

SUPPLEMENTAL MATERIAL

Tables S1-S3

Table S1. Multivariable-adjusted associations of the cardiovascular health score with incident AVC: Stratified by race/ethnicity.

	White	Chinese-American	Black	Hispanic
Incident AVC	Incidence rate ratio (95% CI)			
Inadequate	Reference	Reference	Reference	Reference
Average	0.73 (0.46, 1.19)	0.74 (0.26, 2.12)	0.41 (0.19, 0.86)[‡]	0.23 (0.09, 0.57)[†]
Optimal	0.59 (0.33, 1.07)	0.00 (0.00, 0.00)[*]	0.61 (0.24, 1.53)	0.21 (0.05, 0.94)[‡]

Abbreviations: AVC, aortic valve calcification; CI, confidence interval.

Cardiovascular health score ranged from 0-14 points: inadequate score, 0-8; average, 9-10; optimal, 11-14.

Incidence rate ratio was derived from Poisson regression models with robust variance estimation.

Incident ECC was defined as Agatston score >0 at exam 2/3 among participants with Agatston score =0 at baseline.

Model was adjusted for age, sex, education, income, health insurance, field center and time between scans.

Statistically significant results are in bold font. *P <0.001; †P <0.01; ‡P <0.05.

Sample size for incident ECC = 5,520.

Table S2. Multivariable-adjusted associations of the cardiovascular health score with AVC/DTAC extent and progression: Stratified by race/ethnicity.

	White	Chinese-American	Black	Hispanic
Extent at baseline	Percent difference (95% CI)			
	AVC			
Inadequate	Reference	Reference	Reference	Reference
Average	-22 (-32, -10)[†]	-16 (-32, 3)	-9 (-21, 4)	-5 (-20, 13)
Optimal	-32 (-41, -21)[*]	-29 (-41, -15)[†]	-17 (-29, -2)[‡]	-11 (-29, 10)
	DTAC			
Inadequate	Reference	Reference	Reference	Reference
Average	-32 (-45, -16)[†]	-27 (-52, 10)	-8 (-26, 13)	-32 (-47, -14)[†]
Optimal	-51 (-61, -40)[*]	-45 (-63, -16)[†]	-25 (-41, -3)[‡]	-26 (-45, 0)[‡]
Progression at 2 years	Percent change (95% CI)			
	AVC			
Inadequate	Reference	Reference	Reference	Reference
Average	6 (-2, 13)	0 (-11, 13)	-7 (-13, -1)[‡]	-10 (-17, -2)[‡]
Optimal	2 (-5, 10)	-5 (-14, 6)	-7 (-14, 1)	-8 (-14, -1)[‡]
	DTAC			
Inadequate	Reference	Reference	Reference	Reference
Average	-10 (-19, 0)[‡]	-11 (-28, 9)	0 (-10, 12)	-15 (-25, -3)[‡]
Optimal	-19 (-27, -11)[*]	-11 (-28, 9)	-14 (-24, -3)[‡]	-26 (-33, -17)[*]

Abbreviations: AVC, aortic valve calcification; CI, confidence interval; DTAC, descending thoracic aorta calcification.

Cardiovascular health score ranged from 0-14 points: inadequate score, 0-8; average, 9-10; optimal, 11-14.

ECC was expressed as natural log transformed (ECC + 1).

Percent difference and percent change were calculated from $[\text{Exp}(\beta) - 1] * 100$, derived from linear mixed-effects regression models.

Model was adjusted for age, sex, education, income, health insurance and field center.

Statistically significant results are in bold font. *P <0.001; †P <0.01; ‡P <0.05.

Table S3. Multivariable-adjusted associations of the cardiovascular health score with AVC extent and progression: Stratified by sex.

	Men	Women
Extent at baseline	Percent difference (95% CI)	
Inadequate	Reference	Reference
Average	-15 (-25, -3)[‡]	-13 (-21, -5)[†]
Optimal	-31 (-40, -20)[*]	-19 (-26, -11)[*]
Progression at 2 years	Percent change (95% CI)	
Inadequate	Reference	Reference
Average	-2 (-8, 4)	-2 (-7, 3)
Optimal	-5 (-11, 2)	-3 (-8, 2)

Abbreviations: AVC, aortic valve calcification; CI, confidence interval.

Cardiovascular health score ranged from 0-14 points: inadequate score, 0-8; average, 9-10; optimal, 11-14.

ECC was expressed as natural log transformed (ECC + 1).

Percent difference and percent change were calculated from $[\text{Exp}(\beta) - 1] * 100$, derived from linear mixed-effects regression models.

Model was adjusted for age, race/ethnicity, education, income, health insurance and field center.

Statistically significant results are in bold font. *P <0.001; †P <0.01; ‡P <0.05.