Supplement Table S1: Glossary terms

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| Health app | Health apps are application programs that offer health-related  services for smartphones and tablet PCs.Because they are accessible to patients both at home and on-the-go, health apps are a part of the movement towards mobile health (mHealth) programs in health care. |
| Interactive voice response | It is a novel phone-based platform which is potentially useful to deliver health behavior interventions. Users receive recorded messages and report clinical information using their telephone’s touch-tone keypad or voice response technology |
| mHealth | Most commonly used in reference to using mobile  communication devices, such as mobile phones and tablet  computers for health services and health information.  mHealth is a subsegment of eHealth. |
| Telehealth | It is the use of telecommunication and IT to provide clinical health care from a distance. It helps eliminate distance barriers and can improve access to medical services  that would often not be consistently available in distant rural communities. |
| Telemedicine | The remote diagnosis and treatment of patients by means of  telecommunications technology. |
| Two-factor authentication | Obtaining evidence of identity by two independent means,  such as knowing a password and successfully completing a  smartcard transaction. |

**Supplement Table S2: Brief description of technology based Peer support in T1D**

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| **Technology based Peer support Model** | **Description** | **Strength and weakness** |
| Voice (telephonic) | Peer supporters exchange their telephone number with assigned peers and are instructed to call in between scheduled visits with the diabetes clinic team | * Addresses access barriers * Apprehension towards exchanging telephone numbers * Associated cost and time constraints |
| Text/ messages | Text messages are delivered to users based on goals set by them to manage their diabetes. These text messages are either derived from peers around common barriers or contributed by peers nominated by users as part of their support team | * Appealing and easy usability * Associated cost * Apprehension towards exchanging telephone numbers |
| Web and mobile application | These programs use the Internet to mobilize peer support, including Internet-based support groups vis chat lines, discussion forums and blogs | * Easily accessible * Secured access and maintains anonymity * Ethical and privacy considerations |
| Video conference | The traditional supportive group interactions are facilitated with peers through real time videoconferencing | * Requires a constructive moderator * Ethical and privacy considerations * Synchronous communication |
| Social media | Enables social interaction among groups of people that know each other or are strangers, leveraged to provide peer support by sharing information and personal experiences | * Diversity of personalities, people, and experiences * Lack of reliability * Risks of disclosing personal information online * Risk of disseminating misinformation |