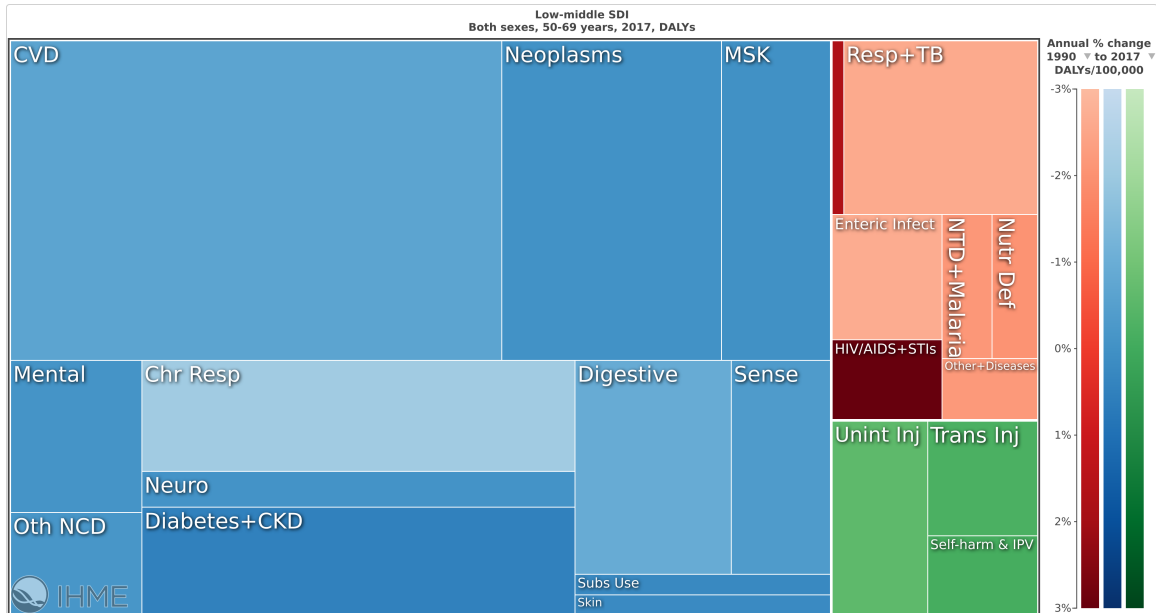


A Online Appendix: Additional results

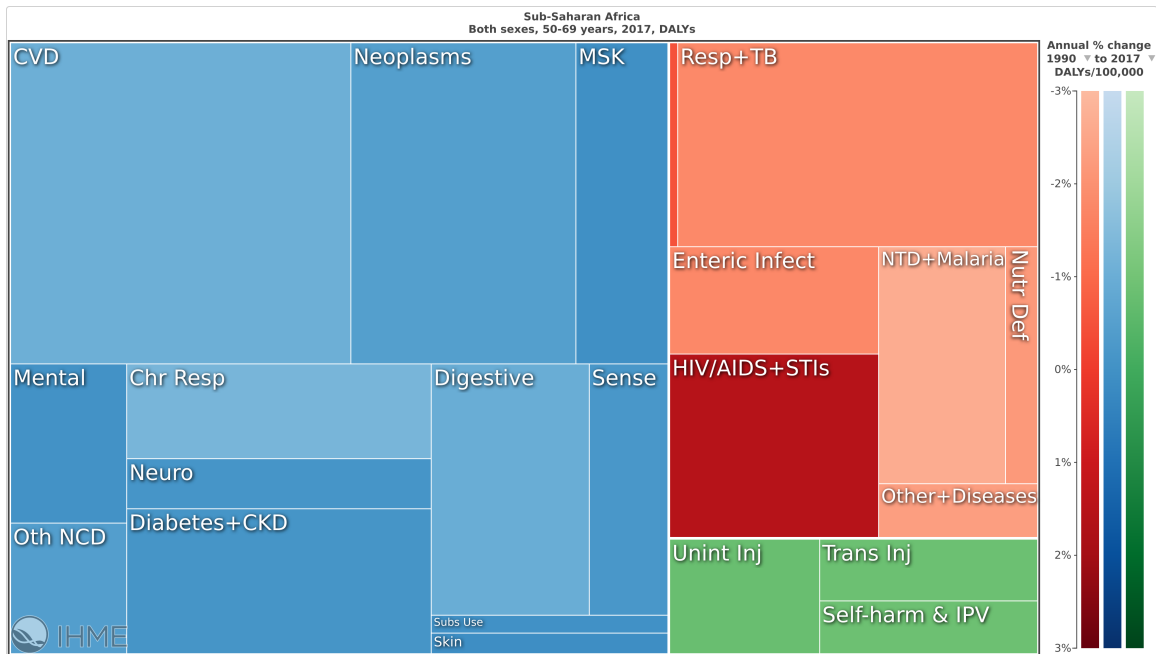
Figure A.1: Disease burden in low- and middle-income countries at ages 50–69: Disability adjusted live years (DALYs) lost due to major non-communicable and communicable diseases, and injuries



Notes: The area of each square is proportional to the contribution of a specific disease categories to the overall DALYs lost in a population due to mortality and morbidity. *Non-communicable diseases* (blue): CVD = Cardiovascular Diseases, Neoplasms = Neoplasms and malignant cancers, MSK = Musculoskeletal disorders, Mental = Mental disorders, Chr Resp = Chronic respiratory diseases, Neuro = Neurological disorders, Digestive = Neurological disorders, Sense = Sense organ diseases, Oth NCD = Other non-communicable diseases, Diabetes+CKD = Diabetes and kidney diseases, Subs Use = Substance use disorders, Skin = Skin and sub-cutaneous diseases. *Communicable diseases* (red): Resp+TB = Respiratory infections and tuberculosis, Enteric Infect = Enteric infections, HIV/AIDS+STIs = HIV/AIDS and sexually transmitted infections, NTD+Malaria = Neglected tropical diseases and malaria Nutr Def = Nutritional deficiencies Other + Diseases = Other infectious disease. *Injuries* (green): Unint Inj = Unintentional injuries, Trans Inj = Transport injuries Self-harm & IPV = Self-harm and interpersonal violence. The disease burden further shifts to non-communicable diseases, including CVDs, at ages 70+.

Source: Obtained from the Global Burden of Disease Data Visualization Tool (<https://vizhub.healthdata.org/gbd-compare/>), accessed February 25, 2020.

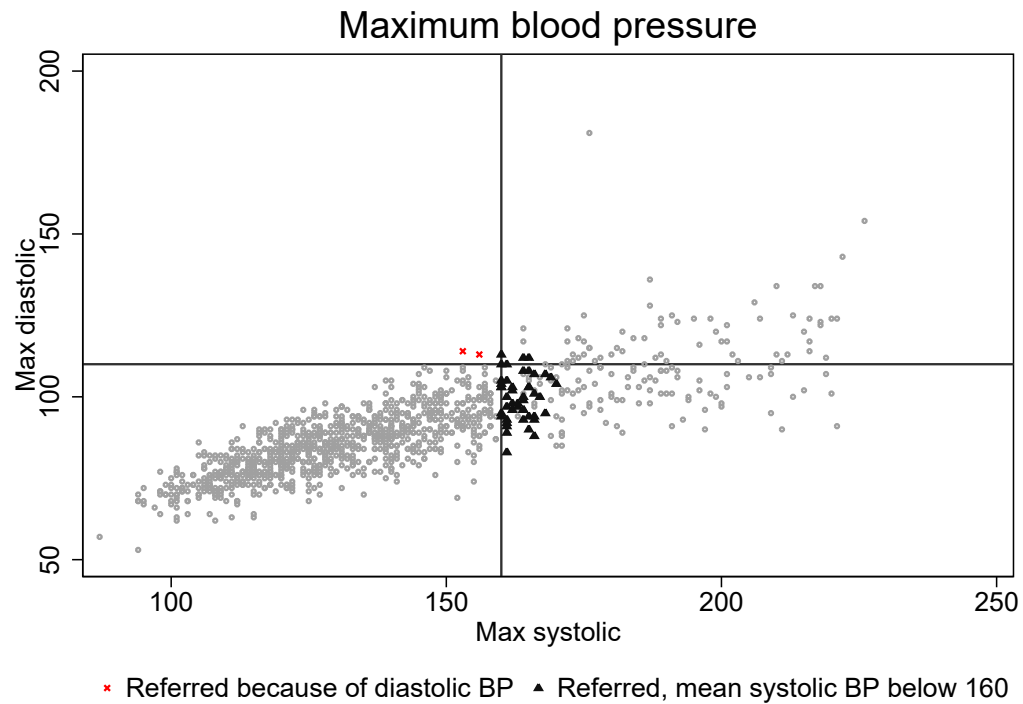
Figure A.2: Disease burden in sub-Saharan African countries at ages 50–69: Disability adjusted live years (DALYs) lost due to major non-communicable and communicable diseases, and injuries



Notes: The area of each square is proportional to the contribution of a specific disease categories to the overall DALYs lost in a population due to mortality and morbidity. *Non-communicable diseases* (blue): CVD = Cardiovascular Diseases, Neoplasms = Neoplasms and malignant cancers, MSK = Musculoskeletal disorders, Mental = Mental disorders, Chr Resp = Chronic respiratory diseases, Neuro = Neurological disorders, Digestive = Neurological disorders, Sense = Sense organ diseases, Oth NCD = Other non-communicable diseases, Diabetes+CKD = Diabetes and kidney diseases, Subs Use = Substance use disorders, Skin = Skin and sub-cutaneous diseases. *Communicable diseases* (red): Resp+TB = Respiratory infections and tuberculosis, Enteric Infect = Enteric infections, HIV/AIDS+STIs = HIV/AIDS and sexually transmitted infections, NTD+Malaria = Neglected tropical diseases and malaria Nutr Def = Nutritional deficiencies Other + Diseases = Other infectious disease. *Injuries* (green): Unint Inj = Unintentional injuries, Trans Inj = Transport injuries Self-harm & IPV = Self-harm and interpersonal violence. The disease burden further shifts to non-communicable diseases, including CVDs, at ages 70+.

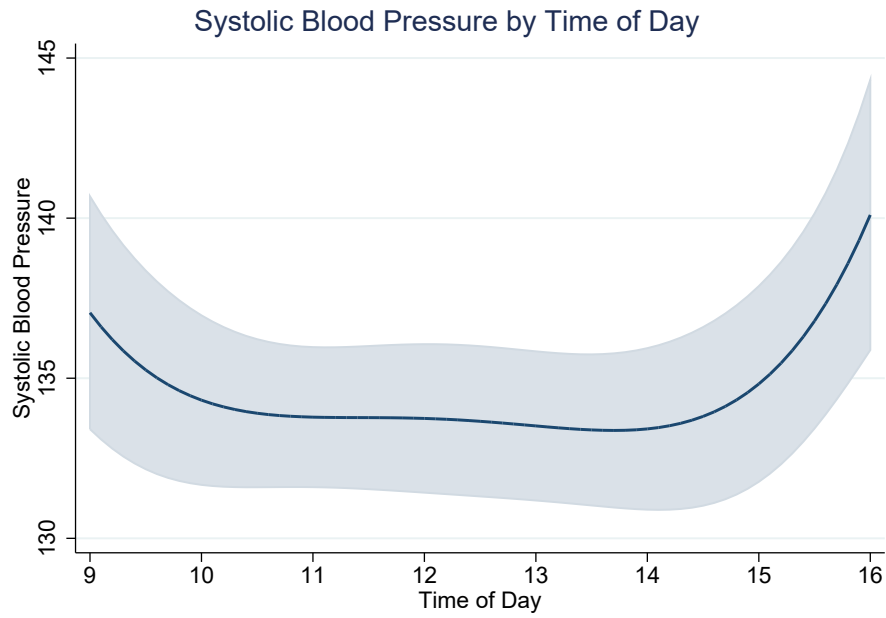
Source: Obtained from the Global Burden of Disease Data Visualization Tool (<https://vizhub.healthdata.org/gbd-compare/>), accessed February 25, 2020.

Figure A.3: Maximum blood pressure measurement of respondents of the 2013 MLSFH survey



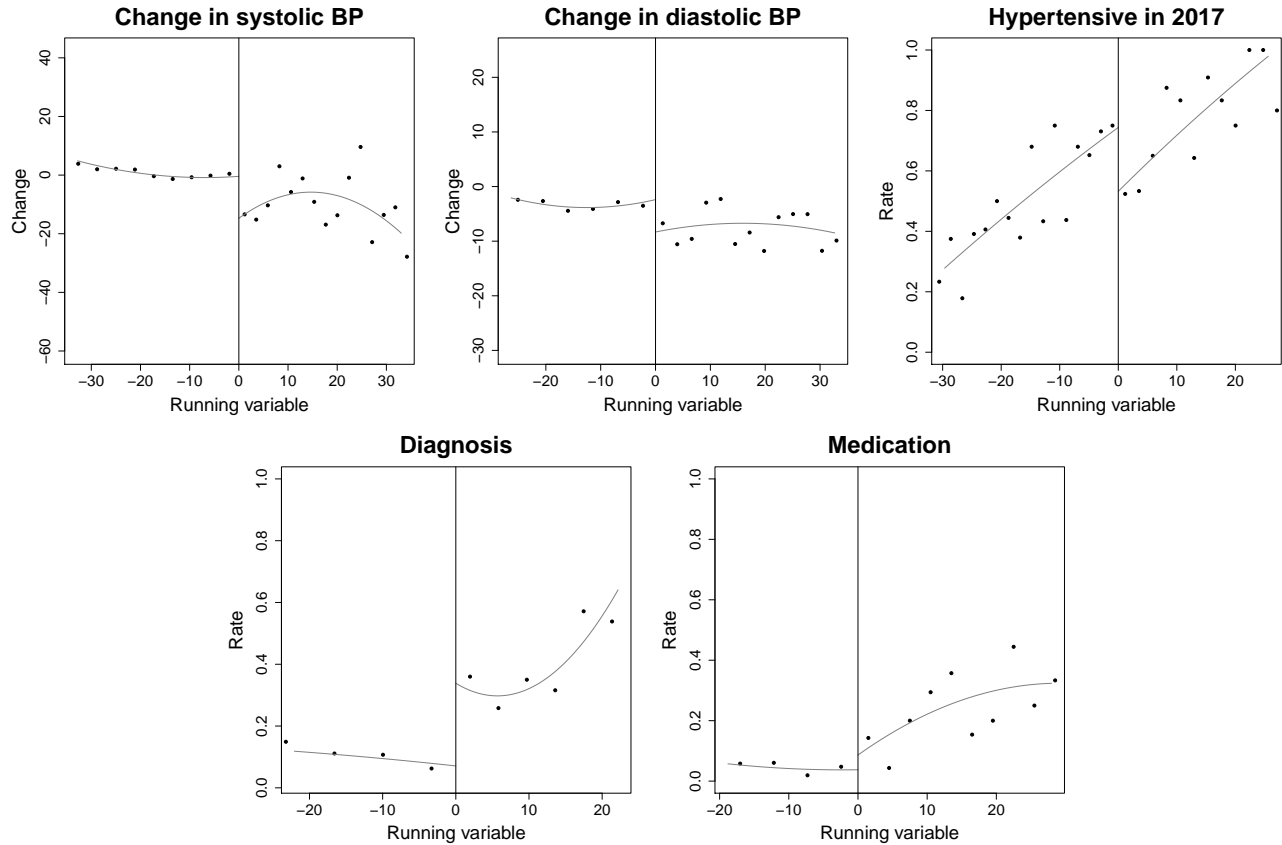
Notes: The graphs shows maximum of the three measures of systolic and diastolic blood pressure for respondents of the 2013 MLSFH-MAC survey. Dots represents maximum values of systolic (x-axis) and diastolic (y-axis) blood pressure. Small triangles represent individuals whose maximum systolic blood pressure is at least 160 but their mean systolic blood pressure is below 160. Small red x represent the individuals who were given a referral letter because their diastolic blood pressure is at least 110.

Figure A.4: Variability of the predicted mean systolic blood pressure collected over the day



Note: The figure represents the marginal effects of an increase in time (hours elapsed since midnight) on mean systolic blood pressure (in 2017), along their 95% confidence intervals (grey area). The sample used to derive this graph is the same as our study sample (MLSFH-MAC respondents). The fitted values are derived from a regression that controls for sex, age and a quartic polynomial in time. Note also that we discarded a few observations for which blood pressure was collected after 4pm.

Figure A.5: Effects of getting a referral letter on changes in systolic blood pressure (top left), changes in diastolic blood pressure (top middle), the probability of being hypertensive in 2017 (top right), hypertension diagnosis (bottom left) and hypertension medication (bottom right) at the cutoff.



Note: The graphs show average blood pressure outcomes conditional on the maximum systolic blood pressure in 2013. Individuals right of the vertical line received the referral card in 2013. The outcome in the top-left graph is the average change in systolic blood pressure from 2013 to 2017. The outcome in the top-middle graph is the average change in diastolic blood pressure from 2013 to 2017. In the top-right graph, we define someone as being hypertensive if the mean systolic or diastolic blood pressure measurements was greater or equal to 140 and 90, respectively. The outcome in the bottom-left graph is whether individuals got diagnosed by a medical professional in the last two years (2017 survey). The outcome in the bottom-right graph is whether individuals are currently taking medication (2017 survey). We employed Mean Square Error (MSE) optimal bandwidth selector and generated the plots above using 2nd order local-polynomial and triangular kernels. Bins are derived optimally using variance evenly-spaced method using spacing estimators (Calonico *et al.* 2014a,b, 2015, 2017). Each dot represents the means of the respective outcome in a given bin.

Table A.1: Results of the RDD specification using 2nd order local polynomials

Specifications	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change in systolic blood pressure</i>							
Quadratic	-14.05**	6.918	0.042	31.40	32.79	427	153
Quadratic with controls	-15.06**	7.015	0.032	26.95	34.31	343	154
<i>B. Change in diastolic blood pressure</i>							
Quadratic	-5.951*	3.447	0.084	27.82	31.82	364	150
Quadratic with controls	-4.701	3.539	0.184	21.55	31.44	275	148
<i>C. Probability of being hypertensive in 2017</i>							
Quadratic	-0.195	0.143	0.173	28.02	25.88	373	127
Quadratic with controls	-0.217	0.139	0.118	30.87	25.05	405	126
<i>D. Diagnosis</i>							
Quadratic	0.257**	0.129	0.047	22.27	21.88	294	117
Quadratic with controls	0.221*	0.123	0.073	20.95	24.00	256	125
<i>E. Medication</i>							
Quadratic	0.045	0.090	0.618	18.83	27.51	218	136
Quadratic with controls	0.038	0.086	0.655	18.60	29.10	214	142

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. All these specifications use triangular weights. $OB-$ and $OB+$ represent the optimal bandwidths below and above the cutoffs, respectively. $N-$ and $N+$ represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector.

Table A.2: Results of the RDD specification using rectangular weights

Specification	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change in systolic blood pressure</i>							
Linear	-14.79**	5.878	0.012	21.07	13.37	280	87
Linear with controls	-15.09**	6.026	0.012	18.04	14.38	214	90
<i>B. Change in diastolic blood pressure</i>							
Linear	-7.055**	3.119	0.024	16.57	12.03	192	83
Linear with controls	-7.892**	3.083	0.011	13.80	13.23	148	86
<i>C. Probability of being hypertensive in 2017</i>							
Linear	-0.190*	0.110	0.085	18.82	16.79	218	102
Linear with controls	-0.221**	0.109	0.042	18.95	17.29	214	103
<i>D. Diagnosis</i>							
Linear	0.256**	0.112	0.022	13.61	10.79	151	69
Linear with controls	0.185*	0.108	0.088	11.58	11.89	118	76
<i>E. Medication</i>							
Linear	0.061	0.076	0.425	18.22	10.71	218	69
Linear with controls	0.012	0.072	0.870	18.18	11.07	214	76

Note: The table shows estimates of the effect of receiving a referral card in 2013 on blood pressure related outcomes using a regression discontinuity design. Change in systolic blood pressure is the difference between the average of the three systolic blood pressure measures in 2017 and in 2013. Change in diastolic blood pressure is the difference between the average of the three diastolic blood pressure measures in 2017 and in 2013. We define someone as being hypertensive if the mean systolic or diastolic blood pressure measurements was greater or equal to 140 and 90, respectively. Diagnosis is a dummy equal to 1 if the respondent has been diagnosed by a medical professional in the last two years (2017 survey). Medication is a dummy equal to 1 if the respondent is currently taking medication for blood pressure (2017 survey). These specifications use rectangular weights instead of triangular ones. $OB-$ and $OB+$ represent the optimal bandwidths below and above the cutoffs, respectively. $N-$ and $N+$ represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A.3: Results of the RDD specification restricting the bandwidth to be the same bandwidths on both sides of the cutoffs

Specifications	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change in systolic blood pressure</i>							
Linear	-13.04**	6.162	0.034	18.85	18.85	218	108
Linear with controls	-14.24**	6.039	0.018	19.04	19.04	229	108
<i>B. Change in diastolic blood pressure</i>							
Linear	-5.697*	2.937	0.052	19.31	19.31	233	109
Linear with controls	-5.777**	2.717	0.034	21.35	21.35	275	115
<i>C. Probability of being hypertensive in 2017</i>							
Linear	-0.192*	0.106	0.070	23.22	23.22	312	122
Linear with controls	-0.219**	0.105	0.037	23.18	23.18	307	121
<i>D. Diagnosis</i>							
Linear	0.236**	0.112	0.036	13.44	13.44	151	87
Linear with controls	0.201*	0.105	0.056	14.32	14.32	160	90
<i>E. Medication</i>							
Linear	0.047	0.077	0.543	14.30	14.30	163	91
Linear with controls	0.036	0.075	0.629	14.05	14.05	160	90

Note: The table shows estimates of the effect of receiving a referral card in 2013 on blood pressure related outcomes using a regression discontinuity design. Change in systolic blood pressure is the difference between the average of the three systolic blood pressure measures in 2017 and in 2013. Change in diastolic blood pressure is the difference between the average of the three diastolic blood pressure measures in 2017 and in 2013. We define someone as being hypertensive if the mean systolic or diastolic blood pressure measurements was greater or equal to 140 and 90, respectively. Diagnosis is a dummy equal to 1 if the respondent has been diagnosed by a medical professional in the last two years (2017 survey). Medication is a dummy equal to 1 if the respondent is currently taking medication for blood pressure (2017 survey). All these specifications use triangular weights. *OB-* and *OB+* represent the bandwidths below and above the cutoffs, respectively, and are restricted to be identical. *N-* and *N+* represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A.4: Results of the RDD specification using identical optimal bandwidths for all four main outcomes

Specifications	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change in systolic blood pressure</i>							
Linear	-12.88**	5.947	0.030	23.57	18.43	312	108
Linear with controls	-14.28**	5.952	0.016	21.30	18.72	275	107
<i>B. Change in diastolic blood pressure</i>							
Linear	-5.439*	2.867	0.058	23.57	18.43	312	108
Linear with controls	-6.029**	2.811	0.032	21.30	18.72	275	107
<i>C. Probability of being hypertensive in 2017</i>							
Linear	-0.197*	0.111	0.076	23.57	18.43	312	108
Linear with controls	-0.228**	0.112	0.042	21.30	18.76	275	107
<i>D. Diagnosis</i>							
Linear	0.225**	0.094	0.017	23.57	18.43	312	109
Linear with controls	0.192**	0.091	0.035	21.30	18.72	275	108
<i>E. Medication</i>							
Linear	0.063	0.066	0.339	23.57	18.43	312	109
Linear with controls	0.042	0.064	0.515	21.30	18.72	275	108

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. These specifications use same optimal bandwidths for the four main outcome variables. $OB-$ and $OB+$ represent the optimal bandwidths below and above the cutoffs, respectively. $N-$ and $N+$ represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector.

Table A.5: Results of the RDD specification using the cutoff at 157 instead of 160

Specifications	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change in systolic blood pressure</i>							
Linear	3.972	5.271	0.451	26.32	10.79	366	87
Linear with controls	1.600	4.948	0.746	25.67	10.49	337	86
<i>B. Change in diastolic blood pressure</i>							
Linear	-1.773	2.427	0.465	18.79	14.18	250	107
Linear with controls	-4.309*	2.368	0.069	14.88	14.84	172	106
<i>C. Probability of being hypertensive in 2017</i>							
Linear	0.056	0.109	0.610	18.46	12.71	250	95
Linear with controls	-0.003	0.105	0.980	20.16	13.12	277	98
<i>D. Diagnosis</i>							
Linear	0.029	0.062	0.634	24.33	15.83	334	113
Linear with controls	0.014	0.062	0.827	23.26	16.15	313	116
<i>E. Medication</i>							
Linear	0.004	0.044	0.935	20.92	15.85	282	113
Linear with controls	-0.020	0.044	0.643	19.99	15.52	259	112

Note: The table shows estimates of the effect of receiving a referral card in 2013 on blood pressure related outcomes using a regression discontinuity design assuming the cutoff is at 157 instead of 160. Change in systolic blood pressure is the difference between the average of the three systolic blood pressure measures in 2017 and in 2013. Change in diastolic blood pressure is the difference between the average of the three diastolic blood pressure measures in 2017 and in 2013. We define someone as being hypertensive if the mean systolic or diastolic blood pressure measurements was greater or equal to 140 and 90, respectively. Diagnosis is a dummy equal to 1 if the respondent has been diagnosed by a medical professional in the last two years (2017 survey). Medication is a dummy equal to 1 if the respondent is currently taking medication for blood pressure (2017 survey). All these specifications use triangular weights. $OB-$ and $OB+$ represent the bandwidths below and above the cutoffs, respectively, and are restricted to be identical. $N-$ and $N+$ represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A.6: Results of the RDD specification using the cutoff at 163 instead of 160

Specifications	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change in systolic blood pressure</i>							
Linear	2.368	7.274	0.745	14.45	18.55	143	94
Linear with controls	5.811	7.912	0.463	12.79	18.21	115	94
<i>B. Change in diastolic blood pressure</i>							
Linear	-3.758	3.345	0.261	18.30	18.41	198	94
Linear with controls	-2.721	3.467	0.432	16.55	17.44	169	91
<i>C. Probability of being hypertensive in 2017</i>							
Linear	0.031	0.146	0.829	13.95	23.04	126	108
Linear with controls	0.141	0.153	0.357	11.67	21.44	110	103
<i>D. Diagnosis</i>							
Linear	-0.046	0.142	0.744	13.27	15.37	126	87
Linear with controls	0.061	0.136	0.652	14.05	13.04	139	80
<i>E. Medication</i>							
Linear	-0.070	0.098	0.480	13.10	17.49	126	92
Linear with controls	-0.037	0.093	0.691	13.48	17.21	124	92

Note: The table shows estimates of the effect of receiving a referral card in 2013 on blood pressure related outcomes using a regression discontinuity design assuming the cutoff is at 163 instead of 160. Change in systolic blood pressure is the difference between the average of the three systolic blood pressure measures in 2017 and in 2013. Change in diastolic blood pressure is the difference between the average of the three diastolic blood pressure measures in 2017 and in 2013. We define someone as being hypertensive if the mean systolic or diastolic blood pressure measurements was greater or equal to 140 and 90, respectively. Diagnosis is a dummy equal to 1 if the respondent has been diagnosed by a medical professional in the last two years (2017 survey). Medication is a dummy equal to 1 if the respondent is currently taking medication for blood pressure (2017 survey). All these specifications use triangular weights. *OB-* and *OB+* represent the bandwidths below and above the cutoffs, respectively, and are restricted to be identical. *N-* and *N+* represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A.7: Results of the RDD specification on the change in physical activity and weight

Specification	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Change weekly hours of moderate activity</i>							
Linear	-1.803	4.265	0.672	24.52	23.39	323	123
Linear with controls	-1.947	4.331	0.653	23.33	22.74	306	120
<i>B. Change weekly hours of vigorous activity</i>							
Linear	-7.931	4.900	0.106	11.16	14.52	119	90
Linear with controls	-8.973*	4.907	0.067	10.91	14.75	102	89
<i>C. Change in weight</i>							
Linear	0.143	1.529	0.925	19.95	13.36	223	85
Linear with controls	-0.048	1.530	0.975	19.79	13.94	223	85
<i>D. Change in BMI</i>							
Linear	-0.401	0.588	0.495	18.52	14.22	209	88
Linear with controls	-0.519	0.619	0.402	17.69	13.66	197	84
<i>E. Waist to hip ratio (2017)</i>							
Linear	-0.017	0.016	0.298	19.17	19.39	226	108
Linear with controls	-0.025	0.016	0.123	19.87	19.56	224	107

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. All these specification use triangular weights. $OB-$ and $OB+$ represent the optimal bandwidths below and above the cutoffs, respectively. $N-$ and $N+$ represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. The change in systolic and diastolic blood pressure is $mean(x_1, x_2, x_3)^{2017} - mean(x_1, x_2, x_3)^{2013}$ with $x = \{systolic, diastolic\}$. We use a Mean Square Error (MSE) optimal bandwidth selector.

Table A.8: Causal effects on mortality and attrition

1. Regression Discontinuity Design							
	Effects	Std. errors	P-values	OB-	OB+	N-	N+
<i>A. Mortality</i>							
Linear	0.019	0.082	0.814	18.37	14.92	252	106
Linear with controls	0.057	0.078	0.466	21.09	14.59	318	106
<i>B. Attrition</i>							
Linear	0.000	0.045	0.996	31.67	17.30	445	106
Linear with controls	0.010	0.044	0.817	29.77	16.71	414	104
2. Matching Strategy							
	ATET	P-value		Obs.	Average distance		
<i>A. Mortality</i>							
No controls	.013	.936		242	.871		
With controls	-.033	.593		242	.916		
With controls + SD	-.009	.883		242	1.538		
<i>B. Attrition</i>							
No controls	.010	.666		218	.920		
With controls	.015	.710		218	.959		
With controls + SD	-.039	.334		218	1.575		

Note: The table shows the effect of the referral card given in 2013 on mortality and attrition in 2017. Specifications in the RDD use triangular weights. $OB-$ and $OB+$ represent the optimal bandwidths below and above the cutoffs, respectively. $N-$ and $N+$ represent the number of observations included in the optimal bandwidths below and above the cutoffs, respectively. We use a Mean Square Error (MSE) optimal bandwidth selector. * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$.

Table A.9: Results of the matching estimations on the main outcomes variables with different restrictions on the number of minimum matches

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
A. At least 3 matches					
<i>No controls</i>					
ATET	-3.867	-1.316	-.113	.272***	.112**
P-value	.685	.690	.313	.000	.032
Obs.	207	207	207	207	207
Average distance	.933	.933	.933	.933	.933
<i>With controls</i>					
ATET	-9.471*	-1.628	-.078	.292***	.135***
P-value	.089	.500	.439	.000	.009
Obs.	204	204	204	204	204
Average distance	.904	.904	.904	.904	.904
<i>With controls + SD</i>					
ATET	-6.418	-2.750	-.290***	.257***	.162***
P-value	.271	.272	.002	.002	.003
Obs.	204	204	204	204	204
Average distance	1.503	1.503	1.503	1.503	1.503
B. At least 5 matches					
<i>No controls</i>					
ATET	-8.164	-2.622	-.204	.289***	.123**
P-value	.293	.375	.178	.000	.0150
Obs.	207	207	207	207	207
Average distance	1.228	1.228	1.228	1.228	1.228
<i>With controls</i>					
ATET	-10.39*	-2.416	-.126	.223***	.128**
P-value	.051	.304	.197	.005	.018
Obs.	204	204	204	204	204
Average distance	1.057	1.057	1.057	1.057	1.057
<i>With controls + SD</i>					
ATET	-12.18**	-4.995**	-.226**	.235***	.171***
P-value	.028	.040	.021	.004	.002
Obs.	204	204	204	204	204
Average distance	1.665	1.665	1.665	1.665	1.665

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 3 (Panel A) and 5 (Panel B) and match respondents based on their mean systolic blood pressure in 2013, limiting the distance for possible matches to be at most 10. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.

Table A.10: Results of the matching estimations on the main outcomes variables, re-stricting possible matches to be within a distance of 12 maximum

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
<i>No controls</i>					
ATET	-8.484	-2.817	-.196	.277***	.117**
P-value	.321	.365	.171	.000	.023
Obs.	237	237	237	237	237
Average distance	1.21	1.21	1.21	1.21	1.21
<i>With controls</i>					
ATET	-9.734*	-2.087	-.112	.228***	.128**
P-value	.079	.391	.26	.003	.012
Obs.	234	234	234	234	234
Average distance	.935	.935	.935	.935	.935
<i>With controls + SD</i>					
ATET	-9.01*	-4.027*	-.215**	.258***	.180***
P-value	.098	.093	.024	.002	.001
Obs.	234	234	234	234	234
Average distance	1.54	1.54	1.54	1.54	1.54

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their mean systolic blood pressure in 2013, limiting the distance for possible matches to be at most 8. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.

Table A.11: Results of the matching estimations on the main outcomes variables, restricting possible matches to be within a distance of 8 maximum

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
<i>No controls</i>					
ATET	-8.484	-2.817	-.196	.277***	.117**
P-value	.321	.365	.171	.000	.023
Obs.	181	181	181	181	181
Average distance	1.21	1.21	1.21	1.21	1.21
<i>With controls</i>					
ATET	-9.046	-1.769	-.100	.215***	.118**
P-value	.101	.463	.309	.008	.026
Obs.	178	178	178	178	178
Average distance	1.055	1.055	1.055	1.055	1.055
<i>With controls + SD</i>					
ATET	-7.386	-2.029	-.266***	.199**	.093*
P-value	.206	.404	.006	.015	.077
Obs.	178	178	178	178	178
Average distance	1.659	1.659	1.659	1.659	1.659

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their mean systolic blood pressure in 2013, limiting the distance for possible matches to be at most 8. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.

Table A.12: Results of the matching estimations on the main outcomes variables, restricting possible matches to be within a distance of 5 maximum

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
<i>No controls</i>					
ATET	-9.440	-2.960	-.216	.253***	.079*
P-value	.299	.367	.156	.001	.089
Obs.	106	106	106	106	106
Average distance	1.275	1.275	1.275	1.275	1.275
<i>With controls</i>					
ATET	-6.068	-.024	-.049	.260***	.115**
P-value	.301	.992	.648	.003	.0250
Obs.	105	105	105	105	105
Average distance	1.38	1.38	1.38	1.38	1.38
<i>With controls + SD</i>					
ATET	-10.66*	-2.107	-.313***	.234***	.120**
P-value	.057	.401	.001	.0090	.023
Obs.	105	105	105	105	105
Average distance	1.978	1.978	1.978	1.978	1.978

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their mean systolic blood pressure in 2013, limiting the distance for possible matches to be at most 5. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.

Table A.13: Results of the matching estimations on the main outcomes variables, matching observations based on their median systolic blood pressure value instead of mean

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
<i>No controls</i>					
ATET	-6.109	-3.058	-.121	.289***	.119**
P-value	.325	.223	.161	.000	.027
Obs.	256	256	256	257	257
Average distance	.726	.726	.726	.773	.773
<i>With controls</i>					
ATET	-9.530*	-3.590	-.087	.209**	.095*
P-value	.087	.119	.343	.011	.096
Obs.	253	253	253	254	254
Average distance	.797	.797	.796	.796	.796
<i>With controls + SD</i>					
ATET	-8.729	-6.783***	-.163*	.195**	.102*
P-value	.125	.003	.078	.016	.077
Obs.	253	253	253	254	254
Average distance	1.34	1.34	1.34	1.34	1.34

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their median systolic blood pressure in 2013, limiting the distance for possible matches to be at most 10. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.

Table A.14: Results of the matching estimations on the main outcome variables, using the last two measurements only

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
<i>No controls</i>					
ATET	-8.681	-2.590	-.180	.278***	.107**
P-value	.131	.273	.101	.000	.027
Obs.	232	232	232	232	232
Average distance	.800	.800	.800	.800	.800
<i>With controls</i>					
ATET	-9.586*	-1.471	-.171*	.244***	.086*
P-value	.083	.540	.076	.001	.093
Obs.	228	228	228	228	228
Average distance	.909	.909	.909	.909	.909
<i>With controls + SD</i>					
ATET	-11.13**	-2.460	-.148	.224***	.084
P-value	.033	.268	.128	.006	.135
Obs.	228	228	228	228	228
Average distance	1.338	1.338	1.338	1.338	1.338

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their median systolic blood pressure in 2013, limiting the distance for possible matches to be at most 10. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies. Here, we are taking into account only the last two measurements to compute the mean systolic blood pressure.

Table A.15: Results of the matching estimations representing the Average Treatment Effects (ATE)

	Change in systolic blood pressure	Change in diastolic blood pressure	Prob. of being hy- pertensive (2017)	Diagnosis	Medication
<i>No controls</i>					
ATE	-2.798	-1.901	-.024	.454***	.249*
P-value	.751	.671	.883	.003	.071
Obs.	207	207	207	207	207
Average distance	1.21	1.21	1.21	1.21	1.21
<i>With controls</i>					
ATE	-3.637	-2.652	-.001	.351***	.205***
P-value	.484	.278	.989	.000	.002
Obs.	204	204	204	204	204
Average distance	.984	.984	.984	.984	.984
<i>With controls + SD</i>					
ATE	-18.94***	-5.890***	.014	.372***	-.005
P-value	.000	.007	.885	.000	.9354
Obs.	204	204	204	204	204
Average distance	1.59	1.59	1.59	1.59	1.59

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects (ATE) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their mean systolic blood pressure in 2013, limiting the distance for possible matches to be at most 10. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.

Table A.16: Results of the matching estimations on the change in physical activity and weight

	Change weekly hours of moderate activity	Change weekly hours of vigorous activity	Change in weight	Change in BMI	Waist to hip ratio (2017)
<i>No controls</i>					
ATET	3.790	-7.585**	-2.305	-1.073	-.033
P-value	.370	.023	.464	.264	.160
Obs.	206	204	200	200	202
Average distance	1.21	1.234	1.211	1.211	1.204
<i>With controls</i>					
ATET	4.354	-12.42***	-.061	-.048	-.034
P-value	.261	.001	.953	.926	.108
Obs.	204	202	200	200	201
Average distance	.984	.995	1.003	1.003	.998
<i>With controls + SD</i>					
ATET	-22.54***	-5.302	-1.446	-.134	.015
P-value	.000	.109	.139	.765	.348
Obs.	204	202	200	200	201
Average distance	1.59	1.594	1.613	1.613	1.612

Note: * $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$. The results represent the Average Treatment Effects on Treated (ATET) of getting a referral card on the various outcomes listed in the columns. We restrict the number of matches to be at least 4 and match respondents based on their median systolic blood pressure in 2013, limiting the distance for possible matches to be at most 10. "Distance" represent the mean of the average distances between each observation and their matches. "With controls" includes a sex dummy, age and region dummies.