

SUPPLEMENTARY DATA

Supplementary Table 1. Algorithm to determine visit frequency and priorities for treatment

Value	Lower Risk	Moderate Risk	High Risk	Urgent
HbA1c (%)	<8	8-10	>10	
Finger stick blood sugar (mg/dL)				>400
Blood Pressure (mmHg)	< 140/90	140/90-180/110	180/110-200/120	>200/120
Smoking	No	Non-daily or Daily if not ready to quit	Daily and ready to quit	
Alcohol	<2/d	2-4/day	>4-5/day	
Depression (PHQ-9 score)	<5	5-14	>15	Suicidal thoughts
Visits	Quarterly CHW visits Annual NCM visit	Monthly CHW visits Biannual NCM visits	Weekly NCM groups Weekly CHW visits	Follow-up after referral Proceed to high risk schedule

Values for initial risk levels were drawn from baseline assessments. Finger stick blood sugar values were not part of the visit algorithm, but this was assessed at each visit to identify any urgent care needs. Lower risk level required all values in that level. If any of the 5 factors was in higher risk range, that person began treatment at a higher risk level. Moderate risk meant that no values were at High Risk and at least one value was in Moderate range. To be at High Risk, at least one value was in high range. Urgent levels were referred immediately to the clinic physician or to the hospital emergency department, if after clinic hours. To shift to lower risk category during intervention, the patient's risk had to remain at next lower risk for 2 months, then they could shift to the lower visit schedule. If patient risk level increased during intervention, their visit schedule increased to the next level immediately and stayed at the higher level until their risk stabilized again at a lower level.