HCHS/SOL

Submission Instructions for Manuscripts or Publications

What is this?

This is an example of an ideal submission of manuscripts or publications on the HCHS/SOL website. This example describes the various fields and uses a previous submission from Dr. Paul Sorlie that can be viewed as a complete, ideal submission.

Table of contents:

After the submission is complete, the form can be viewed under the Proposal Reports function under Publication Tracking (for Study Members).

Below is a sample view of the submission above.

Manuscript Proposal Form

Created: 10/15/09 17:38:15 (MS Number 20) **Updated:** 10/16/09

1. a. Full Title: Prevalence of hypertension, awareness, treatment and control in the HCHS/SOL.

b. Abbreviated Title (Length 40 characters): Prevalence of hypertension

c. Keywords: blood pressure, hypertension, treatment

2. Proposer: Paul Sorlie

3. Affiliation: NIH Institution - NHLBI - National Heart, Lung, and Blood Institute

4. Sponsoring PI: Larissa Avilés-Santa, NHLBI

5. Suggested Co-Authors: Kaplan, R; Smoller,S; Daviglus, M; Lloyd-Jones, D; Schneiderman, N; Raij,L; Talavera, G; Alison, M; Avilés-Santa,L

First Author: Paul Sorlie

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Phone: **Fax:**

E-mail:

7. Will the DNA or biomarker data be used in this manuscript? Yes: ☐ No: ☑

8. The lead author of this manuscript proposal has reviewed the list of existing HCHS/SOL manuscript proposals AND has found NO OVERLAP between this proposal and previously approved manuscript proposals either published or still in active status. Yes

9. Where will the data analyses be performed?

Coordinating Center ☐ [at UNC] **HCHS / SOL Center** ☑ [Under supervision of an HCHS/SOL PI]

A Writing Group Member's Site ☐ [Which is not an HCHS/SOL Center] (Specified Location)

10. a. Is this manuscript proposal associated with any HCHS ancillary studies or use any ancillary study data? Yes: ☐ No: ☑

b. If "Yes", is the proposal...

1. ...primarily the result of an ancillary study:
2. ...primarily based on HCHS/SOL data with ancillary data playing a minor role:

11. Rationale:

Hypertension, a key risk factor for cardiovascular disease, can be effectively treated and, with healthy life style factors, can be greatly prevented. Recent analyses of national data from NHANES show Mexican Americans show poorest rates of hypertension awareness, treatment and control. These rates, respectively were 61%, 47% and 24% in Mexican Americans, but were 72%, 62% and 37% in non Hispanic whites. The national data show that the prevalence of hypertension per se is not elevated (27% in both Mexican Americans and non Hispanic whites). The national data do not have data for the other Hispanic subgroups. By describing prevalence of hypertension and rates of awareness, treatment and control, and by identifying whether these populations are deficient in achieving desired goals, the study can provide guidance on areas of need.

12. Main Hypothesis / Study Questions:

What is the prevalence of hypertension in the HCHS/SOL, age-specific, age-adjusted, among Hispanic groups, and between men and women? How do these rates vary by socioeconomic status (income and education) and health insurance? What is the variation by Hispanic group, after taking into account differences in age ? What are the rates of awareness, treatment and control (ATC) of hypertension, among Hispanic groups, and between men and women? How do these rates of ATC vary by socioeconomic status (income and education) and health insurance? How do these rates compare to national data?

13. Analysis Plan / Outline:

Stage 1 Analysis Plan: Descriptive statistics of prevalence of hypertension (>=140/90 or on treatment): prevalence rates by age, sex, race, Hispanic group (separate and in combination). Analysis will need to be done to determine which cell sizes will be too small. Statistical tests of differences between groups (sex, race, Hispanic group) will be made by conventional tests of proportions (after taking into account the appropriate sampling weights and methodology requested by the coordinating center). Similar to prevalence of hypertension, rates of awareness, treatment and control will analyzed as above.

Stage 2 analysis plan: While there are many covariates that are associated with hypertension, this paper

will focus only the demographic characteristics above, and on SES and health insurance. The statistical methods for describing the association between hypertension and these factors and ATC and these factors will depend in part on results of the first stage analysis. If cell sizes are too small, or some Hispanic groups will need to be collapsed into larger groups, or if the age grouping shows too much heterogeneity or non-linear effects, the analysis will need to be modified accordingly. The plan to investigate SES and health insurance associations will proceed first graphically, to visualize the relationship between these factors and hypertension/ATC. Comparisons of proportions for homogeneity of effects will be done, but it is likely that a logistic function will be used (either ordinal with SES, or categorical with health insurance) to describe adjusted relationships between hypertension and these variables. The adjustment would be for age, race and Hispanic group. If data are sufficient for tests of interaction, then these will be done to determine whether there is an interaction with sex, race, or Hispanic group.

Table Shell Title: Definitions and Working Tables

Table Shell File: /hchs/mantrack/maintain/proposals/Definitions_and_sample_tables_for_manuscript_proposal.doc

14. Relevant References:

Cutler JA, Sorlie PD, Wolz M, Thom T, Fields LE, Rocella EJ. Trends in hypertension prevalence, awareness, treatment, and control rates in United States adults between 19881994 and 1999 2004. Hypertension. 2008;52:818-827.

Definitions and sample tables for manuscript proposal: Prevalence of hypertension, awareness, treatment and control in the HCHS/SOL

Average SBP and DBP: average of available measurements during the baseline exam using the automated BP device.

Treatment for hypertension: Answer yes to the question whether any medications were for hypertension.

Awareness of hypertension: Reported yes to question whether a doctor told participant they had hypertension.

Hypertension: SBP>= 140 or DBP >=90 or on treatment for hypertension.

Percent of hypertensives aware: number of hypertensives aware divided by the number of hypertensives.

Percent of hypertensives treated: number of hypertensives treated divided by the number of hypertensives.

Percent of hypertensives controlled: number of hypertensives with BP <140/90 divided by the number of hypertensives.

Percent of treated hypertensives controlled: number of treated hypertensives with BP<140/90 divided by the number of treated hypertensives.

Other variables: age, sex, center, Hispanic origin (Dominican, Central American, Cuban, Mexican, Puerto Rican, South American, Mixed or other)

Age-adjustment: Direct method using the Standard 2000 population.

Note: Tables are designed to be comparable to previously published data in a national samples of the US including tables of Mexican Americans.

These are the explanations and definitions of the variables and axis titles.

Working Table1: Age-adjusted* and age-specific prevalence of hypertension in HCHS/SOL

	N	Percent prevalence	SE
Total*			
Men			
Women			
Age 18-29			
Men			
Women			
Age 30-39			
Men			
Women			
Age 40-49			
Men			
Women			
Age 50-59			
Men			
Women			
Age 60-69			
Men			
Women			
Age 70-74			
Men			
Women			

Age groups in categories to compare with previously published paper from NHANES.

Working Table 2: Age-adjusted prevalence of hypertension by Hispanic origin

	N	Percent prevalence	SE
Dominican			
Men			
Women			
Central American			
Men			
Women			
Cuban			
Men			
Women			
Mexican			
Men			
Women			
Puerto Rican			
Men			
Women			
South American			
Men			
Women			
Mixed/Other/Unknown			
Men			
Women			

Working Table 3: Age-adjusted prevalence of hypertension by field site

	N	Percent prevalence	SE
Bronx			
Men			
Women			
Chicago			
Men			
Women			
Miami			
Men			
Women			
San Diego			
Men			
Women			

Working Table 4: Prevalence of hypertension unadjusted and adjusted by field center

	Unadjusted for FC		Adjusted for FC	
	% prevalence	SE	% prevalence	SE
Central American				
Men				
Women				
Mexican				
Men				
Women				
Puerto Rican				
Men				
Women				

Using logistic model or other model (*adjustments to be determined by available data)* adjusted for age and*:*

Central American adjusted for field centers: Bronx, Chicago and Miami
Mexican adjusted for field centers: Bronx, Chicago and San Diego
Puerto Rican adjusted for field centers; Bronx and Chicago

Working Table 5: Hypertension awareness, treatment and control (ATC) in the HCHC/SOL

	hypertensive	aware			treated			controlled		
	N	N	%	SE	N	%	SE	N	%	SE
Total										
Men										
Women										
18-49										
Men										
Women										
50-69										
Men										
Women										
70-74										
Men										
Women										

Totals are not age-adjusted because goals should be 100% aware, treated and controlled and ATC is not intrinsically related to age. Age groups are categorized to compare with previously published data. Denominator for each % is the number hypertensive.

Working Table 6: Hypertension awareness, treatment and control by Hispanic origin

	Aware			Treated			Controlled			Controlled/Treated
	N	%	SE	N	%	SE	N	%	SE	%
Dominican										
Men										
Women										
Central American										
Men										
Women										
Cuban										
Men										
Women										
Mexican										
Men										
Women										
Puerto Rican										
Men										
Women										
South American										
Men										
Women										
Mixed/Other/Unknown										
Men										
Women										

Totals are not age-adjusted because goals should be 100% aware, treated and controlled and ATC is not intrinsically related to age. Denominators are hypertensives except for the last column which is the number of controlled by the number treated.

Working Table 7: Hypertension awareness, treatment and control by Field Center

	Aware			Treated			Controlled			Controlled/Treated
	N	%	SE	N	%	SE	N	%	SE	%
Bronx										
Men										
Women										
Chicago										
Men										
Women										
Miami										
Men										
Women										
San Diego										
Men										
Women										

Totals are not age-adjusted because goals should be 100% aware, treated and controlled and ATC is not intrinsically related to age. Denominators are hypertensives except for the last column which is the number of controlled by the number treated.

Working Table 8: Hypertension awareness, treatment and control in **Mexican Americans** by Field Center

	Aware			Treated			Controlled			Controlled/Treated
	N	%	SE	N	%	SE	N	%	SE	%
Bronx										
Men										
Women										
Chicago										
Men										
Women										
San Diego										
Men										
Women										

Totals are not age-adjusted because goals should be 100% aware, treated and controlled and ATC is not intrinsically related to age. Denominators are hypertensives except for the last column which is the number of controlled by the number treated.

This table will be run for different origin groups if there are sufficient numbers of observations in each origin/field center group.
Puerto Rican (Bronx and Chicago)
Central American (Bronx, Chicago and Miami)

Working table 9: Age-adjusted prevalence of hypertension by education level

	N	Percent prevalence	SE
Men			
<HS			
>=HS			
Women			
<HS			
>=HS			
Dominican			
<HS			
>=HS			
Central American			
<HS			
>=HS			
Cuban			
<HS			
>=HS			
Mexican			
<HS			
>=HS			
Puerto Rican			
<HS			
>=HS			
South American			
<HS			
>=HS			
Mixed/Other/Unknown			
<HS			
>=HS			

Origin specific analysis are both age and sex adjusted.
A similar table will be constructed for two levels of income, and for two levels of health insurance (insured and not insured).

Working Table 10: Percent aware, treated, controlled by education level

	Aware			Treated			Controlled			Controlled/Treated
	N	%	SE	N	%	SE	N	%	SE	%
Men										
<HS										
>=HS										
Women										
<HS										
>=HS										
Dominican										
<HS										
>=HS										
Central American										
<HS										
>=HS										
Cuban										
<HS										
>=HS										
Mexican										
<HS										
>=HS										
Puerto Rican										
<HS										
>=HS										
South American										
<HS										
>=HS										
Mixed/Other/Unknown										
<HS										
>=HS										

Data are not age-adjusted.
Additional tables will be run by two levels of income, and health insurance (insured and not insured).

Additional analytical tables: The evaluation of income, education and health insurance in relation to hypertension and ATC will also be analyzed by modeling approach, yet to be determined. This will depend upon the amount of data within each subgroup, the adjustments needed for field center, age, and whether subgroup analysis by origin can be done. Since the data are cross-sectional, and analyzing proportions, it is likely that logistic models would be most appropriate. Additionally, analysis will need to take into account the sampling fractions, and the clustering as defined by the sample design. Tests of significance in the above tables will be done when data are sufficient and comparisons are related to the objectives of the paper. The appropriate statistical methodology for these test will be determined in consultation with the coordinating center and taking into account the sample design.

Main Menu

HCHS / SOL Manuscript or Publication Update

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Submission Date/Time: 091015173815

Contact Information:

Email Address:

Enter Password:

Detailed Instructions

Manuscript 0_20_0

1. a. Full Title: Prevalence of hypertension, awareness, treatment and control in the HCHS/SOL.

b. Abbreviated Title: Prevalence of hypertension 40 Characters left

[Omit study name & keep brief]

c. Keywords: blood pressure, hypertension, treatment

2. Proposer: Paul Sorlie

[<First Name> <Middle Name or Initial> <Last Name> (e.g. William Henry Gates;)]

3. Affiliation: NIH Institution - NHLBI - National Heart, Lung, and Blood Institute

4. Sponsoring PI: Larissa Avilés-Santa, NHLBI

5. Suggested Co-Authors: Kaplan, R; Smoller,S; Daviglus, M; Lloyd-Jones, D; Schneiderman, N; Raij,L

[<Last Name>, <1st Initial><2nd Initial>; <Last Name>, <1st Initial><2nd Initial>; etc., (e.g. Gates, WH; Jobs, SP)]

6. First Author: Sorlie, Paul Add unlisted Author:

[<Last Name>, <1st Initial><2nd Initial>; (e.g. Gates, WH)]

7. Will the DNA or biomarker data be used in this manuscript? Yes: ○ No: ◉

8. The lead author of this manuscript proposal has reviewed the list of existing HCHS/SOL manuscript proposals AND has found NO OVERLAP between this proposal and previously approved manuscript proposals either published or still in active status.

Review Completed AND No Overlap ☑

[HCHS/SOL Investigators have access to the publications lists under the Study Members Area of the web site at: www.cscc.unc.edu/hchs]

9. Where will the data analyses be performed?

Coordinating Center ○ [at UNC] HCHS / SOL Center ◉ [Under supervision of an HCHS/SOL PI] A Writing Group Member's Site ○ [Which is not an HCHS/SOL Center] (Specified Location)

10. a. Is this manuscript proposal associated with any HCHS ancillary studies or use any ancillary study data? Yes: ○ No: ◉

b. If "Yes", is the proposal...

1. ...primarily the result of an ancillary study [list number ‡]

2. ...primarily based on HCHS/SOL data with ancillary data playing a minor role [usually control variables] [list number(s) ‡]

‡ Ancillary studies are listed by number at: www.cscc.unc.edu/hchs

11. Rationale:

Hypertension, a key risk factor for cardiovascular disease, can be effectively treated and, with healthy life style factors, can be greatly prevented. Recent analyses of national data from NHANES show Mexican Americans show poorest rates of hypertension awareness, treatment and control. These rates, respectively were 61%, 47% and 24% in Mexican

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13. Analysis Plan / Outline: ‡

Stage 1 Analysis Plan: Descriptive statistics of prevalence of hypertension (>=140/90 or on treatment): prevalence rates by age, sex, race, Hispanic group (separate and in combination). Analysis will need to be done to determine which cell sizes will be too small. Statistical tests of differences between groups (sex, race, Hispanic group) will be

‡ Be sure to provide the following details for inclusion/exclusion, outcome and variable definition, other variables of interest [potential confounders], statistical analysis, power considerations, any anticipated challenges if present.

Table Shell Title: Definitions and Working Tables

Table Shell File (current): /hchs/mantrack/maintain/proposals/Definitions_and_sample_tables_for_manuscript_proposal.doc **Delete?**

Table Shell File (update): Browse...

If you desire to provide / attach additional shell tables, provide an illustrative file name. (e.g. Example table for CVD Risk Comparisons), then click to "Browse..." and upload a single file from your computer to include in the submission for review (you may need to combine multiple figures, tables etc. into one file to append).

14. Relevant References:

Cutler JA, Sorlie PD, Wolz M, Thom T, Fields LE, Rocella EJ. Trends in hypertension prevalence, awareness, treatment, and control rates in United States adults between 19881994 and 1999 2004. Hypertension. 2008;52:818-827.

NOTE: Manuscript preparation is expected to be completed in one to three years.

If timely progress is not being made, the study may replace the lead authors or the manuscript proposal will expire.