### **Annals of Internal Medicine**

# Original Research

# Trends in Racial/Ethnic and Nativity Disparities in Cardiovascular Health Among Adults Without Prevalent Cardiovascular Disease in the United States, 1988 to 2014

Arleen F. Brown, MD, PhD; Li-Jung Liang, PhD; Stefanie D. Vassar, MS; Jose J. Escarce, MD, PhD; Sharon Stein Merkin, PhD; Eric Cheng, MD, MSHS; Adam Richards, MD, PhD; Teresa Seeman, PhD; and W.T. Longstreth Jr., MD, MPH

**Background:** Trends in cardiovascular disparities are poorly understood, even as diversity increases in the United States.

**Objective:** To examine U.S. trends in racial/ethnic and nativity disparities in cardiovascular health.

Design: Repeated cross-sectional study.

**Setting:** NHANES (National Health and Nutrition Examination Survey), 1988 to 2014.

**Participants:** Adults aged 25 years or older who did not report cardiovascular disease.

**Measurements:** Racial/ethnic, nativity, and period differences in Life's Simple 7 (LS7) health factors and behaviors (blood pressure, cholesterol, hemoglobin  $A_{1c'}$  body mass index, physical activity, diet, and smoking) and optimal composite scores for cardiovascular health (LS7 score  $\geq 10$ ).

**Results:** Rates of optimal cardiovascular health remain below 40% among whites, 25% among Mexican Americans, and 15% among African Americans. Disparities in optimal cardiovascular health between whites and African Americans persisted but decreased over time. In 1988 to 1994, the percentage of African Americans with optimal LS7 scores was 22.8 percentage points (95% CI, 19.3 to 26.4 percentage points) lower than that of whites in persons aged 25 to 44 years and 8.0 percentage points (CI, 6.4 to 9.7 percentage points) lower in those aged 65 years or older. By 2011 to 2014, differences decreased to 10.6 percentage points (CI, 7.4 to 13.9 percentage points) and 3.8 percentage points) and 3.8 percentage points.

age points (Cl, 2.5 to 5.0 percentage points), respectively. Disparities in optimal LS7 scores between whites and Mexican Americans were smaller but also decreased. These decreases were due to reductions in optimal cardiovascular health among whites over all age groups and periods: Between 1988 to 1994 and 2011 to 2014, the percentage of whites with optimal cardiovascular health decreased 15.3 percentage points (Cl, 11.1 to 19.4 percentage points) for those aged 25 to 44 years and 4.6 percentage points (Cl, 2.7 to 6.5 percentage points) for those aged 65 years or older.

**Limitation:** Only whites, African Americans, and Mexican Americans were studied.

**Conclusion:** Cardiovascular health has declined in the United States, racial/ethnic and nativity disparities persist, and decreased disparities seem to be due to worsening cardiovascular health among whites rather than gains among African Americans and Mexican Americans. Multifaceted interventions are needed to address declining population health and persistent health disparities.

**Primary Funding Source:** National Institute of Neurological Disorders and Stroke and National Center for Advancing Translational Science of the National Institutes of Health.

Ann Intern Med. doi:10.7326/M17-0996 Annals.org For author affiliations, see end of text. This article was published at Annals.org on 20 March 2018.

Cardiovascular disease (CVD), including heart disease and stroke, is a leading cause of morbidity and mortality in the United States and disproportionately affects minority adults at an earlier age than whites (1, 2). Several modifiable risk factors, both biological and behavioral, contribute to premature CVD in African American and Latino adults, and the higher prevalence in these groups is expected to continue (3, 4). Cardiovascular disease is also a major contributor to the economic burden of U.S. health disparities (5). To reduce disparities, CVD prevention through control of biological and behavioral risk factors is increasingly emphasized.

One such effort is Life's Simple 7 (LS7), a set of goals developed by the American Heart Association to define, monitor, and enhance cardiovascular health through primary prevention of heart disease and stroke (6). The LS7 score summarizes control of the following 7 health factors and behaviors: blood pressure, serum lipids, blood glucose, weight, physical activity, diet, and

Annals.org

smoking. Lower scores are associated with higher allcause and CVD-related death (7) and higher incidence of CVD (8), stroke (9, 10), heart failure (11), diabetes (12), cognitive impairment (13), depressive symptoms (14), and end-stage renal disease (15). The LS7 score is also easier for patients and providers to use to identify targets for change than other measures of cardiovascular and stroke risk.

Despite national efforts to improve cardiovascular health and reduce related disparities (16, 17), trends in these measures remain inadequately understood among African Americans, Latinos, other racial/ethnic groups, and immigrant populations (3, 18), even as the United States becomes increasingly diverse (19, 20). We used data from NHANES (National Health and Nutrition Ex-

See also:

Editorial comment ..... 1

Table. Cardiovascular Health Metr	ics and Definitions
-----------------------------------	---------------------

Health Metric	Poor (Score = 0)	Intermediate (Score = 1)	Ideal (Score = 2)
Blood pressure, mm Hg	SBP ≥140 or DBP ≥90	SBP 120-139 and DBP 80-89 or treated to ideal goal	SBP <120 and DBP <80 and not receiving blood pressure medications
Total cholesterol level			
mmol/L	≥6.21	5.18-6.20 or treated to ideal goal	<5.18 and not receiving lipid-lowering medications
mg/dL	≥240	200-239 or treated to ideal goal	<200 and not receiving lipid-lowering medications
Hemoglobin A <sub>1c</sub> level, %	≥5.7	5.0-5.6	<4.9
Body mass index, kg/m <sup>2</sup>	≥30	25-29.9	<25
Physical activity, <i>min/wk</i> *	0	1-149 moderate intensity, 1-74 vigorous intensity, or 1-149 moderate plus vigorous intensity	≥150 moderate intensity, ≥75 vigorous intensity, or ≥150 moderate plus vigorous intensity
Healthy diet score†	<50	50-80	>80
Smoking status	Current	Former; stopped ≤12 mo ago	Never smoked or quit >12 mo ago

DBP = diastolic blood pressure; SBP = systolic blood pressure.

\* Based on leisure and recreational activities but does not include work-related physical activity.

† Calculated using 4 components of the Healthy Eating Index (fruits, vegetables, grains, and sodium), a diet quality scale that assesses conformance to federal dietary guidance.

amination Survey) between 1988 and 2014 to examine overall trends in the LS7 components and overall score by race/ethnicity and nativity. Understanding these changes may help identify and prioritize approaches to improving health in both the population overall and vulnerable subgroups.

### **Methods**

The NHANES consists of cross-sectional, multistage, stratified, clustered probability samples of noninstitutionalized U.S. civilians. Each wave is a representative sample of the U.S. population. We used data from NHANES III (1988 to 1994) and four 4-year waves of the continuous NHANES from 1999 to 2014 to create 5 periods for these analyses: 1988 to 1994, 1999 to 2002, 2003 to 2006, 2007 to 2010, and 2011 to 2014 (21). The resulting sample sizes provided at least 80% power at a type I error rate of 5% to detect a clinically meaningful reduction of 5% in a binary outcome between whites and the other racial/ethnic and nativity groups across periods, assuming that the percentage of white participants with optimal cardiovascular health ranged from 18.5% to 31.4%.

We analyzed data from adults aged 25 years or older who reported their race/ethnicity as non-Hispanic white (white), non-Hispanic African American (African American), or Mexican American. We distinguished Mexican Americans by nativity: born in the United States (U.S.-born) versus born in Mexico (non-U.S.born). Before 2007, NHANES included too few Hispanics who were not Mexican American to calculate reliable estimates for other groups (22). Persons with prevalent CVD-defined as self-reported stroke, myocardial infarction, angina, or heart failure-were excluded. We also excluded Mexican Americans who indicated that they were born outside of Mexico and the United States or whose birthplace was unknown or missing (Appendix Figure, available at Annals.org). We categorized age into the following 3 groups: 20 to 44 years, 45 to 64 years, and 65 years or older.

The primary outcomes were the 7 health factors and behaviors and a composite variable representing optimal cardiovascular health. The Table defines poor, intermediate, and ideal levels for each LS7 component (blood pressure, total cholesterol, hemoglobin A<sub>1c</sub> [HbA<sub>1c</sub>], body mass index [BMI], physical activity, diet, and smoking) (6, 23). To score each component, we assigned 2 points for the ideal category, 1 point for intermediate values, and 0 points for the poor category. The study collected data on blood pressure, cholesterol level, HbA<sub>1c</sub> level, body weight, and height. Blood pressure was read 3 times during the visit; the first reading was discarded, and the mean of the 2 remaining was used for these analyses. During an interview, participants reported cigarette smoking, medications, and frequency and duration of participation in leisure-time physical activity over the prior 30 days (21). Diet was assessed using a single 24-hour recall guestionnaire for 1988 to 1994 and 1999 to 2002 or the average of 2 guestionnaires for 2003 to 2014. The healthy diet measure included 4 components from the 2005 Healthy Eating Index (fruits, vegetables, whole grains, and sodium) (24).

As in prior studies (10), each participant's total LS7 score was calculated by summing the scores for all 7 components (range, 0 to 14 points). We categorized a total score of 10 or higher as optimal cardiovascular health (11). Although no cut point for optimal LS7 score has been validated, prior literature shows that scores of 10 or 11 or greater are associated with lower incident and prevalent CVD, stroke, and mortality than lower scores (10, 25, 26). We calculated weighted, unadjusted percentages of participants with optimal cardiovascular health using both cut points and plotted the percentages by age group, cohort, and race/ethnicity and nativity. Visual inspection of the graphs showed similar patterns between the 2 cutoffs. However, because the 11-or-higher cut point requires an ideal score for at least 4 items, some groups in the analysis had no

<sup>2</sup> Annals of Internal Medicine

participants at the optimal level. For these reasons, we selected the cut point of 10 or higher.

### **Statistical Analysis**

Frequency distributions of sample characteristics and adjusted, weighted percentages of participants with poor scores on each LS7 component were summarized and plotted by race/ethnicity and nativity for the 3 age groups across the 5 periods. Total scores were estimated and used to calculate the optimal cardiovascular health scores, which were similarly summarized and plotted.

We estimated racial/ethnic and nativity differences and changes by period in each age group for poor scores on each LS7 component and for the optimal cardiovascular health score. We used generalized linear regression models with a probit link for binary outcomes or identity link for continuous outcomes, using the SAS survey procedures (PROC SURVEYLOGISTIC and SURVEYREG) with appropriate sample weights accounting for unequal probabilities of selection, oversampling, and nonresponse. The base 3-way model included 3 main effects (race/ethnicity and nativity, age, and period), three 2-way interactions between the main effects, and the 3-way interaction of the main effects. Adjusted models also included age, sex, education, and income-poverty ratio, a ratio of self-reported family income to the poverty threshold for the period. For NHANES III (1988 to 1994), all adults aged 90 years or older were assigned an age value of 90 years; for 1999 to 2014, all adults aged 85 years or older were assigned a value of 85 years (27). Age category alone may not fully explain the association between age and outcome variable, so we added the individual age to improve model fit. The amount of missing data on income-poverty ratio varied across race/ethnicity and nativity. Thus, a multiple imputation approach accounting for survey sample weights and design structure was used to impute missing income-poverty ratios and to combine results from 5 imputation data sets (SAS PROC MI and MIANALYZE) (28). The absolute differences in probabilities for prespecified comparisons of interest were estimated through model contrasts. Corresponding 95% CIs were calculated using a bootstrap method with 1000 iterations (29). All analyses were done using SAS, version 9.4 (SAS Institute), and figures were generated using Microsoft Excel.

### **Role of the Funding Source**

The funders had no role in the design or conduct of the study; collection, management, analysis, or interpretation of the data; preparation, review, or approval of the manuscript; or the decision to submit the manuscript for publication.

### RESULTS

The final sample comprised 21 003 whites, 10 426 African Americans, 3961 U.S.-born Mexican Americans, and 5486 non-U.S.-born Mexican Americans, all with no prior CVD events (**Appendix Figure**). Across all 5 periods, whites had a higher mean age, more years of ed-

Annals.org

ucation, and a higher income-poverty ratio than participants from the other racial/ethnic groups (Appendix Table 1, available at Annals.org). Non-U.S.-born Mexican Americans were younger and had a higher proportion of male participants, fewer years of education, and a lower income-poverty ratio than the other groups.

In weighted, adjusted models, the percentage of participants who had poor control for each LS7 component varied substantially by race, ethnicity, and nativity for the 5 periods (Figure 1 and Appendix Tables 2 and 3, available at Annals.org). In general, disparities persisted between whites and all other groups in high BMI and poor levels of HbA<sub>1c</sub> and physical activity. Disparities in percentages of participants with poor scores on blood pressure, cholesterol, diet, and smoking were not consistent by race/ethnicity and nativity. Over time, whites–and to a lesser extent, U.S.-born Mexican Americans–had disproportionate increases in poor levels of physical activity and diet relative to most other groups.

Rates of optimal cardiovascular health never increased above 40% among whites, 25% among Mexican Americans, and 15% among African Americans (Figure 2). In adjusted analyses (Figure 2 and Appendix Table 4, available at Annals.org), disparities in optimal cardiovascular health were generally highest for African Americans relative to whites, with the most pronounced differences in the youngest age group. For example (Figure 2 and Appendix Table 4), in 1988 to 1994 the adjusted difference in the percentage of African Americans aged 25 to 44 years with optimal LS7 scores was 22.8 percentage points (95% CI, 19.3 to 26.4 percentage points) lower than that of whites, whereas the difference for African Americans aged 65 years or older was 8.0 percentage points (Cl, 6.4 to 9.7 percentage points) lower than that for whites. By 2011 to 2014, the differences had decreased to 10.6 percentage points (CI, 7.4 to 13.9 percentage points) and 3.8 percentage points (CI, 2.5 to 5.0 percentage points), respectively. The differences between whites and both U.S.-born and non-U.S.-born Mexican Americans were generally smaller. However, as with African Americans, although whites differed from both groups of Mexican Americans for almost all age groups in 1988 to 1994, the disparities generally decreased over time and were most pronounced in the youngest age groups.

By survey period, differences in the adjusted percentages of participants with optimal LS7 scores varied substantially by race/ethnicity and nativity (Appendix Table 5, available at Annals.org). Among whites aged 25 to 44 years, compared with 1988 to 1994 the percentages with optimal LS7 scores were lower by 5.8 percentage points (CI, 1.1 to 10.4 percentage points) in 1999 to 2002, by 9.1 percentage points (Cl, 4.9 to 13.3 percentage points) in 2003 to 2006, by 14.8 percentage points (CI, 10.6 to 19.0 percentage points) in 2007 to 2010, and by 15.3 percentage points (CI, 11.1 to 19.4 percentage points) in 2011 to 2014. For those aged 45 to 64 years, percentages did not change in 1999 to 2002, and reductions were 6.1 percentage points (CI, 2.9 to 9.2 percentage points), 9.3 percentage points (Cl, 6.1 to 12.5 percentage points), and 10.2



Percentages were adjusted for age, sex, education, and income-poverty ratio. Appropriate NHANES (National Health and Nutrition Examination Survey) sample weights were used. The figure represents repeated analyses of cross-sectional data for the periods indicated. They do not represent longitudinal surveys of the same respondents. BMI = body mass index;  $HbA_{1c}$  = hemoglobin  $A_{1c}$ .

#### 4 Annals of Internal Medicine

#### Figure 1-Continued.



percentage points (CI, 7.1 to 13.3 percentage points) in subsequent periods. For those aged 65 years or older, the reductions compared with 1988 to 1994 were 2.6 percentage points (CI, 0.4 to 4.7 percentage points), 3.9 percentage points (CI, 2.1 to 5.7 percentage points), 4.5 percentage points (CI, 2.4 to 6.6 percentage points), and 4.6 percentage points (CI, 2.7 to 6.5 percentage points). In contrast, for African Americans, U.S.-born Mexican Americans, and non-U.S.-born Mexican Americans, the only consistent declines in optimal

Annals.org

cardiovascular health were for individuals aged 25 to 44 years between 2007 to 2010 and 2011 to 2014.

### DISCUSSION

In these analyses of nationally representative, population-based, multiyear samples of U.S. adults without CVD from 1988 to 2014, we observed persistent disparities in LS7 scores between whites and African Americans, U.S.-born Mexican Americans, and non-U.S.-born Mexican Americans but decreases in absolute disparities. The reduced disparities were due to larger declines in LS7 scores for whites rather than gains in cardiovascular health among African Americans and Mexican Americans. Disparities in cardiovascular health and decreases over time were most pronounced and most consistent between whites and African Americans. Disparities between whites and non-U.S.-born Mexican Americans were smaller, whereas the smallest and least consistent disparities were between U.S.-born Mexican Americans and whites.

Individual risk factors show substantial heterogeneity across the racial/ethnic and nativity groups. Although cholesterol levels, smoking, and (in some age groups) blood pressure improved, HbA<sub>1c</sub> levels, BMI control, diet, and physical activity worsened. The longterm effect of these diverging temporal changes in CVD risk factors and their implications for disparities in CVD and stroke require further study.

Our findings are consistent with prior research using national data to examine trends in CVD risk by race/ ethnicity and nativity. One study used NHANES data between 1999 and 2010 to examine the prevalence of uncontrolled CVD risk factors (blood pressure ≥140/90 mm Hg, elevated low-density lipoprotein cholesterol, and current smoking) (30-35). In this study, the proportion of whites and Mexican Americans with at least 1 uncontrolled risk factor decreased, but that of African Americans did not change; these results are generally consistent with our findings for blood pressure, cholesterol, and smoking trends. Our composite score also incorporated cardiometabolic risk factors, including HbA<sub>1c</sub> level, BMI, diet, and physical activity, many of which worsened over the periods studied. A recent analysis using data from 1988 to 1994 through 1999 to 2012 found increasing rates of diabetes in all U.S. adults, with the highest prevalence among nonwhite groups (36). For adults aged 20 years or older, diabetes prevalence increased from 8.6% to 9.5% among whites, from 16.3% to 20.6% among African Americans, and from 17.5% to 20.5% among Mexican Americans. Several studies have also tracked rates of overweight and obesity in the United States, showing long-term increases in BMI, with some stabilization in recent years (32-35). Among both obese and nonobese adults, rates of smoking, uncontrolled hypertension, and hyperlipidemia decreased, but rates of diabetes remained stable or increased (32, 35). In addition, among the growing population of obese adults between 1988 and 2014, the proportion with all 3 risk factors increased in whites, African Americans, and Mexican Americans (33).

Our repeated cross-sectional analyses of populationbased data build on other cross-sectional studies examining the association between nativity and cardiovascular health. Using data from NHANES between 1999 and 2002, one analysis found that blood pressure risk and metabolic risk (cholesterol, BMI, and HbA<sub>1c</sub>) were significantly lower among non-U.S.-born than U.S.-born Mexican Americans (37), but neither group differed from whites. Another analysis that used data from 2003 to 2008 found that foreign-born Mexican Americans had higher odds than whites of having low cardiovascular risk status (defined as nonsmoking, no diabetes, untreated total cholesterol level <5.2 mmol/L [200 mg/dL], untreated blood pressure <120/80 mm Hg, and BMI <25 kg/m<sup>2</sup>), whereas U.S.-born Mexican Americans had lower odds than whites of having low risk (38, 39). The difference from our findings, which showed lower risk for whites than both Mexican American groups, seems to be due to the inclusion of dietary patterns and exercise in our composite risk measure.

Recent evidence shows consistent reductions in CVD mortality for all racial/ethnic groups (1, 40-42). However, our findings of suboptimal control of risk factors in the population as a whole and declines in cardiovascular health among whites and some younger adults may foreshadow higher rates of heart disease and stroke and poorer outcomes from these conditions in the coming decades. The long-term effect of these trends on heart disease and stroke incidence, case fatality, and mortality will depend on many factors, including socioeconomic differences; competing health and social risks; cultural factors; racial/ethnic variation in the effects of biological and behavioral risk factors on CVD (43-46); and differences in access to highquality, evidence-based health care. Our analyses indicate the need for greater emphasis on prevention in all groups and earlier and more effective use of evidencebased therapies to control CVD risk factors. They also suggest a need for better understanding of the underlying socioeconomic, biological, and policy contributors to the observed trends.

These analyses have limitations. Because we restricted the analytic cohort to persons without CVD, the older adults in our sample have fewer comorbid conditions than the U.S. population as a whole, and the cohort may underrepresent some groups at high risk for disparities (such as younger African Americans and Mexican American adults with early heart disease and stroke). Underreporting of CVD may have been more common among those with less education and lower access to health care but would not have accounted for the declines we observed among whites relative to the other racial/ethnic groups. Another potential limitation is heterogeneity among non-U.S.-born Mexican Americans in the sample, who likely represent very different groups over the 5 periods studied due to the sharp decline in net immigration from Mexico during those years (47). We could not examine cardiovascular health among persons of Latino heritage other than Mexican Americans; other racial or ethnic subgroups, such as Asians, Pacific Islanders, and American Indians; and im-

<sup>6</sup> Annals of Internal Medicine





Percentages were adjusted for age, sex, education, and income-poverty ratio. Appropriate NHANES (National Health and Nutrition Examination Survey) sample weights were used. Optimal cardiovascular health was defined as Life's Simple 7 score  $\geq$ 10. The figure represents repeated analyses of cross-sectional data for the periods indicated. They do not represent longitudinal surveys of the same respondents.

migrants from countries other than Mexico (48). We also lacked data on work-related physical activity, which is frequently higher among Mexican Americans and African Americans than whites (49-51) and differs by nativity and duration of residence in the United States (52). This concern is somewhat mitigated by evidence indicating that although higher levels of leisuretime physical activity have been associated with better overall health and physical functioning, more favorable profiles of inflammatory biomarkers, and lower rates of coronary heart disease, the associations between workrelated physical activity and health outcomes are less consistent (53-55). Finally, although our analyses included nativity, education, and income as variables, other measures of social class and acculturation may be important in CVD disparities (56).

The LS7 composite score helps to predict overall health risk and can be used to identify, prioritize, and monitor targets for interventions to improve overall cardiovascular health (57). Our findings support the growing evidence suggesting that multifaceted strategies will be needed to improve the overall cardiovascular health of the population and associated health disparities (58-62). High-quality medical care can promote and sustain control of blood pressure, cholesterol, and glucose and can play a pivotal role in encouraging behavior change related to diet, exercise, and tobacco use (63-66). However, medical care alone cannot address worsening trends in risk factor profiles. Community and policy interventions may improve health outcomes through decreased rates of and disparities in smoking, obesity, sedentary lifestyles, poor diet, and poor glycemic control. These risk factors present complex challenges, many of which will require multilevel, multisector approaches to intervene on biological and genetic risk, cultural norms, social networks, clinical care, the built environment, and food policy (67-70).

Annals.org

From University of California, Los Angeles, Los Angeles, California (A.F.B., L.L., S.D.V., J.J.E., S.S.M., E.C., A.R., T.S.); Olive View-UCLA Medical Center (A.F.B.); and University of Washington, Seattle, Washington (W.L.J.).

**Financial Support:** By award U54NS081764 from the National Institute of Neurological Disorders and Stroke of the National Institutes of Health and grant UL1TR001881 from the National Center for Advancing Translational Science of the National Institutes of Health to the University of California, Los Angeles, Clinical and Translational Science Institute.

**Disclosures:** Drs. Liang and Merkin have modified their disclosure form and removed this disclosures. Authors not named here have disclosed no conflicts of interest. Disclosures can also be viewed at www.acponline.org/authors/icmje/ConflictOf InterestForms.do?msNum=M17-0996.

**Reproducible Research Statement:** Study protocol and statistical code: Available from Dr. Brown (e-mail, ABrown@mednet .ucla.edu). Data set: Publicly available at www.cdc.gov/nchs /nhanes/index.htm.

**Requests for Single Reprints:** Arleen F. Brown, MD, PhD, Professor, UCLA Department of Medicine, Division of General Internal Medicine and Health Services Research, Box 951736, 911 Broxton Avenue, Los Angeles, CA 90095; e-mail, ABrown @mednet.ucla.edu.

Current author addresses and author contributions are available at Annals.org.

#### References

1. Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, et al; Writing Group Members. Heart disease and stroke statistics–2016 update: a report from the American Heart Association. Circulation. 2016;133:e38-360. [PMID: 26673558] doi:10 .1161/CIR.00000000000350

Annals of Internal Medicine

2. Rodriguez CJ, Allison M, Daviglus ML, Isasi CR, Keller C, Leira EC, et al; American Heart Association Council on Epidemiology and Prevention. Status of cardiovascular disease and stroke in Hispanics/ Latinos in the United States: a science advisory from the American Heart Association. Circulation. 2014;130:593-625. [PMID: 25098323] doi:10.1161/CIR.00000000000071

3. Daviglus ML, Talavera GA, Avilés-Santa ML, Allison M, Cai J, Criqui MH, et al. Prevalence of major cardiovascular risk factors and cardiovascular diseases among Hispanic/Latino individuals of diverse backgrounds in the United States. JAMA. 2012;308:1775-84. [PMID: 23117778] doi:10.1001/jama.2012.14517

4. Heidenreich PA, Trogdon JG, Khavjou OA, Butler J, Dracup K, Ezekowitz MD, et al; American Heart Association Advocacy Coordinating Committee. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. Circulation. 2011;123:933-44. [PMID: 21262990] doi:10 .1161/CIR.0b013e31820a55f5

5. LaVeist TA, Gaskin D, Richard P. Estimating the economic burden of racial health inequalities in the United States. Int J Health Serv. 2011;41:231-8. [PMID: 21563622]

6. Lloyd-Jones DM, Hong Y, Labarthe D, Mozaffarian D, Appel LJ, Van Horn L, et al; American Heart Association Strategic Planning Task Force and Statistics Committee. Defining and setting national goals for cardiovascular health promotion and disease reduction: the American Heart Association's strategic Impact Goal through 2020 and beyond. Circulation. 2010;121:586-613. [PMID: 20089546] doi:10 .1161/CIRCULATIONAHA.109.192703

7. Ford ES, Greenlund KJ, Hong Y. Ideal cardiovascular health and mortality from all causes and diseases of the circulatory system among adults in the United States. Circulation. 2012;125:987-95. [PMID: 22291126] doi:10.1161/CIRCULATIONAHA.111.049122

8. Folsom AR, Yatsuya H, Nettleton JA, Lutsey PL, Cushman M, Rosamond WD; ARIC Study Investigators. Community prevalence of ideal cardiovascular health, by the American Heart Association definition, and relationship with cardiovascular disease incidence. J Am Coll Cardiol. 2011;57:1690-6. [PMID: 21492767] doi:10.1016/j.jacc .2010.11.041

9. Dong C, Rundek T, Wright CB, Anwar Z, Elkind MS, Sacco RL. Ideal cardiovascular health predicts lower risks of myocardial infarction, stroke, and vascular death across whites, blacks, and Hispanics: the northern Manhattan study. Circulation. 2012;125:2975-84. [PMID: 22619283] doi:10.1161/CIRCULATIONAHA.111.081083

10. Kulshreshtha A, Vaccarino V, Judd SE, Howard VJ, McClellan WM, Muntner P, et al. Life's Simple 7 and risk of incident stroke: the reasons for geographic and racial differences in stroke study. Stroke. 2013;44:1909-14. [PMID: 23743971] doi:10.1161/STROKEAHA.111 .000352

11. Folsom AR, Shah AM, Lutsey PL, Roetker NS, Alonso A, Avery CL, et al. American Heart Association's Life's Simple 7: avoiding heart failure and preserving cardiac structure and function. Am J Med. 2015;128:970-6. [PMID: 25908393] doi:10.1016/j.amjmed.2015.03 .027

12. Fretts AM, Howard BV, McKnight B, Duncan GE, Beresford SA, Mete M, et al. Life's Simple 7 and incidence of diabetes among American Indians: the Strong Heart Family Study. Diabetes Care. 2014;37:2240-5. [PMID: 24804696] doi:10.2337/dc13-2267

13. Thacker EL, Gillett SR, Wadley VG, Unverzagt FW, Judd SE, McClure LA, et al. The American Heart Association Life's Simple 7 and incident cognitive impairment: the REasons for Geographic And Racial Differences in Stroke (REGARDS) study. J Am Heart Assoc. 2014;3:e000635. [PMID: 24919926] doi:10.1161/JAHA.113.000635 14. Kronish IM, Carson AP, Davidson KW, Muntner P, Safford MM. Depressive symptoms and cardiovascular health by the American Heart Association's definition in the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study. PLoS One. 2012;7: e52771. [PMID: 23300767] doi:10.1371/journal.pone.0052771

15. Muntner P, Judd SE, Gao L, Gutiérrez OM, Rizk DV, McClellan W, et al. Cardiovascular risk factors in CKD associate with both ESRD and mortality. J Am Soc Nephrol. 2013;24:1159-65. [PMID: 23704285] doi:10.1681/ASN.2012070642

16. **Institute of Medicine.** Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington, DC: National Academies Pr; 2003.

17. Koh HK. A 2020 vision for healthy people. N Engl J Med. 2010; 362:1653-6. [PMID: 20445177] doi:10.1056/NEJMp1001601

18. Djoussé L, Petrone AB, Blackshear C, Griswold M, Harman JL, Clark CR, et al. Prevalence and changes over time of ideal cardiovascular health metrics among African-Americans: the Jackson Heart Study. Prev Med. 2015;74:111-6. [PMID: 25712326] doi:10.1016/j .ypmed.2015.02.006

19. **Colby SL, Ortman JM.** Projections of the Size and Composition of the U.S. Population: 2014 to 2060 Current Population Reports. Washington, DC: U.S. Census Bureau; 2015.

20. Daviglus ML, Pirzada A, Talavera GA. Cardiovascular disease risk factors in the Hispanic/Latino population: lessons from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). Prog Cardiovasc Dis. 2014;57:230-6. [PMID: 25242694] doi:10.1016/j.pcad.2014 .07.006

21. Centers for Disease Control and Prevention. National Health and Nutrition Examination Survey: survey methods and analytic guidelines. 2018. Accessed at wwwn.cdc.gov/nchs/nhanes/analytic guidelines.aspx on 21 February 2018.

22. Centers for Disease Control and Prevention. Analytic note regarding 2007-2010 survey design changes and combining data across other survey cycles. 2011. Accessed at www.cdc.gov/nchs /data/nhanes/analyticnote\_2007-2010.pdf on 1 September 2017.

23. Selvin E, Parrinello CM, Sacks DB, Coresh J. Trends in prevalence and control of diabetes in the United States, 1988-1994 and 1999-2010. Ann Intern Med. 2014;160:517-25. [PMID: 24733192] doi:10 .7326/M13-2411

24. Caleyachetty R, Echouffo-Tcheugui JB, Muennig P, Zhu W, Muntner P, Shimbo D. Association between cumulative social risk and ideal cardiovascular health in US adults: NHANES 1999-2006. Int J Cardiol. 2015;191:296-300. [PMID: 25984898] doi:10.1016/j.ijcard .2015.05.007

25. Yang Q, Cogswell ME, Flanders WD, Hong Y, Zhang Z, Loustalot F, et al. Trends in cardiovascular health metrics and associations with all-cause and CVD mortality among US adults. JAMA. 2012;307: 1273-83. [PMID: 22427615] doi:10.1001/jama.2012.339

26. Ogunmoroti O, Oni E, Michos ED, Spatz ES, Allen NB, Rana JS, et al. Life's Simple 7 and incident heart failure: the Multi-Ethnic Study of Atherosclerosis. J Am Heart Assoc. 2017;6. [PMID: 28655734] doi: 10.1161/JAHA.116.005180

27. Centers for Disease Control and Prevention. Third National Health and Nutrition Examination Survey (NHANES III), 1988-1994: NHANES houshold adult data file documentation. December 1996. Accessed at wwwn.cdc.gov/nchs/data/nhanes3/1a/ADULT-acc.pdf on 1 December 2017.

28. Berglund P, Heeringa S. Multiple Imputation of Missing Data Using SAS. Cary, NC: SAS Institute; 2014.

29. Kolenikov S. Resampling variance estimation for complex survey data. Stata J. 2010;10:165-99.

30. Flegal KM, Kruszon-Moran D, Carroll MD, Fryar CD, Ogden CL. Trends in obesity among adults in the United States, 2005 to 2014. JAMA. 2016;315:2284-91. [PMID: 27272580] doi:10.1001/jama.2016 .6458

31. Fryar CD, Chen TC, Li X. Prevalence of uncontrolled risk factors for cardiovascular disease: United States, 1999-2010. NCHS Data Brief. 2012:1-8. [PMID: 23101933]

32. Gregg EW, Cheng YJ, Cadwell BL, Imperatore G, Williams DE, Flegal KM, et al. Secular trends in cardiovascular disease risk factors according to body mass index in US adults. JAMA. 2005;293:1868-74. [PMID: 15840861]

33. Guo F, Garvey WT. Trends in cardiovascular health metrics in obese adults: National Health and Nutrition Examination Survey (NHANES), 1988-2014. J Am Heart Assoc. 2016;5. [PMID: 27413039] doi:10.1161/JAHA.116.003619

34. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. JAMA. 2014;311:806-14. [PMID: 24570244] doi:10.1001/jama.2014.732

35. Saydah S, Bullard KM, Cheng Y, Ali MK, Gregg EW, Geiss L, et al. Trends in cardiovascular disease risk factors by obesity level in adults in the United States, NHANES 1999-2010. Obesity (Silver Spring). 2014;22:1888-95. [PMID: 24733690] doi:10.1002/oby.20761

36. Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and trends in diabetes among adults in the United States, 1988-2012. JAMA. 2015;314:1021-9. [PMID: 26348752] doi:10.1001/jama.2015 .10029

37. Crimmins EM, Kim JK, Alley DE, Karlamangla A, Seeman T. Hispanic paradox in biological risk profiles. Am J Public Health. 2007; 97:1305-10. [PMID: 17538054]

38. Kanjilal S, Gregg EW, Cheng YJ, Zhang P, Nelson DE, Mensah G, et al. Socioeconomic status and trends in disparities in 4 major risk factors for cardiovascular disease among US adults, 1971-2002. Arch Intern Med. 2006;166:2348-55. [PMID: 17130388]

39. Kershaw KN, Greenlund KJ, Stamler J, Shay CM, Daviglus ML. Understanding ethnic and nativity-related differences in low cardiovascular risk status among Mexican-Americans and non-Hispanic Whites. Prev Med. 2012;55:597-602. [PMID: 23036519] doi:10.1016/ j.ypmed.2012.09.019

40. Case A, Deaton A. Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century. Proc Natl Acad Sci U S A. 2015;112:15078-83. [PMID: 26575631] doi:10.1073/pnas.1518393112

41. Lackland DT, Roccella EJ, Deutsch AF, Fornage M, George MG, Howard G, et al; American Heart Association Stroke Council. Factors influencing the decline in stroke mortality: a statement from the American Heart Association/American Stroke Association. Stroke. 2014;45:315-53. [PMID: 24309587] doi:10.1161/01.str.0000437068 .30550.cf

42. Pearson-Stuttard J, Guzman-Castillo M, Penalvo JL, Rehm CD, Afshin A, Danaei G, et al. Modeling future cardiovascular disease mortality in the United States: national trends and racial and ethnic disparities. Circulation. 2016;133:967-78. [PMID: 26846769] doi:10 .1161/CIRCULATIONAHA.115.019904

43. Kurian AK, Cardarelli KM. Racial and ethnic differences in cardiovascular disease risk factors: a systematic review. Ethn Dis. 2007;17: 143-52. [PMID: 17274224]

44. **Mensah GA.** Eliminating disparities in cardiovascular health: six strategic imperatives and a framework for action. Circulation. 2005; 111:1332-6. [PMID: 15769777]

45. Sacco RL, Boden-Albala B, Abel G, Lin IF, Elkind M, Hauser WA, et al. Race-ethnic disparities in the impact of stroke risk factors: the northern Manhattan stroke study. Stroke. 2001;32:1725-31. [PMID: 11486097]

46. Sharma S, Malarcher AM, Giles WH, Myers G. Racial, ethnic and socioeconomic disparities in the clustering of cardiovascular disease risk factors. Ethn Dis. 2004;14:43-8. [PMID: 15002922]

47. Gonzalez-Barrera A. More Mexicans Leaving Than Coming to the US. Washington, DC: Pew Research Center; 2005.

48. Dominguez K, Penman-Aguilar A, Chang MH, Moonesinghe R, Castellanos T, Rodriguez-Lainz A, et al; Centers for Disease Control and Prevention (CDC). Vital signs: leading causes of death, prevalence of diseases and risk factors, and use of health services among Hispanics in the United States–2009-2013. MMWR Morb Mortal Wkly Rep. 2015;64:469-78. [PMID: 25950254]

49. Aadahl M, Jørgensen T. Validation of a new self-report instrument for measuring physical activity. Med Sci Sports Exerc. 2003;35: 1196-202. [PMID: 12840642]

50. Rauh MJ, Hovell MF, Hofstetter CR, Sallis JF, Gleghorn A. Reliability and validity of self-reported physical activity in Latinos. Int J Epidemiol. 1992;21:966-71. [PMID: 1468861]

51. Sallis JF, Saelens BE. Assessment of physical activity by self-report: status, limitations, and future directions. Res Q Exerc Sport. 2000;71:S1-14. [PMID: 10925819]

52. Murillo R, Albrecht SS, Daviglus ML, Kershaw KN. The role of physical activity and sedentary behaviors in explaining the association between acculturation and obesity among Mexican-American adults. Am J Health Promot. 2015;30:50-7. [PMID: 25162320] doi:10 .4278/ajhp.140128-QUAN-49

Annals.org

53. Gutiérrez-Fisac JL, Guallar-Castillón P, Díez-Gañán L, López García E, Banegas Banegas JR, Rodríguez Artalejo F. Work-related physical activity is not associated with body mass index and obesity. Obes Res. 2002;10:270-6. [PMID: 11943836]

54. He XZ, Baker DW. Body mass index, physical activity, and the risk of decline in overall health and physical functioning in late middle age. Am J Public Health. 2004;94:1567-73. [PMID: 15333316]

55. Koenig W, Sund M, Döring A, Ernst E. Leisure-time physical activity but not work-related physical activity is associated with decreased plasma viscosity. Results from a large population sample. Circulation. 1997;95:335-41. [PMID: 9008446]

56. Kershaw KN, Giacinto RE, Gonzalez F, Isasi CR, Salgado H, Stamler J, et al. Relationships of nativity and length of residence in the U.S. with favorable cardiovascular health among Hispanics/Latinos: the Hispanic Community Health Study/Study of Latinos (HCHS/ SOL). Prev Med. 2016;89:84-9. [PMID: 27196144] doi:10.1016/j .ypmed.2016.05.013

57. Shay CM, Gooding HS, Murillo R, Foraker R. Understanding and improving cardiovascular health: an update on the American Heart Association's concept of cardiovascular health. Prog Cardiovasc Dis. 2015;58:41-9. [PMID: 25958016] doi:10.1016/j.pcad.2015.05.003

58. Bartolome RE, Chen A, Handler J, Platt ST, Gould B. Population care management and team-based approach to reduce racial disparities among African Americans/blacks with hypertension. Perm J. 2016;20:53-9. [PMID: 26824963] doi:10.7812/TPP/15-052

59. Jaffe MG, Lee GA, Young JD, Sidney S, Go AS. Improved blood pressure control associated with a large-scale hypertension program. JAMA. 2013;310:699-705. [PMID: 23989679] doi:10.1001/ jama.2013.108769

60. Krueger PM, Reither EN. Mind the gap: race/ethnic and socioeconomic disparities in obesity. Curr Diab Rep. 2015;15:95. [PMID: 26377742] doi:10.1007/s11892-015-0666-6

61. Sequist TD, Taveras EM. Clinic-community linkages for highvalue care. N Engl J Med. 2014;371:2148-50. [PMID: 25470692] doi: 10.1056/NEJMp1408457

62. Galea S, Riddle M, Kaplan GA. Causal thinking and complex system approaches in epidemiology. Int J Epidemiol. 2010;39:97-106. [PMID: 19820105] doi:10.1093/ije/dyp296

63. Cohen MG, Fonarow GC, Peterson ED, Moscucci M, Dai D, Hernandez AF, et al. Racial and ethnic differences in the treatment of acute myocardial infarction: findings from the Get With the Guidelines-Coronary Artery Disease program. Circulation. 2010;121:2294-301. [PMID: 20479153] doi:10.1161/CIRCULATIONAHA.109.922286

64. Ellrodt AG, Fonarow GC, Schwamm LH, Albert N, Bhatt DL, Cannon CP, et al. Synthesizing lessons learned from get with the guidelines: the value of disease-based registries in improving quality and outcomes. Circulation. 2013;128:2447-60. [PMID: 24166574] doi:10.1161/01.cir.0000435779.48007.5c

65. Ford ES, Ajani UA, Croft JB, Critchley JA, Labarthe DR, Kottke TE, et al. Explaining the decrease in U.S. deaths from coronary disease, 1980-2000. N Engl J Med. 2007;356:2388-98. [PMID: 17554120]

66. Kypridemos C, Bandosz P, Hickey GL, Guzman-Castillo M, Allen K, Buchan I, et al. Quantifying the contribution of statins to the decline in population mean cholesterol by socioeconomic group in England 1991-2012: a modelling study. PLoS One. 2015;10: e0123112. [PMID: 25856394] doi:10.1371/journal.pone.0123112

67. Centers for Disease Control and Prevention (CDC). Federal and state cigarette excise taxes–United States, 1995-2009. MMWR Morb Mortal Wkly Rep. 2009;58:524-7. [PMID: 19478719]

68. Centers for Disease Control and Prevention (CDC). State smokefree laws for worksites, restaurants, and bars–United States, 2000-2010. MMWR Morb Mortal Wkly Rep. 2011;60:472-5. [PMID: 21508923]

69. Kindig D. What are we talking about when we talk about population health? Health Affairs Blog. 2015. Accessed at http: //healthaffairs.org/blog/2015/04/06/what-are-we-talking-about -when-we-talk-about-population-health on 3 April 2017.

70. **U.S. Department of Health and Human Services.** Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services. Washington, DC: Office of the Assistant Secretary for Health; 2010. **Current Author Addresses:** Drs. Brown, Liang, Escarce, and Richards and Ms. Vassar: UCLA Department of Medicine, Division of General Internal Medicine and Health Services Research, Box 951736, 911 Broxton Avenue, Los Angeles, CA 90095.

Drs. Merkin and Seeman: UCLA Department of Medicine, Division of Geriatrics, Box 951687, 2339 PVUB, Los Angeles, CA 90095.

Dr. Cheng: UCLA Neurology, Box 957250, Oppenheimer Tower, 10880 Wilshire Boulevard, Suite 700, Los Angeles, CA 90095.

Dr. Longstreth: Department of Neurology, Box 359775, Harborview Medical Center, 325 Ninth Avenue, Seattle, WA 98104. Author Contributions: Conception and design: A.F. Brown, L.J. Liang, E. Cheng, A. Richards, W.T. Longstreth.

Analysis and interpretation of the data: A.F. Brown, L.J. Liang, S.D. Vassar, J.J. Escarce, S.S. Merkin, A. Richards, T. Seeman. Drafting of the article: A.F. Brown, L.J. Liang, S.D. Vassar, J.J. Escarce.

Critical revision of the article for important intellectual content: A.F. Brown, L.J. Liang, S.D. Vassar, S.S. Merkin, E. Cheng, A. Richards, T. Seeman, W.T. Longstreth.

Final approval of the article: A.F. Brown, L.J. Liang, S.D. Vassar, J.J. Escarce, S.S. Merkin, E. Cheng, A. Richards, T. Seeman, W.T. Longstreth.

Statistical expertise: L.J. Liang.

Obtaining of funding: A.F. Brown, S.D. Vassar, J.J. Escarce. Administrative, technical, or logistic support: S.D. Vassar. Collection and assembly of data: A.F. Brown, S.D. Vassar.

Appendix Figure. Study flow diagram.



Prior CVD event included self-reported stroke, myocardial infarction, heart failure, or angina. CVD = cardiovascular disease; MEC = mobile examination center; NHANES = National Health and Nutrition Examination Survey.

Appendix Table 1.	Characteristics of Pa	icipants in NHANES,	by Period, I	Race/Ethnicity,	and Nativity
-------------------	-----------------------	---------------------	--------------	-----------------	--------------

Characteristic		1988	-1994			1999	-2002	
	White ( <i>n</i> = 5443)	African American (n = 3561)	U.SBorn Mexican American (n = 1662)	Non-U.S Born Mexican American (n = 1689)	White ( <i>n</i> = 3710)	African American (n = 1457)	U.SBorn Mexican American (n = 707)	Non-U.S Born Mexican American (n = 1081)
Mean age ± SE, y	46.6 ± 0.52	43.2 ± 0.40	42.2 ± 0.33	38.6 ± 0.42	47.8 ± 0.37	44.0 ± 0.50	42.4 ± 0.84	39.2 ± 0.72
Age group, n (%)								
25-44 y	1956 (53.3)	2091 (64.4)	857 (65.2)	1099 (75.2)	1438 (47.7)	667 (58.8)	285 (62.7)	581 (73.6)
45-64 y	1598 (30.0)	917 (24.5)	519 (27.4)	371 (19.3)	1181 (35.9)	499 (31.1)	250 (28.8)	332 (22.0)
65-74 y	893 (10.9)	372 (7.4)	223 (5.8)	141 (3.6)	520 (9.9)	185 (6.5)	124 (5.9)	123 (3.2)
≥75 y	996 (5.8)	181 (3.7)	63 (1.7)	78 (1.9)	571 (6.6)	106 (3.7)	48 (2.7)	45 (1.2)
Male, n (%)	2469 (47.8)	1622 (45.1)	788 (48.5)	886 (55.0)	1745 (48.1)	683 (44.0)	313 (46.2)	530 (55.1)
Education level, n (%)								
Less than high school	1444 (18.6)	1292 (30.7)	788 (36.2)	1331 (76.9)	574 (13.1)	566 (34.9)	299 (30.1)	842 (74.0)
High school/GED	1849 (35.0)	1277 (37.9)	494 (35.3)	202 (12.5)	997 (26.9)	332 (23.9)	156 (27.4)	109 (12.3)
More than high school	2150 (46.4)	992 (31.4)	380 (28.5)	156 (10.6)	2139 (60.0)	559 (41.1)	252 (42.5)	130 (13.7)
Income-poverty ratio, <i>n</i> (%)*								
0-1.0	409 (6.0)	905 (23.3)	400 (20.0)	635 (36.6)	291 (6.8)	293 (20.9)	99 (12.7)	333 (31.3)
1.1-3.0	2150 (36.0)	1579 (44.0)	704 (41.1)	709 (44.2)	1176 (28.8)	561 (37.5)	281 (38.9)	489 (44.9)
≥3.0	2513 (53.0)	747 (24.2)	420 (32.4)	96 (6.2)	1927 (56.4)	417 (29.8)	258 (40.2)	117 (11.7)
Missing	371 (4.9)	330 (8.5)	138 (6.6)	249 (13.1)	316 (8.0)	186 (11.8)	69 (8.2)	142 (12.0)

NHANES = National Health and Nutrition Examination Survey. \* The ratio of self-reported family income to the poverty threshold for the period.

Append	ix Table 1–	Continued									
	2003	-2006			2007	-2010			2011	-2014	
White ( <i>n</i> = 3820)	African American (n = 1574)	U.SBorn Mexican American ( <i>n</i> = 577)	Non-U.S Born Mexican American (n = 949)	White ( <i>n</i> = 4539)	African American (n = 1817)	U.SBorn Mexican American (n = 627)	Non-U.S Born Mexican American (n = 1093)	White ( <i>n</i> = 3491)	African American (n = 2017)	U.SBorn Mexican American (n = 388)	Non-U.S Born Mexican American (n = 674)
48.9 ± 0.48	45.3 ± 0.36	42.9 ± 0.92	39.6 ± 0.86	49.7 ± 0.33	46.2 ± 0.61	43.3 ± 0.72	42.3 ± 0.86	50.6 ± 0.36	47.2 ± 0.54	42.4 ± 0.69	42.7 ± 0.74
1472 (43.0) 1244 (39.6) 520 (10.3) 584 (7.1) 1821 (47.8) 531 (10.5) 1049 (27.3) 2240 (62.3)	721 (52.2) 576 (36.7) 178 (6.8) 99 (4.4) 763 (45.2) 437 (25.3) 385 (25.4) 750 (49.3)	233 (61.2) 178 (27.9) 103 (6.8) 63 (4.1) 252 (47.2) 212 (27.1) 141 (26.5) 224 (46.4)	547 (72.6) 256 (22.5) 106 (3.5) 40 (1.5) 487 (56.7) 688 (68.3) 139 (17.3) 122 (14.4)	1665 (40.0) 1559 (41.5) 649 (10.7) 666 (7.8) 2192 (47.3) 798 (12.9) 1159 (24.2) 2582 (63.0)	710 (49.3) 741 (38.9) 243 (7.6) 123 (4.2) 881 (44.1) 512 (25.2) 469 (26.7) 836 (48.0)	261 (57.9) 258 (32.4) 69 (5.8) 39 (3.9) 275 (49.3) 188 (26.7) 166 (27.3) 273 (46.1)	534 (64.6) 412 (28.5) 109 (4.7) 38 (2.1) 549 (55.1) 789 (68.3) 148 (15.6) 156 (16.1)	1358 (37.1) 1236 (43.7) 432 (11.4) 465 (7.9) 1666 (47.7) 465 (9.3) 740 (19.8) 2286 (70.9)	751 (46.5) 874 (40.9) 262 (7.9) 130 (4.6) 978 (44.6) 431 (19.3) 545 (26.0) 1041 (54.7)	178 (62.6) 144 (28.7) 50 (6.9) 16 (1.9) 182 (48.7) 110 (25.6) 77 (20.6) 201 (53.8)	324 (62.9) 262 (30.7) 71 (5.0) 17 (1.3) 347 (52.8) 455 (65.0) 110 (18.1) 109 (16.9)
347 (6.7) 1326 (30.1) 1983 (59.4) 164 (3.9)	283 (18.6) 660 (42.3) 570 (35.4) 61 (3.6)	109 (16.1) 248 (40.5) 203 (41.1) 17 (2.4)	349 (34.3) 424 (47.5) 102 (11.2) 74 (6.9)	604 (7.5) 1634 (29.6) 2006 (56.8) 295 (6.1)	323 (18.0) 759 (40.9) 557 (30.9) 178 (10.1)	118 (19.8) 234 (37.6) 209 (33.4) 66 (9.2)	347 (32.5) 503 (45.9) 91 (8.7) 152 (12.9)	595 (9.1) 1225 (29.1) 1493 (56.8) 178 (5.1)	480 (24.9) 730 (35.9) 620 (30.8) 187 (8.4)	67 (15.6) 150 (39.5) 144 (38.9) 27 (6.0)	219 (32.9) 283 (41.5) 70 (11.8) 102 (13.8)

Variable	Blood Pressure ≥140/90 mm Hg	Total Cholesterol Level ≥6.22 mmol/L (≥240 mg/dL)	Hemoglobin A₁ <sub>c</sub> Level ≥5.6%	BMI ≥30 kg/m²	No Physical Activity	Unhealthy Diet	Current Smoker
Age group 25-44 y 1988-1994							
AA	3.34 (2.45 to 4.23)	-1.94 (-4.25 to 0.37)	18.9 (16.4 to 21.4)	9.04 (6.55 to 11.5)	14.0 (11.3 to 16.7)	11.33 (8.41 to 14.3)	6.43 (3.08 to 9.78)
MA US	0.88 (-0.11 to 1.87)	0.47 (-4.24 to 5.18)	11.0 (7.84 to 14.1)	8.92 (5.48 to 12.4)	7.99 (4.99 to 11.0)	-0.82 (-4.53 to 2.89)	-7.48 (-11.4 to -3.62)
MA non-US	1.01 (0.18 to 1.84)	-5.84 (-9.58 to -2.10)	13.1 (10.3 to 16.0)	5.45 (1.57 to 9.33)	26.0 (21.2 to 30.8)	-0.79 (-4.48 to 2.90)	-5.34 (-9.57 to -1.10)
1999-2002							
AA	3.52 (2.32 to 4.72)	-2.56 (-5.53 to 0.41)	13.1 (10.2 to 16.0)	7.71 (4.83 to 10.6)	22.5 (18.4 to 26.6)	10.5 (5.92 to 15.0)	5.89 (1.86 to 9.92)
MA US	1.95 (0.37 to 3.53)	-2.04 (-5.13 to 1.06)	8.91 (4.30 to 13.5)	7.82 (1.26 to 14.4)	7.21 (1.76 to 12.7)	-4.02 (-9.65 to 1.60)	-1.25 (-7.08 to 4.58)
MA non-US 2003-2006	1.11 (-0.10 to 2.31)	0.44 (-3.83 to 4.70)	8.45 (5.52 to 11.4)	-1.72 (-5.32 to 1.88)	29.8 (25.0 to 34.7)	-15.2 (-19.3 to -11.1)	-3.93 (-8.66 to 0.80)
AA	2.52 (1.62 to 3.42)	-4.42 (-6.87 to -1.97)	13.0 (10.3 to 15.8)	11.1 (8.24 to 14.0)	8.84 (4.32 to 13.4)	7.70 (3.75 to 11.7)	2.79 (-1.97 to 7.56)
MA US	0.83 (-1.13 to 2.80)	-1.99 (-6.03 to 2.05)	8.11 (5.44 to 10.8)	7.43 (3.45 to 11.4)	5.51 (-2.18 to 13.2)	-1.91 (-8.14 to 4.32)	-1.96 (-7.21 to 3.28)
MA non-US	0.59 (-0.52 to 1.70)	-0.03 (-3.42 to 3.37)	12.6 (9.50 to 15.8)	2.39 (-1.08 to 5.86)	28.5 (24.2 to 32.8)	-17.4 (-22.5 to -12.3)	-5.63 (-9.30 to -1.96)
2007-2010							
AA	2.67 (1.33 to 4.02)	-3.88 (-6.41 to -1.35)	14.0 (10.6 to 17.5)	11.6 (8.93 to 14.3)	10.6 (5.85 to 15.3)	6.70 (3.05 to 10.4)	2.84 (-1.79 to 7.46)
MA US	0.99 (-0.27 to 2.25)	-0.31 (-3.87 to 3.25)	8.25 (3.13 to 13.4)	10.0 (5.71 to 14.4)	7.81 (1.54 to 14.1)	-1.78 (-7.25 to 3.69)	-0.93 (-8.05 to 6.19)
MA non-US	1.18 (-0.21 to 2.56)	0.49 (-2.67 to 3.65)	13.8 (9.13 to 18.5)	5.00 (1.29 to 8.71)	19.6 (12.9 to 26.3)	-16.8 (-21.3 to -12.4)	-10.4 (-15.4 to -5.47)
2011-2014							
AA	2.52 (1.46 to 3.57)	-4.31 (-6.30 to -2.33)	16.4 (12.7 to 20.1)	11.6 (8.40 to 14.8)	4.32 (0.44 to 8.20)	2.04 (-1.19 to 5.26)	2.36 (-1.55 to 6.28)
MA US	1.23 (-0.28 to 2.73)	-1.41 (-6.21 to 3.39)	9.29 (4.04 to 14.5)	12.8 (6.95 to 18.6)	6.14 (-0.27 to 12.6)	-1.12 (-6.55 to 4.31)	-3.27 (-10.4 to 3.82)
MA non-US	1.32 (-0.53 to 3.18)	-0.85 (-4.95 to 3.26)	18.5 (14.2 to 22.8)	7.22 (2.82 to 11.6)	15.7 (11.4 to 20.0)	-17.2 (-23.6 to -10.7)	-12.2 (-17.6 to -6.89)
Age group 45-64 y 1988-1994							
AA	9.02 (6.88 to 11.2)	-2.60 (-5.36 to 0.15)	28.0 (24.9 to 31.1)	10.9 (8.07 to 13.7)	19.7 (16.1 to 23.2)	11.7 (9.24 to 14.2)	7.77 (4.64 to 10.9)
MA US	3.96 (1.12 to 6.79)	1.47 (-3.94 to 6.89)	19.7 (15.5 to 24.0)	10.4 (6.59 to 14.2)	15.4 (11.3 to 19.5)	9.1 (-2.70 to 4.52)	-3.78 (-7.39 to -0.16)
MA non-US 1999-2002	2.69 (0.16 to 5.22)	-6.01 (-10.2 to -1.87)	19.8 (15.9 to 23.7)	6.35 (1.97 to 10.7)	31.8 (27.2 to 36.5)	-0.71 (-4.28 to 2.86)	-4.02 (-8.55 to 0.50)
AA	7.90 (5.13 to 10.7)	-3.83 (-7.03 to -0.64)	19.4 (15.3 to 23.6)	9.08 (5.86 to 12.3)	24.2 (19.2 to 29.3)	10.9 (6.45 to 15.4)	6.59 (2.80 to 10.4)
MA US	6.28 (2.64 to 9.91)	-2.67 (-6.52 to 1.19)	15.2 (7.96 to 22.5)	8.95 (1.44 to 16.5)	12.0 (5.15 to 18.8)	-2.61 (-7.41 to 2.19)	0.89 (-4.19 to 5.97)
MA non-US	2.87 (-0.49 to 6.23)	0.15 (-4.55 to 4.85)	13.4 (9.03 to 17.7)	-1.23 (-5.32 to 2.87)	32.0 (26.8 to 37.1)	-12.8 (-16.4 to -9.25)	-3.13 (-6.73 to 0.47)
2003-2006							
AA	6.14 (4.12 to 8.16)	-5.72 (-8.35 to -3.08)	19.9 (16.5 to 23.2)	12.8 (9.86 to 15.7)	10.8 (5.77 to 15.9)	7.36 (3.29 to 11.4)	3.57 (-0.34 to 7.47)
MA US	4.47 (-1.68 to 10.6)	-2.39 (-7.39 to 2.61)	17.1 (12.8 to 21.3)	7.89 (3.88 to 11.9)	11.0 (-0.04 to 21.9)	-1.41 (-7.93 to 5.11)	0.27 (-5.06 to 5.59)
MA non-US	2.32 (-0.66 to 5.29)	0.75 (-3.05 to 4.55)	20.8 (16.9 to 24.7)	3.01 (-1.06 to 7.08)	33.5 (29.0 to 38.0)	-15.5 (-19.7 to -11.2)	-4.16 (-7.37 to -0.95)
200/-2010							
AA	8.02 (4.44 to 11.6)	-4.75 (-7.76 to -1.74)	20.1 (15.8 to 24.4)	12.8 (9.99 to 15.7)	12.7 (7.42 to 18.0)	6.76 (3.27 to 10.3)	2.81 (-0.90 to 6.53)
MA US	4.57 (0.94 to 8.20)	0.24 (-3.44 to 3.92)	13.8 (7.11 to 20.4)	9.74 (5.09 to 14.4)	9.44 (1.63 to 17.3)	-3.54 (-8.63 to 1.54)	-2.11 (-8.79 to 4.57)
MA non-US	2.89 (-0.37 to 6.15)	1.27 (-2.20 to 4.75)	18.4 (13.4 to 23.4)	6.44 (2.38 to 10.5)	22.1 (14.6 to 29.6)	-14.2 (-18.6 to -9.75)	-6.98 (-10.5 to -3.48)
2011-2014	7 44 (E 04 to 10 3)	_E 04 (_7 33 to _3 80)	00 0 (10 E to 01 0)	10 21 00 20 10 17 01	E 77 (0 08 to 10 7)	120 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /	3 71 / -1 EE +- 7 04)
SI MA	F A8 (0 03 to 10 0)	-1 15 (-4 14 to 3 83)	14 3 (10 2 to 22 3)	12.7 (7.47 to 10.4) 12 8 (6 57 to 21 1)	10 5 (3 06 to 17 8)	2.07 (-0.07 (0 0.47) 0.06 (-5.98 to 6.10)	

Continued on following page

Downloaded From: http://annals.org/ by a SCD Aix Marseille User on 03/26/2018

Appendix Table.	2–Continued						
Variable	Blood Pressure ≥140/90 mm Hg	Total Cholesterol Level ≥6.22 mmol/L (≥240 mg/dL)	Hemoglobin A <sub>1c</sub> Level ≥5.6%	BMI ≥30 kg/m²	No Physical Activity	Unhealthy Diet	Current Smoker
Age group ≥65 y 1000 1004							
AA	9.98 (6.66 to 13.3)	-4.82 (-7.84 to -1.79)	23.5 (19.7 to 27.4)	9.54 (6.60 to 12.5)	19.7 (15.7 to 23.6)	11.1 (8.74 to 13.5)	6.90 (3.98 to 9.82)
MA US	-0.98 (-5.79 to 3.82)	-0.89 (-6.42 to 4.65)	14.3 (9.65 to 18.9)	9.92 (6.01 to 13.8)	13.4 (8.98 to 17.8)	2.64 (-0.38 to 5.66)	-1.81 (-4.67 to 1.05)
MA non-US	1.41 (-3.54 to 6.37)	-7.16 (-11.3 to -3.00)	17.1 (12.7 to 21.6)	5.20 (0.85 to 9.55)	29.4 (24.1 to 34.8)	-2.19 (-5.52 to 1.14)	-7.07 (-9.91 to -4.23)
1999-2002							
AA	9.31 (4.81 to 13.8)	-6.21 (-9.66 to -2.76)	18.6 (13.9 to 23.4)	7.99 (4.60 to 11.4)	21.9 (17.8 to 26.1)	11.1 (6.89 to 15.3)	5.46 (2.10 to 8.82)
MA US	4.34 (-2.10 to 10.8)	-5.13 (-9.70 to -0.56)	12.6 (4.80 to 20.5)	8.39 (1.57 to 15.2)	11.1 (5.24 to 16.9)	-0.52 (-4.86 to 3.83)	2.53 (-1.55 to 6.61)
MA non-US	-1.18 (-6.98 to 4.63)	-2.15 (-7.05 to 2.74)	9.85 (4.47 to 15.2)	-2.46 (-6.43 to 1.51)	25.8 (20.6 to 30.9)	-10.8 (-13.6 to -7.90)	-3.35 (-6.09 to -0.62)
2003-2006							
AA	7.05 (3.29 to 10.8)	-8.18 (-11.0 to -5.36)	17.9 (14.0 to 21.7)	11.5 (8.57 to 14.5)	9.13 (3.22 to 15.0)	7.92 (3.92 to 11.9)	2.40 (-0.98 to 5.79)
MA US	3.20 (-7.16 to 13.6)	-4.59 (-9.93 to 0.74)	14.9 (10.4 to 19.4)	7.71 (3.88 to 11.5)	11.5 (1.26 to 21.8)	1.67 (-4.10 to 7.45)	2.10 (-2.29 to 6.49)
MA non-US	-1.71 (-7.17 to 3.74)	-1.36 (-5.40 to 2.68)	16.8 (12.0 to 21.6)	0.96 (-2.82 to 4.74)	27.2 (23.2 to 31.2)	-12.3 (-15.8 to -8.76)	-4.41 (-7.20 to -1.61)
2007-2010							
AA	9.68 (4.29 to 15.1)	-6.75 (-9.97 to -3.53)	14.9 (11.2 to 18.6)	12.6 (9.69 to 15.5)	11.4 (6.36 to 16.5)	8.25 (4.98 to 11.5)	4.14 (1.07 to 7.21)
MA US	5.24 (-1.47 to 12.0)	-1.22 (-4.94 to 2.50)	11.2 (5.66 to 16.6)	9.57 (5.39 to 13.8)	10.3 (4.35 to 16.2)	0.38 (-4.12 to 4.88)	0.67 (-4.51 to 5.86)
MA non-US	0.46 (-4.80 to 5.72)	0.15 (-3.64 to 3.94)	12.7 (7.98 to 17.5)	5.62 (1.47 to 9.77)	18.0 (11.2 to 24.7)	-11.6 (-15.0 to -8.19)	-5.13 (-7.68 to -2.58)
2011-2014							
AA	8.96 (4.66 to 13.3)	-7.31 (-10.1 to -4.58)	17.9 (13.8 to 21.9)	12.4 (9.04 to 15.7)	5.31 (0.85 to 9.76)	7.31 (3.99 to 10.6)	5.12 (2.66 to 7.57)
MA US	4.14 (-3.16 to 11.4)	-3.12 (-8.43 to 2.18)	11.9 (6.20 to 17.6)	13.6 (6.26 to 21.0)	8.75 (2.94 to 14.6)	5.07 (-0.75 to 10.9)	2.28 (-2.34 to 6.90)
MA non-US	-0.19 (-7.31 to 6.94)	-2.04 (-6.92 to 2.83)	17.2 (12.8 to 21.6)	8.43 (3.23 to 13.6)	13.9 (10.0 to 17.9)	-10.8 (-16.9 to -4.60)	-4.82 (-7.56 to -2.08)
AA = African Americ * Values are differen	an; BMI = body mass ir ces (95% Cls) in percen	ndex; MA non-US = non-U.S ntage points compared with	born Mexican Americ reference group of no	can; MA US = U.Sborn n-Hispanic white person	Mexican American. ns. Boldface values ind	icate significant differences	(P < 0.05).

Annals.org

Annals of Internal Medicine

Downloaded From: http://annals.org/ by a SCD Aix Marseille User on 03/26/2018

Variable	Blood Pressure ≥140/90 mm Hg	Total Cholesterol Level ≥6.22 mmol/L (≥240 mɑ/dL)	Hemoglobin A₁c Level ≥5.6%	BMI ≥30 kg/m²	No Physical Activity	Unhealthy Diet	Current Smoker
Age 25-44 y							
1999_2002	0 70 (0 05 to 1 34)	-6 80 ( -9 10 to -4 70)	-1 73 (-4 14 to 0 68)	6 66 (3 00 to 0 43)	12 3 (0 11 to 15 5)	0 77 (-2 66 to 4 10)	-5 71 (-0 12 to -2 20)
2003-2006	0.05 (-0.60 to 0.69)	-5.60 (-7.50 to -3.70)	-1.73 (-2.73 to 2.03) -0.05 (-2.23 to 2.13)	8.86 (6.37 to 11.3)	10.1 (7.06 to 13.1)	3.62 (0.45 to 6.79)	-3.22 (-6.79 to 0.35)
2007-2010	-0.04 (-0.60 to 0.53)	-8.10 (-10.1 to -6.09)	9.03 (6.60 to 11.5)	11.2 (8.78 to 13.6)	25.7 (20.9 to 30.6)	8.84 (5.22 to 12.5)	-4.26 (-7.96 to -0.56)
2011-2014	-0.24 (-0.87 to 0.38)	-10.5 (-12.6 to -8.37)	7.79 (5.53 to 10.1)	12.7 (10.3 to 15.2)	23.8 (20.3 to 27.3)	18.8 (15.7 to 21.9)	-4.66 (-8.65 to -0.66)
AA							
1999-2002	0.88 (-0.46 to 2.21)	-7.52 (-11.0 to -4.06)	-7.56 (-10.9 to -4.19)	5.33 (1.99 to 8.66)	20.8 (16.1 to 25.4)	-0.11 (-4.15 to 3.92)	-6.25 (-10.0 to -2.49)
2003-2006	-0.77 (-1.97 to 0.42)	-8.08 (-11.0 to -5.14)	-5.95 (-9.25 to -2.65)	10.9 (7.85 to 14.0)	4.89 (0.89 to 8.89)	0.00 (-3.80 to 3.79)	-6.86 (-11.3 to -2.40)
2007-2010	-0.70 (-2.21 to 0.80)	-10.0 (-13.1 to -6.99)	4.15 (0.21 to 8.09)	13.8 (10.7 to 16.9)	22.3 (18.5 to 26.1)	4.22 (0.90 to 7.54)	-7.85 (-13.1 to -2.63)
2011-2014 MATIC	-1.06 (-2.26 to 0.13)	-12.9 (-15.4 to -10.3)	5.27 (1.41 to 9.13)	15.3 (12.1 to 18.5)	14.1 (10.1 to 18.1)	9.50 (6.17 to 12.8)	-8.73 (-12.4 to -5.08)
	1 77 (0 03 to 3 E1)	0 40 / - 14 7 to - 4 10)	2 70 / 0 07 ±- 1 20)	E E4 /-1 E0 +- 12 4)	44 E /E 04 to 47 3/	-2 11 ( - 0 81 +- 2 01)	0 E2 ( E 20 to 6 24)
2003 2006			-3./7 (-0.00 tu 1.27) -2 01 (-6 85 to 1 02)	7 37 (2 01 +0 10 12:0)	7 50 /0 47 40 14 7/	2 53 (_3 01 to 3.74)	2 30 ( - 2 80 + 2 7 40)
2003-2000	0.07 (-1.40 to 1.55)	-8.88 (-14.7 to -3.11)	6.31 (0.65 to 12.0)	12.3 (7.41 to 17.3)	25.6 (20.5 to 30.6)	7.88 (2.07 to 13.7)	2:30 (-5:26 to 9:85) 2:30 (-5:26 to 9:85)
2011-2014	011(-161+0183)	-12 4 (-19 2 to -5.52)	6.11 (0.09 to 12.1)	16.6 (10.5 to 22.7)	22.0 (15.5 to 28.4)	18 5 (12 7 to 24 3)	-0 44 (-7 60 to 6 72)
MA non-US							
1999-2002	0.79 (-0.65 to 2.23)	-0.63 (-5.81 to 4.55)	-6.38 (-9.94 to -2.82)	-0.51 (-5.29 to 4.28)	16.1 (10.0 to 22.1)	-13.7 (-18.6 to -8.70)	-4.30 (-9.72 to 1.12)
2003-2006	-0.38 (-1.63 to 0.88)	0.22 (-4.67 to 5.10)	-0.52 (-4.47 to 3.43)	5.79 (1.42 to 10.2)	12.6 (6.51 to 18.7)	-13.0 (-19.0 to -6.95)	-3.51 (-8.11 to 1.09)
2007-2010	0.13 (-1.41 to 1.66)	-1.77 (-6.28 to 2.73)	9.73 (4.65 to 14.8)	10.8 (6.09 to 15.4)	19.3 (12.4 to 26.3)	-7.20 (-12.3 to -2.10)	-9.37 (-14.3 to -4.46)
2011-2014	0.07 (-1.87 to 2.01)	-5.48 (-10.7 to -0.29)	13.2 (8.62 to 17.7)	14.5 (8.93 to 20.1)	13.5 (7.38 to 19.6)	2.42 (-4.56 to 9.40)	-11.6 (-16.8 to -6.30)
Age 45-64 y							
NH white							
1999-2002	1.24 (-0.57 to 3.04)	-7.59 (-10.2 to -4.95)	-3.60 (-7.88 to 0.68)	7.14 (4.11 to 10.2)	13.8 (9.86 to 17.8)	0.21 (-2.84 to 3.26)	-5.91 (-8.81 to -3.00)
2003-2006	-0.41 (-2.33 to 1.51)	-5.36 (-7.76 to -2.95)	-1.30 (-4.90 to 2.30)	9.83 (7.03 to 12.6)	10.8 (6.96 to 14.7)	2.83 (-0.04 to 5.71)	-4.15 (-7.23 to -1.06)
2007-2010	-1.12 (-2.78 to 0.54)	-8.55 (-11.0 to -6.07)	11.7 (7.96 to 15.4)	12.6 (9.92 to 15.3)	27.5 (22.3 to 32.7)	7.39 (4.21 to 10.6)	-5.24 (-8.53 to -1.96)
2011-2014	-1.39 (-3.23 to 0.46)	-10.9 (-13.3 to -8.53)	10.3 (6.78 to 13.9)	14.4 (11.7 to 17.1)	26.7 (23.0 to 30.4)	16.9 (13.8 to 20.0)	-5.47 (-9.09 to -1.84)
AA							
1999-2002	0.12 (-2.74 to 2.99)	-8.82 (-12.6 to -5.05)	-12.2 (-16.1 to -8.36)	5.34 (1.49 to 9.19)	18.4 (13.2 to 23.6)	-0.62 (-4.50 to 3.26)	-7.09 (-11.0 to -3.21)
2003-2006	-3.29 (-5.96 to -0.62)	-8.47 (-11.6 to -5.32)	-9.46 (-13.0 to -5.87)	11.8 (8.48 to 15.0)	1.97 (-2.77 to 6.71)	-1.53 (-5.42 to 2.36)	-8.35 (-12.5 to -4.24)
2007-2010	-2.11 (-5.83 to 1.61)	-10.7 (-14.1 to -7.28)	3.79 (-0.56 to 8.15)	14.6 (11.2 to 18.0)	20.5 (16.3 to 24.8)	2.42 (-0.87 to 5.71)	-10.2 (-14.8 to -5.62)
2011-2014	-2.77 (-5.55 to 0.02)	-13.4 (-16.2 to -10.6)	5.53 (1.35 to 9.70)	16.2 (12.7 to 19.8)	12.8 (7.70 to 17.9)	8.08 (4.82 to 11.3)	-10.5 (-14.5 to -6.55)
MAUS							
1999-2002	3.56 (-0.72 to 7.83)	-11.7 (-17.9 to -5.53)	-8.11 (-15.3 to -0.93)	5.71 (-2.20 to 13.6)	10.5 (3.25 to 17.7)	-3.31 (-8.96 to 2.34)	-1.24 (-6.85 to 4.36)
2003-2006	0.11 (-5.91 to 6.13)	-9.22 (-16.2 to -2.20)	-3.9/ (-9.52 to 1.58)	/.35 (2.81 to 11.9)	6.38 (-3./3 to 16.5)	0.51 (-6.08 to /.11)	-0.11 (-5.57 to 5.35)
2007-2010	-0.50 (-4.72 to 3.72)	-9.78 (-16.0 to -3.59)	5.71 (-1.68 to 13.1)	12.0 (6.64 to 17.3)	21.5 (14.7 to 28.4)	2.93 (-2.64 to 8.51)	-3.58 (-10.6 to 3.40)
2011-2014	0.14 (-4.95 to 5.22)	-13.6 (-20.8 to -6.30)	6.86 (-0.27 to 14.0)	17.8 (10.4 to 25.3)	21.8 (13.8 to 29.7)	16.1 (9.71 to 22.4)	-2.30 (-7.76 to 3.17)
MA non-US							
7007-6661	1.42 (-2.51  to  5.34)	-1.43 (-/.05 to 4.18)	-9.98 (-14.4 to -5.54)	-0.44 (-5.90 to 5.02)	14.0 (8.08 to 19.9)	-11.9 (-16.4 to -7.45)	-5.01 (-10.1 to 0.11)
2003-2006	-0.78 (-4.41 to 2.85)	1.41 (-4.09 to 6.90)	-0.27 (-4.87 to 4.33)	6.49 (1.40 to 11.6)	12.5 (6.61 to 18.4)	-11.9 (-17.2 to -6.61)	-4.28 (-9.22 to 0.66)
2007-2010	-0.92 (-4.94 to 3.10)	-1.26 (-6.19 to 3.67)	10.3 (4.92 to 15.7)	12.7 (7.50 to 17.9)	17.7 (10.6 to 24.9)	-6.10 (-11.1 to -1.09)	-8.20 (-12.7 to -3.67)
2011-2014	-1.53 (-6.15 to 3.09)	-5.70 (-11.1 to -0.29)	<b>13.1 (8.29 to 18.0)</b>	16.4 (9.89 to 22.9)	10.8 (5.33 to 16.3)	3.28 (-3.67 to 10.2)	-9.21 (-14.5 to -3.89)
						Con	tinued on following page

Continued on following page

Appendix Tal	ble 3–Continued						
Variable	Blood Pressure ≥140/90 mm Hg	Total Cholesterol Level ≥6.22 mmol/L (≥240 mg/dL)	Hemoglobin A <sub>1c</sub> Level ≥5.6%	BMI ≥30 kg/m²	No Physical Activity	Unhealthy Diet	Current Smoker
Age ≥65 y							
NH white							
1999-2002	2.58 (-0.94 to 6.11)	-7.64 (-10.6 to -4.65)	-3.76 (-8.95 to 1.44)	7.65 (4.51 to 10.8)	17.6 (13.1 to 22.2)	0.28 (-2.26 to 2.82)	-4.23 (-6.57 to -1.89)
2003-2006	0.11 (-3.84 to 4.06)	-4.84 (-7.44 to -2.24)	-0.55 (-4.87 to 3.78)	10.4 (7.51 to 13.2)	14.7 (10.6 to 18.8)	2.38 (0.05 to 4.72)	-2.98 (-5.65 to -0.31)
2007-2010	-3.82 (-7.22 to -0.42)	-9.14 (-11.9 to -6.36)	11.5 (7.18 to 15.7)	12.3 (9.41 to 15.3)	28.1 (22.6 to 33.6)	5.77 (3.05 to 8.49)	-5.21 (-7.62 to -2.81)
2011-2014	-4.75 (-8.42 to -1.07)	-11.8 (-14.6 to -9.07)	9.05 (5.04 to 13.1)	13.7 (10.8 to 16.6)	25.2 (21.0 to 29.5)	12.9 (10.4 to 15.5)	-7.21 (-9.45 to -4.98)
AA							
1999-2002	1.91 (-2.13 to 5.95)	-9.04 (-13.2 to -4.86)	-8.66 (-12.6 to -4.75)	6.10 (2.29 to 9.90)	19.9 (15.2 to 24.6)	0.28 (-3.61 to 4.16)	-5.67 (-9.24 to -2.11)
2003-2006	-2.82 (-7.12 to 1.49)	-8.21 (-11.6 to -4.80)	-6.21 (-9.78 to -2.65)	12.3 (9.09 to 15.6)	4.18 (-2.00 to 10.4)	-0.79 (-4.89 to 3.31)	-7.48 (-11.3 to -3.64)
2007-2010	-4.12 (-9.28 to 1.05)	-11.1 (-14.7 to -7.41)	2.80 (-0.80 to 6.39)	15.4 (12.0 to 18.7)	19.9 (15.4 to 24.3)	2.92 (-0.13 to 5.97)	-7.98 (-11.8 to -4.13)
2011-2014	-5.77 (-9.89 to -1.64)	-14.3 (-17.5 to -11.1)	3.36 (-0.14 to 6.86)	16.5 (13.1 to 19.9)	10.9 (5.96 to 15.8)	9.15 (6.03 to 12.3)	-9.00 (-12.1 to -5.90)
MA US							
1999-2002	7.91 (0.91 to 14.9)	-11.9 (-18.5 to -5.26)	-5.39 (-12.5 to 1.72)	6.11 (-1.28 to 13.5)	15.3 (9.16 to 21.5)	-2.88 (-7.93 to 2.17)	0.11 (-4.60 to 4.81)
2003-2006	4.29 (-5.96 to 14.5)	-8.55 (-15.8 to -1.34)	0.12 (-5.37 to 5.61)	8.14 (3.67 to 12.6)	12.8 (3.20 to 22.5)	1.41 (-4.55 to 7.37)	0.93 (-3.11 to 4.97)
2007-2010	2.41 (-4.70 to 9.52)	-9.47 (-15.5 to -3.41)	8.35 (2.09 to 14.6)	12.0 (6.96 to 17.0)	25.0 (19.5 to 30.5)	3.50 (-1.46 to 8.46)	-2.73 (-8.37 to 2.92)
2011-2014	0.37 (-7.68 to 8.42)	-14.1 (-21.3 to -6.76)	6.67 (0.08 to 13.3)	17.4 (9.76 to 25.0)	20.6 (13.6 to 27.6)	15.4 (9.30 to 21.4)	-3.12 (-8.30 to 2.05)
MA non-US							
1999-2002	-0.01 (-6.79 to 6.78)	-2.64 (-8.16 to 2.89)	-11.0 (-15.9 to -6.17)	-0.01 (-5.22 to 5.20)	14.0 (7.73 to 20.2)	-8.29 (-11.9 to -4.64)	-0.52 (-3.69 to 2.65)
2003-2006	-3.02 (-9.53 to 3.50)	0.96 (-4.63 to 6.54)	-0.87 (-5.86 to 4.11)	6.12 (1.36 to 10.9)	12.5 (6.52 to 18.5)	-7.70 (-12.1 to -3.26)	-0.32 (-3.25 to 2.61)
2007-2010	-4.77 (-11.5 to 1.97)	-1.83 (-6.89 to 3.23)	7.06 (1.90 to 12.2)	12.8 (7.61 to 17.9)	16.7 (9.78 to 23.6)	-3.64 (-7.79 to 0.51)	-3.28 (-5.96 to -0.59)
2011-2014	-6.35 (-13.9 to 1.25)	-6.69 (-12.4 to -1.04)	9.14 (4.48 to 13.8)	16.9 (10.4 to 23.4)	9.78 (3.94 to 15.6)	4.37 (-1.88 to 10.6)	-4.96 (-8.02 to -1.91)
AA = African Am * Values are diffe	herican; BMI = body mass ir srences (95% Cls) in percen	ndex; MA non-US = non-U. ntage points compared with	Sborn Mexican American reference group of partic	; MA US = U.Sborn N ipants during the 1988	lexican American; NH 3-1994 period. Boldfa	= non-Hispanic. ce values indicate significa	nt differences (P < 0.05).

5 ร centage be ⊆ υ ā

Downloaded From: http://annals.org/ by a SCD Aix Marseille User on 03/26/2018

Appendix Table 4. Adjusted, Weighted Racial/Ethnic and Nativity Differences in Percentages of Participants With Optimal Cardiovascular Health (Life's Simple 7 Score ≥10) Across Age Group\*

Variable	Age 25-44 Years	Age 45-64 Years	Age ≥65 Years
1988-1994			
African American	-22.8 (-26.4 to -19.3)	-16.5 (-18.8 to -14.2)	-8.0 (-9.7 to -6.4)
U.Sborn Mexican American	-13.3 (-17.1 to -9.5)	-12.7 (-15.5 to -9.9)	-5.7 (-7.7 to -3.7)
Non-U.Sborn Mexican American	-15.9 (-20.3 to -11.4)	-12.4 (-15.4 to -9.5)	-6.1 (-7.8 to -4.3)
1999-2002			
African American	-18.8 (-23.1 to -14.5)	−13.0 (−16.3 to −9.7)	-5.9 (-7.7 to -4.1)
U.Sborn Mexican American	−8.2 (−12.5 to −3.8)	−7.4 (−10.9 to −3.9)	-2.8 (-5.1 to -0.6)
Non–U.Sborn Mexican American	-15.1 (-20.7 to -9.4)	-11.2 (-15.1 to -7.4)	-4.5 (-6.6 to -2.5)
2003-2006			
African American	-14.8 (-18.2 to -11.5)	−9.7 (−12.2 to −7.3)	-4.2 (-5.7 to -2.8)
U.Sborn Mexican American	-5.8 (-12.5 to 0.9)	−6.0 (−10.8 to −1.2)	-3.4 (-5.5 to -1.3)
Non–U.Sborn Mexican American	-9.2 (-13.7 to -4.7)	−7.2 (−10.2 to −4.2)	-2.5 (-4.6 to -0.4)
2007-2010			
African American	−13.0 (−16.8 to −9.2)	−9.2 (−12.1 to −6.4)	-4.5 (-6.1 to -2.9)
U.Sborn Mexican American	-4.7 (-9.5 to 0.0)	−4.5 (−8.2 to −0.8)	-2.9 (-5.2 to -0.7)
Non–U.Sborn Mexican American	-9.1 (-13.8 to -4.4)	−7.4 (−10.7 to −4.1)	-3.8 (-5.5 to -2.0)
2011-2014			
African American	-10.6 (-13.9 to -7.4)	-7.3 (-9.6 to -4.9)	-3.8 (-5.0 to -2.5)
U.Sborn Mexican American	-6.7 (-11.2 to -2.2)	-6.8 (-9.9 to -3.7)	-3.7 (-5.5 to -1.9)
Non–U.Sborn Mexican American	-8.2 (−12.3 to -4.1)	-5.5 (-8.5 to -2.5)	-2.8 (-4.6 to -1.1)

\* Values are differences (95% CIs) in percentage points compared with reference group of white persons. Differences were adjusted for age (P < 0.001), sex (P < 0.001), education (P < 0.001), and income-poverty ratio (P < 0.001). Appropriate NHANES (National Health and Nutrition Examination Survey) sample weights were used. 95% CIs were based on 1000 bootstrap samples. Boldface values indicate significant differences (P < 0.05).

Appendix Table 5. Adjusted, Weighted Period Differences in Percentages of Participants With Optimal Cardiovascular Health (Life's Simple 7 Score ≥10) Across Age Group\*

Variable	Age 25-44 Years	Age 45-64 Years	Age ≥65 Years
White			
1999-2002	−5.8 (−10.4 to −1.1)	-3.3 (-7.1 to 0.4)	−2.6 (−4.7 to −0.4)
2003-2006	−9.1 (−13.3 to −4.9)	−6.1 (−9.2 to −2.9)	-3.9 (-5.7 to -2.1)
2007-2010	−14.8 (−19.0 to −10.6)	−9.3 (−12.5 to −6.1)	-4.5 (-6.6 to -2.4)
2011-2014	−15.3 (−19.4 to −11.1)	−10.2 (−13.3 to −7.1)	−4.6 (−6.5 to −2.7)
African American			
1999-2002	-1.7 (-4.6 to 1.1)	0.2 (-1.6 to 2.0)	-0.4 (-1.5 to 0.6)
2003-2006	-1.1 (-4.2 to 2.0)	0.7 (-1.2 to 2.6)	-0.1 (-1.3 to 1.1)
2007-2010	−4.9 (−7.8 to −2.1)	−2.0 (−3.6 to −0.4)	−1.0 (−1.8 to −0.1)
2011-2014	−3.0 (−5.8 to −0.3)	-1.0 (-2.6 to 0.6)	-0.3 (-1.2 to 0.5)
U.Sborn Mexican American			
1999-2002	-0.6 (-5.2 to 4.0)	1.9 (-1.0 to 4.8)	0.3 (-1.8 to 2.4)
2003-2006	-1.6 (-7.0 to 3.8)	0.6 (-3.1 to 4.2)	-1.6 (-3.6 to 0.4)
2007-2010	−6.2 (−10.4 to −2.0)	-1.1 (-4.2 to 2.0)	-1.7 (-3.8 to 0.4)
2011-2014	−8.6 (−13.2 to −4.1)	−4.3 (−7.1 to −1.6)	−2.6 (−4.5 to −0.6)
Non-U.Sborn Mexican American			
1999-2002	-4.9 (-10.1 to 0.1)	-2.1 (-5.4 to 1.1)	-1.0 (-3.0 to 1.0)
2003-2006	-2.5 (-7.7 to 2.8)	-0.8 (-4.3 to 2.7)	-0.3 (-2.7 to 2.0)
2007-2010	−8.0 (−12.9 to −3.1)	−4.2 (−7.5 to −1.0)	−2.2 (−4.0 to −0.4)
2011-2014	−7.6 (−12.1 to −3.1)	−3.3 (−6.3 to −0.3)	-1.3 (-3.2 to 0.6)

\* Values are differences (95% Cls) in percentage points compared with reference group of participants during the 1988-1994 period. Differences were adjusted for age (P < 0.001), sex (P < 0.001), education (P < 0.001), and income-poverty ratio (P < 0.001). Appropriate NHANES (National Health and Nutrition Examination Survey) sample weights were used. 95% Cls were based on 1000 bootstrap samples. Boldface values indicate significant differences (P < 0.05).

#### Annals of Internal Medicine