**Supplemental Table 4. Adjusted Prevalence of Number of CVD Risk Factors by PIR Levels among Adolescents Aged 12-19 Years, NHANES 1999-2014**

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| **Poverty-Income Ratio, 1999-2014** | **Number of CVD risk factors** |
|  | **0**  | **1**  | **2**  | **≥3** |
| **PIR <1.3**(Low income) | 11.0 (8.86-13.6) | 37.9 (34.4-41.4) | 33.7 (30.9-36.6) | 17.5 (15.0-20.2) |
| **1.3≤ PIR <3.5**(Middle income) | 13.1 (10.7-16.0) | 44.3 (41.0-47.8) | 26.7 (24.0-29.6) | 15.9 (13.6-18.6) |
| **PIR ≥3.5**(High income) | 15.5 (12.8-18.7) | 44.7 (40.7-48.7) | 30.1 (26.4-34.1) | 9.71 (7.54-12.4) |

Abbreviations: PIR, poverty income ratio; NHANES, National Health and Nutrition Examination Survey. Fasting samples were used to estimate the prevalence of number of CVD risk factors. Number of risk factor is calculated out of 6 total (obesity, smoking, low quality diet, hypertension, prediabetes and diabetes, dyslipidemia). Physical inactivity was not included, as consistent data were not available across all 4 time intervals examined. Adolescents having a BMI percentile ≥95th percentile were classified as having obesity. Smoking status was classified as “current smoker” based on self-reported smoking data or sex- and race-specific serum cotinine level. HEI-2010 scores ≤50 were classified as low quality diets. Elevated blood pressure was classified according to 2017 AAP guidelines. Adolescents with a self-reported diagnosis of diabetes, HbA1c ≥6.5%, or fasting plasma glucose (FPG) ≥126mg/dL were classified as having diabetes. Those without a self-reported diagnosis of diabetes, and having an HbA1c level of 5.7% to 6.4% or an FPG level of 100mg/dL to 125mg/dL, were classified as having prediabetes. Diabetes and prediabetes were combined into one category (prediabetes and diabetes). Adolescents were classified as having dyslipidemia if levels of LDL-C were ≥130 mg/dL or TC were ≥200mg/dL.