

## SUPPLEMENTAL MATERIAL

**Table S1: Referral criteria to a higher secondary or tertiary health care center**

<b>Referral criteria</b>
<ul style="list-style-type: none"><li>• History of heart disease (any history of heart attack, angina, heart failure, any surgical procedure on coronary vessels, i.e. CABG or PTCA)</li><li>• History of stroke or Transient Ischemic attack</li><li>• Co morbid diabetes and hypertension</li><li>• History of Renal disease (renal failure - S. creatinine&gt;2 mg/dl; or diabetic nephropathy)</li><li>• History of vascular disease (peripheral arterial disease, eg, claudication; or aortic dissection)</li><li>• Any evidence of LVH (on an ECG or an echocardiogram)</li><li>• Any evidence of microalbuminuria or proteinuria and or elevation of serum creatinine (1.2-2.0mg/dl)</li><li>• Any evidence of atherosclerotic plaques in the carotids (ultrasound or radiological)</li><li>• Any evidence of hypertensive retinopathy</li><li>• Any of the Physician certified co-morbid conditions such as PVD, Kidney disease, Diabetes, Heart failure, CVD, MI, Arthritis, COPD, Asthma</li></ul>