Appendix 1. Methodology used to derive cardiovascular disease risk factors.

Figure 1 of the manuscript presents the proportion of the population with between 0 and 5 cardiovascular risk factors. This appendix describes the definitions and cutoffs used to define the five risk factors presented in this analysis.

Body Mass Index

Body mass index (BMI), derived by dividing the weight of the individual by the square of the height of the individual was categorized into the following categories using the World Health Organization obesity cutoffs: underweight (BMI <18.5 kg/m2), normal weight (BMI ≥18.5 and <25 kg/m2), overweight (BMI ≥25 and <30kg/m2) and obese (≥30 kg/m2) [1]. Individuals with a BMI of ≥25 kg/m2 corresponding to those who are overweight or obese, were considered to have a risk.

Current Tobacco Use

Participants were asked whether or not they currently used tobacco. Those that responded affirmative were considered to be 'at risk'.

Diabetes

Diabetes was defined using the standards set by the American Diabetes Association as having had a previous diagnosis by a healthcare provider, currently taking medication for the condition, or a fasting glucose of ≥ 7.0 mmol/L [2].

Hypertension

The high blood pressure risk factor was defined as someone having a systolic measurement of > 140 mmHg or a diastolic measurement of > 90 mmHg or somebody who reported currently being on treatment for hypertension. The measurements were derived

Dyslipidemia

Dyslipidemia was defined as a self-reported history of high cholesterol, a previous diagnosis of dyslipidemia, or measured total cholesterol level ≥ 5.0 mmol/L, or low-density lipoprotein (LDL) > 3.0 mmol/L, or high-density lipoprotein (HDL) < 1.0 mmol/L (for males) and <1.3 mmol/L for females, or triglycerides > 1.7 mmol/L, or taking medication for the condition [3].

References

1 The World Health Organization. Obesity: Preventing and Managing the Global Epidemic- Report of a WHO consultation. Geneva: 2000. doi:ISBN 92 4 120894 5

2 American Diabetes Association. Standards of Medical Care in Diabetes. *Diabetes Care* 2013;**36**:S11-66. doi:10.2337/dc13-S011

3 Klug EQ, Raal FJ, Marais AD, *et al.* South African dyslipidaemia guideline consensus statement. *South African Fam Pract* 2013;**55**. doi:10.1080/20786204.2013.10874296