Supplementary material to:

Baldissera S, Minardi V, Masocco M, Ferrante G. Cardiovascular risk and protective factors in adults with and without diabetes mellitus (Italy, 2016–19). European Journal of Public Health

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Box 1. Socioeconomic status and health

People of low SES are exposed to disadvantaged physical and social environments (neighborhoods, families, jobs) that exert negative influences on their health, and have decreased access to health services. Low SES has consistent associations with individual psychological characteristics, such as negative emotional and cognitive states (hopelessness, depression, hostility and anger), that are associated with poor health outcomes, in particular CV morbidity and mortality. Health-relevant behaviors that contribute the most to morbidity and mortality (smoking, sedentary lifestyle, unhealthy diet) also increase as SES decreases. ^{1,2}

Definition of indicators

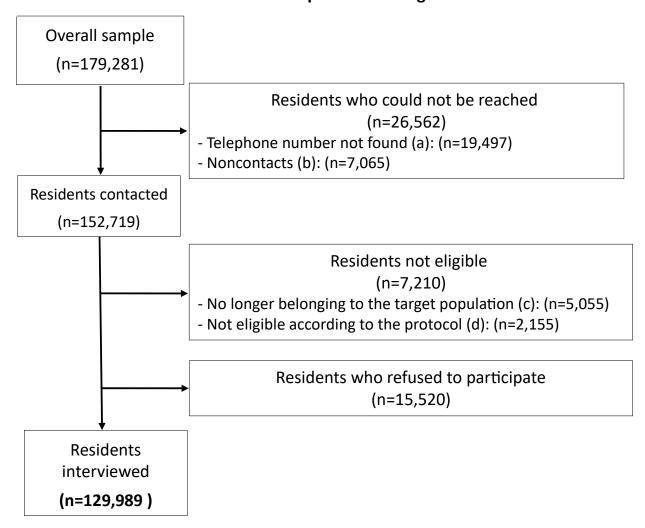
CARDIOVASCULAR RISK/AGGRAVA	TING FACTORS					
Indicator	Question	Answers	Recoding			
	Have you smoked at least 100 cigarettes in	yes	current smoker			
Current smoking	your lifetime and now you smoke on at least some days?	no	no current smoker			
			Body Mass Index (BMI) = kg/m2			
Overweight/obesity	What is your current body weight? How tall are you without shoes on?	BMI <25	normal weight/underweight			
	are you without shoes on.	BMI ≥25	overweight/obese			
	How many minutes of moderate [a] and high	mins of moderate PA + (mins of intense PA*2) = total weekly mins of PA [
No leisure time physical activity	[b] intensity physical activity (PA) have you accumulated in the last week, without	total weekly mins of PA <10	physically inactive in the leisure time			
	considering the working time?	total weekly mins of PA ≥10	physically active in the leisure time			
Less than 5 portions/day of fruit	How many portions [d] of fruit/vegetables do	none, 1-2, 3-4	less than 5 portions/day of fruit/vegetables			
and vegetables	you usually eat in a day?	>=5	5 or more portions/day of fruit/vegetables			
Hyportonsian	Has a doctor ever told you that your blood	yes	physician-diagnosed hypertension			
Hypertension	pressure is high? [e]	no	no physician-diagnosed hypertension			
Hyporcholostorolomia	Has a doctor ever told you that cholesterol in	yes	physician-diagnosed hypercholesterolemia			
Hypercholesterolemia	your blood is high? [f]	no no physician-diagnosed hypercholeste				

[a] vacuuming, gardening, brisk walking, or bicycling; [b] running, aerobics, or heavy yard work; [c] 1 minute of vigorous physical activity is assumed to be equivalent to 2 minutes of moderate physical activity; [d] one portion is equivalent to 80 g of edible food, and corresponds to the amount that can be contained in the palm of a hand or half dish of cooked vegetables. Starchy tubers and cereals are excluded. [e] among those who ever had their blood pressure measured. [f] among those who ever had their blood cholesterol checked.

[continued on next page]

PROTECTIVE BEHAVIORS AND PREVENTIVE CARE PRACTICES									
Indicator	Question	Answers	Recoding						
	In the last 12 months, have you ever	yes	attempt to quit smoking						
Attempt to quit smoking	stopped smoking for at least one day, in an attempt to quit permanently?	no	no attempt to quit smoking						
Diet to lose weight	Are you currently on a diet to lose	yes	diet to lose weight						
Diet to lose weight	weight?	no	no diet to lose weight						
Advice from a doctor to quit smoking	In the last 12 months, has a doctor ever	yes	advice from a doctor to quit smoking						
(among smokers)	told you to stop smoking?	no	no advice from a doctor to quit smoking						
Advice from a doctor to do regular	In the last 12 months, has a doctor ever	yes	advice from a doctor to do regular PA						
physical activity (among inactive people)	told you to do regular physical activity?	no	no advice from a doctor to do regular PA						
Advice from a doctor to lose weight	In the last 12 months, has a doctor ever	yes	advice from a doctor to lose weight						
(among overweight and obese)	told you to lose weight?	no	no advice from a doctor to lose weight						
Drug treatment for hypertension (among	Do you take drugs to keep your blood	yes	pharmacotherapy for hypertension						
people with hypertension)	pressure low?	no	no pharmacotherapy for hypertension						
Drug treatment for hypercholesterolemia (among people with	Do you take drugs to keep cholesterol in	yes	pharmacotherapy for hypercholesterolemia						
hypercholesterolemia)	your blood low?	no	no pharmacotherapy for hypercholesterolemia						
At least one glycated haemoglobin test in	Have you ever done a glycated	yes, in the last 4 months or 12 months	glycated haemoglobin test/ past 12 months						
the past 12 months	haemoglobin test? When?	yes, > 12 months ago/ no, never/ do not know	no glycated haemoglobin test/ past 12 months						

Participants flow diagram



- (a) Those for whom a telephone number was not found despite an exhaustive search, following the protocol procedures
- (b) Sampled people who had a telephone number available but who could not be contacted, despite repeated attempts, following the protocol procedures
- (c) People who moved away (n=4.642), died (n=216) or were not comprised in the defined age range (n=197)
- (d) Those who did not understand Italian (n=969), who could not participate in the interview (eg, because of serious handicaps, n= 811), or who were hospitalized or institutionalized (n=375)

Table S1. Composition of the study population (adults, 18-69 years, resident in Italy) overall and according to socioeconomic level (SEL).

Percentages and absolute frequencies. PASSI 2016-19 (n=129,989).

Characteristics			Adults resi	Adults resident in Italy		SEL 1 [a]		SEL 2		SEL 3		SEL 4	
Mean age, yea	ars (95%CI)		44.8 (4	4.8-44.9)	50.1 (50).0-50.2)	50.1 (50).0-50.3)	41.1 (41	41.0-41.2) 42.9 (42.8-42.		2.8-42.9)	
			%	N.	%	N.	%	N.	%	N.	%	N.	
	D.4 a.u.	18-49	30.0	38,170	23.3	6,225	24.4	3,975	33.1	10,983	33.4	16,818	
Gender/age	Men	50-69	19.5	25,317	25.1	6,831	30.8	5,072	13.2	4,562	17.5	8,720	
_	Women	18-49	29.6	39,123	20.8	5,647	16.0	2,679	38.3	13,545	32.4	17,083	
		50-69	20.9	27,379	30.8	8,439	28.8	4,738	15.4	5,424	16.7	8,616	
Caarrankia	North		36.0	55,706	26.0	9,205	53.8	9,697	25.7	11,095	44.7	25,504	
Geographic area of residence [b]	Centre		23.2	33,455	18.5	5,992	20.9	3,658	23.1	9,108	26.5	14,324	
	South/major islands		40.8	40,828	55.5	11,945	25.3	3,109	51.2	14,311	28.8	11,409	

[a] SEL 1: low educational attainment (primary/middle school) & some/many economic difficulties; SEL 2: low educational attainment (primary/middle school) & no economic difficulties; SEL 3: high educational attainment (high school/university) & some/many economic difficulties; SEL 4: high educational attainment (high school/university) & no economic difficulties. [b] Defined according to the census criteria of the Italian National Institute of Statistics; Southern Italy comprises the two Italian major islands (Sardinia and Sicily).

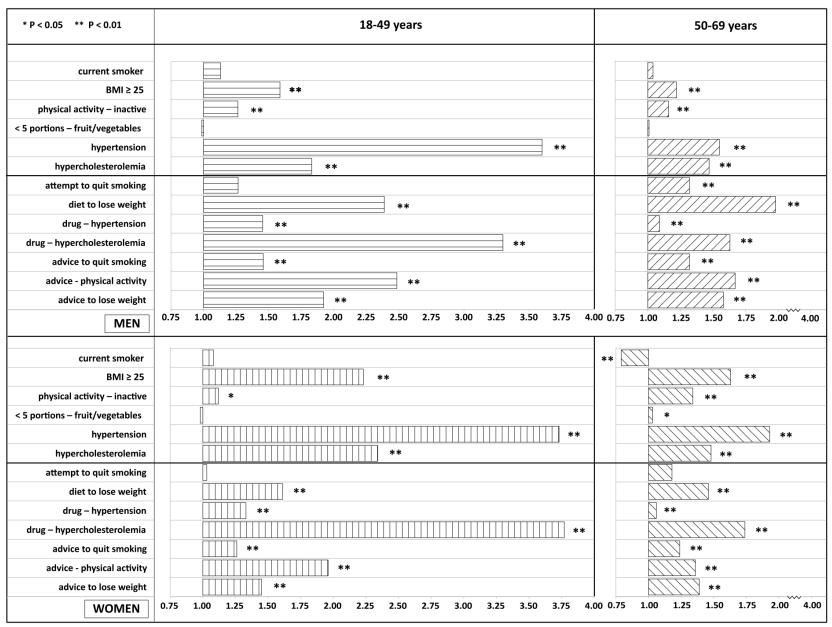
The estimates are weighted. For each stratifying variable, the percentages of the different categories -both for the whole sample and for the socio-economic groups- sum up to 100%, while for the SEL groups, the sum of the absolute frequencies is lower than the total number of the interviewees, due to missing values.

Table S2. Prevalence (percent with 95% C.I.) of diabetes in adults (18-69 years) resident in Italy, according to socioeconomic level (SEL), overall and stratified by demographic characteristics. PASSI 2016-19 (n=129,989).

		Whole population	SEL 1 [a]	SEL 2	SEL 3	SEL 4
Ov	erall	4.7 (4.5-4.8)	9.0 (8.5-9.4)	6.3 (5.8-6.7)	3.4 (3.2-3.7)	2.6 (2.4-2.7)
Age group	Gender		, ,	,		, ,
18-49	Men	1.5 (1.3-1.6)	2.5 (2.1-3.1)	1.8 (1.3-2.5)	1.5 (1.2-1.9)	0.9 (0.7-1.1)
LO-43	Women	1.6 (1.4-1.7)	3.0 (2.5-3.5)	1.8 (1.4-2.5)	1.6 (1.4-1.9)	1.0 (0.8-1.1)
50-69	Men	11.2 (10.8-11.7)	16.2 (15.1-17.3)	10.7 (9.8-11.8)	10.7 (9.7-11.9)	7.5 (6.9-8.3)
	Women	7.5 (7.2-8.0)	12.0 (11.1-12.9)	7.7 (6.8-8.7)	5.8 (5.1-6.7)	3.7 (3.3-4.2)

[[]a] SEL 1: low educational attainment (primary/middle school) & some/many economic difficulties; SEL 2: low educational attainment (primary/middle school) & no economic difficulties; SEL 3: high educational attainment (high school/university) & some/many economic difficulties; SEL 4: high educational attainment (high school/university) & no economic difficulties. Weighted estimates.

Fig. S1. Prevalence Ratios of CVD risk/protective factors between people resident in Italy with and without diabetes, stratified by age and gender. PASSI 2016-19 (n=129,989).



^{* =} P < 0.05, ** = P < 0.01 for the difference between people with and without diabetes (Referent). Unadjusted Poisson regression.

Table S3. Prevalence (percent with 95% C.I.) of behaviour-related cardiovascular risk factors, protective behaviours and preventive-care practices in adults (18-69 years) resident in Italy with and without diabetes, according to socioeconomic level (SEL). PASSI 2016-19 (n=129,989).

		SEL :	1 [a]	SE	L 2	SE	L 3	SEI	_4
	Indicators	D [b]	No D [b]	D	No D	D	No D	D	No D
	current smoking [c]	24.9 (22.7-27.3)	31.2 (30.4-31.9)	20.2 (17.3-23.4)	23.6 (22.8-24.4)	21.0 (18.4-23.9)	25.3 (24.7-25.9)	19.3 (16.7-22.1)	20.1 (19.7-20.5)
	overweight/obesity [d]	77.7 (75.5-79.7)	54.8 (54.0-55.6)	74.0 (70.6-77.1)	48.3 (47.3-49.2)	64.5 (60.9-68.0)	38.0 (37.4-38.7)	63.9 (60.7-67.0)	33.3 (32.7-33.8)
Cardio-vascular	no leisure-time physical activity [e]	61.4 (58.9-63.8)	53.8 (53.0-54.5)	47.1 (43.3-50.9)	39.0 (38.1-39.9)	47.5 (44.0-51.1)	40.9 (40.2-41.6)	39.3 (36.0-42.7)	30.4 (29.9-30.9)
risk factors	< 5 portions/day of fruit and vegetables	92.1 (90.7-93.3)	91.6 (91.1-92.0)	88.1 (85.6-90.3)	89.4 (88.8-89.9)	87.4 (84.6-89.7)	91.0 (90.6-91.4)	86.9 (84.6-88.9)	89.3 (88.9-89.6)
	hypertension	57.2 (54.6-59.7)	26.2 (25.5-27.0)	54.2 (50.5-57.9)	25.1 (24.2-26.0)	44.5 (41.0-48.1)	14.3 (13.8-14.8)	48.1 (44.7-51.5)	14.4 (14.0-14.8)
	hypercholesterolemia	47.2 (44.6-49.8)	24.6 (23.9-25.4)	47.1 (43.3-51.0)	28.1 (27.2-29.1)	36.5 (33.1-40.1)	17.4 (16.8-18.0)	38.1 (34.8-41.4)	20.2 (19.7-20.6)
	attempt to quit smoking in the last year (among cigarette smokers)	37.5 (32.4-43.0)	29.0 (27.7-30.4)	34.0 (26.1-42.8)	32.0 (30.2-33.9)	33.3 (26.8-40.5)	30.7 (29.5-32.0)	36.6 (29.5-44.2)	32.0 (30.9-33.2)
	diet to lose weight (among overweight and obese)	39.2 (36.4-42.1)	21.2 (20.4-22.2)	39.3 (35.2-43.5)	20.9 (19.8-22.1)	48.6 (44.4-52.8)	25.8 (24.9-26.8)	45.3 (41.1-49.6)	26.5 (25.6-27.4)
	drug treatment for hypertension (among people with hypertension)	92.8 (91.0-94.3)	83.3 (82.1-84.5)	92.4 (89.5-94.5)	82.8 (81.3-84.2)	86.6 (82.5-89.8)	72.8 (71.0-74.5)	89.9 (85.9-92.8)	75.3 (74.1-76.5)
Protective behaviours and	drug treatment for hypercholesterolemia (among people with hypercholesterolemia)	66.8 (63.0-70.5)	42.8 (41.1-44.5)	72.6 (67.0-77.5)	35.4 (33.5-37.3)	63.9 (57.9-69.5)	27.2 (25.5-28.8)	65.7 (60.3-70.7)	27.3 (26.1-28.5)
preventive-care practices	advice to quit smoking from a doctor (among cigarette smokers)	76.3 (71.2-80.7)	56.0 (54.4-57.5)	72.9 (64.7-79.9)	53.0 (50.9-55.1)	70.5 (63.4-76.7)	48.2 (46.7-49.6)	70.3 (63.1-76.7)	47.0 (45.7-48.3)
	advice to do regular physical activity from a doctor (among inactive people)	39.9 (36.6-43.4)	23.4 (22.5-24.5)	46.2 (40.3-52.2)	27.4 (25.9-28.9)	49.1 (43.9-54.3)	24.0 (23.0-25.1)	49.6 (43.8-55.4)	26.8 (25.8-27.8)
	advice to lose weight from a doctor (among overweight and obese)	67.8 (64.9-70.6)	44.3 (43.2-45.5)	72.1 (68.1-75.7)	44.5 (43.1-46.0)	71.9 (67.8-75.6)	44.3 (43.1-45.4)	71.8 (67.5-75.8)	45.7 (44.6-46.7)
	at least one HbA1C test in the past 12 months	55.7 (53.1-58.4)	-	63.3 (59.5-67.0)	-	70.1 (66.6-73.3)	-	76.0 (72.7-79.0)	-

[a] SEL 1: Low education-economic difficulties - SEL 2: Low education-no economic difficulties - SEL 3: High education-economic difficulties - SEL 4: High education-no economic difficulties. [b] D: people with diabetes, No D: people without diabetes. [c] Reporting smoking on every day or some days when interviewed. [d] Body Mass Index ≥ 25. [e] Not engaging in moderate (vacuuming, gardening, brisk walking or bicycling) or vigorous (running, aerobics, heavy yard work) physical activity in leisure time, for at least 10 minutes per week, in the previous 30 days. Daily physical activity bouts of less than 10 minutes duration do not concur to the calculation of the weekly minutes.

Table S4. Prevalence of multiple cardiovascular risk factors in adults (18-69 years) resident in Italy, overall and by reported diagnosis of diabetes, in the general population and in four age/gender strata. PASSI 2016-19 (n=129,989).

	ما داد	! .! !				Men					Women					
N. risk factors	Adults	s resident i	n italy		18-49			50-69			18-49			50-69		
luctors	W ª	D b	No D ^b	w	D	No D										
0	2.7	0.9	2.8	2.1	1.2	2.1	1.4	0.5	1.5	4.1	3.7	4.1	2.9	0.5	3.1	
	(2.6-2.8)	(0.6-1.3)	(2.7-2.9)	(1.9-2.2)	(0.5-3.1)	(1.9-2.2)	(1.2-1.5)	(0.3-1.0)	(1.3-1.7)	(3.9-4.4)	(2.2-6.1)	(3.9-4.4)	(2.7-3.1)	(0.2-1.3)	(2.8-3.3)	
1	23.5	8.1	24.2	25.2	14.0	25.4	11.6	6.3	12.2	34.3	17.7	34.5	16.8	6.2	17.6	
	(23.2-23.8)	(7.3-9.1)	(24.0-24.5)	(24.7-25.8)	(10.3-18.8)	(24.9-25.9)	(11.1-12.1)	(5.2-7.6)	(11.7-12.8)	(33.7-34.8)	(14.6-21.2)	(33.9-35.1)	(16.3-17.3)	(4.9-7.9)	(17.1-18.2)	
2	33.2	19.1	33.8	35.2	20.8	35.4	26.5	17.2	27.7	38.1	33.7	38.2	29.5	16.9	30.5	
	(32.9-33.5)	(17.9-20.3)	(33.6-34.2)	(34.6-35.8)	(16.7-25.4)	(34.8-36.0)	(25.9-27.2)	(15.6-19.0)	(27.0-28.5)	(37.5-38.8)	(29.5-38.1)	(37.6-38.8)	(28.8-30.1)	(15.0-18.9)	(29.8-31.2)	
3	24.8	28.7	24.6	25.4	31.7	25.3	31.0	29.9	31.1	17.8	23.4	17.8	27.9	27.8	27.9	
	(24.5-25.1)	(27.3-30.2)	(24.3-24.9)	(24.9-26.0)	(26.8-37.1)	(24.8-25.9)	(30.2-31.7)	(27.8-32.1)	(30.3-31.8)	(17.4-18.3)	(20.0-27.2)	(17.3-18.2)	(27.3-28.6)	(25.4-30.2)	(27.3-28.7)	
4	11.7	25.7	11.1	9.9	18.3	9.8	20.3	26.9	19.5	4.8	13.6	4.6	16.3	29.7	15.3	
	(11.6-12.0)	(24.3-27.1)	(10.9-11.3)	(9.5-10.3)	(14.6-22.6)	(9.4-10.2)	(19.7-21.0)	(24.8-29.1)	(18.8-20.1)	(4.5-5.1)	(10.9-17.0)	(4.4-4.9)	(15.8-16.9)	(27.3-32.4)	(14.7-15.8)	
5	3.6	14.9	3.1	1.9	11.8	1.8	8.1	16.1	7.1	0.8	6.1	0.7	6.0	16.6	5.1	
	(3.5-3.8)	(13.7-16.1)	(3.0-3.2)	(1.7-2.1)	(8.2-16.8)	(1.6-1.9)	(7.7-8.6)	(14.4-18.0)	(6.7-7.6)	(0.7-0.9)	(4.2-9.0)	(0.6-0.8)	(5.6-6.4)	(14.6-18.9)	(4.7-5.5)	
6	0.5	2.6	0.4	0.3	2.2	0.2	1.1	3.1	0.9	0.1	1.8	0.1	0.6	2.3	0.5	
	(0.4-0.5)	(2.0-3.2)	(0.3-0.4)	(0.2-0.4)	(1.1-4.4)	(0.2-0.3)	(1.0-1.3)	(2.3-4.1)	(0.7-1.1)	(0.0-0.1)	(0.7-4.4)	(0.0-0.1)	(0.5-0.8)	(1.4-3.7)	(0.4-0.6)	

a) W: Whole population/sub-population. b) D/No D: people with/without diabetes.

Weighted estimates. Values reported as percentages (CI 95%).

Table S5. Prevalence (percent, C.I.95%) of multiple (4-6) risk factors according to reported diagnosis of diabetes and to socioeconomic level, and respective Prevalence Ratios, stratified by demographic characteristics. Adults (18-69 years) resident in Italy. PASSI 2016-19 (n=129,989).

		Report	ed diagnosis of dia	betes	Socioeconomic level (SEL)						
Gender	Age	Diabetes	No Diabetes (Ref)	PR [b]	SEL1 [a]	PR	SEL2	PR	SEL3	PR	SEL4 (Ref)
	18-49 years	32.3 (27.2-37.8)	11.8 (11.4-12.2)	2.73 (2.31-3.24)	22.5 (21.1-23.9)	2.93 (2.68-3.20)	15.0 (13.6-16.5)	1.96 (1.75-2.19)	11.4 (10.7-12.3)	1.49 (1.36-1.64)	7.7 (7.2-8.2)
Men	50-69 years	46.0 (43.7-48.4)	27.5 (26.7-28.2)	1.68 (1.58-1.78)	38.0 (36.5-39.4)	1.67 (1.56-1.77)	28.7 (27.2-30.2)	1.26 (1.17-1.35)	29.6 (27.9-31.4)	1.30 (1.20-1.40)	22.8 (21.7-23.9)
14/2	18-49 years	21.6 (18.0-25.7)	5.4 (5.1-5.7)	4.00 (3.32-4.82)	13.0 (11.9-14.2)	4.22 (3.67-4.85)	6.3 (5.2-7.5)	2.03 (1.64-2.50)	5.3 (4.8-5.8)	1.71 (1.49-1.97)	3.1 (2.8-3.4)
Women	50-69 years	48.6 (45.9-51.4)	20.8 (20.2-21.5)	2.33 (2.19-2.49)	30.9 (29.6-32.1)	1.98 (1.84-2.14)	22.7 (21.2-24.2)	1.45 (1.33-1.59)	21.0 (19.6-22.4)	1.35 (1.23-1.48)	15.6 (14.6-16.6)

[a] SEL 1: Low education—economic difficulties; SEL 2: Low education—no economic difficulties; SEL 3: High education—economic difficulties; SEL 4: High education—no economic difficulties. [b] PR: Prevalence Ratios (CI 95%), calculated with an unadjusted Poisson regression model. (Ref) Referent group of respective Prevalence Ratios. All differences between subgroups are highly significant (P < 0.01).

Table S6. Prevalence of cardiovascular risk factors, protective behaviours and preventive-care practices in people resident in Italy (50-69 years) with diabetes, according to educational level, and respective Prevalence Ratios. PASSI 2016-19 (n=4,601).

		Men w	ith diabetes 50	-69 years	Women	with diabetes 5	0-69 years
	Indicators	Lower EL [a]	Higher EL	PR [b]	Lower EL	Higher EL	PR
	current smoker [c]	27.6 (24.8-30.6)	19.6 (16.9-22.7)	1.41 ** (1.17-1.69)	14.8 (12.4-17.5)	16.7 (13.6-20.4)	0.88 (0.68-1.15)
	BMI ≥ 25 [d]	78.2 (75.6-80.6)	71.3 (67.9-74.6)	1.10 ** (1.04-1.16)	76.5 (73.5-79.3)	62.5 (57.7-67.0)	1.22 ** (1.13-1.33)
Cardiovascular	physical activity – inactive [e]	56.6 (53.5-59.6)	45.2 (41.6-48.9)	1.25 ** (1.14-1.38)	60.4 (57.2-63.6)	45.9 (41.2-50.7)	1.32 ** (1.17-1.48)
risk factors	< 5 portions – fruit/vegetables	91.1 (89.4-92.6)	89.2 (87.0-91.1)	1.02 (0.99-1.05)	90.4 (88.2-92.2)	81.8 (77.4-85.5)	1.10 ** (1.05-1.17)
	hypertension	56.6 (53.5-59.7)	54.8 (51.1-58.4)	1.03 (0.95-1.13)	62.5 (59.2-65.8)	57.5 (52.7-62.1)	1.09 (0.99-1.20)
	hypercholesterolemia	46.4 (43.2-49.6)	40.8 (37.2-44.5)	1.14 * (1.02-1.27)	51.7 (48.2-55.1)	49.4 (44.6-54.3)	1.05 (0.93-1.18)
	attempt to quit smoking in the last year (among cigarette smokers)	35.8 (29.9-42.3)	35.1 (27.9-43.1)	1.02 (0.77-1.35)	34.2 (26.1-43.4)	38.2 (28.1-49.5)	0.90 (0.61-1.31)
	diet to lose weight (among overweight and obese)	36.7 (33.4-40.2)	40.5 (36.4-44.7)	0.91 (0.79-1.04)	42.2 (38.5-46.1)	51.5 (45.7-57.3)	0.82 ** (0.71-0.95)
	drug treatment for hypertension (among people with hypertension)	94.1 (92.2-95.6)	91.9 (88.9-94.1)	1.02 (0.99-1.06)	93.4 (91.0-95.2)	89.1 (84.4-92.5)	1.05 (1.00-1.10)
Protective behaviours and	drug treatment for hypercholesterolemia (among people with hypercholesterolemia)	70.4 (65.8-74.6)	65.7 (59.7-71.2)	1.07 (0.96-1.19)	68.9 (64.0-73.5)	73.0 (66.8-78.4)	0.94 (0.85-1.05)
preventive- care practices	advice to quit smoking from a doctor (among cigarette smokers)	81.0 (75.7-85.4)	77.0 (69.7-82.9)	1.05 (0.95-1.17)	69.6 (60.6-77.4)	75.1 (65.0-83.0)	0.93 (0.78-1.10)
	advice to do regular physical activity from a doctor (among inactive people)	43.0 (38.7-47.5)	49.6 (43.8-55.3)	0.87 (0.74-1.01)	37.4 (33.2-41.8)	47.5 (40.4-54.7)	0.79 * (0.65-0.95)
	advice to lose weight from a doctor (among overweight and obese)	65.7 (62.1-69.2)	68.3 (63.9-72.4)	0.96 (0.89-1.05)	71.5 (67.8-74.9)	77.8 (72.5-82.4)	0.92 * (0.85-1.00)
	at least one HbA1C test in the past 12 months	58.2 (55.0-61.4)	74.7 (71.2-77.9)	0.78 ** (0.73-0.84)	58.8 (55.3-62.2)	72.9 (68.1-77.1)	0.81 ** (0.74-0.88)

[[]a] EL: educational level. Lower educational level: SEL 1&2. — Higher educational level: SEL 3&4. SEL: socioeconomic level: SEL 1: Low education—economic difficulties; SEL 2: Low education—no economic difficulties; SEL 3: High education—economic difficulties; SEL 4: High education—no economic difficulties. [b] PR: Prevalence Ratios (CI 95%), calculated with an unadjusted Poisson regression model. Referent: Higher EL. * P < 0.05 ** P < 0.01. [c] Reporting smoking on every day or some days when interviewed. [d] Body Mass Index ≥ 25. [e] Not engaging in moderate (vacuuming, gardening, brisk walking or bicycling) or vigorous (running, aerobics, heavy yard work) physical activity in leisure time, for at least 10 minutes per week, in the previous 30 days. Daily physical activity bouts of less than 10 minutes duration do not concur to the calculation of the weekly minutes. The estimates are weighted.

Box 2. Fruit and vegetable intake

National guidelines for fruit and vegetable intake differ somewhat among countries, both for the quantity and the proportion of the two components. For example: the daily recommended intake in Australia is 2 serves of fruit (150 g each) and 5 serves of vegetables (75 g each), while in Canada between 5 and 10 servings of fruit and vegetables, and in Denmark 600 g overall.³ The American guidelines have separate recommendations for adult men (fruit 2 cups, vegetables 3.5) and women (respectively 1.5 and 2.5).⁴

Following the WHO suggestions⁵ PASSI surveillance adopted as an indicator of sufficient intake of fruit and vegetables a total amount of 400 g (5 portions/day, each corresponding to 80 g of edible food). In the questionnaire the total daily number of portions usually consumed is asked (see Definition of indicators, in this Supplement). Comparisons with other countries is not easy because of differences in units of measure (cups, servings, portions), wording of the questions, survey methodology, etc. Notwithstanding these differences, in general a low intake of fruit and vegetables appears to be present in most countries, ranging from 37% to 99%, and overall involving more than 3/4 of the pooled population, according to a World Health Survey. According to the American BRFSS nine out of ten American adults did not meet US national fruit and vegetable intake recommendations.

PASSI data are in line with these results, with scarce variations between groups (with and without diabetes, of lower and higher SELs). These findings are not unexpected, given the international context. However, for a country in which the first studies of the healthy effects of a Mediterranean diet, rich in fruit and vegetables, were conducted over 50 years ago⁷, they appear somehow paradoxical, signalling that relevant social and behavioural changes have occurred in the last few decades.

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