Appendix A. Data Collection and Measurements

Demographic information regarding age, sex, race-ethnicity, insurance status, highest level of education attained, household income, and health status was obtained via interviewer-administered questionnaires in the home. At the MEC, anthropometric measurements including weight and height were taken by trained staff using standardized techniques. Three or four brachial artery blood pressure (BP; mmHg) readings were taken by physicians after five minutes of rest in a sitting position, and an average of measurements was used. Specimen collection at the MEC included fasting blood samples after a minimum of 8 hours in a fasted state and a random urine.

Laboratory analyses for biochemical indicators followed standard protocols and used the following methods and kits: fasting plasma glucose (FPG; mg/dl) – hexokinase enzymatic method (Roche Modular P Chemistry Analyzer, Roche Diagnostics, Indianapolis IN)[1]; glycated hemoglobin (HbA1c; %) – Glycohemoglobin Analyzer (Tosoh Medics, Inc., San Francisco, CA) and assays were standardized according to national reference methods[2]; non-HDL cholesterol (mg/dl) – Roche Modular P Chemistry Analyzer (Roche Diagnostics, Indianapolis IN); and serum cotinine – enzyme immunoassay kits and high-performance liquid chromatography (HPLC) atmospheric pressure chemical ionization tandem mass spectrometry [3]. Urinary creatinine was measured from the random urine specimen using an enzymatic endpoint reaction that resembles HPLC (Roche/Hitachi Modular P up to 2012 and Roche/Hitachi Cobas 6000 chemistry analyzer thereafter [both Roche Diagnostics, Indianapolis IN]). Urinary albumin was measured using a solid-phase fluorescent immunoassay, respectively.[2]