

Spatiotemporal and Demographic Trends and Disparities in Cardiovascular Disease Among Older Adults in the United States Based on 181 Million Hospitalization Records

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Background—The US population is aging, with concurrent increases in cardiovascular disease (CVD) burdens; however, spatiotemporal and demographic trends in CVD incidence in the US elderly have not been investigated in detail. This study aims to characterize trends from 1991 to 2014 in CVD hospitalizations among US Medicare beneficiaries, aged 65+ years, by single year of age/sex/race/state using records from the US Centers for Medicare & Medicaid, covering 98% of older Americans.

Methods and Results—We abstracted 181 202 758 US Centers for Medicare & Medicaid hospitalization records indicating CVD in any of 10 diagnosis codes; tabulated total cases of CVD by sex, age, race, state, and calendar year (1991–2014); and normalized hospitalization counts to standardize over data batches. Stratum-specific hospitalization rates were calculated using US Centers for Medicare & Medicaid records and US Census population counts; a cubic polynomial function was fit to year-specific distributions of rates by single year of age. Nationwide, CVD-related hospitalization rates increased from 1991 to 2014. Differences between hospitalization rates at age 65 and 66 years, representing magnitude of healthcare deferral until Medicare onset, increased by 7.49 per 100 people 1991 to 2006 overall, and were largest among blacks and Native Americans. Rates of CVD hospitalizations were consistently highest in the Midwest/Deep South. Evidence of misclassification of race/ethnicity in US Centers for Medicare & Medicaid hospitalization records in the 1990s was noted.

Conclusions—Trends in CVD-related hospitalization rates among older Americans highlight the essential need for targeted policies to reduce CVD burdens, to improve reporting of race/ethnicity in large administrative databases, and to enhance access to affordable healthcare. (*J Am Heart Assoc.* 2019;8:e012727. DOI: 10.1161/JAHA.119.012727.)

Key Words: aging • cardiovascular disease • disparities • hospitalization • Medicare

Cardiovascular disease (CVD) is the leading cause of death and disability in the United States in both men and women, currently causing ~1 of every 4 deaths, and 85.6 million cases.¹ Over half of prevalent CVD cases and 80% of CVD deaths occur in adults aged 65 years and over, and the US population is rapidly aging; by 2030, older adults will comprise ~20% of the US population and average life

expectancy will approach 80 years of age.² In combination, the overall declining trend in age-specific CVD mortality over the past half-century,¹ the aging of the US population, and increasing life expectancy will have major impacts on CVD burdens among older adults.²

Prior investigations of CVD-related hospitalization patterns in the US elderly have revealed disparities by sex and race/ethnicity, with higher hospitalization rates for myocardial infarction, heart failure, and stroke in men compared with women and higher hospitalization rates for heart failure and stroke in blacks, Hispanics, and Native Americans compared with whites;³ however, these investigations were limited to a single year and did not assess trends by time or by granular age category. Other analyses of CVD trends in the United States examined mortality but not morbidity in the elderly population.⁴ Of those investigating CVD morbidity, several focused only on particular CVD subtypes and not on total CVD,^{5–10} or on particular types of hospital admissions or comorbid conditions.^{11–18}

To date, long-term trends in total CVD-related hospitalization rates in the US elderly, including spatial distributions

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Clinical perspective

What Is New?

- Detailed examination of spatiotemporal and demographic trends among older Americans revealed overall increases in cardiovascular disease (CVD)-related hospitalization rates among older Americans, increases in acceleration of age-related CVD hospitalization rates over 2 decades, increasing rates of deferral of CVD-related health care to the age of Medicare onset, particularly among Blacks and Native Americans, and highest CVD-related hospitalization rates among older men and women in the southern and midwestern United States.

What Are the Clinical Implications?

- For clinicians and public health professionals, this study emphasizes the urgent need to focus on primary prevention of CVD among younger populations, through proven cost-effective approaches such as improvements in diet and lifestyle, to prevent ever-larger burdens of CVD morbidity among older populations, particularly as the US population ages.
- Access to affordable health care for all Americans throughout the life course is imperative in order to prevent deferral of healthcare access until Medicare onset, which results in sicker patients and higher healthcare costs; furthermore, clinical and public health resources must be dedicated to improving the cardiovascular health of underserved rural and minority populations.

and disparities by sex or race/ethnicity, have not yet been examined in depth using data with full coverage of the elderly population and in granular age categories. Gaps in knowledge of heterogeneities by age, sex, race/ethnicity, and geographic location over time hinder the development of effective targeted strategies for curbing CVD burdens in the elderly^{19,20} as well as the forecasting of future CVD trends, which are crucial to appropriate resource allocation.^{21–23}

In this analysis we examine, in detail, trends in total CVD among older Americans, including temporal trends from 1991 to 2014, demographic trends by age, sex, and race/ethnicity, and geographic trends by state and region, using hospitalization records from the US Centers for Medicare & Medicaid Services (CMS),²⁴ which provide the most comprehensive data available on the hospitalizations in the US population aged 65 years and over. In particular, we investigate age trajectories of hospitalization in the elderly over time, between demographic subgroups, and by geographic region using single-year age distributions in order to provide detailed characterization of national and subnational trends in CVD among the US elderly.

Methods

Summary statistics, results of modeling, and aggregated anonymized information that support the findings of this study are available from the corresponding author upon reasonable request.

Data Abstraction

Hospitalization records of Medicare beneficiaries aged 65 and older were obtained from CMS; Medicare provides health coverage for almost all older adults (98%) in the United States.²⁴ We abstracted 181 202 758 hospitalization records compiled by CMS indicating CVD diagnosis in any of the 10 hospitalization diagnosis codes recorded by CMS, and tabulated total cases of CVD by sex, age (single year or age group), state, and calendar year (1991–2014). We included major CVD subtypes impacting the US population,²⁵ including ischemic heart disease, hemorrhagic stroke, ischemic stroke, rheumatic heart disease, hypertensive heart disease, cardiomyopathy and myocarditis, atrial fibrillation and flutter, peripheral artery disease, endocarditis, aortic aneurysm, congestive heart failure, and other cardiovascular and circulatory diseases. Detailed *International Classification of Diseases, Ninth Revision (ICD-9)* codes for all disease outcomes are provided in Table S1. Data by single year of age were obtained from CMS for 1991 to 2006. For 2008 to 2014, data aggregated by 5-year age groups for individuals aged 65 years and over were provided by CMS. For clarity and brevity, even years of data are depicted in key figures showing general trends over time; data for 2007 were requested from CMS but were not provided as of the drafting of this article and therefore have not been included in this analysis.

Analysis of CVD Hospitalization Rates

Annual population counts for the US population aged 65 years and over by single year of age, sex, and race were obtained from US Census and intercensal estimates spanning the time period 1991 to 2014.²⁶ To preserve the integrity and continuity of data sets across 24 years, we performed data standardization. We explored the use of “Other” and “Unknown” categories in reporting race over time and investigated how the distributions of these categories changed over time. Hospitalization rates were calculated by dividing stratum-specific hospitalization counts by population counts for each calendar year of data. For the 1991 to 2006 time period, data were available by single year of age, and it was possible to investigate the changes in hospitalization rate with each year of age using a modified version of the Slope-Intercept Method for Population Log-linear Estimation (SIM-PLE),²⁷ utilizing a polynomial function for the log_e-transformed

rates. First-, second-, and third-degree polynomial functions were tested, with the third-degree polynomial function exhibiting the best fit to the data, indicated by $R^2 > 98\%$ for each calendar year. (Table S2). Equation 1 describes the model:

$$\ln(\text{rate}_{a_{ij}}) = \beta_0 + \beta_1(a_{ij}) + \beta_2(a_{ij})^2 + \beta_3(a_{ij})^3 \quad (1)$$

specifying the single-year age distribution of \log_e -transformed hospitalization rates for a – centered year of age, for i – calendar year ($i=1991$ – 2004), and for j –population subgroup of interest based on sex and race. We centered the age variable at age 65 years, so $a=1$ to 35 represents ages from 66 to 99, and the intercept of the model β_0 reflects the predicted hospitalization rate when Medicare benefits become available to the eligible US residents.

Model coefficients were estimated for the total elderly population and each population subgroup of interest and were used to predict age-, year-, and population-specific rates and rates at age 65 years. Both actual and predicted CVD hospitalization rates as single-year age distributions were presented for the entire country stratified by sex using heatmap plots. Differences in predicted single-year age distributions were stratified by age and race/ethnicity, and the Kolmogorov-Smirnov test was used to determine the statistical significance of differences between single-year age distributions.

Normalization of Hospitalization Rates for 1998 to 2002

Batches of administrative records were purchased at discrete time points over the past 2 decades. The separate data batches included 1991 to 1997, 1998 to 2002, 2003 to 2004, 2005 to 2006, and 2008 to 2014. Due to differences in data preparation algorithms used by CMS over time, on occasion, data batches can have universally lower or higher numbers of records than preceding or subsequent data batches. However, as such differences universally affect a data batch, they are unlikely to bias overall trends within the data. In order to assemble a long time series of data such as that spanning 1991 to 2014, investigators can either re-purchase the entire data set from CMS, or utilize already-purchased data and develop methods to account for differences in data batch preparation and integrate such batches harmoniously. The prohibitive cost of repurchasing the entire time series from CMS led us to utilize the latter option. Noting differences in batch preparation of data by CMS because of data purchasing structure, we found the overall counts of CVD-related hospitalization for years 1998 to 2002 were lower than the batches of 1991 to 1997, 2003 to 2004, 2005 to 2006, and 2008 to 2014. To normalize the rates for these

periods while retaining the integrity of age and time trends, we used an offset based on the hospitalization rates for the year preceding the adjusted period (h_0) and the first year of the adjusted period (h_1), where the offset is:

$$d = h_0 - h_1 \quad (2)$$

Therefore, adjusted age-specific rates, $H_{k,i}^*$, were calculated as:

$$h_{k,i}^* = (d + h_i)(h_{k,i}/h_i) \quad (3)$$

where H_i is an original annual rate for year i , and $h_{k,i}$ is an age-specific rate for age k in year i .

More complex versions of this data normalization technique are commonly used for other massive data sets, such as those obtained through remote sensing, where records must be mosaicked in order to obtain a full image.²⁸

Estimation of Maximal Year-Specific Rates and Peak Age of Hospitalization Counts

The age at which CVD-related hospitalization rates reach their maximum was estimated by determining the rate at the local maximum of the third-degree polynomial function applied to the single-year age distribution. Similarly, for each calendar year, peak age of hospitalization counts were estimated by determining the local maximum of the curve fitting the single-year age distribution of CVD-hospitalization counts. For years in which only age-group data were available (2008–2014), the age at the maximum rate was determined across aggregate age groups.

Use of CMS data in these analyses has been approved by the Tufts University Health Sciences Campus Institutional Review Board, which is manifested through Data Use Agreements with Tufts University and the US Centers for Medicare & Medicaid Services. The Institutional Review Board determined that this research is not research involving human subjects as defined by US Department of Health and Human Services and Food and Drug Administration regulations; therefore, the need for informed consent has been waived. All analyses were conducted using R version 3.1.2.

Results

National Trends by Year, Age, Sex, and Race/Ethnicity

Between 1992 and 2014, the Medicare-eligible elderly population in the United States increased by 44% from 32.1 million in 1992 to 46.2 million in 2014, and the total number of CVD hospitalizations in the same population and period increased by 69% from 7.2 million in 1992 to 12.2 million in

2014 (Figure 1A). Hospitalization rates related to CVD among the population aged 65 years and over were similar among men and women, increased across the 24-year period among both men and women, and also increased with age across 5-year age groups (Figure 1B and 1C).

Tabulation of CVD hospitalization counts by race/ethnicity revealed misclassification of race/ethnicity for Native Americans, Asians, and Hispanics in the 1990s when up to 400 000 Medicare participants hospitalized for CVD were classified into “other” and “unknown” race/ethnicity categories; this number declined with time, stabilizing between 125 000 and 180 000 after 2000 (Figure 1D). Concurrent with declines in hospitalizations categorized as “other” and “unknown” race/ethnicity, CVD hospitalizations reported for Native Americans, Hispanics, and Asians increased from <100 000 in 1994 to almost 400 000 in 2014, reflecting both improved collection of data on race/ethnicity and, to some extent, population growth (Figure 1E). Because of misclassification of race/ethnicity in CMS hospitalization data in the 1990s, rates of CVD-related hospitalizations for Native Americans, Hispanics, and Asians during this time period are significantly underestimated until at least 1996 (Figure 1F), as there were almost certainly CVD-related hospitalizations for these populations before this time period that were not adequately captured in CMS records.²⁹ By CVD subtype, hospitalization burdens were highest for ischemic

heart disease and heart failure and lowest for hemorrhagic stroke, with similar time trends across subtypes (Figure 2).

Subanalysis of Granular Trends by Single-Year of Age, Sex, and Race/Ethnicity, 1991 to 2006

From 1991 to 2006, the period for which CMS data were provided by single-year of age enabling detailed investigation of CVD hospitalization distributions by age, the national distributions of CVD hospitalization rates by single year of age for the US elderly aged ≥ 65 were best described by a third-degree polynomial function, which appropriately fits the steep increases in CVD hospitalization rates through the eighth or ninth decade of life, and the flattening or decrease in rates thereafter (Figure 3). The intercept of this cubic polynomial indicates the predicted rate at age 65 years, the age of Medicare eligibility; the coefficient of the linear term characterizes the linear increase in hospitalization rate with age; that of the quadratic term describes the acceleration in the rate of linear increase; and that of the cubic term quantifies the flattening or downturn after the peak in the curve. Age-specific CVD-related hospitalization rates increased during 1991 to 2006 across the entire elderly population as demonstrated by the annual upwards shift in the single-year age distribution curves in Figure 3 and Figure S1.

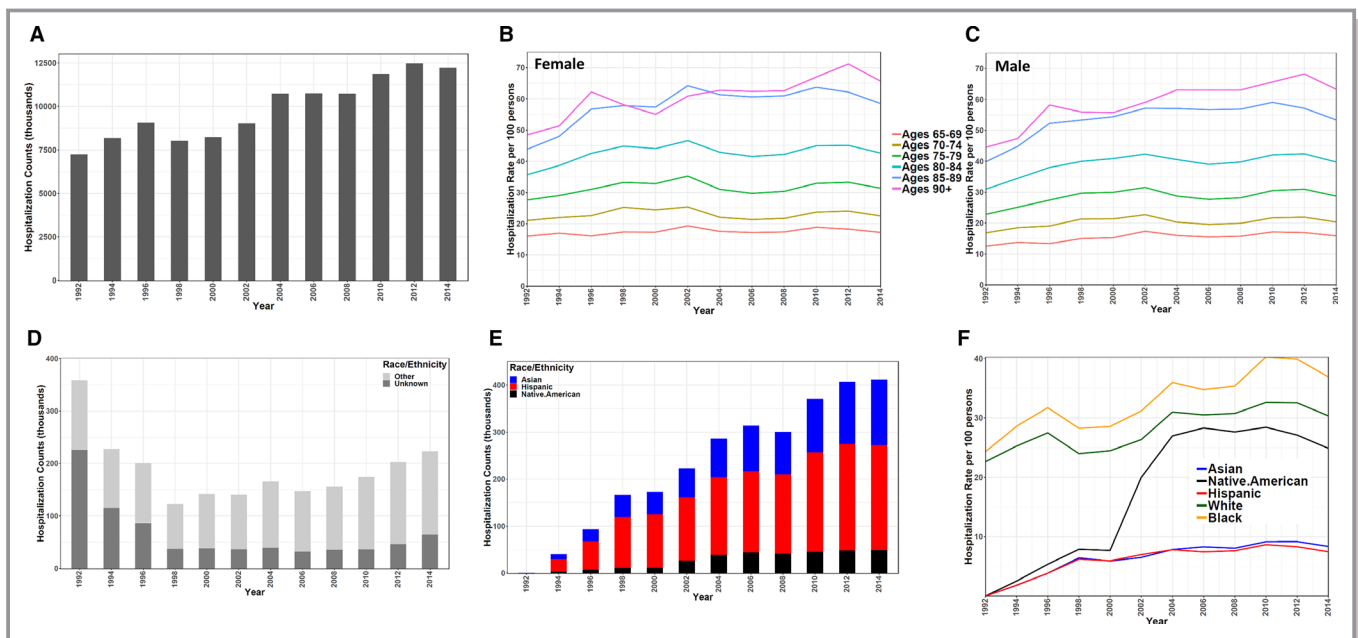


Figure 1. CVD hospitalization counts and rates among older Americans 1992 to 2014, overall, by sex/age by race/ethnicity: **A**, Total CVD hospitalization counts. **B**, Female CVD hospitalization rates by 5-year age category. **C**, Male CVD hospitalization rates by 5-year age category. **D**, CVD hospitalization counts categorized as “other” or “unknown” race/ethnicity. **E**, CVD hospitalization counts for Native Americans, Asians, and Hispanics. **F**, CVD hospitalization rates by race/ethnicity. Data source: US Centers for Medicare & Medicaid Services and US Census. CVD indicates cardiovascular disease.

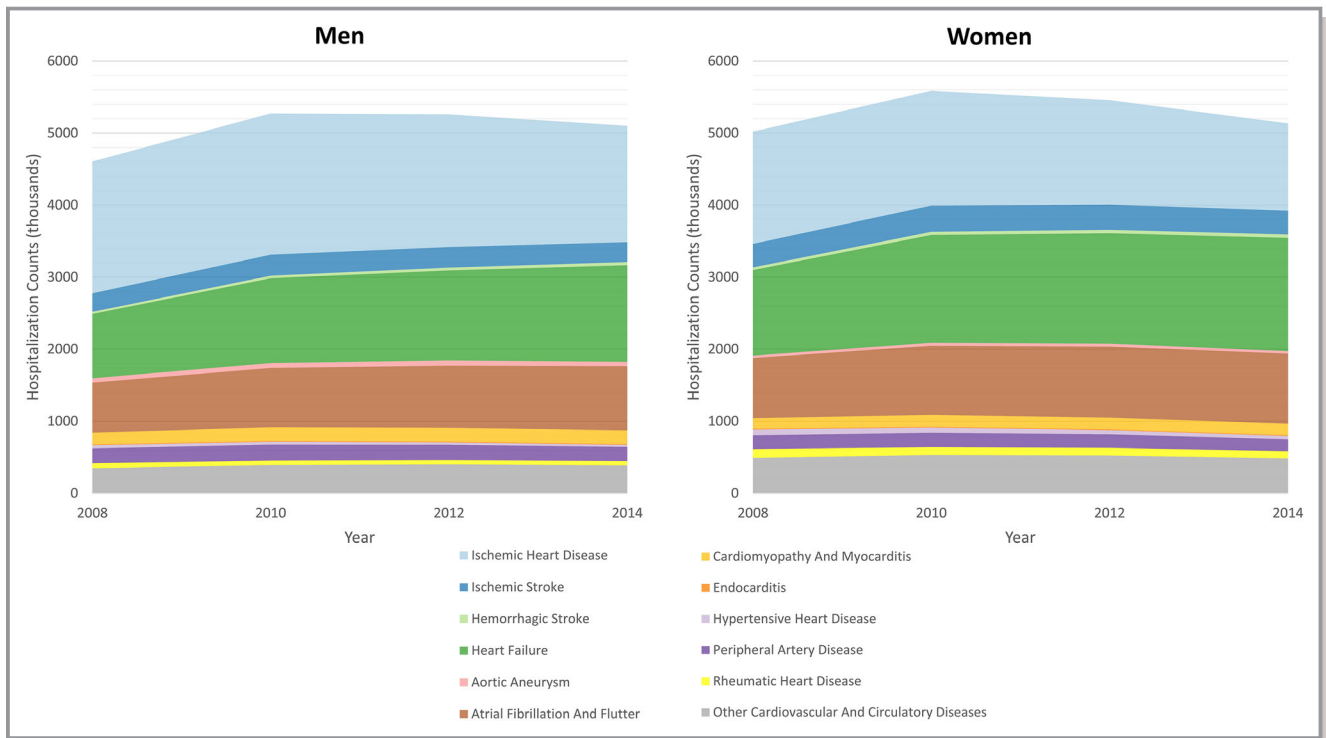


Figure 2. Trends 2008 to 2014 in cardiovascular disease–related hospitalizations among older Americans by subtype. Data source: US Centers for Medicare & Medicaid Services and US Census.

Deviations between actual hospitalization rates and those predicted by the cubic polynomial function were minimal in the overall US elderly population, and were most apparent at age 65 years, as indicated in differences between the points (actual rates) and curves (predicted rates) in Figure 3, and adjacent year-specific heatmap columns in Figure 4. The higher-than-predicted rates of CVD-related hospitalization at age 65 years, indicated by the orange points in Figure S1, are because of high rates of healthcare utilization by previously uninsured individuals at the onset of Medicare eligibility at age 65 years. The difference between the hospitalization rates at ages 65 and 66 years across the entire US elderly population represents the magnitude of the Medicare onset spike at age 65 years. The change from no onset spike in 1991 to a difference of 8.47 CVD hospitalizations per 100 people in 2006 suggests sharp increases in elderly requiring CVD-related health care at Medicare eligibility onset (Figure 3). Acceleration in age-related hospitalization rates in the elderly was evident from 1991 to 2006, indicated by increases in the quadratic coefficient of the polynomial regression, which tripled for women and increased 6-fold for men during this time period (Table S3).

Analysis of time trends by single-year of age (Figure 4) presents significantly greater insights into age patterns in cardiovascular hospitalizations in comparison to analysis by broad 5-year age category (Figure 1), highlighting the

importance of accessible, detailed data from CMS. Between 1991 and 2006, CVD hospitalization rates increased for each single-year age group (Figure 4). For example, age-specific CVD-related hospitalization rates in men increased 32% to 40% over time: rates in men aged 65 years increased from 13.0 per 100 people in 1991 to 17.2 per 100 in 2006; at age 85 years, rates increased from 39.8 per 100 in 1991 to 53.0 per 100 in 2006, and at age 95 rates increased from 47.5 per 100 to 66.5 per 100. Though overall age-specific rates were lower for women than for men, trends over time were similar, with rates for women increasing by 52% from 10.0 per 100 people in 1991 to 15.2 per 100 in 2006 at age 65 years; for women aged 85 years, rates increased by 41% from 35.1 to 49.5 per 100; and at age 95 years, rates among women increased by 53% from 43.9 to 67.1 per 100 (Table S3, Figure 4). Birth-cohort effects were evident for the population born in 1901 (participants aged 90 in 1991), which displayed hospitalization rates lower than predicted, with this effect persisting through the ninth decade of life for both men and women in this cohort (Figure 4).

Given evidence of misclassification of race/ethnicity in CMS data, particularly for groups other than whites and blacks through the 1990s, relevant comparison of trends by race/ethnicity can only be made for the period following 2001. Over the 6-year period 2001 to 2006, for which CMS data were available by single-year of age enabling detailed

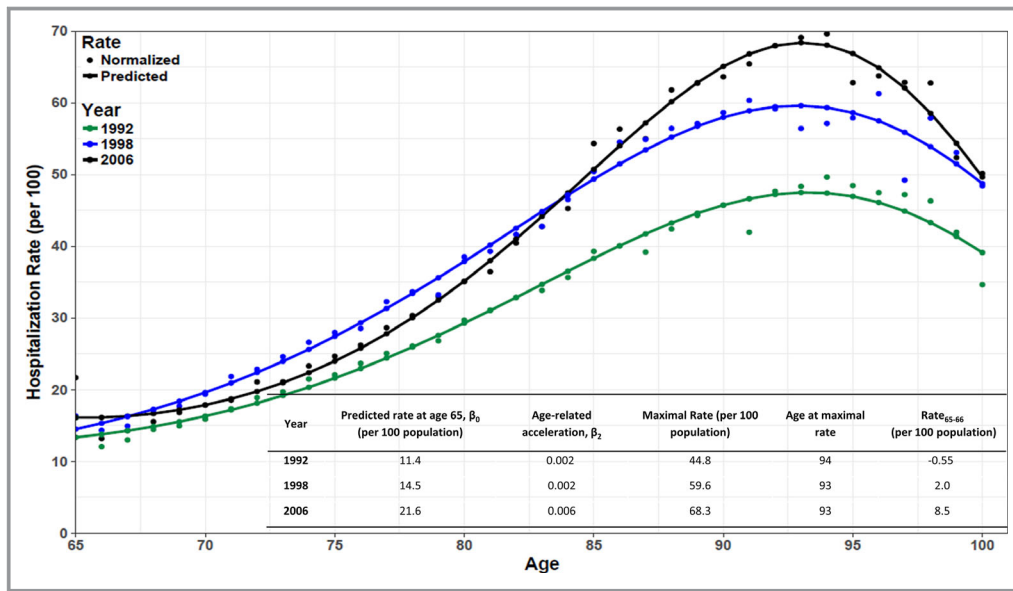


Figure 3. Distributions of cardiovascular disease–related hospitalization rates per 100 adults, by single year of age and calendar year between 1992 and 2006 in US adults aged ≥ 65 years, based on data from the US Centers for Medicare & Medicaid Services and the US Census. Actual year-specific hospitalization rates are shown as points; rates predicted by third-degree polynomial regression are shown as curves. The polynomial is specified as: $\ln(\text{rate}_{a_{ij}}) = \beta_0 + \beta_1(a_{ij}) + \beta_2(a_{ij})^2 + \beta_3(a_{ij})^3$, which specifies the single-year age distribution of \log_e -transformed hospitalization rates for a – year of age ($a=65-99$), for i – calendar year ($i=1992, 1998, 2006$).

analysis of changes in single-year age distributions, maximal CVD hospitalization rates in the elderly population per 100 people increased by 239%, from 17.3 to 58.7 among Native American men and by 264%, from 17.8 to 64.8, in Native American women (Figure S2). It is important to note, however, that this dramatic increase over a 6-year period is likely, in part, to be related to annual improvements in the coding of race/ethnicity of Native American Medicare beneficiaries.²⁹ Between 2001 and 2006, smaller increases in rates were noted among Hispanic men and women (from 14.5 to 22.3 [54%], and from 14.2 to 23.2 [63%], respectively). Increases in CVD hospitalization rates among Asian men and women were similarly modest, with changes of 51% from 19.9 to 30.1 per 100 men, and 68%, from 15.6 to 26.2 per 100 women during this period. For black men and women, the maximal rate increased from 57.0 to 70.4 (24%), and 60.7 to 77.3 (27%), per 100 people, respectively. For whites, rates increased by 32% (55.6 to 73.5 per 100) and 38% (50.1 to 69.3 per 100) for men and women, respectively, between 2001 and 2006. The age at which the maximum CVD hospitalization rate was observed among older adults increased modestly for most race categories between 2001 and 2006, from 88 to 91 for Native American men, 88 to 92 for Native American women, 89 to 90 for Asian men and women, 87 to 90 for Hispanic men, 88 to 90 for Hispanic women; 91 to 92 for black men, 92 to 93 for black women; and held constant at 92 for white men and 93 for white women (Table S3, Figure S2).

At age 65 years, the rates for Native Americans from 2001 to 2006 increased steeply from 4.2 to 18.5 CVD hospitalizations per 100 men and 5.0 to 19.7 per 100 women (Table S3, Figure S2), which, as stated previously, could be partially related to improvements in race/ethnicity coding by CMS. Among Asians and Hispanics, rates per 100 people increased more modestly from 2001 to 2006: from 1.5 to 3.9 per Asian men; 1.06 to 3.5 for Asian women, 1.9 to 3.0 for Hispanic men, and 1.4 to 2.6 for Hispanic women. In part because of more accurate collection of records on race among blacks and whites, overall hospitalization rates at age 65 years were higher among blacks and whites, with rates increasing by ≈ 1.2 -fold: 22.2 to 28.5 per 100 black men, 23.2 to 27.5 per 100 black women, 14.1 to 17.3 per 100 white men, and 12.0 to 14.8 per 100 white women. Additionally, the increases in Medicare onset spike at age 65 years are particularly pronounced for black and Native American men and women (Figure 5, Table S3), emphasizing the sharp increases in the elderly among these populations who require CVD-related health care at the onset of Medicare eligibility. The coefficient of the quadratic term of the third-degree polynomial indicates shifts from deceleration to acceleration in age-related CVD hospitalization rates from 2001 to 2006 among Native American, Asian, and Hispanic men and women (Table S3, Figure S2). During this period, accelerations increased roughly 3-fold for black men, black women, and white women, and 11-fold for white men.

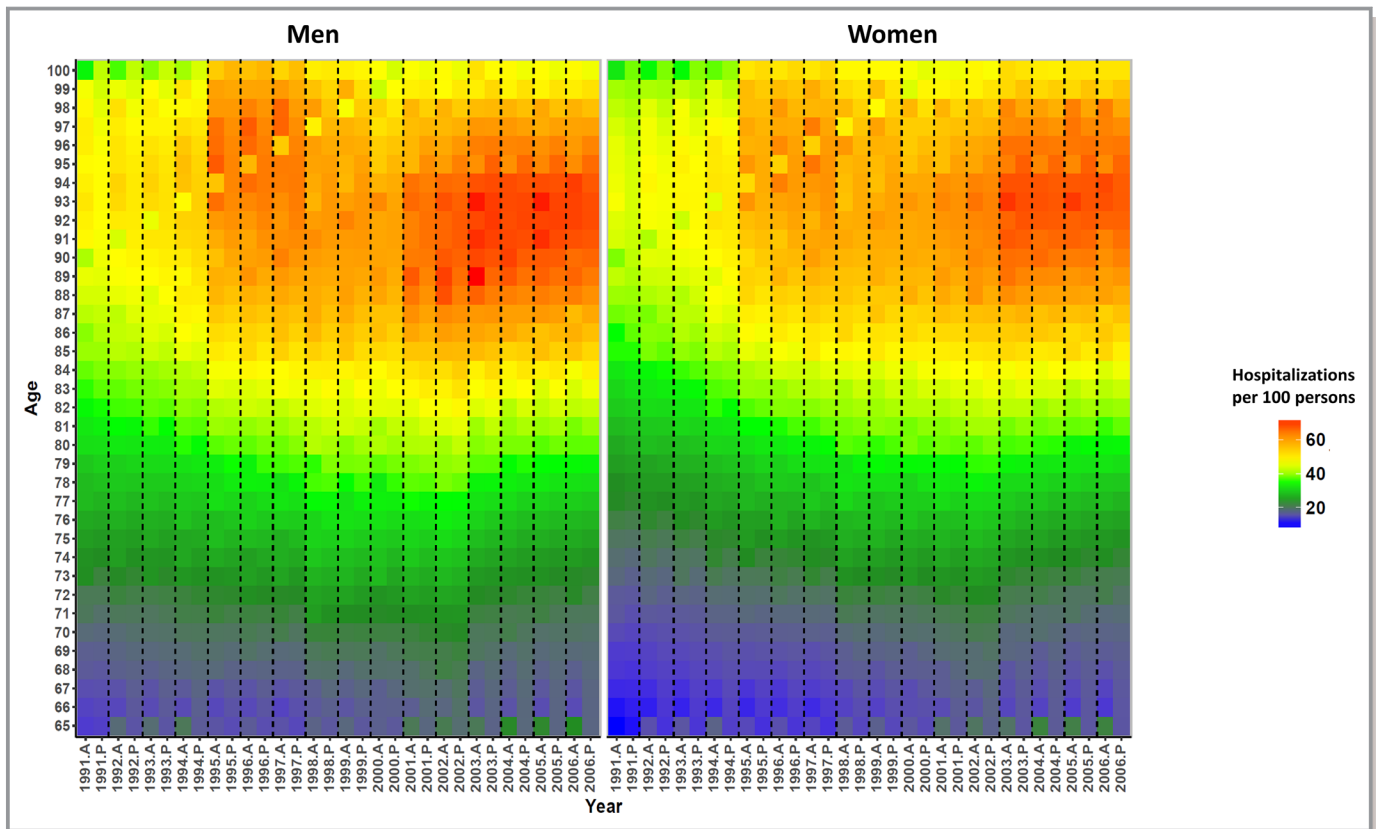


Figure 4. Actual and predicted cardiovascular disease–related hospitalization rates in US adults aged ≥ 65 years by single year of age and calendar year 1991 to 2006 for men (left) and women (right). Actual hospitalization rates were calculated by dividing age- and sex-specific cardiovascular disease hospitalization counts collected by the US Centers for Medicare & Medicaid Services by corresponding population counts from the US Census and are denoted in columns with an “A”; columns displaying hospitalization rates predicted using a third-degree polynomial function are denoted with a “P.” Actual and predicted rates for each calendar year are shown adjacent to one another.

National Trends by Year, Sex, and Geographic Region 1991 to 2014

Overall, rates of CVD-related hospitalizations among the elderly increased in all US states between 1991 and 2014, in part because of population aging during the time period, with evidence of pronounced heterogeneity in rates by geographic region (Figure 6). On average, rates were highest in Southern states over the 24-year time period for both men and women. Florida presents a notable exception to this trend, with much lower rates of CVD-related hospitalizations than other Southern states, despite its large elderly population, likely related to the “snowbird” phenomenon in which a large portion of the elderly population in Florida have their medical claims administered in their home states.³⁰ CVD-related hospitalization rates were lowest in the Western states, though the particularly low rates in Hawaii should be interpreted with caution because of the comparatively small population of older adults in that state.

The age at which the peak number of hospitalizations occurred was typically lower in men than in women and varied over time as well as by geographic region (Figure 7). Averaged over the 24-year time period, South Dakota had the oldest

peak age among men, and Rhode Island had the oldest among women; Alaska had the youngest peak age for both men and women, potentially reflecting the younger age-structure of the population in that state. At the national level, the age at which the peak number of CVD hospitalizations occurred in elderly men increased over time from age 70 years in 1992 to age 75 years in 2014. The largest increase in the peak age of CVD hospitalizations among men occurred in California, with increases of 13 years in age between 1991 and 2014. In Nevada, older men had a decline of 5 years in peak age, the largest decline among all states. Among older women in the United States, peak age of CVD hospitalization increased from age 77 years in 1991 to 80 years in 2014. Older women in Wyoming experienced the largest decrease in peak age between 1991 and 2014, 6 years; whereas the greatest increases in peak age over time in this population, 11 years, occurred in Delaware, South Carolina, and Nevada.

Discussion

This analysis of trends in CVD hospitalizations rates in the US elderly population by age, calendar year, and race, based on

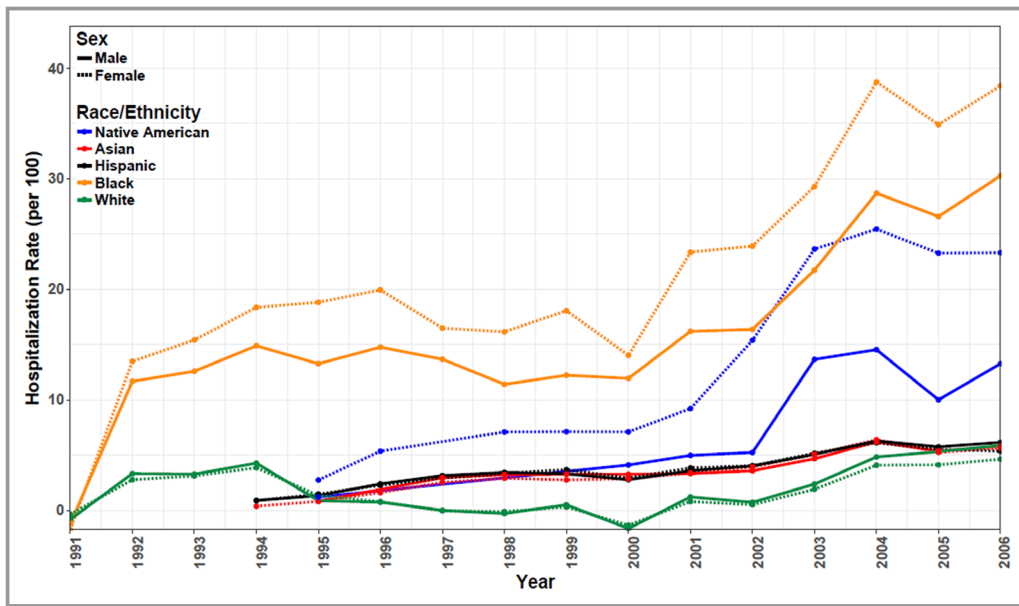


Figure 5. Calculated difference in predicted cardiovascular disease (CVD)-related hospitalization rates at age 65 and 66 years by race/ethnicity, sex, and calendar year. This difference in rates potentially reveals the number of people who did not have access to health care before age 65 years and subsequently sought care at the age of Medicare eligibility, resulting in a larger CVD-related hospitalization rate at age 65 than at age 66 years.

over 181 million hospitalization records from CMS from 1991 to 2014 revealed increases in both CVD hospitalization rates by age for men and women, and in peak age of hospitalization rates and counts. Acceleration in hospitalization rates with age was also apparent in the entire US elderly population, as well by race/ethnic subgroup. We further found notable underreporting/misclassification by race, resulting in significant underestimation of CVD hospitalization rates in Native Americans, Asians, and Hispanics in the 1990s. Together, these results provide the most comprehensive characterization thus far of trends in CVD hospitalization burdens in the US elderly population over a 24-year period.

Several factors could contribute to the observed increases in CVD burden among the elderly over the 24-year study period. Age-specific mortality rates for CVD in the United States have been declining for the past half-century (with recent exception³¹), and improved survival after CVD events, longer life expectancy, and overall aging of the population, in combination, have led to increases in the number of elderly people living with existing CVD, as observed in other high-income countries.³² Changes in the organization and financing of health care over time, and the implementation of national healthcare policies may have affected access to care, and thus also contributed to these trends.³³

Examination of single-year age distributions of CVD hospitalizations over time reveals several interesting trends. First, the magnitude of the difference between rates at ages 65 and 66 years potentially reveals the number of people who

did not have access to health care before age 65 years and subsequently sought care at the age of Medicare eligibility. This phenomenon has been described in other studies looking at the impact of Medicare eligibility on utilization of basic clinical services,³⁴ breast cancer screening,³⁵ and overall hospital admissions,^{36,37} but none have yet investigated this trend specifically for CVD. Our findings indicate that deferral of healthcare utilization until the age of Medicare eligibility has increased over time during the period for which we were able to estimate trends by single-year or age, both in the overall elderly population, but particularly so among blacks and Hispanics, and reasons for this increase, such as diminished access to health insurance and health care before Medicare eligibility, require further investigation. Second, steeper reductions in CVD hospitalization rates in the ninth decade of life between 1991 and 2006 reveal the impact of reductions in age-specific CVD mortality rates over time,¹ and also suggest survival of the most robust segment of the population into very old age. Third, upward shifts in the single-year age distributions in the overall population, as well as by race/ethnicity, reveal increases in age-specific hospitalization rates among all US elderly, which potentially reflects an aging population that is living longer with CVD burdens, and bears significant implications for future increases in healthcare costs.³⁸

The issue of misclassification of race/ethnicity has been identified in multiple large population-based data sets in the United States.^{39–45} Our findings of high levels of underreporting

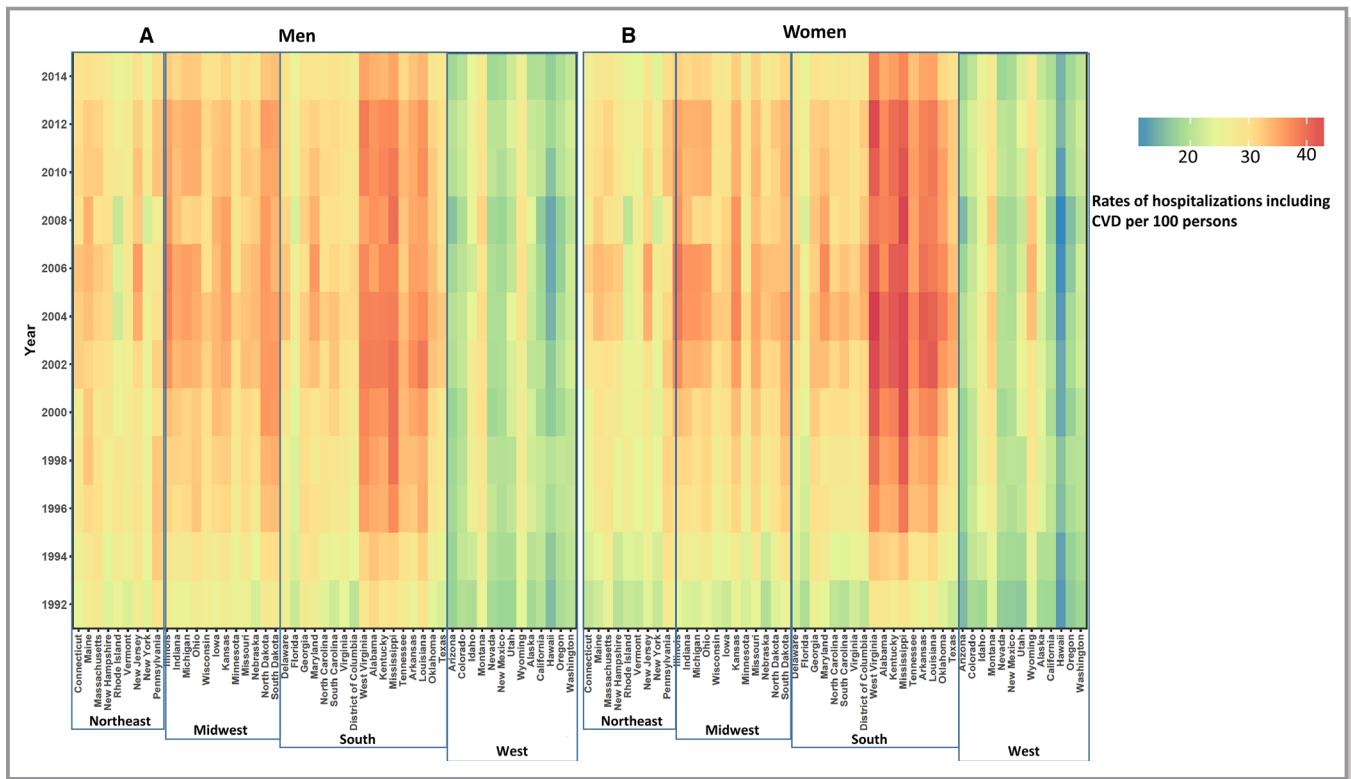


Figure 6. Cardiovascular disease–related hospitalization rate by state and year for (A) men, and (B) women. Heatmaps indicate the overall hospitalization rate among the US elderly by state and year from 1992 to 2014. Data source: US Centers for Medicare & Medicaid Services and US Census.

leading to misclassification of race for Native Americans, Asians, and Hispanics, particularly in the 1990s, merit attention, since such misclassification leads to great underestimation of disease rates in these populations. Misclassification of race/ethnicity in CMS data in the 1990s can be traced to an overly simplistic race coding scheme used by the US Social Security Administration, from which CMS receives information on race/ethnicity of participants. Until 1980, the US Social Security Administration allowed classification of an applicant's race/ethnicity into only 3 categories, "White," "Black," and "Other"; the "Unknown" category was used for people who did not report a race category in their US Social Security Administration application.^{46,47} Since most individuals in our sample obtained a social security number before 1980, their racial/ethnic identifiers were limited to those 4 categories. These categories were expanded in US Social Security Administration files in 1980, replacing "Other" with Hispanic, Asian/Pacific Islander, and American Indian, and the records were updated in the Medicare Enrollment Database in 1994. In 1997, CMS surveyed beneficiaries with Spanish surnames and those with "other" or "unknown" race/ethnicity to collect race/ethnicity data, further improving the quality of the race/ethnicity reporting. However, more recent assessments of the data show that issues of misclassification persist.⁴⁸ Our

analyses suggest that improving current methods of race/ethnicity reporting is essential in population surveillance and that care should be taken to identify and adjust for misclassification when utilizing existing population-based records for estimating disease burdens in minority populations,^{49,50} which is a crucial step in identifying and remedying health disparities. In estimating CVD hospitalization rates by race, we noted particularly high rates of increase in Native American and Hispanic populations, which could be because of both improvements in collection of data on race over time, as well as actual increases in number of CVD hospitalizations in these groups, consistent with CVD mortality estimates in other studies.^{43,45} We also noted that the peak age of hospitalization in Native Americans and Hispanics is lower than in blacks or whites, consistent with findings that Native American and Hispanic populations develop cardiovascular disease at younger ages than the overall population.^{51,52} Though Asians showed more moderate rates of increase and higher peak ages of hospitalization than did other minority groups, this could mask heterogeneity within the Asian population in the US elderly, given marked distinctions in CVD epidemiology between East Asian–origin and South Asian–origin populations.⁵³

This study has several strengths. Our analyses are based on a data collection structure with uniform nationwide

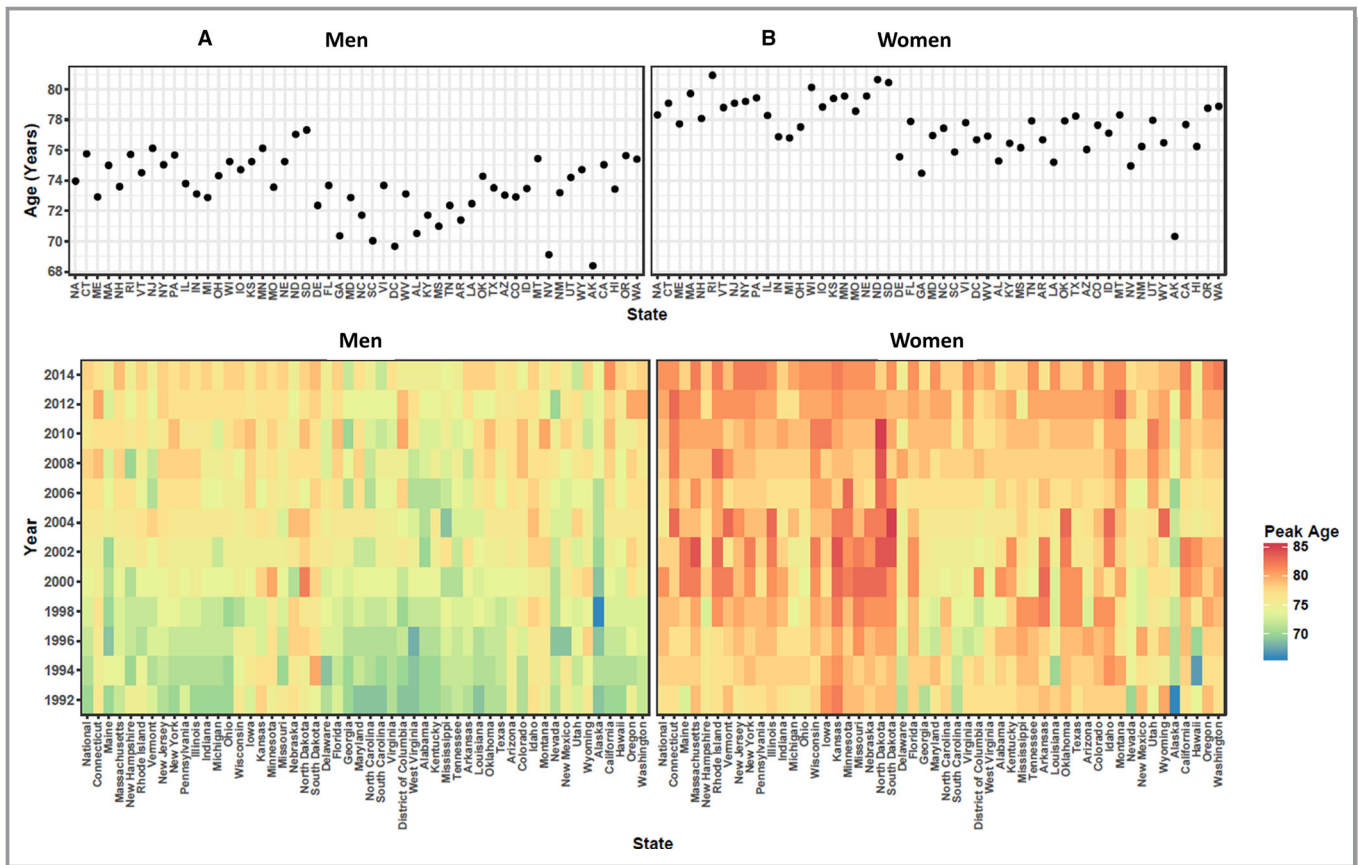


Figure 7. Age at which maximum cardiovascular disease (CVD)-related hospitalization rates were observed by state and year for (A) men, and (B) women. Heatmaps indicate the age at which the highest rate of CVD-related hospitalizations was observed by year and state among the US elderly from 1992 to 2014. The top panel indicates the average peak age by state across the entire time period. Data source: US Centers for Medicare & Medicaid Services and US Census.

coverage of the US population aged 65 years and above, providing the most comprehensive available records with which to analyze trends in CVD hospitalization rates; these data also span 24 years, which allows for assessment of long-term trends in CVD-related hospitalizations in the US elderly. Furthermore, the modeling approach we used provides a high degree of fit to the hospitalization data with only small deviations between actual and predicted rates and generates interpretable coefficients. The polynomial model developed in this analysis allows comparable and quantitative description of age-related trends across race/ethnicity groups and over time (for example, age-related acceleration and deceleration in hospitalization rates). Additionally, fitting of the model reduces variability in the raw age-specific data and therefore allows for more accurate identification of age-related features of the data, such as peak age. Importantly, in this analysis we have examined distributions of CVD rates by single year of age in the elderly population over a 15-year period, providing granular insight into age-related trends. This detailed look at trends by single year of age is particularly important because it highlights 2 findings that have not previously been

characterized in depth for CVD-related hospitalization and merit further investigation: first, the increasingly large difference in rates between ages 65 and 66 years, indicating larger hospitalization burdens at age 65 years and suggesting larger populations without access to medical care before the age of Medicare eligibility; and second, the downturn in rates among the oldest old, which could be relevant to survival of the healthiest among the very aged, or conversely, increased institutionalization in this population.

Some limitations should be considered. In tabulating hospital counts by race, we noted a large portion of records stating “other” or “unknown” as race categories, reflecting misclassification of hospitalizations in Native Americans, Asians, and Hispanics in the 1990s in the CMS population, which could lead to underestimation of CVD hospitalization rates in these groups if correction is not performed. However, we base our analyses of race on data from 2001 to 2006, by which time misclassification of race in these records have been substantially reduced and stabilized to some extent. Additionally, the race/ethnicity categories of “Asian” and “Hispanic” are very broad and could mask considerable

heterogeneity in CVD hospitalization rates within these populations, since each group consists of multiple ethnicities and national origins, which have been shown to have heterogeneous CVD risk factors and characteristics.⁵² The CMS data used in the present analysis span the time period 1991 to 2014, but data by single-year of age were available only for 1991 to 2006 (subsequent years were provided by CMS in 5-year aggregate age categories), precluding analysis of detailed age trends over the entire 24-year period. This limitation highlights the need for granular examination of age trends among older Americans, which can reveal policy-relevant features, such as the spike in CVD hospitalizations at the age of Medicare onset that is noted in the present analysis. Such detailed analyses require the accessible and affordable provision of reliable refined age-structure data by large administrative databases, such as CMS. Because of differences in batch data preparation by CMS from different time periods, the hospitalization counts in the original data set for 1998 to 2002 were significantly lower than other years, and years 2003 to 2004 were found to be of lesser data quality; however, we normalized these data with the remaining years of CMS data in this analysis using methods that retained the integrity of age- and time-trends in the original data. The presented analysis focuses on all CVD-related hospitalizations to establish age-specific trends in total CVD burdens among the elderly and does not discuss trends by CVD subtype in great detail—future analyses will investigate this, including whether hospitalizations are primarily because of chronic conditions, such as congestive heart failure or atrial fibrillation, or acute conditions, such as myocardial infarction/acute coronary syndrome; how improvements in diagnosis, such as cardiac troponin testing, have impacted rates of CVD hospitalization, and how rates of unstable angina versus myocardial infarction have changed over time. In the present analysis, to assess total CVD hospitalization burdens, we computed CVD-related hospitalization rates using all hospitalization counts per calendar year and for all 10 reported diagnostic codes; future analyses could be conducted to evaluate readmission rates, rates of comorbid conditions, and the position of CVD among all 10 reported diagnostic codes over time to provide insight into billing practices such as upcoding. As with any observation of past trends in healthcare service utilization, it is important to note that changes in national and state healthcare policies likely influenced these trends, and that policies implemented in the future may impact the accuracy of projections based on these data. Future research should explore these trends at a more localized level, such as by county or zip code, and explore factors at those levels that may be associated with differences in hospitalization rates.

In this analysis, we have explored patterns in CVD-related hospitalization in the US elderly by age, race, sex, and

geographic region using records maintained by the CMS intending to provide a uniform nationwide coverage for the US population aged 65 years and over. Results from this analysis reveal emerging trends, such as increases in age-specific CVD hospitalization rates over time and increases in the age at which peak hospitalization rates occur, suggesting greater burdens developing at older ages, as well as disproportionately high rates in Native American populations, which increased over the latter part of the analysis period. Our analysis indicates that improving reporting by race/ethnicity in large population-based data sets is crucial to accurate and equitable surveillance of disease burdens in diverse populations in the United States. Furthermore, our results provide evidence to support key recommendations of the American Heart Association by highlighting the critical importance of primary prevention of CVD at younger ages in order to avert increasing CVD burdens among the US elderly, by emphasizing the need for development of effective policies and health management systems to address regional and demographic heterogeneity in CVD burdens, and by underscoring the great necessity for preserving access to affordable health care to mitigate existing CVD burdens and extend years of healthy, active life.

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References

1. Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, Das SR, de Ferranti S, Despres JP, Fullerton HJ, Howard VJ, Huffman MD, Isasi CR, Jimenez MC, Judd SE, Kissela BM, Lichtman JH, Lisabeth LD, Liu S, Mackey RH, Magid DJ, McGuire DK, Mohler ER III, Moy CS, Muntner P, Mussolino ME, Nasir K, Neumar RW, Nichol G, Palaniappan L, Pandey DK, Reeves MJ, Rodriguez CJ, Rosamond W, Sorlie PD, Stein J, Towfighi A, Turan TN, Virani SS, Woo D, Yeh RW, Turner MB. Heart Disease and Stroke Statistics-2016 Update: a Report From the American Heart Association. *Circulation*. 2016;133:e38–e360.

2. Centers for Disease Control and Prevention. The State of Aging and Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.
3. Mensah GA, Mokdad AH, Ford ES, Greenlund KJ, Croft JB. State of disparities in cardiovascular health in the United States. *Circulation*. 2005;111:1233–1241.
4. Patel SA, Ali MK, Narayan KM, Mehta NK. County-level variation in cardiovascular disease mortality in the United States in 2009–2013: comparative assessment of contributing factors. *Am J Epidemiol*. 2016;184:933–942.
5. Agarwal S, Sud K, Shishehbor MH. Nationwide trends of hospital admission and outcomes among critical limb ischemia patients: from 2003–2011. *J Am Coll Cardiol*. 2016;67:1901–1913.
6. Allen NB, Holford TR, Bracken MB, Goldstein LB, Howard G, Wang Y, Lichtman JH. Trends in one-year recurrent ischemic stroke among the elderly in the USA: 1994–2002. *Cerebrovasc Dis*. 2010;30:525–532.
7. Ovbigele B, Markovic D, Towfighi A. Recent age- and gender-specific trends in mortality during stroke hospitalization in the United States. *Int J Stroke*. 2011;6:379–387.
8. Bikkdeli B, Wang Y, Kim N, Desai MM, Quagliarello V, Krumholz HM. Trends in hospitalization rates and outcomes of endocarditis among Medicare beneficiaries. *J Am Coll Cardiol*. 2013;62:2217–2226.
9. Krumholz HM, Normand SL, Wang Y. Trends in hospitalizations and outcomes for acute cardiovascular disease and stroke, 1999–2011. *Circulation*. 2014;130:966–975.
10. Krumholz HM, Wang Y, Chen J, Drye EE, Spertus JA, Ross JS, Curtis JP, Nallamothu BK, Lichtman JH, Havranek EP, Masoudi FA, Radford MJ, Han LF, Rapp MT, Straube BM, Normand SL. Reduction in acute myocardial infarction mortality in the United States: risk-standardized mortality rates from 1995–2006. *JAMA*. 2009;302:767–773.
11. Kravchenko J, Berry M, Arbeeve K, Kim Lyerly H, Yashin A, Akushevich I. Cardiovascular comorbidities and survival of lung cancer patients: Medicare data based analysis. *Lung Cancer*. 2015;88:85–93.
12. Lochner KA, Cox CS. Prevalence of multiple chronic conditions among Medicare beneficiaries, United States, 2010. *Prev Chronic Dis*. 2013;10:E61.
13. Makam RP, Erskine N, Yarzebski J, Lessard D, Lau J, Allison J, Gore JM, Gurwitz J, McManus DD, Goldberg RJ. Decade long trends (2001–2011) in duration of pre-hospital delay among elderly patients hospitalized for an acute myocardial infarction. *J Am Heart Assoc*. 2016;5:e002664. DOI: 10.1161/JAHA.115.002664.
14. Sjoding MW, Prescott HC, Wunsch H, Iwashyna TJ, Cooke CR. Longitudinal changes in ICU admissions among elderly patients in the United States. *Crit Care Med*. 2016;44:1353–1360.
15. Wolff JL, Starfield B, Anderson G. Prevalence, expenditures, and complications of multiple chronic conditions in the elderly. *Arch Intern Med*. 2002;162:2269–2276.
16. Collins AJ, Li S, Gilbertson DT, Liu J, Chen SC, Herzog CA. Chronic kidney disease and cardiovascular disease in the Medicare population. *Kidney Int Suppl*. 2003;87:S24–S31.
17. Krumholz HM, Hsieh A, Dreyer RP, Welsh J, Desai NR, Dharmarajan K. Trajectories of risk for specific readmission diagnoses after hospitalization for heart failure, acute myocardial infarction, or pneumonia. *PLoS One*. 2016;11:e0160492.
18. Krumholz HM, Lin Z, Keenan PS, Chen J, Ross JS, Drye EE, Bernheim SM, Wang Y, Bradley EH, Han LF, Normand SL. Relationship between hospital readmission and mortality rates for patients hospitalized with acute myocardial infarction, heart failure, or pneumonia. *JAMA*. 2013;309:587–593.
19. Gurwitz JH, Go AS, Fortmann SP. Statins for primary prevention in older adults: uncertainty and the need for more evidence. *JAMA*. 2016;316:1971–1972.
20. Rich MW, Chyun DA, Skolnick AH, Alexander KP, Forman DE, Kitzman DW, Maurer MS, McClurken JB, Resnick BM, Shen WK, Tirschwell DL. Knowledge gaps in cardiovascular care of older adults: a scientific statement from the American Heart Association, American College of Cardiology, and American Geriatrics Society: executive summary. *J Am Geriatr Soc*. 2016;64:2185–2192.
21. Howard G, Goff DC. Population shifts and the future of stroke: forecasts of the future burden of stroke. *Ann N Y Acad Sci*. 2012;1268:14–20.
22. Pearson-Stuttard J, Guzman-Castillo M, Penalvo JL, Rehm CD, Afshin A, Danaei G, Kypridemos C, Gaziano T, Mozaffarian D, Capewell S, O'Flaherty M. Modeling future cardiovascular disease mortality in the United States: national trends and racial and ethnic disparities. *Circulation*. 2016;133:967–978.
23. Sacco RL, Roth GA, Reddy KS, Arnett DK, Bonita R, Gaziano TA, Heidenreich PA, Huffman MD, Mayosi BM, Mendis S, Murray CJ, Perel P, Pineiro DJ, Smith SC Jr, Taubert KA, Wood DA, Zhao D, Zoghbi WA. The Heart of 25 by 25: achieving the goal of reducing global and regional premature deaths from cardiovascular diseases and stroke: a modeling study from the American Heart Association and World Heart Federation. *Circulation*. 2016;133:e674–e690.
24. CMS. Chronic Conditions among Medicare Beneficiaries Chartbook 2012. 2012.
25. Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Chang AR, Cheng S, Das SR, Delling FN, Djousse L, Elkind MSV, Ferguson JF, Fornage M, Jordan LC, Khan SS, Kissela BM, Knutson KL, Kwan TW, Lackland DT, Lewis TT, Lichtman JH, Longenecker CT, Loop MS, Lutsey PL, Martin SS, Matsushita K, Moran AE, Mussolino ME, O'Flaherty M, Pandey A, Perak AM, Rosamond WD, Roth GA, Sampson UKA, Satou GM, Schroeder EB, Shah SH, Spartano NL, Stokes A, Tirschwell DL, Tsao CW, Turakhia MP, VanWagner LB, Wilkins JT, Wong SS, Virani SS; American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics-2019 Update: a report From the American Heart Association. *Circulation*. 2019;139:e56–e528.
26. US Census Bureau. Intercensal estimates of the resident population by single year of age, sex, race, and hispanic origin for the United States: April 1, 2000 to July 1, 2010. 2011. Available at: <https://www.census.gov/data/tables/time-series/demo/popest/intercensal-2000-2010-national.html>.
27. Cohen SA, Chui KK, Naumova EN. Measuring disease burden in the older population using the slope-intercept method for population log-linear estimation (SIMPLE). *Stat Med*. 2011;30:480–488.
28. Edwards CS, Nowicki KJ, Christensen PR, Hill J, Gorelick N, Murray K. Mosaicking of global planetary image datasets: 1. Techniques and data processing for Thermal Emission Imaging System (THEMIS) multi-spectral data. *J Geophys Res*. 2011;116:E10008. DOI: 10.1029/2010JE003755.
29. Filice CE, Joynk KE. Examining race and ethnicity information in Medicare administrative data. *Med Care*. 2017;55:e170–e176.
30. Chui KK, Cohen SA, Naumova EN. Snowbirds and infection-new phenomena in pneumonia and influenza hospitalizations from winter migration of older adults: a spatiotemporal analysis. *BMC Public Health*. 2011;11:444.
31. Heron M, Anderson RN. Changes in the leading cause of death: recent patterns in heart disease and cancer mortality. *NCHS Data Brief*. 2016;254:1–8.
32. Davies AR, Smeeth L, Grundy EM. Contribution of changes in incidence and mortality to trends in the prevalence of coronary heart disease in the UK: 1996–2005. *Eur Heart J*. 2007;28:2142–2147.
33. Medicare Advantage. 2019. Available at: <https://www.kff.org/medicare/factsheet/medicare-advantage/>. Accessed August 8, 2019.
34. McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Impact of Medicare coverage on basic clinical services for previously uninsured adults. *JAMA*. 2003;290:757–764.
35. Decker S, Rapaport C. Medicare and disparities in women's health. National Bureau of Economic Research Working Papers. 2002.
36. Lichtenberg F. The effects of Medicare on health care utilization and outcomes. *Forum Health Econ Policy*. 2002;5:27–52.
37. Card DDC, Maestas N. The impact of nearly universal insurance coverage on health care utilization: evidence from Medicare. *Am Econ Rev*. 2008;98:2242–2258.
38. AHA. Cardiovascular Disease: A Costly Burden for America, Projections to 2032. American Heart Association CVD Burden Report. 2017.
39. Arias E, Schauman WS, Eschbach K, Sorlie PD, Backlund E. The validity of race and Hispanic origin reporting on death certificates in the United States. *Vital Health Stat 2*. 2008;148:1–23.
40. Frost F, Taylor V, Fries E. Racial misclassification of Native Americans in a surveillance, epidemiology, and end results cancer registry. *J Natl Cancer Inst*. 1992;84:957–962.
41. Frost F, Tollestrup K, Ross A, Sabotta E, Kimball E. Correctness of racial coding of American Indians and Alaska Natives on the Washington State death certificate. *Am J Prev Med*. 1994;10:290–294.
42. Jim MA, Arias E, Seneca DS, Hoopes MJ, Jim CC, Johnson NJ, Wiggins CL. Racial misclassification of American Indians and Alaska Natives by Indian Health Service Contract Health Service Delivery Area. *Am J Public Health*. 2014;104(suppl 3):S295–S302.
43. Schieb LJ, Ayala C, Valderrama AL, Veazie MA. Trends and disparities in stroke mortality by region for American Indians and Alaska Natives. *Am J Public Health*. 2014;104(suppl 3):S368–S376.
44. Sugarman JR, Soderberg R, Gordon JE, Rivara FP. Racial misclassification of American Indians: its effect on injury rates in Oregon, 1989 through 1990. *Am J Public Health*. 1993;83:681–684.
45. Veazie M, Ayala C, Schieb L, Dai S, Henderson JA, Cho P. Trends and disparities in heart disease mortality among American Indians/Alaska Natives, 1990–2009. *Am J Public Health*. 2014;104(suppl 3):S359–S367.

46. Arday SL, Arday DR, Monroe S, Zhang J. HCFA's racial and ethnic data: current accuracy and recent improvements. *Health Care Financ Rev.* 2000;21:107–116.
47. McBean AM. Improving Medicare's data on race and ethnicity. *Medicare Brief.* 2006;15:1–7.
48. Zaslavsky AM, Ayanian JZ, Zaborski LB. The validity of race and ethnicity in enrollment data for Medicare beneficiaries. *Health Serv Res.* 2012;47:1300–1321.
49. Espey DK, Jim MA, Richards TB, Begay C, Haverkamp D, Roberts D. Methods for improving the quality and completeness of mortality data for American Indians and Alaska Natives. *Am J Public Health.* 2014;104(suppl 3):S286–S294.
50. Eicheldinger C, Bonito A. More accurate racial and ethnic codes for Medicare administrative data. *Health Care Financ Rev.* 2008;29:27–42.
51. Rhoades DA. Racial misclassification and disparities in cardiovascular disease among American Indians and Alaska Natives. *Circulation.* 2005;111:1250–1256.
52. Rodriguez F, Hastings KG, Boothroyd DB, Echeverria S, Lopez L, Cullen M, Harrington RA, Palaniappan LP. Disaggregation of cause-specific cardiovascular disease mortality among hispanic subgroups. *JAMA Cardiol.* 2017;2:240–247.
53. Gupta M, Brister S, Verma S. Is South Asian ethnicity an independent cardiovascular risk factor? *Can J Cardiol.* 2006;22:193–197.

SUPPLEMENTAL MATERIAL

Table S1. ICD-9 codes utilized for extracting records on CVD hospitalizations from CMS data.

Diagnostic group	ICD-9 code
Rheumatic heart disease	391-391.9, 392.0, 393-398.99
Ischemic heart disease	410-414.9, V17.3
Ischemic stroke	433-435.9, 437.0-437.2, 437.4-437.9
Hemorrhagic stroke	430-432.9, 437.3
Hypertensive heart disease	402-402.91
Cardiomyopathy and myocarditis	074.2, 074.23, 422-422.99, 425-425.5, 425.7-425.9, 429.0-429.1
Atrial fibrillation and flutter	427.3-427.32
Peripheral artery disease	440.2-440.29, 440.4-440.9, 443-443.9
Endocarditis	074.22, 421-421.9, 424, 424.4-424.99
Aortic aneurysm	441
Other cardiovascular and circulatory diseases	074.21, 417-417.9, 420-420.99, 423-423.9, 424.0-424.3, 429, 429.2-429.9, 442-442.9, 447-454.9, 456, 456.3-457, 457.1, 457.8-458.1, 459-459.9

Table S2. Model performance based on second or third degree polynomial fits of CVD-related hospitalization rates in the US elderly population.

Year	Variance Explained %		
	Model with linear and squared terms	Model with linear and cubed terms	Model with linear, squared, and cubed terms
1991	97.836	98.636	98.922
1992	95.888	97.139	98.298
1993	95.781	97.123	98.355
1994	95.242	96.717	98.051
1995	98.272	98.943	99.263
1996	97.940	98.729	99.171
1997	98.117	98.893	99.214
1998	97.651	98.631	98.984
1999	97.138	98.311	98.897
2000	96.939	98.417	99.240
2001	95.625	97.440	99.091
2002	95.363	97.324	99.315
2003	94.734	96.501	99.117
2004	93.086	95.017	98.590
2005	93.281	95.078	98.471
2006	92.977	94.725	98.169

Table S3. Characteristics of CVD-related hospitalizations in the U.S. elderly population, and regression coefficients describing the relationship between single-year of age and hospitalization rate by year, sex, and race, 1991-2006.

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model												
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β_0	β_0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β_1	β_1_SE	P	β_2	β_2_SE	P	β_3	β_3_SE	P
Total population, women																				
1991	3,836,820	18,887,778	9,715	10,153	-438	44,138	94	-2.34	0.035	0.000	10,088	0.048	0.008	0.000	0.0020	0.0005	0.000	-6.21E-05	8.854E-06	0.000
1992	4,161,789	19,162,032	14,575	10,639	3,937	46,748	93	-2.16	0.046	0.000	11,849	0.022	0.011	0.049	0.0034	0.0007	0.000	-8.5E-05	1.18E-05	0.000
1993	4,392,509	19,441,260	15,196	10,839	4,357	48,282	93	-2.13	0.048	0.000	12,151	0.022	0.011	0.056	0.0034	0.0007	0.000	-8.73E-05	1.238E-05	0.000
1994	4,756,569	19,644,032	16,812	11,191	5,621	50,730	93	-2.07	0.052	0.000	12,922	0.023	0.012	0.070	0.0035	0.0008	0.000	-8.91E-05	1.335E-05	0.000
1995	5,071,532	19,831,069	13,779	11,029	2,749	59,026	95	-2.19	0.039	0.000	11,749	0.049	0.009	0.000	0.0021	0.0006	0.001	-6.33E-05	1.006E-05	0.000
1996	5,307,171	19,989,574	14,485	11,546	2,939	61,158	94	-2.16	0.042	0.000	12,116	0.045	0.010	0.000	0.0025	0.0006	0.000	-7.17E-05	1.07E-05	0.000
1997	5,470,696	20,100,203	13,455	11,295	2,161	62,234	94	-2.19	0.039	0.000	11,772	0.053	0.009	0.000	0.0022	0.0006	0.000	-6.92E-05	1.006E-05	0.000
1998	4,651,312	20,174,835	12,633	10,583	2,049	47,504	93	-2.27	0.039	0.000	10,861	0.047	0.009	0.000	0.0022	0.0006	0.001	-6.82E-05	1E-05	0.000
1999	4,711,750	20,201,159	13,137	10,519	2,618	48,439	93	-2.24	0.041	0.000	11,046	0.039	0.009	0.000	0.0027	0.0006	0.000	-7.87E-05	1.04E-05	0.000
2000	4,807,592	20,308,785	12,336	11,524	811	48,243	92	-2.22	0.032	0.000	11,271	0.035	0.007	0.000	0.0031	0.0005	0.000	-8.65E-05	8.273E-06	0.000
2001	5,064,924	20,684,289	14,995	11,481	3,513	49,961	92	-2.09	0.036	0.000	12,583	0.016	0.008	0.064	0.0041	0.0005	0.000	-0.000101	9.232E-06	0.000
2002	5,250,841	20,758,208	15,469	12,149	3,320	51,375	92	-2.04	0.033	0.000	13,271	0.011	0.008	0.140	0.0043	0.0005	0.000	-0.000104	8.328E-06	0.000
2003	6,374,083	20,889,334	18,827	13,615	5,211	69,255	93	-1.88	0.041	0.000	15,316	-0.002	0.009	0.846	0.0055	0.0006	0.000	-0.000125	1.052E-05	0.000
2004	6,332,675	21,015,689	21,114	13,281	7,833	68,488	93	-1.83	0.052	0.000	15,909	-0.016	0.012	0.190	0.0063	0.0007	0.000	-0.000138	1.324E-05	0.000
2005	6,297,951	21,201,859	20,576	12,684	7,892	68,777	93	-1.86	0.055	0.000	15,378	-0.014	0.013	0.279	0.0062	0.0008	0.000	-0.000135	1.414E-05	0.000
2006	6,298,603	21,430,862	20,951	12,352	8,599	68,087	93	-1.88	0.060	0.000	15,205	-0.014	0.014	0.315	0.0062	0.0009	0.000	-0.000134	1.545E-05	0.000
Total population, men																				
1991	2,865,228	12,744,624	12,561	13,279	-718	47,740	94	-2.10	0.043	0.000	12,989	0.055	0.010	0.000	0.0009	0.0006	0.148	-4.16E-05	1.107E-05	0.001
1992	3,081,216	12,980,361	17,876	13,722	4,154	50,393	93	-1.92	0.048	0.000	15,062	0.026	0.011	0.024	0.0025	0.0007	0.001	-6.78E-05	1.22E-05	0.000
1993	3,210,161	13,245,479	18,089	14,157	3,932	51,481	93	-1.91	0.041	0.000	15,194	0.027	0.009	0.008	0.0026	0.0006	0.000	-6.9E-05	1.048E-05	0.000
1994	3,421,146	13,452,746	19,589	14,138	5,451	54,143	93	-1.87	0.047	0.000	15,902	0.024	0.011	0.036	0.0028	0.0007	0.000	-7.42E-05	1.2E-05	0.000
1995	3,615,211	13,676,994	15,085	13,763	1,322	63,765	95	-2.01	0.034	0.000	14,176	0.051	0.008	0.000	0.0016	0.0005	0.003	-5.31E-05	8.76E-06	0.000
1996	3,756,293	13,866,962	15,901	13,889	2,012	64,922	94	-1.99	0.035	0.000	14,399	0.050	0.008	0.000	0.0018	0.0005	0.001	-5.68E-05	8.839E-06	0.000
1997	3,835,938	14,024,104	14,874	13,338	1,536	64,918	94	-2.04	0.039	0.000	13,765	0.059	0.009	0.000	0.0015	0.0006	0.013	-5.46E-05	9.948E-06	0.000
1998	3,365,403	14,158,651	13,605	12,543	1,062	49,720	93	-2.14	0.039	0.000	12,473	0.058	0.009	0.000	0.0012	0.0006	0.034	-5.24E-05	9.936E-06	0.000
1999	3,391,030	14,266,354	14,013	12,214	1,799	49,956	92	-2.13	0.040	0.000	12,522	0.050	0.009	0.000	0.0018	0.0006	0.003	-6.35E-05	1.017E-05	0.000
2000	3,421,542	14,433,599	13,168	13,278	-110	48,708	92	-2.11	0.032	0.000	12,662	0.043	0.007	0.000	0.0023	0.0005	0.000	-7.56E-05	8.222E-06	0.000
2001	3,621,891	14,606,002	15,980	13,186	2,794	53,294	92	-1.99	0.033	0.000	14,050	0.021	0.008	0.009	0.0038	0.0005	0.000	-9.96E-05	8.515E-06	0.000
2002	3,771,400	14,763,999	16,323	13,915	2,408	55,039	92	-1.93	0.031	0.000	14,726	0.014	0.007	0.065	0.0043	0.0004	0.000	-0.000109	7.994E-06	0.000
2003	4,411,911	14,974,195	19,724	15,311	4,413	70,667	92	-1.78	0.039	0.000	16,851	-0.003	0.009	0.761	0.0056	0.0006	0.000	-0.000131	9.961E-06	0.000
2004	4,395,011	15,187,630	22,028	14,941	7,087	69,889	92	-1.73	0.046	0.000	17,541	-0.020	0.011	0.069	0.0065	0.0007	0.000	-0.000146	1.183E-05	0.000
2005	4,420,704	15,447,939	21,800	14,309	7,491	70,152	92	-1.75	0.048	0.000	17,140	-0.022	0.011	0.058	0.0068	0.0007	0.000	-0.00015	1.232E-05	0.000
2006	4,454,556	15,733,245	22,431	14,100	8,331	69,331	92	-1.74	0.053	0.000	17,194	-0.025	0.012	0.051	0.0068	0.0008	0.000	-0.00015	1.351E-05	0.000
Total population, overall																				
1991	6,702,048	31,632,402	11,006	11,564	-558	44,837	94	-2.22	0.037	0.000	11,440	0.049	0.009	0.000	0.0015	0.0005	0.006	-5.36E-05	9.44E-06	0.000
1992	7,243,005	32,142,393	16,074	12,032	4,043	47,474	93	-2.04	0.045	0.000	13,331	0.022	0.010	0.039	0.0030	0.0006	0.000	-7.73E-05	1.148E-05	0.000
1993	7,602,670	32,686,739	16,525	12,340	4,184	48,932	93	-2.02	0.044	0.000	13,583	0.022	0.010	0.040	0.0031	0.0006	0.000	-8.05E-05	1.137E-05	0.000
1994	8,177,715	33,096,778	18,087	12,539	5,548	51,432	93	-1.97	0.048	0.000	14,315	0.021	0.011	0.066	0.0032	0.0007	0.000	-8.38E-05	1.234E-05	0.000
1995	8,686,743	33,508,063	14,386	12,280	2,105	59,969	95	-2.10	0.035	0.000	12,873	0.050	0.008	0.000	0.0019	0.0005	0.001	-5.83E-05	8.888E-06	0.000

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model												
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β_0	β_0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β_1	β_1_SE	P	β_2	β_2_SE	P	β_3	β_3_SE	P
1996	9,063,464	33,856,536	15,138	12,632	2,506	61,899	94	-2.07	0.037	0.000	13,194	0.046	0.009	0.000	0.0022	0.0005	0.000	-6.56E-05	9.512E-06	0.000
1997	9,306,634	34,124,307	14,110	12,234	1,876	62,746	94	-2.12	0.037	0.000	12,718	0.054	0.009	0.000	0.0019	0.0005	0.001	-6.32E-05	9.455E-06	0.000
1998	8,016,715	34,333,486	13,083	11,486	1,597	47,972	93	-2.20	0.037	0.000	11,629	0.051	0.008	0.000	0.0017	0.0005	0.002	-6.06E-05	9.403E-06	0.000
1999	8,102,780	34,467,513	13,544	11,301	2,243	48,730	93	-2.19	0.038	0.000	11,752	0.044	0.009	0.000	0.0023	0.0006	0.000	-7.12E-05	9.782E-06	0.000
2000	8,229,134	34,742,384	12,723	12,338	385	48,326	92	-2.17	0.031	0.000	11,933	0.039	0.007	0.000	0.0027	0.0004	0.000	-8.04E-05	7.936E-06	0.000
2001	8,686,815	35,290,291	15,457	12,276	3,181	50,882	92	-2.04	0.034	0.000	13,268	0.019	0.008	0.021	0.0038	0.0005	0.000	-9.78E-05	8.609E-06	0.000
2002	9,022,241	35,522,207	15,870	12,974	2,896	52,402	92	-1.99	0.030	0.000	13,936	0.014	0.007	0.060	0.0041	0.0004	0.000	-0.000103	7.748E-06	0.000
2003	10,785,994	35,863,529	19,249	14,410	4,840	69,620	93	-1.84	0.039	0.000	16,019	-0.001	0.009	0.883	0.0054	0.0006	0.000	-0.000124	9.868E-06	0.000
2004	10,727,686	36,203,319	21,546	14,061	7,485	68,823	93	-1.78	0.048	0.000	16,650	-0.017	0.011	0.141	0.0063	0.0007	0.000	-0.000138	1.237E-05	0.000
2005	10,718,655	36,649,798	21,154	13,450	7,704	69,121	93	-1.81	0.052	0.000	16,164	-0.016	0.012	0.189	0.0063	0.0007	0.000	-0.000138	1.321E-05	0.000
2006	10,753,159	37,164,107	21,649	13,175	8,474	68,381	93	-1.81	0.057	0.000	16,098	-0.018	0.013	0.185	0.0063	0.0008	0.000	-0.000138	1.447E-05	0.000
Native American women																				
1995	4,070	77,216	5,782	3,046	2,736	5,487	77	-3.12	0.202	0.000	4,548	0.036	0.047	0.443	-0.0016	0.0029	0.581	1.192E-05	5.157E-05	0.819
1996	5,768	79,691	6,570	1,224	5,347	6,095	81	-3.45	0.362	0.000	3,432	0.076	0.083	0.372	-0.0022	0.0052	0.671	1.649E-06	9.254E-05	0.986
1998	6,275	82,204	9,220	2,141	7,079	9,658	82	-3.27	0.213	0.000	4,217	0.108	0.049	0.035	-0.0033	0.0031	0.286	1.049E-05	5.448E-05	0.849
1999	6,444	84,547	8,646	1,541	7,104	10,427	81	-3.69	0.251	0.000	2,992	0.185	0.058	0.003	-0.0070	0.0036	0.062	6.297E-05	6.419E-05	0.334
2000	6,664	87,125	9,414	2,326	7,088	10,355	81	-3.68	0.295	0.000	2,995	0.175	0.068	0.015	-0.0061	0.0042	0.164	3.745E-05	7.555E-05	0.623
2001	7,387	74,966	12,859	3,662	9,197	17,766	88	-3.04	0.229	0.000	5,013	0.042	0.053	0.434	0.0032	0.0033	0.344	-0.00011	5.866E-05	0.070
2002	15,895	76,979	25,218	9,845	15,373	39,240	90	-1.91	0.159	0.000	14,433	-0.031	0.037	0.411	0.0066	0.0023	0.007	-0.000154	4.062E-05	0.001
2003	22,363	79,248	34,370	10,746	23,624	57,146	92	-1.67	0.154	0.000	18,659	-0.012	0.036	0.736	0.0051	0.0022	0.027	-0.000117	3.943E-05	0.005
2004	23,451	81,659	40,857	15,431	25,426	57,061	92	-1.44	0.124	0.000	22,468	-0.058	0.029	0.053	0.0076	0.0018	0.000	-0.000157	3.182E-05	0.000
2005	24,860	84,419	36,916	13,657	23,260	63,621	91	-1.53	0.133	0.000	20,775	-0.048	0.031	0.130	0.0078	0.0019	0.000	-0.000169	3.411E-05	0.000
2006	26,256	87,272	36,544	13,245	23,299	64,810	92	-1.61	0.140	0.000	19,674	-0.022	0.032	0.494	0.0062	0.0020	0.004	-0.00014	3.581E-05	0.000
Native American men																				
1995	4,980	61,765	4,610	3,419	1,190	6,650	78	-3.35	0.327	0.000	3,909	0.110	0.075	0.155	-0.0058	0.0047	0.223	8.805E-05	8.367E-05	0.301
2000	4,960	63,687	7,320	3,227	4,093	11,002	83	-3.59	0.324	0.000	3,244	0.168	0.075	0.031	-0.0061	0.0047	0.200	5.643E-05	8.279E-05	0.500
2001	5,561	56,387	9,089	4,123	4,966	17,276	87	-3.31	0.230	0.000	4,191	0.146	0.053	0.010	-0.0039	0.0033	0.252	1.955E-05	5.882E-05	0.742
2002	11,158	58,444	16,802	11,574	5,229	36,103	94	-2.25	0.169	0.000	11,382	0.074	0.039	0.068	-0.0009	0.0024	0.727	-7.88E-06	4.324E-05	0.857
2003	14,967	60,767	23,974	10,324	13,651	51,867	92	-2.03	0.177	0.000	13,936	0.062	0.041	0.139	0.0008	0.0025	0.752	-4.5E-05	4.52E-05	0.327
2004	15,597	63,150	27,865	13,335	14,530	50,755	91	-1.78	0.192	0.000	16,902	0.002	0.044	0.971	0.0045	0.0028	0.114	-0.000113	4.925E-05	0.029
2005	16,695	65,919	25,739	15,749	9,990	53,739	90	-1.76	0.222	0.000	17,128	-0.006	0.051	0.915	0.0055	0.0032	0.098	-0.000137	5.691E-05	0.022
2006	17,857	68,608	27,417	14,157	13,260	58,748	89	-1.65	0.234	0.000	18,485	-0.050	0.054	0.366	0.0095	0.0034	0.008	-0.000231	6.001E-05	0.001
Native American, overall																				
1994	7,016	129,407	3,565	2,487	1,078	3,188	93	-3.52	0.269	0.000	2,776	-0.067	0.062	0.290	0.0049	0.0039	0.214	-8.66E-05	6.88E-05	0.217
1995	7,180	133,698	5,239	3,216	2,023	5,980	78	-3.21	0.209	0.000	4,292	0.064	0.048	0.190	-0.0031	0.0030	0.306	3.748E-05	5.337E-05	0.488
1996	10,260	137,977	9,947	1,482	4,465	6,481	83	-3.35	0.343	0.000	3,699	0.053	0.079	0.506	-0.0005	0.0049	0.917	-3.08E-05	8.779E-05	0.728
1998	11,224	142,233	9,028	2,399	6,629	10,375	84	-3.12	0.208	0.000	4,742	0.073	0.048	0.136	-0.0008	0.0030	0.781	-3.44E-05	5.318E-05	0.522
1999	11,424	146,312	8,363	2,052	6,310	10,879	83	-3.44	0.209	0.000	3,626	0.129	0.048	0.012	-0.0033	0.0030	0.278	-3.11E-06	5.36E-05	0.954
2000	11,624	150,812	8,454	2,731	5,723	10,607	82	-3.61	0.240	0.000	3,178	0.165	0.055	0.006	-0.0056	0.0035	0.114	3.747E-05	6.151E-05	0.547
2001	12,948	131,353	11,075	3,876	7,198	17,833	88	-3.12	0.188	0.000	4,756	0.077	0.043	0.084	0.0008	0.0027	0.768	-6.64E-05	4.799E-05	0.176
2002	27,053	135,423	21,178	10,657	10,521	38,126	91	-2.04	0.100	0.000	13,206	0.009	0.023	0.707	0.0038	0.0014	0.012	-9.81E-05	2.548E-05	0.001

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model												
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β_0	β_0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β_1	β_1_SE	P	β_2	β_2_SE	P	β_3	β_3_SE	P
2003	37,330	140,015	29,356	10,545	18,810	55,927	92	-1.81	0.141	0.000	16,647	0.013	0.032	0.703	0.0038	0.0020	0.068	-9.68E-05	3.602E-05	0.011
2004	39,048	144,809	34,629	14,434	20,195	55,530	92	-1.58	0.118	0.000	19,980	-0.035	0.027	0.204	0.0065	0.0017	0.001	-0.00014	3.021E-05	0.000
2005	41,555	150,338	31,498	14,643	16,854	61,265	91	-1.62	0.127	0.000	19,288	-0.034	0.029	0.261	0.0070	0.0018	0.001	-0.000156	3.252E-05	0.000
2006	44,113	155,880	32,154	13,679	18,475	62,419	91	-1.66	0.118	0.000	18,744	-0.020	0.027	0.476	0.0063	0.0017	0.001	-0.000147	3.015E-05	0.000
Asian women																				
1994	5,260	327,741	1,141	779	362	3,639	91	-4.84	0.200	0.000	839	0.059	0.046	0.214	0.0019	0.0029	0.513	-7.32E-05	5.12E-05	0.162
1995	11,737	350,759	1,500	694	806	8,883	92	-4.51	0.156	0.000	1,234	0.118	0.036	0.003	-0.0003	0.0022	0.903	-4.48E-05	3.997E-05	0.270
1996	12,850	373,114	1,740	136	1,604	8,797	89	-5.23	0.339	0.000	677	0.241	0.078	0.004	-0.0059	0.0049	0.236	2.82E-05	8.666E-05	0.747
1997	21,965	395,462	3,168	648	2,520	14,973	89	-4.34	0.233	0.000	1,512	0.148	0.054	0.010	-0.0003	0.0034	0.938	-7.08E-05	5.967E-05	0.244
1998	23,437	418,324	3,232	334	2,898	14,173	89	-4.68	0.276	0.000	1,152	0.224	0.064	0.001	-0.0049	0.0040	0.224	1.369E-05	7.058E-05	0.847
1999	23,804	440,366	3,058	312	2,745	13,918	88	-5.16	0.311	0.000	760	0.286	0.072	0.000	-0.0073	0.0045	0.111	4.062E-05	7.965E-05	0.614
2000	24,341	461,941	3,153	293	2,860	13,617	89	-5.59	0.344	0.000	523	0.345	0.079	0.000	-0.0103	0.0050	0.046	8.885E-05	8.806E-05	0.321
2001	28,856	509,587	4,258	890	3,368	15,614	89	-4.72	0.272	0.000	1,061	0.179	0.063	0.008	-0.0003	0.0039	0.940	-9.1E-05	6.957E-05	0.200
2002	32,489	538,159	4,821	911	3,910	16,846	89	-4.44	0.251	0.000	1,347	0.132	0.058	0.030	0.0023	0.0036	0.526	-0.000133	6.412E-05	0.046
2003	42,326	568,045	6,315	1,255	5,060	22,659	89	-4.07	0.239	0.000	1,854	0.080	0.055	0.156	0.0057	0.0034	0.108	-0.000189	6.112E-05	0.004
2004	44,875	597,513	7,650	1,269	6,382	23,609	90	-3.86	0.231	0.000	2,169	0.024	0.053	0.652	0.0092	0.0033	0.010	-0.000251	5.914E-05	0.000
2005	50,839	631,375	7,758	2,518	5,240	25,986	90	-3.47	0.187	0.000	3,021	-0.044	0.043	0.315	0.0129	0.0027	0.000	-0.00031	4.789E-05	0.000
2006	54,157	665,092	7,924	2,311	5,613	26,225	90	-3.31	0.164	0.000	3,452	-0.066	0.038	0.091	0.0137	0.0024	0.000	-0.000316	4.199E-05	0.000
Asian men																				
1995	12,237	276,241	1,889	1,076	813	8,768	100	-4.32	0.223	0.000	1,575	0.173	0.051	0.002	-0.0054	0.0032	0.101	5.74E-05	5.702E-05	0.322
1997	21,775	290,524	3,701	752	2,948	18,406	87	-3.99	0.399	0.000	2,111	0.134	0.092	0.156	0.0016	0.0057	0.779	-0.000134	0.0001021	0.197
1998	23,260	305,608	3,911	688	3,223	17,004	86	-4.31	0.265	0.000	1,667	0.225	0.061	0.001	-0.0049	0.0038	0.206	-2.56E-06	6.771E-05	0.970
1999	23,120	320,620	3,768	506	3,262	17,327	87	-4.79	0.311	0.000	1,097	0.282	0.072	0.000	-0.0073	0.0045	0.114	3.168E-05	7.956E-05	0.693
2000	22,801	335,946	3,781	520	3,261	16,839	87	-5.01	0.325	0.000	889	0.293	0.075	0.000	-0.0071	0.0047	0.139	2.1E-05	8.329E-05	0.803
2001	25,282	377,362	4,713	1,396	3,317	19,860	89	-4.35	0.224	0.000	1,491	0.138	0.052	0.012	0.0023	0.0032	0.474	-0.00014	5.739E-05	0.020
2002	28,657	399,712	4,725	1,155	3,570	20,813	89	-4.32	0.209	0.000	1,559	0.157	0.048	0.003	0.0007	0.0030	0.806	-0.000105	5.346E-05	0.058
2003	35,051	423,162	6,166	1,501	4,665	26,840	90	-3.90	0.195	0.000	2,212	0.084	0.045	0.070	0.0052	0.0028	0.072	-0.000179	4.998E-05	0.001
2004	37,204	447,711	7,598	1,413	6,185	28,082	90	-3.77	0.206	0.000	2,446	0.048	0.048	0.322	0.0074	0.0030	0.018	-0.000214	5.273E-05	0.000
2005	41,801	475,547	8,170	2,813	5,357	30,439	90	-3.35	0.172	0.000	3,447	-0.024	0.040	0.544	0.0113	0.0025	0.000	-0.000276	4.391E-05	0.000
2006	42,770	502,233	8,554	2,774	5,780	30,146	90	-3.19	0.159	0.000	3,918	-0.064	0.037	0.093	0.0133	0.0023	0.000	-0.000306	4.076E-05	0.000
Asian, overall																				
1994	10,564	576,980	1,274	963	310	3,830	91	-4.67	0.152	0.000	1,001	0.061	0.035	0.094	0.0013	0.0022	0.559	-5.98E-05	3.895E-05	0.135
1995	22,948	613,585	1,666	852	814	8,756	92	-4.42	0.161	0.000	1,381	0.143	0.037	0.001	-0.0026	0.0023	0.270	1.062E-06	4.113E-05	0.980
1996	25,087	649,355	2,005	299	1,707	8,875	88	-4.93	0.258	0.000	903	0.227	0.060	0.001	-0.0059	0.0037	0.123	3.343E-05	6.613E-05	0.617
1997	43,740	685,986	3,398	692	2,706	15,925	88	-4.24	0.229	0.000	1,700	0.166	0.053	0.004	-0.0014	0.0033	0.664	-5.37E-05	5.871E-05	0.367
1998	46,697	723,932	3,525	485	3,041	15,197	88	-4.52	0.253	0.000	1,364	0.229	0.058	0.000	-0.0054	0.0036	0.148	1.749E-05	6.481E-05	0.789
1999	46,924	760,986	3,371	395	2,976	15,199	88	-4.99	0.300	0.000	898	0.288	0.069	0.000	-0.0077	0.0043	0.084	4.452E-05	7.665E-05	0.565
2000	47,142	797,887	3,434	391	3,043	14,654	88	-5.33	0.315	0.000	669	0.329	0.073	0.000	-0.0096	0.0045	0.041	7.669E-05	8.054E-05	0.348
2001	54,138	886,949	4,465	1,118	3,347	17,207	88	-4.55	0.244	0.000	1,246	0.162	0.056	0.007	0.0007	0.0035	0.838	-0.00011	6.236E-05	0.088
2002	61,146	937,871	4,777	1,022	3,755	18,384	89	-4.38	0.226	0.000	1,446	0.143	0.052	0.010	0.0016	0.0033	0.615	-0.000122	5.782E-05	0.042
2003	77,377	991,207	6,246	1,369	4,877	24,170	89	-3.99	0.215	0.000	2,016	0.082	0.050	0.107	0.0054	0.0031	0.089	-0.000184	5.497E-05	0.002

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model													
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β_0	β_0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β_1	β_1_SE	P	β_2	β_2_SE	P	β_3	β_3_SE	P	
2004	82,079	1,045,224	7,626	1,336	6,290	25,218	90	-3.81	0.217	0.000	2,301	0.034	0.050	0.505	0.0085	0.0031	0.011	-0.000237	5.564E-05	0.000	
2005	92,640	1,106,922	7,950	2,656	5,294	27,600	90	-3.41	0.177	0.000	3,229	-0.037	0.041	0.372	0.0123	0.0025	0.000	-0.000298	4.532E-05	0.000	
2006	96,927	1,167,325	8,213	2,526	5,687	27,601	90	-3.25	0.158	0.000	3,665	-0.065	0.036	0.083	0.0135	0.0023	0.000	-0.000312	4.033E-05	0.000	
Hispanic women																					
1994	14,222	829,828	2,217	1,345	872	2,176	92	-4.09	0.104	0.000	1,635	-0.024	0.024	0.316	0.0027	0.0015	0.081	-5.31E-05	2.663E-05	0.055	
1995	30,599	873,223	2,972	1,500	1,472	4,950	96	-3.74	0.140	0.000	2,484	0.048	0.032	0.145	-0.0009	0.0020	0.672	2.181E-06	3.595E-05	0.952	
1996	33,397	919,828	2,899	644	2,255	5,568	100	-4.24	0.208	0.000	1,668	0.151	0.048	0.004	-0.0060	0.0030	0.053	7.975E-05	5.327E-05	0.144	
1997	56,331	963,474	4,078	1,152	2,926	9,240	84	-4.10	0.203	0.000	1,998	0.195	0.047	0.000	-0.0067	0.0029	0.029	6.256E-05	5.197E-05	0.237	
1998	61,589	1,009,813	4,442	1,115	3,327	9,765	84	-4.17	0.202	0.000	1,904	0.212	0.047	0.000	-0.0074	0.0029	0.016	6.852E-05	5.163E-05	0.194	
1999	64,778	1,055,063	4,565	892	3,673	10,337	84	-4.44	0.235	0.000	1,503	0.252	0.054	0.000	-0.0090	0.0034	0.012	9.212E-05	6.02E-05	0.136	
2000	66,488	1,107,711	3,868	937	2,931	10,647	85	-4.67	0.224	0.000	1,226	0.274	0.052	0.000	-0.0095	0.0032	0.006	9.25E-05	5.721E-05	0.116	
2001	72,261	1,068,605	5,133	1,301	3,832	14,182	88	-4.47	0.238	0.000	1,422	0.227	0.055	0.000	-0.0058	0.0034	0.100	3.063E-05	6.102E-05	0.619	
2002	78,090	1,118,257	5,380	1,350	4,030	15,752	89	-4.30	0.227	0.000	1,609	0.177	0.052	0.002	-0.0022	0.0033	0.503	-3.8E-05	5.816E-05	0.519	
2003	93,690	1,170,667	6,689	1,528	5,162	19,926	90	-4.10	0.231	0.000	1,914	0.140	0.053	0.013	0.0004	0.0033	0.910	-8.05E-05	5.919E-05	0.184	
2004	96,506	1,223,156	7,540	1,438	6,101	21,191	90	-4.00	0.239	0.000	2,029	0.099	0.055	0.082	0.0031	0.0034	0.375	-0.000126	6.109E-05	0.047	
2005	102,331	1,281,285	7,655	2,139	5,516	23,102	91	-3.76	0.229	0.000	2,444	0.042	0.053	0.431	0.0063	0.0033	0.064	-0.000176	5.858E-05	0.005	
2006	101,479	1,338,272	7,378	2,039	5,338	23,207	91	-3.65	0.215	0.000	2,609	-0.004	0.050	0.937	0.0093	0.0031	0.005	-0.000227	5.495E-05	0.000	
Hispanic men																					
1994	12,122	593,465	2,602	1,716	886	2,703	96	-3.90	0.180	0.000	1,983	-0.019	0.041	0.643	0.0020	0.0026	0.437	-3.57E-05	4.594E-05	0.443	
1995	26,036	627,795	3,302	1,978	1,324	6,228	90	-3.49	0.184	0.000	3,115	0.024	0.042	0.580	0.0013	0.0026	0.630	-4.38E-05	4.709E-05	0.359	
1996	27,706	663,457	3,499	1,114	2,385	6,283	90	-3.85	0.216	0.000	2,353	0.099	0.050	0.056	-0.0028	0.0031	0.371	2.357E-05	5.541E-05	0.673	
1997	42,867	697,034	4,796	1,657	3,138	9,330	84	-3.77	0.199	0.000	2,699	0.163	0.046	0.001	-0.0057	0.0029	0.054	5.427E-05	5.096E-05	0.295	
1998	46,884	732,298	5,143	1,719	3,425	9,749	82	-3.90	0.171	0.000	2,445	0.201	0.040	0.000	-0.0078	0.0025	0.003	8.457E-05	4.385E-05	0.063	
1999	47,823	767,236	4,909	1,611	3,298	10,116	84	-4.05	0.184	0.000	2,129	0.207	0.043	0.000	-0.0074	0.0027	0.009	7.134E-05	4.719E-05	0.140	
2000	47,554	808,226	4,155	1,391	2,764	10,057	83	-4.45	0.185	0.000	1,515	0.266	0.043	0.000	-0.0101	0.0027	0.001	0.0001097	4.736E-05	0.027	
2001	52,123	772,079	5,274	1,702	3,572	14,526	87	-4.14	0.196	0.000	1,904	0.183	0.045	0.000	-0.0033	0.0028	0.256	-2.34E-05	5.006E-05	0.644	
2002	56,533	808,042	5,727	1,723	4,005	15,629	88	-4.11	0.206	0.000	1,958	0.177	0.047	0.001	-0.0029	0.0030	0.331	-2.23E-05	5.263E-05	0.674	
2003	67,943	847,849	7,000	1,939	5,061	19,330	89	-3.97	0.217	0.000	2,222	0.162	0.050	0.003	-0.0019	0.0031	0.548	-3.39E-05	5.562E-05	0.546	
2004	68,741	888,445	8,298	2,019	6,279	20,680	90	-3.76	0.234	0.000	2,537	0.086	0.054	0.120	0.0031	0.0034	0.360	-0.000124	5.99E-05	0.047	
2005	71,474	933,113	8,185	2,446	5,738	21,592	90	-3.62	0.217	0.000	2,794	0.038	0.050	0.452	0.0065	0.0031	0.045	-0.000188	5.56E-05	0.002	
2006	71,289	977,179	8,414	2,276	6,139	22,273	90	-3.53	0.220	0.000	2,953	-0.004	0.051	0.938	0.0090	0.0032	0.008	-0.000226	5.624E-05	0.000	
Hispanic, overall																					
1994	26,344	1,423,293	2,391	1,512	879	2,355	94	-4.00	0.108	0.000	1,801	-0.024	0.025	0.339	0.0024	0.0015	0.124	-4.57E-05	2.756E-05	0.107	
1995	56,635	1,501,018	3,123	1,715	1,407	5,364	92	-3.63	0.137	0.000	2,758	0.039	0.032	0.226	-0.0001	0.0020	0.947	-1.3E-05	3.499E-05	0.713	
1996	61,103	1,583,285	3,170	857	2,313	5,804	100	-4.05	0.181	0.000	1,976	0.126	0.042	0.005	-0.0047	0.0026	0.083	5.786E-05	4.639E-05	0.221	
1997	99,198	1,660,508	4,403	1,379	3,024	9,261	84	-3.94	0.176	0.000	2,316	0.179	0.041	0.000	-0.0062	0.0025	0.020	5.928E-05	4.513E-05	0.198	
1998	108,473	1,742,111	4,756	1,386	3,370	9,750	83	-4.03	0.179	0.000	2,162	0.203	0.041	0.000	-0.0073	0.0026	0.008	7.187E-05	4.58E-05	0.126	
1999	112,601	1,822,299	4,720	1,212	3,508	10,255	84	-4.24	0.205	0.000	1,795	0.227	0.047	0.000	-0.0080	0.0030	0.011	7.927E-05	5.246E-05	0.141	
2000	114,042	1,915,937	3,997	1,140	2,857	10,435	84	-4.54	0.198	0.000	1,376	0.263	0.046	0.000	-0.0093	0.0028	0.003	9.3E-05	5.06E-05	0.075	
2001	124,384	1,840,684	5,197	1,482	3,715	14,232	88	-4.33	0.213	0.000	1,624	0.211	0.049	0.000	-0.0051	0.0031	0.105	1.749E-05	5.44E-05	0.750	
2002	134,623	1,926,299	5,538	1,518	4,019	15,754	88	-4.20	0.210	0.000	1,777	0.174	0.048	0.001	-0.0024	0.0030	0.441	-3.35E-05	5.369E-05	0.537	

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model												
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β0	β0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β1	β1_SE	P	β2	β2_SE	P	β3	β3_SE	P
2003	161,633	2,018,516	6,831	1,714	5,118	19,760	90	-4.02	0.219	0.000	2,074	0.145	0.051	0.007	-0.0003	0.0032	0.922	-6.58E-05	5.617E-05	0.250
2004	165,247	2,111,601	7,887	1,703	6,184	21,076	90	-3.88	0.230	0.000	2,273	0.090	0.053	0.100	0.0033	0.0033	0.326	-0.000128	5.874E-05	0.037
2005	173,805	2,214,398	7,897	2,280	5,617	22,543	91	-3.70	0.222	0.000	2,599	0.042	0.051	0.423	0.0062	0.0032	0.060	-0.000176	5.674E-05	0.004
2006	172,768	2,315,451	7,853	2,147	5,705	22,928	91	-3.59	0.214	0.000	2,771	-0.005	0.049	0.919	0.0092	0.0031	0.005	-0.000225	5.465E-05	0.000
Black women																				
1991	343,592	1,529,904	12,626	14,382	-1,757	47,713	94	-1.93	0.083	0.000	14,634	0.006	0.019	0.757	0.0035	0.0012	0.006	-7.99E-05	2.117E-05	0.001
1992	379,242	1,555,302	27,127	13,653	13,473	51,914	94	-1.65	0.096	0.000	18,551	-0.039	0.022	0.086	0.0058	0.0014	0.000	-0.000113	2.448E-05	0.000
1993	408,201	1,579,031	29,544	14,137	15,407	54,156	95	-1.63	0.102	0.000	19,093	-0.030	0.024	0.209	0.0053	0.0015	0.001	-0.000104	2.61E-05	0.000
1994	468,238	1,599,518	34,446	16,092	18,354	59,192	95	-1.51	0.101	0.000	21,612	-0.023	0.023	0.339	0.0046	0.0015	0.004	-9.01E-05	2.585E-05	0.001
1995	511,536	1,619,458	33,730	14,918	18,812	69,939	97	-1.59	0.108	0.000	20,600	0.005	0.025	0.843	0.0031	0.0016	0.055	-6.38E-05	2.76E-05	0.027
1996	538,412	1,638,906	36,061	16,128	19,933	72,062	97	-1.58	0.113	0.000	20,917	0.009	0.026	0.744	0.0030	0.0016	0.079	-6.27E-05	2.894E-05	0.038
1997	556,518	1,659,172	32,111	15,631	16,481	71,699	96	-1.64	0.109	0.000	19,910	0.023	0.025	0.375	0.0025	0.0016	0.126	-5.93E-05	2.79E-05	0.041
1998	494,609	1,675,076	31,679	15,536	16,143	57,553	94	-1.68	0.115	0.000	18,845	0.010	0.026	0.704	0.0030	0.0016	0.076	-7.04E-05	2.932E-05	0.022
1999	506,193	1,687,803	33,318	15,260	18,058	57,875	93	-1.65	0.113	0.000	19,315	0.001	0.026	0.955	0.0037	0.0016	0.028	-8.57E-05	2.894E-05	0.006
2000	512,267	1,705,721	30,828	16,813	14,015	58,049	92	-1.63	0.100	0.000	19,522	-0.009	0.023	0.701	0.0047	0.0014	0.003	-0.000106	2.554E-05	0.000
2001	546,628	1,764,050	40,247	16,903	23,343	60,651	93	-1.42	0.106	0.000	23,220	-0.050	0.024	0.049	0.0068	0.0015	0.000	-0.000138	2.715E-05	0.000
2002	571,584	1,782,205	41,449	17,554	23,896	62,872	93	-1.38	0.102	0.000	24,028	-0.049	0.024	0.046	0.0067	0.0015	0.000	-0.000136	2.614E-05	0.000
2003	676,899	1,805,272	49,416	20,131	29,284	81,143	93	-1.23	0.113	0.000	27,721	-0.064	0.026	0.020	0.0080	0.0016	0.000	-0.000157	2.892E-05	0.000
2004	673,375	1,826,684	56,860	18,124	38,736	80,341	93	-1.19	0.127	0.000	28,314	-0.082	0.029	0.009	0.0091	0.0018	0.000	-0.000178	3.254E-05	0.000
2005	676,671	1,859,518	53,758	18,870	34,888	78,029	93	-1.21	0.124	0.000	27,682	-0.079	0.029	0.010	0.0090	0.0018	0.000	-0.000177	3.177E-05	0.000
2006	669,538	1,891,521	55,787	17,393	38,394	77,310	93	-1.21	0.129	0.000	27,472	-0.088	0.030	0.006	0.0095	0.0019	0.000	-0.000184	3.312E-05	0.000
Black men																				
1991	212,877	955,418	13,010	14,217	-1,208	44,015	91	-1.96	0.080	0.000	14,491	0.027	0.018	0.154	0.0026	0.0012	0.032	-7.45E-05	2.046E-05	0.001
1992	235,256	973,622	25,200	13,537	11,663	48,193	92	-1.70	0.091	0.000	18,161	-0.015	0.021	0.494	0.0046	0.0013	0.001	-0.000103	2.339E-05	0.000
1993	247,447	991,864	26,718	14,145	12,572	48,913	93	-1.69	0.092	0.000	18,381	-0.005	0.021	0.833	0.0038	0.0013	0.007	-8.72E-05	2.365E-05	0.001
1994	277,683	1,008,749	30,538	15,653	14,885	52,942	93	-1.59	0.100	0.000	20,349	-0.002	0.023	0.917	0.0036	0.0014	0.018	-8.17E-05	2.559E-05	0.003
1995	301,187	1,026,075	28,470	15,214	13,255	61,510	93	-1.65	0.116	0.000	19,534	0.016	0.027	0.552	0.0030	0.0017	0.087	-7.31E-05	2.971E-05	0.020
1996	312,138	1,042,306	30,938	16,180	14,758	63,055	94	-1.64	0.111	0.000	19,752	0.019	0.026	0.461	0.0027	0.0016	0.102	-6.7E-05	2.839E-05	0.025
1997	319,616	1,059,404	28,728	15,068	13,661	62,984	94	-1.72	0.109	0.000	18,590	0.040	0.025	0.124	0.0015	0.0016	0.345	-4.77E-05	2.79E-05	0.097
1998	282,267	1,074,675	27,070	15,681	11,389	50,507	92	-1.75	0.103	0.000	17,752	0.016	0.024	0.517	0.0029	0.0015	0.060	-7.49E-05	2.645E-05	0.008
1999	288,457	1,090,162	27,818	15,602	12,215	50,213	92	-1.71	0.115	0.000	18,240	0.007	0.027	0.781	0.0035	0.0017	0.045	-8.62E-05	2.948E-05	0.006
2000	290,289	1,105,285	28,263	16,331	11,932	49,101	91	-1.65	0.095	0.000	19,009	-0.011	0.022	0.617	0.0047	0.0014	0.002	-0.000112	2.43E-05	0.000
2001	311,212	1,089,147	33,775	17,586	16,188	57,033	92	-1.48	0.090	0.000	22,176	-0.037	0.021	0.086	0.0063	0.0013	0.000	-0.000135	2.314E-05	0.000
2002	328,428	1,105,635	35,170	18,806	16,364	61,578	91	-1.37	0.082	0.000	24,108	-0.057	0.019	0.005	0.0077	0.0012	0.000	-0.000161	2.091E-05	0.000
2003	392,424	1,125,875	43,618	21,895	21,723	76,097	91	-1.19	0.115	0.000	28,465	-0.071	0.027	0.012	0.0089	0.0017	0.000	-0.000185	2.951E-05	0.000
2004	394,983	1,145,326	49,703	21,024	28,679	75,769	92	-1.15	0.109	0.000	29,376	-0.082	0.025	0.003	0.0093	0.0016	0.000	-0.000187	2.782E-05	0.000
2005	400,562	1,172,907	47,801	21,231	26,570	72,139	91	-1.17	0.100	0.000	28,804	-0.079	0.023	0.002	0.0092	0.0014	0.000	-0.000189	2.559E-05	0.000
2006	403,634	1,197,708	50,362	20,101	30,260	70,387	92	-1.19	0.115	0.000	28,544	-0.076	0.026	0.007	0.0088	0.0017	0.000	-0.00018	2.937E-05	0.000
Black, overall																				
1991	556,469	2,485,322	12,787	14,310	-1,523	46,510	94	-1.94	0.081	0.000	14,591	0.015	0.019	0.436	0.0031	0.0012	0.013	-7.46E-05	2.064E-05	0.001
1992	614,498	2,528,924	26,312	13,603	12,709	50,784	94	-1.67	0.093	0.000	18,388	-0.028	0.021	0.197	0.0052	0.0013	0.000	-0.000105	2.374E-05	0.000

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model												
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β_0	β_0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β_1	β_1_SE	P	β_2	β_2_SE	P	β_3	β_3_SE	P
1993	655,648	2,570,895	28,344	14,141	14,203	52,703	94	-1.65	0.098	0.000	18,834	-0.020	0.023	0.380	0.0047	0.0014	0.002	-9.52E-05	2.499E-05	0.001
1994	745,921	2,608,267	32,779	15,900	16,880	57,433	95	-1.55	0.098	0.000	21,074	-0.014	0.023	0.548	0.0041	0.0014	0.007	-8.36E-05	2.509E-05	0.002
1995	812,723	2,645,533	31,491	15,049	16,443	67,519	96	-1.62	0.105	0.000	20,102	0.012	0.024	0.628	0.0028	0.0015	0.072	-6.15E-05	2.675E-05	0.028
1996	850,550	2,681,212	33,894	16,151	17,743	69,639	96	-1.61	0.109	0.000	20,416	0.014	0.025	0.583	0.0027	0.0016	0.093	-6.06E-05	2.791E-05	0.038
1997	876,134	2,718,576	30,684	15,385	15,299	69,476	96	-1.67	0.106	0.000	19,412	0.028	0.024	0.252	0.0021	0.0015	0.169	-5.47E-05	2.702E-05	0.051
1998	776,876	2,749,751	29,734	15,599	14,135	55,674	94	-1.71	0.109	0.000	18,400	0.013	0.025	0.619	0.0029	0.0016	0.071	-6.99E-05	2.78E-05	0.017
1999	794,650	2,777,965	30,958	15,409	15,549	55,796	93	-1.67	0.108	0.000	18,881	0.004	0.025	0.877	0.0036	0.0016	0.028	-8.4E-05	2.775E-05	0.005
2000	802,556	2,811,006	29,752	16,599	13,153	55,571	92	-1.64	0.096	0.000	19,321	-0.010	0.022	0.656	0.0047	0.0014	0.002	-0.000107	2.446E-05	0.000
2001	857,840	2,853,197	37,444	17,198	20,246	59,686	93	-1.44	0.098	0.000	22,819	-0.045	0.023	0.056	0.0065	0.0014	0.000	-0.000135	2.501E-05	0.000
2002	900,012	2,887,840	38,712	18,093	20,619	62,432	92	-1.39	0.093	0.000	23,944	-0.049	0.021	0.030	0.0068	0.0013	0.000	-0.000139	2.375E-05	0.000
2003	1,069,323	2,931,147	46,893	20,897	25,996	79,742	93	-1.22	0.107	0.000	27,895	-0.063	0.025	0.016	0.0080	0.0015	0.000	-0.000159	2.746E-05	0.000
2004	1,068,358	2,972,010	53,724	19,381	34,343	79,071	93	-1.18	0.117	0.000	28,746	-0.081	0.027	0.006	0.0090	0.0017	0.000	-0.000177	3.004E-05	0.000
2005	1,077,233	3,032,425	51,158	19,900	31,258	76,321	92	-1.20	0.114	0.000	28,123	-0.077	0.026	0.006	0.0089	0.0016	0.000	-0.000175	2.916E-05	0.000
2006	1,073,172	3,089,229	53,432	18,571	34,862	75,440	93	-1.20	0.120	0.000	28,036	-0.083	0.028	0.005	0.0092	0.0017	0.000	-0.000179	3.08E-05	0.000
White women																				
1991	3,318,186	16,325,605	9,226	9,585	-360	44,209	94	-2.41	0.032	0.000	9,526	0.057	0.007	0.000	0.0016	0.0005	0.001	-5.85E-05	8.154E-06	0.000
1992	3,580,576	16,510,839	12,894	10,132	2,762	46,784	93	-2.25	0.040	0.000	10,937	0.035	0.009	0.001	0.0028	0.0006	0.000	-7.81E-05	1.015E-05	0.000
1993	3,762,736	16,700,161	13,419	10,313	3,106	48,363	93	-2.23	0.043	0.000	11,184	0.035	0.010	0.001	0.0030	0.0006	0.000	-8.21E-05	1.091E-05	0.000
1994	4,136,471	16,814,520	15,051	11,199	3,852	50,742	93	-2.12	0.041	0.000	12,415	0.033	0.010	0.002	0.0030	0.0006	0.000	-8.35E-05	1.059E-05	0.000
1995	4,406,928	16,912,767	11,748	10,419	1,328	58,778	95	-2.28	0.032	0.000	10,926	0.068	0.007	0.000	0.0012	0.0005	0.016	-5E-05	8.149E-06	0.000
1996	4,601,493	16,980,510	12,287	11,509	779	61,188	94	-2.25	0.033	0.000	11,264	0.063	0.008	0.000	0.0016	0.0005	0.001	-5.99E-05	8.386E-06	0.000
1997	4,732,812	17,002,404	11,451	11,492	-41	62,749	94	-2.26	0.030	0.000	11,165	0.065	0.007	0.000	0.0017	0.0004	0.001	-6.24E-05	7.784E-06	0.000
1998	3,987,592	16,989,418	10,457	10,571	-114	47,741	93	-2.34	0.027	0.000	10,243	0.060	0.006	0.000	0.0016	0.0004	0.000	-6.05E-05	6.799E-06	0.000
1999	4,026,751	16,933,380	10,883	10,585	297	48,888	93	-2.32	0.027	0.000	10,399	0.053	0.006	0.000	0.0021	0.0004	0.000	-6.98E-05	7.019E-06	0.000
2000	4,109,698	16,946,287	10,343	11,694	-1,350	48,847	92	-2.29	0.027	0.000	10,696	0.050	0.006	0.000	0.0024	0.0004	0.000	-7.6E-05	6.842E-06	0.000
2001	4,321,910	17,162,625	12,588	11,799	789	50,073	92	-2.15	0.022	0.000	12,019	0.032	0.005	0.000	0.0032	0.0003	0.000	-8.81E-05	5.706E-06	0.000
2002	4,467,781	17,135,131	13,039	12,538	501	51,534	92	-2.09	0.020	0.000	12,774	0.026	0.005	0.000	0.0034	0.0003	0.000	-9.17E-05	5.124E-06	0.000
2003	5,440,531	17,155,075	15,864	13,962	1,902	69,959	93	-1.93	0.025	0.000	14,731	0.015	0.006	0.013	0.0046	0.0004	0.000	-0.00011	6.313E-06	0.000
2004	5,395,005	17,172,235	17,693	13,618	4,076	69,179	93	-1.89	0.034	0.000	15,288	0.003	0.008	0.672	0.0052	0.0005	0.000	-0.00012	8.73E-06	0.000
2005	5,350,416	17,226,693	17,304	13,197	4,108	69,808	93	-1.92	0.038	0.000	14,846	0.005	0.009	0.582	0.0051	0.0005	0.000	-0.000117	9.763E-06	0.000
2006	5,362,377	17,325,697	17,679	13,053	4,626	69,297	93	-1.92	0.042	0.000	14,801	0.005	0.010	0.578	0.0050	0.0006	0.000	-0.000115	1.077E-05	0.000
White men																				
1991	2,515,400	11,031,743	12,399	13,225	-826	50,012	95	-2.12	0.035	0.000	12,813	0.062	0.008	0.000	0.0005	0.0005	0.341	-3.23E-05	9.054E-06	0.001
1992	2,689,447	11,205,306	16,885	13,569	3,315	52,394	94	-1.96	0.040	0.000	14,623	0.035	0.009	0.001	0.0020	0.0006	0.001	-5.85E-05	1.035E-05	0.000
1993	2,791,293	11,405,363	17,131	13,861	3,270	53,533	94	-1.96	0.035	0.000	14,690	0.035	0.008	0.000	0.0022	0.0005	0.000	-6.17E-05	9.04E-06	0.000
1994	3,027,813	11,548,661	18,840	14,578	4,262	56,293	93	-1.86	0.038	0.000	15,994	0.030	0.009	0.002	0.0025	0.0005	0.000	-6.8E-05	9.701E-06	0.000
1995	3,197,445	11,705,753	14,219	13,352	867	66,829	95	-2.04	0.030	0.000	13,932	0.064	0.007	0.000	0.0009	0.0004	0.049	-4.05E-05	7.765E-06	0.000
1996	3,317,465	11,828,476	14,935	14,205	730	68,214	95	-2.02	0.030	0.000	14,164	0.061	0.007	0.000	0.0011	0.0004	0.012	-4.6E-05	7.69E-06	0.000
1997	3,383,693	11,918,856	13,888	13,899	-11	68,471	94	-2.05	0.033	0.000	13,770	0.064	0.008	0.000	0.0012	0.0005	0.013	-5.09E-05	8.397E-06	0.000
1998	2,962,907	11,986,041	12,568	12,864	-296	52,437	93	-2.15	0.031	0.000	12,439	0.065	0.007	0.000	0.0009	0.0004	0.061	-4.59E-05	7.912E-06	0.000
1999	2,976,642	12,026,571	12,967	12,473	494	52,840	93	-2.15	0.031	0.000	12,413	0.060	0.007	0.000	0.0013	0.0004	0.006	-5.48E-05	7.965E-06	0.000

Population characteristics			Comparison of actual CVD hospitalization rates per 100,000 persons at age 65 and 66					Results and coefficients of third degree polynomial regression model												
Year	Total CVD hospitalizations	Total population	Rate at age 65	Rate at age 66	Difference in rates at age 65 and 66	Maximum predicted CVD hospitalization rate per 100,000 persons	Age at maximum rate	β_0	β_0_SE	P	Predicted hospitalization rate at age 65 per 100,000 persons	β_1	β_1_SE	P	β_2	β_2_SE	P	β_3	β_3_SE	P
2000	3,002,344	12,120,455	12,093	13,746	-1,653	51,667	92	-2.13	0.030	0.000	12,553	0.054	0.007	0.000	0.0017	0.0004	0.000	-6.43E-05	7.704E-06	0.000
2001	3,172,954	12,235,706	14,964	13,760	1,204	55,613	92	-2.00	0.027	0.000	14,075	0.031	0.006	0.000	0.0031	0.0004	0.000	-8.75E-05	7.033E-06	0.000
2002	3,291,084	12,314,122	15,208	14,491	718	57,184	92	-1.94	0.025	0.000	14,714	0.025	0.006	0.000	0.0035	0.0004	0.000	-9.49E-05	6.37E-06	0.000
2003	3,837,205	12,435,296	18,231	15,864	2,367	73,973	93	-1.80	0.029	0.000	16,761	0.010	0.007	0.156	0.0048	0.0004	0.000	-0.000116	7.308E-06	0.000
2004	3,812,298	12,558,430	20,286	15,460	4,825	73,149	93	-1.74	0.035	0.000	17,471	-0.008	0.008	0.352	0.0058	0.0005	0.000	-0.000131	9.064E-06	0.000
2005	3,826,143	12,712,212	20,198	14,892	5,305	74,024	93	-1.76	0.038	0.000	17,129	-0.010	0.009	0.288	0.0060	0.0005	0.000	-0.000135	9.766E-06	0.000
2006	3,856,969	12,895,410	20,707	14,837	5,870	73,457	93	-1.75	0.041	0.000	17,292	-0.013	0.009	0.185	0.0061	0.0006	0.000	-0.000135	1.05E-05	0.000
White, overall																				
1991	5,833,586	27,357,348	10,679	11,236	-557	45,340	94	-2.26	0.033	0.000	11,086	0.055	0.008	0.000	0.0013	0.0005	0.011	-4.98E-05	8.447E-06	0.000
1992	6,270,023	27,716,145	14,725	11,695	3,030	47,902	93	-2.10	0.039	0.000	12,664	0.032	0.009	0.001	0.0026	0.0006	0.000	-7.15E-05	9.949E-06	0.000
1993	6,554,029	28,105,524	15,143	11,929	3,214	49,424	93	-2.09	0.040	0.000	12,854	0.031	0.009	0.002	0.0028	0.0006	0.000	-7.62E-05	1.012E-05	0.000
1994	7,164,284	28,363,181	16,811	12,757	4,054	51,919	93	-1.99	0.039	0.000	14,108	0.029	0.009	0.003	0.0029	0.0006	0.000	-7.98E-05	9.956E-06	0.000
1995	7,604,373	28,618,520	12,912	11,773	1,139	60,393	95	-2.16	0.031	0.000	12,340	0.064	0.007	0.000	0.0011	0.0004	0.016	-4.74E-05	7.813E-06	0.000
1996	7,918,958	28,808,986	13,525	12,771	754	62,600	94	-2.13	0.031	0.000	12,648	0.060	0.007	0.000	0.0015	0.0004	0.002	-5.61E-05	7.995E-06	0.000
1997	8,116,505	28,921,260	12,592	12,610	-17	63,938	94	-2.15	0.030	0.000	12,403	0.063	0.007	0.000	0.0016	0.0004	0.001	-5.87E-05	7.702E-06	0.000
1998	6,950,499	28,975,459	11,450	11,639	-189	48,796	93	-2.24	0.027	0.000	11,297	0.061	0.006	0.000	0.0013	0.0004	0.003	-5.48E-05	7.032E-06	0.000
1999	7,003,393	28,959,951	11,867	11,468	399	49,789	93	-2.23	0.028	0.000	11,374	0.055	0.007	0.000	0.0018	0.0004	0.000	-6.38E-05	7.281E-06	0.000
2000	7,112,042	29,066,742	11,172	12,657	-1,484	49,545	92	-2.21	0.028	0.000	11,594	0.050	0.006	0.000	0.0021	0.0004	0.000	-7.11E-05	7.109E-06	0.000
2001	7,494,864	29,398,331	13,717	12,725	992	51,521	92	-2.07	0.024	0.000	13,002	0.031	0.005	0.000	0.0031	0.0003	0.000	-8.7E-05	6.092E-06	0.000
2002	7,758,865	29,449,253	14,072	13,463	609	53,060	92	-2.02	0.021	0.000	13,698	0.026	0.005	0.000	0.0034	0.0003	0.000	-9.17E-05	5.364E-06	0.000
2003	9,277,736	29,590,371	16,994	14,865	2,129	71,056	93	-1.87	0.025	0.000	15,700	0.012	0.006	0.041	0.0046	0.0004	0.000	-0.000112	6.439E-06	0.000
2004	9,207,303	29,730,665	18,934	14,494	4,439	70,297	93	-1.82	0.034	0.000	16,311	-0.001	0.008	0.854	0.0054	0.0005	0.000	-0.000123	8.78E-06	0.000
2005	9,176,559	29,938,905	18,688	14,006	4,682	71,064	93	-1.84	0.038	0.000	15,904	-0.001	0.009	0.912	0.0054	0.0005	0.000	-0.000122	9.692E-06	0.000
2006	9,219,346	30,221,107	19,126	13,904	5,222	70,539	93	-1.84	0.042	0.000	15,946	-0.002	0.010	0.831	0.0054	0.0006	0.000	-0.000121	1.063E-05	0.000

Rate — Normalized Hospitalization Rate — Predicted Hospitalization Rate

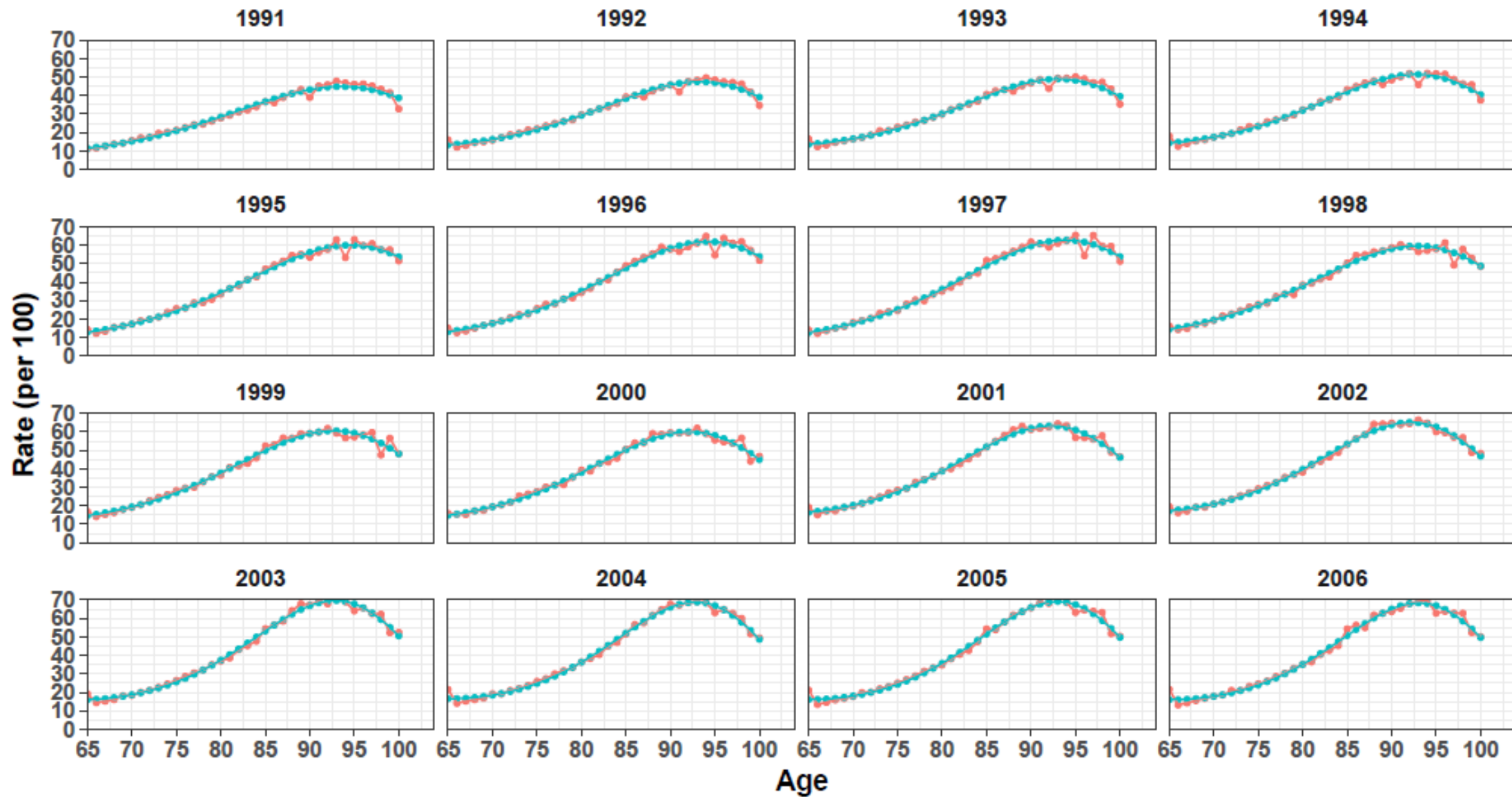


Figure S1. Distributions of CVD hospitalization rates per 100,000 adults, by single year of age and calendar year between 1991-2006 in US adults aged 65 and above, based on data from the U.S. Centers for Medicare & Medicaid Services. Actual year-specific hospitalization rates are shown in orange; rates predicted by third-degree polynomial regression are shown in blue.

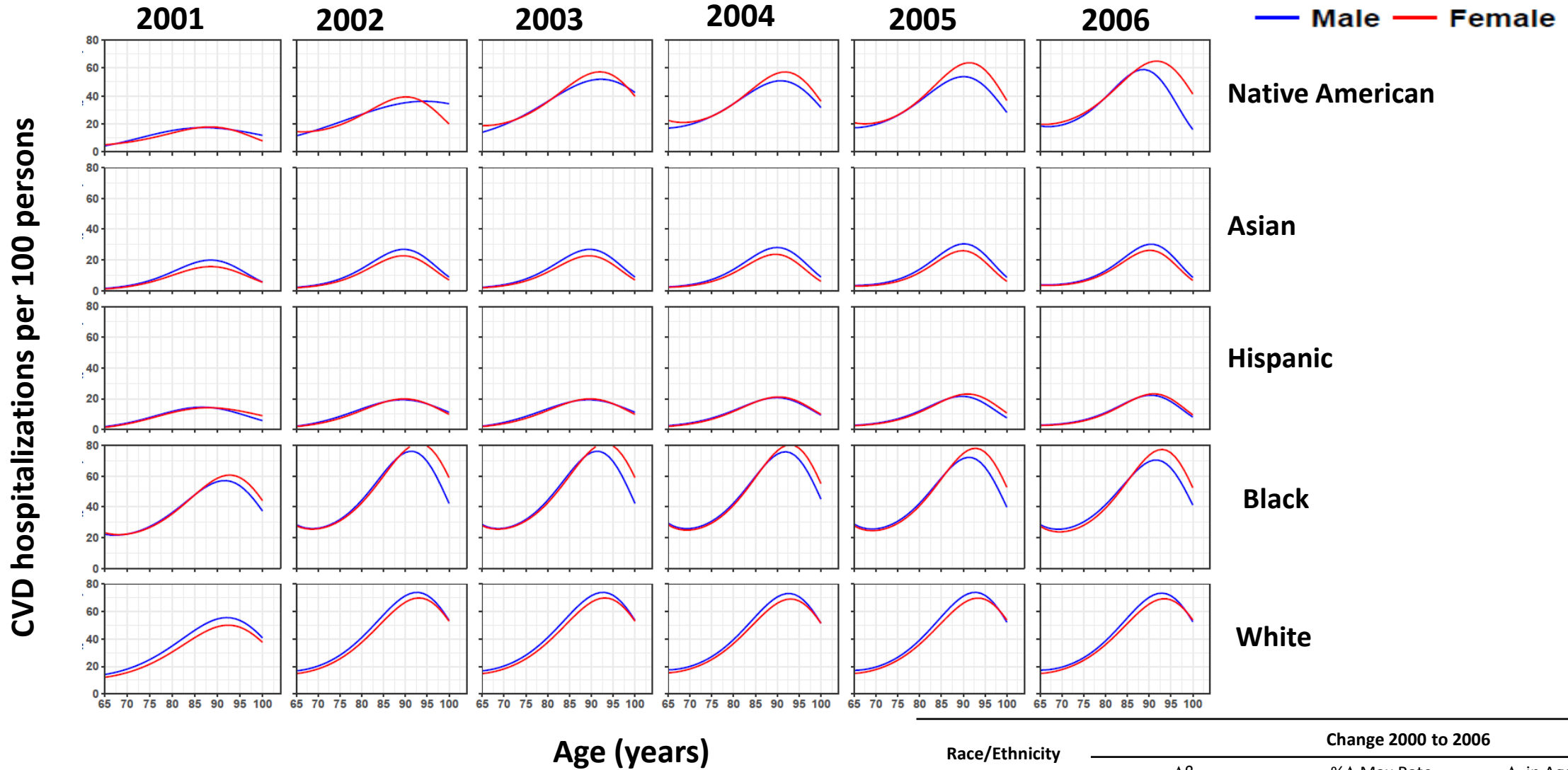


Figure S2. Single-year age distributions of CVD-related hospitalization rates per 100 persons among the US elderly from 2001-2006 by race and sex.

Race/Ethnicity	Change 2000 to 2006		
	$\Delta\beta_2$	% Δ Max Rate	Δ in Age at Max Rate (yr)
Native American	5x	220%	4
Asian	11x	50%	2
Hispanic	7x	50%	2
Black	1.8x	20%	1
White	2.5x	12%	1