pain What my friends or family thought of it (CES priorities) Measure blood sugar levels: multiple times per day Avg sleep hours on a weekend night: 7 Neither satisfied nor dissatisfied with current Type 2 Diabetes management Very satisfied with current Type 2 Diabetes management Somewhat satisfied with current Type 2 Diabetes management Somewhat dissatisfied with current Type 2 Diabetes management Measure blood sugar levels: less than once per week Measure blood sugar levels: once per week -1000 -500 0 500 Estimate

The **likelihood of CES participation among French participants** tended to decrease with:

 Measuring blood sugar levels once per week*

* at 0.1 stat. sig. level without multiplicity correction

(n = 39) Small sample sizes limited the predictive power of the model among French participants

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