How "Unhealthy" is Unhealthy Weight?: Variation in BMIassociated Premature Mortality by Gender, Race/Ethnicity, and Education

Iliya Gutin igutin@live.unc.edu



28th REVES Meeting: Vienna, Austria 2016



## Defining "Unhealthy" Weight

• BMI = 
$$\frac{mass(kg)}{height(m)^2}$$

- Over 67% of US adults classified as overweight or obese (Ogden et al. 2014), with rates doubling over last 30-40 years (Fryar et al. 2014)
- BMI associated with a variety of adverse health conditions including cardiovascular disease, diabetes, many forms of cancer, and other chronic conditions (Must et al. 1999; Field et al. 2001)

Category	BMI range – kg/m <sup>2</sup>
Very severely underweight	less than 15
Severely underweight	from 15.0 to 16.0
Underweight	from 16.0 to 18.5
Normal (healthy weight)	from 18.5 to 25
Overweight	from 25 to 30
Obese Class I (Moderately obese)	from 30 to 35
Obese Class II (Severely obese)	from 35 to 40
Obese Class III (Very severely obese)	over 40

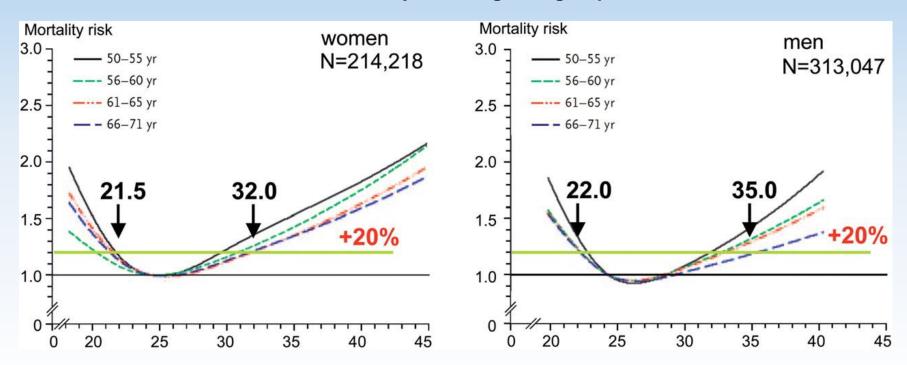


DISCUSSIONS

## "Obesity Paradox"

- Relationship between body weight (as often measured by Body Mass Index, or BMI) and mortality is less clear
- "Normal" BMI is not necessarily associated with the lowest risk of death, whereas overweight and obese are protective of mortality
- "J"- or "U"-shaped curve with respect to how mortality risk varies as individuals' BMI increases (Flegal et al. 2005; Fontaine et al. 2003; McGee 2005; Flegal et al. 2013; Katzmarzyk et al. 2001; Ensrud et al. 2007; Corrada et al. 2006; Price et al. 2006)





#### Association of BMI and mortality risk in age subgroups in men and women

Wolfram Doehner et al. Eur Heart J 2009;eurheartj.ehp339



## Obesity and Health among Working-Aged Adults

- Obesity paradox typically observed among older adults
- ~40% of middle-aged adults, ages 40 to 59 are obese (Ogden et al. 2013)
- Prevalence of obesity-related diseases growing among young and middle-aged adults (wно, 2011)
- Beginning to see effects of obesity in childhood and adolescence on adult health, especially among recent cohorts (Reily & Kelly, 2011; Park et al. 2012)



## Variation in BMI-Mortality

#### • Race

- Overweight and mild obesity associated with reduced mortality among African-Americans (Stevens et al. 2000; 2002)
- Lowest mortality for black individuals corresponds with higher BMI as compared to white individuals (Durazo-Arvizu et al. 1997)
- High BMI less strongly associated with mortality for black women compared to white women (Sanchez et al. 1999; Calle et al. 1999; Abell et al. 2008a; Abell et al. 2008b)
- Gender
  - Meta-analysis (McGee, 2005) finds similar protective effect of overweight, but less so mild obesity, for women as compared to men
- Education
  - Low-educated men have highest mortality risk at underweight;
  - Highly-educated men had lowest risk at underweight but highest risk at obese (Schnohr et al. 2004)



## **Research Questions**

- (R1) What is the relationship between BMI and mortality among working-aged adults?
  - Important to ascertain the effects of BMI on mortality at earlier ages
  - Increases in prevalence of overweight and obesity, as well as chronic BMI-related diseases
- (R2) How does the relationship between BMI and mortality vary across sociodemographic groups?



## Fundamental Cause Theory and Expectations for R2

- Per fundamental cause theory, more advantages grant access to more "flexible resources" (Link & Phelan, 1995; Link et al. 2008) and better ability to deal with consequences of unhealthy weight
- Larger education and SES gradients in mortality for causes of death for more preventable causes of death (Phelan et al. 2004; Masters et al. 2015)
- Overweight and obesity might be expected to be associated with increased mortality risk for women compared to men, black and/or Hispanic individuals compared to whites, and among those with lower educational attainment compared to higher



# Data and Measures

- National Health Interview Survey (NHIS)
  - "Principal source of information on the health of the civilian noninstitutionalized population of the United States"
  - Integrated Health Interview Series



- Linked death records from the National Death Index (referred to as the NHIS-Linked Mortality File, or NHIS-LMF), includes mortality data up through December 31, 2011
- The integrated series spanning 1997-2009
- Mortality status; BMI; Age; Gender; Race; Foreign born status; Education; Self-rated health; Alcohol use; and Smoking status
- Ages 30 to 60
- N=195,232
  - N=3,657 deaths within 5 years of interview

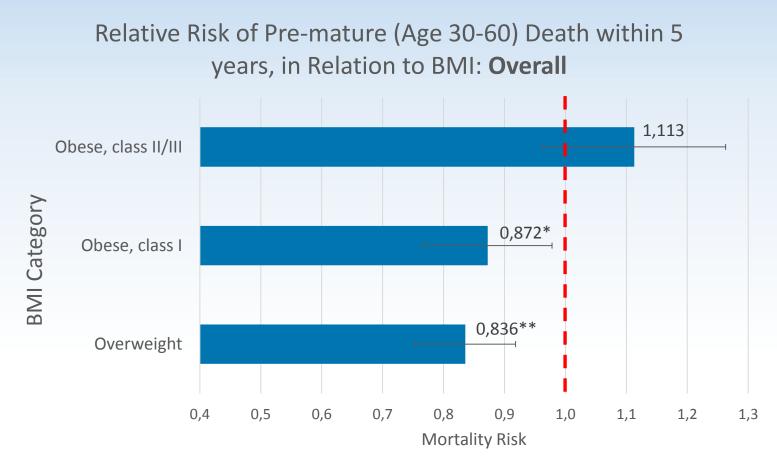


# **Cox Proportional Hazard Models**

- Failure event as death within five years (Folsom et al. 1993; Diehr et al. 1998; Fried et al. 1998), with study time as age (calculated as a function of their age upon entry and subsequent person-years contributed the study)
- Normal weight used as reference with a default hazard ratio of 1.00 (Masters et al. 2013a; Masters et al. 2013b; Adams et al. 2006)
- Separate models by gender, race, and education to examine differences in BMI-mortality within sociodemographic groups

INTRODUCTION

#### **Overall BMI-Mortality Relationship**



<sup>+</sup> for p<0.10; \* for p<0.05; \*\* for p<0.01; \*\*\* for p<0.001 Underweight (HR=2.648) is excluded to more clearly show the effects of overweight and obese

INTRODUCTION

V >

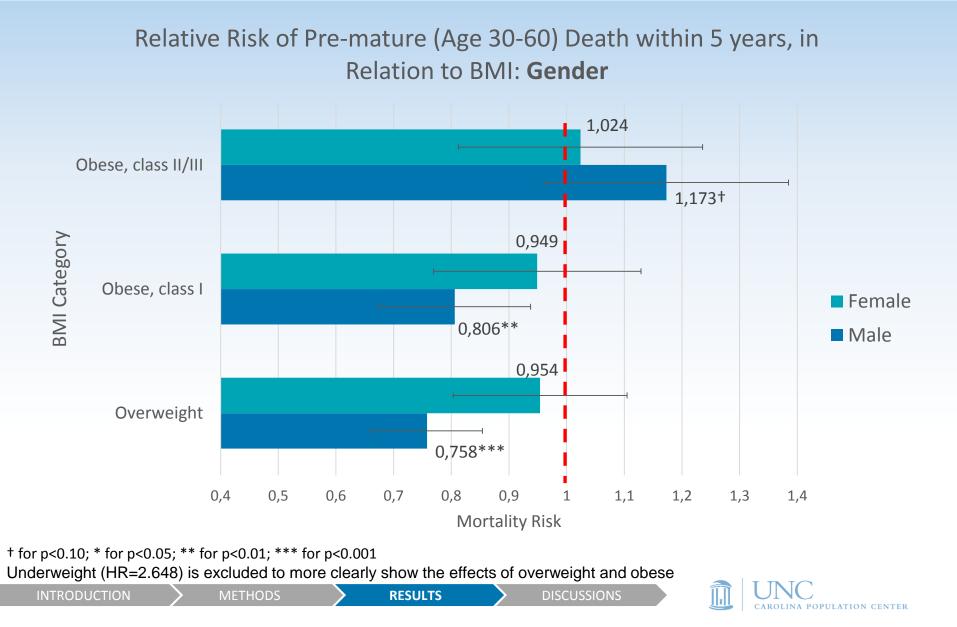
METHODS

RESULTS

DISCUSSIONS

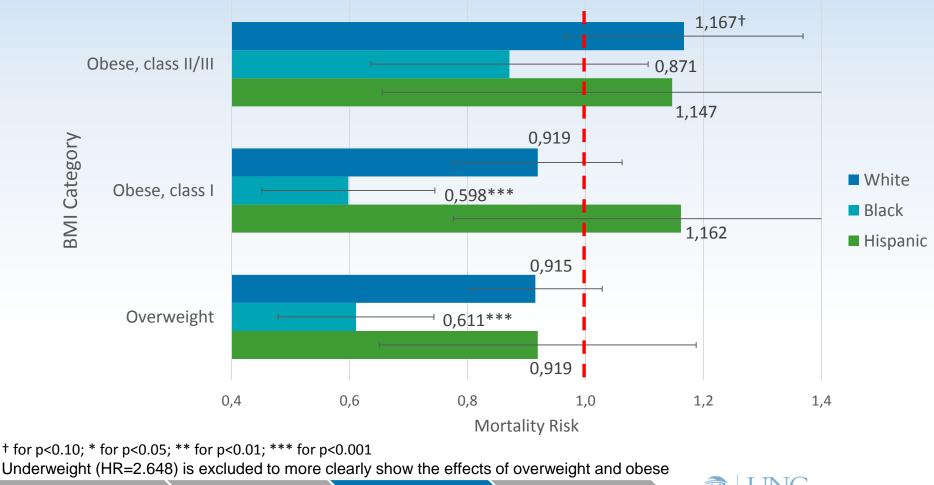


#### Variation by Gender



#### Variation by Race/Ethnicity

Relative Risk of Pre-mature (Age 30-60) Death within 5 years, in Relation to BMI: **Race/Ethnicity** 



INTRODUCTION

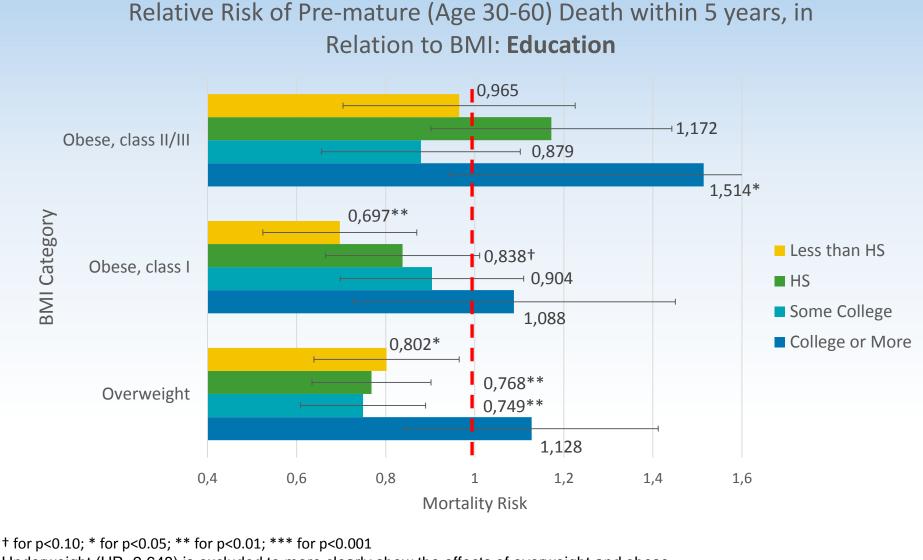
METHODS

RESULTS

DISCUSSIONS



#### Variation by Education



Underweight (HR=2.648) is excluded to more clearly show the effects of overweight and obese



#### Summary of Results

- Overweight and mildly obese (class I) associated with lower mortality risk for middle-aged adults
- Among men, overweight and mildly obese associated with ~20% lower risk, and severely obese associated with elevated risk
- Among black respondents, overweight and mildly obese associated with ~40% lower risk
  - White and Hispanic see no such association, but higher risk associated with severe obesity
- Among individuals with a high school education or less, overweight and mild obesity associated with ~20-30% lower risk
  - For those with 16+ years of education, a BMI of 25+ associated with increased risk, especially severe obesity at ~50% greater risk





#### **Discussion & Conclusion**

- Counterintuitive to fundamental cause theory, but not a contradiction
- Might be seeing some "protective" effects of overweight and obesity occurring at an earlier age for black and low-educated individuals
- Possible differences in the risk associated with normal weight, especially for highly-educated and black individuals
- Consider examining other potential "moderators", such as spatial variation, family background, social support, and neighborhood characteristics
- Further work questioning assertions about BMI and obesity as indicators of unhealthiness or unhealthy behavior





## Thank You!

 Special thank you to The Young Academy of the Austrian Academy of Sciences and The University of North Carolina-Chapel Hill for helping to support my travel



## Baseline Characteristics of 1997-2011 NHIS-LMF(Ages 30-60): Full Survival vs. Less than Five Year Survival<sup>a</sup>

	Full Survival	<5 Year Survival
BMI Group		
Underweight (<18.0)	1.3%	3.4%
Normal (18.0-24.9)	35.5%	32.1%
Overweight (25.0-29.9)	36.4%	32.6%
Obese, class I (30.0-34.9)	16.8%	17.4%
Obese, class II/III (35.0+)	10.0%	14.5%
Sample size	191,575	3,657

<sup>a</sup>All estimated based on unweighted values



### Baseline Characteristics of 1997-2011 NHIS-LMF(Ages 30-60): Full Survival vs. Less than Five Year Survival<sup>a</sup>

	Full Survival	<5 Year Survival
Age		
Mean (SD)	43.8 (8.6)	50.0 (7.7)
Gender		
Female	54.4%	43.1%
Male	45.6%	56.9%
Race/Ethnicity		
Non-HispanicWhite	64.0%	61.0%
Non-Hispanic Black	14.5%	22.4%
Hispanic	17.3%	13.5%
Foreign born		
Yes	18.3%	12.0%
Education		
Less than HS	15.5%	25.6%
HS	27.7%	32.6%
Some College	29.0%	27.2%
College +	27.8%	14.7%
Sample size	191,575	3,657

<sup>a</sup>All estimated based on unweighted values



## Baseline Characteristics of 1997-2011 NHIS-LMF(Ages 30-60): Full Survival vs. Less than Five Year Survival<sup>a</sup>

	Full Survival	<5 Year Survival
Self-Rated Health		
Good/Very Good/Excellent	88.6%	55.7%
Poor/Fair	11.4%	44.4%
Alcohol Use		
Lifetime abstainer	19.0%	19.4%
Former drinker	14.3%	26.5%
Current drinker	66.7%	54.1%
Smoker status		
Never smoked	54.5%	32.9%
Former smoker	20.1%	23.4%
Current smoker	25.3%	43.8%
Sample size	191,575	3,657

<sup>a</sup>All estimated based on unweighted values



## Weight Change and Mortality

- Using three classes of BMI trajectories "stable overweight," "obese gaining," and "obese losing" Zajacova and Alishire (2012) find that for both men and women the obese gaining class had approximately 50% higher mortality risk than stable overweight, while the highest mortality was found in the obese losing category (OR > 2.7)
- Zheng et al. (2013) apply latent class trajectory models to adults aged 51-77 in the US Health and Retirement Study (HRS), finding that people in the overweight stable trajectory had the highest survival rate, followed by those in the overweight obesity, normal weight upward, class I obese upward, normal weight downward, and class II/III obese upward trajectories.
  - "BMI trajectories were more predictive of mortality risk than was static BMI status", and that these later life increasing trajectories of obesity "pose a substantive threat to future gains in life expectancy."
- Also using HRS data, Myrskyla and Chang (2009) observe that weight loss is associated with excess mortality among normal, overweight, and mildly obese middle- and older-aged adults

#### "Overall" Model for BMI-associated Premature Mortality (Ages 30-60) within 5 Years

Variable	Haz. Ratio		Std. Err.	
BMI Classification				
(reference: "Normal				
weight")				
Underweight	2.648	***	0.311	
Overweight	0.836	**	0.042	
Obese, class I	0.872	*	0.054	
Obese, class II/III	1.113		0.077	
Sociodemographic				
controls				
Female	0.610	***	0.026	
Race/Ethnicity				
(reference:				
"White")				
Black	1.419	***	0.073	
Hispanic	1.091		0.082	
Coefficients on oth	er race/ethnia	c gro	ups	
insignificant and ex	cluded	0	•	
Foreign born	0.831	*	0.068	
Education (referen	ce: Less than			
High school)				
High schoo	ol 0.948		0.054	
Some				
college	0.903	+	0.055	
College or				
higher	0.733	***	0.056	

f-rated				
	0.223	* * *	0.011	
e (referenc	e: Lifetime Ab	ostainer)		
mer				
oker	1.134	*	0.072	
rent				
oker	0.738	* * *	0.042	
tus (refere	ence: Never sr	noked)		
mer	1 5 1 5			
oker	1.515	***	0.086	
rent				
oker	1.977	***	0.102	
	e (referend mer oker rent oker tus (refere mer oker rent oker	0.223 e (reference: Lifetime Al mer oker 1.134 rent oker 0.738 tus (reference: Never sr mer 1.515 oker 1.977	0.223***e (reference: Lifetime Abstainer)meroker1.134oker0.738tus (reference: Never smoked)meroker1.515***oker	0.223***0.011e (reference: Lifetime Abstainer) mer oker1.134*0.072rent oker0.738***0.042tus (reference: Never smoked) mer oker1.515 ***0.086rent oker1.977***0.102

+ for p<0.10; \* for p<0.05; \*\* for p<0.01; \*\*\* for p<0.001 N =

195,232



INTRODUCTION



Multivariate Relative Risk of Pre-mature (Age 30-60) Death within 5 years, in Relation to BMI; By Gender

Multivariate Relative Risk of Pre-mature (Age 30-60) Death within 5 years, in Relation to BMI; By Race/Ethnicity

BMI Group	Male	<u>Female</u>	BMI Group	<u>White</u>	<u>Black</u>	<u>Hispanic</u>
Underweight (<18.5)	3.147 ***	2.413 ***	Underweight (<18.5)	2.701***	2.769***	1.228
	(0.554)	(0.385)		(0.376)	(0.706)	(0.803)
Overweight (25.0-29.9)	0.758 ***	0.954	Overweight (25.0-29.9)	0.915	0.611***	0.919
	(0.049)	(0.077)		(0.058)	(0.067)	(0.137)
Obese, Class I (30.0-34.9)	0.806 **	0.949	Obese, Class I (30.0-34.9)	0.919	0.598***	1.162
	(0.067)	(0.092)		(0.073)	(0.075)	(0.197)
Obese, Class II/III (35.0+)	1.173 +	1.024	Obese, Class II/III (35.0+)	1.167†	0.871	1.147
	(0.108)	(0.108)		(0.103)	(0.120)	(0.251)
	N=89,369	N=105,863		N=124,825	N=28,652	N=33,663

<sup>+</sup> for p<0.10; \* for p<0.05; \*\* for p<0.01; \*\*\* for p<0.001

<sup>+</sup> for p<0.10; \* for p<0.05; \*\* for p<0.01; \*\*\* for p<0.001

#### Multivariate Relative Risk of Pre-mature (Age 30-60) Death within 5 years, in Relation to BMI; By Educational Attainment

BMI Group	Less than HS	<u>HS</u>	Some College	College or More
Underweight (<18.5)	2.759***	2.159***	2.808***	3.238***
	(0.601)	(0.472)	(0.623)	(0.978)
Overweight (25.0-29.9)	0.802*	0.768**	0.749**	1.128
	(0.083)	(0.068)	(0.072)	(0.145)
Obese, Class I (30.0-34.9)	0.697**	0.838+	0.904	1.088
	(0.088)	(0.088)	(0.105)	(0.185)
Obese, Class II/III (35.0+)	0.965	1.172	0.879	1.514*
	(0.133)	(0.138)	(0.114)	(0.292)
	N=30,669	N=54,284	N=56,529	N=53,750

<sup>+</sup> for p<0.10; \* for p<0.05; \*\* for p<0.01; \*\*\* for p<0.001



#### **Comparing Across Groups**

Comparison of Relative Risk of Pre-mature (Age 30-60) Death within 5 years, in Relation to BMI<sup>a</sup>; Across Gender, Race/Ethnicity, and Education

Ratio of Risk by Group <sup>b</sup>	<u>Underwei</u>	ght (<18.5)	nt (<18.5) <u>Overweight (25.0-</u> <u>29.9)</u>		<u>Obese, Class I (30.0-</u> <u>34.9)</u>		<u>Obese, Class II/III</u> <u>(35.0+)</u>	
	HR	Std. Error	HR	Std. Error	HR	Std. Error	HR	Std. Error
Female/Male	0.770	(0.183)	1.257*	(0.129)	1.177	(0.142)	0.874	(0.122)
Black/White	1.032	(0.300)	0.664**	(0.085)	0.647**	(0.096)	0.747†	(0.122)
Hispanic/White	0.455	(0.304)	0.998	(0.161)	1.256	(0.235)	0.986	(0.233)
Hispanic/Black	0.44	(0.309)	1.503*	(0.279)	1.941**	(0.408)	1.319	(0.334)
HS/ <hs< td=""><td>0.778</td><td>(0.241)</td><td>0.955</td><td>(0.130)</td><td>1.200</td><td>(0.197)</td><td>1.210</td><td>(0.219)</td></hs<>	0.778	(0.241)	0.955	(0.130)	1.200	(0.197)	1.210	(0.219)
Some College/ <hs< td=""><td>1.016</td><td>(0.317)</td><td>0.932</td><td>(0.131)</td><td>1.295</td><td>(0.222)</td><td>0.907</td><td>(0.171)</td></hs<>	1.016	(0.317)	0.932	(0.131)	1.295	(0.222)	0.907	(0.171)
College+/ <hs< td=""><td>1.156</td><td>(0.431)</td><td>1.411*</td><td>(0.232)</td><td>1.567*</td><td>(0.332)</td><td>1.570†</td><td>(0.371)</td></hs<>	1.156	(0.431)	1.411*	(0.232)	1.567*	(0.332)	1.570†	(0.371)
Some College/HS	1.306	(0.407)	0.975	(0.127)	1.080	(0.169)	0.75	(0.131)
College+/HS	1.485	(0.554)	1.477*	(0.230)	1.306	(0.261)	1.298	(0.293)
College+/Some Colleg	e 1.137	(0.426)	1.514**	(0.242)	1.210	(0.249)	1.731*	(0.401)

<sup>+</sup> for p<0.10; \* for p<0.05; \*\* for p<0.01; \*\*\* for p<0.001

<sup>a</sup>Multivariate model used age as the underlying time metric and included the following combinations of covariates: gender, race/ethnicity, foreign born status, level of education, family income bracket, self-rated health, alcohol use, and smoking status.

<sup>b</sup>Significance level compares BMI category to reference group (Normal weight).



#### Limitations

- Self-reported BMI
- BMI assessed at a single point in time, and assumed to remain constant over 5 years
- Loss of statistical power among some groups due to low cell counts for death and certain BMI groups
- Specification of only five BMI categories





Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of and women. Archives of Internal Medicine, 156(9), 958-963. childhood and adult obesity in the United States, 2011-2012. Jama, 311(8), 806-814

Fryar, C. D., Carroll, M. D., & Ogden, C. L. (2014). Prevalence of overweight, obesity, year follow-up of the Canada Fitness Survey. Journal of clinical and extreme obesity among adults: United States, trends 1960–1962 through 2011– 2012. Hyattsville, MD: National Center for Health Statistics.

Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2013) Prevalence of Obesity Among Adults: United States.

Field, A. E., Coakley, E. H., Must, A., Spadano, J. L., Laird, N., Dietz, W. H., ... & Colditz, G. A. (2001). Impact of overweight on the risk of developing common chronic diseases during a 10-year period. Archives of internal medicine, 161(13), 1581-1586.

The disease burden associated with overweight and obesity. Jama, 282(16), 1523-1529.

World Health Organization. (2011). Preventing chronic diseases: a vital investment. 2005.

Reilly, J. J., & Kelly, J. (2011). Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. International journal of obesity, 35(7), 891-898.

Park, M. H., Falconer, C., Viner, R. M., & Kinra, S. (2012). The impact of childhood obesity on morbidity and mortality in adulthood: a systematic review. Obesity Reviews, 13(11), 985-1000.

Flegal, K. M., Graubard, B. I., Williamson, D. F., & Gail, M. H. (2005). Excess reviews, 58(11), 346. deaths associated with underweight, overweight, and obesity. Jama, 293(15), 1861-1867.

Fontaine, K. R., Redden, D. T., Wang, C., Westfall, A. O., & Allison, D. B. (2003). Years of life lost due to obesity. Jama, 289(2), 187-193.

McGee, D. L., & Diverse Populations Collaboration. (2005). Body mass index and mortality: a meta-analysis based on person-level data from twenty-six observational studies. Annals of epidemiology, 15(2), 87-97.

the benefit. European heart journal, 31(2), 146-148.

Seidell, J. C., Verschuren, W. M., van Leer, E. M., & Kromhout, D. (1996). Overweight, underweight, and mortality: a prospective study of 48287 men

Katzmarzyk, P. T., Craig, C. L., & Bouchard, C. (2001). Original article underweight, overweight and obesity: relationships with mortality in the 13epidemiology, 54(9), 916-920.

Ensrud, K. E., Ewing, S. K., Taylor, B. C., Fink, H. A., Stone, K. L., Cauley, J. A., ... & Study of Osteoporotic Fractures Research Group. (2007). Frailty and risk of falls, fracture, and mortality in older women: the study of osteoporotic fractures. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, 62(7), 744-751.

Corrada, M. M., Kawas, C. H., Mozaffar, F., & Paganini-Hill, A. (2006). Must, A., Spadano, J., Coakley, E. H., Field, A. E., Colditz, G., & Dietz, W. H. (1999). Association of body mass index and weight change with all-cause mortality in the elderly. American journal of epidemiology, 163(10), 938-949.

> Price, G. M., Uauy, R., Breeze, E., Bulpitt, C. J., & Fletcher, A. E. (2006). Weight, shape, and mortality risk in older persons: elevated waist-hip ratio, not high body mass index, is associated with a greater risk of death. The American journal of clinical nutrition, 84(2), 449-460.

Kaplan, G. A., Seeman, T. E., Cohen, R. D., Knudsen, L. P., & Guralnik, J. (1987). Mortality among the elderly in the Alameda County Study: behavioral and demographic risk factors. American Journal of Public Health, 77(3), 307-312.

Stevens, J. (2000). Obesity and mortality in African-Americans. Nutrition

Stevens, J., Cai, J., & Jones, D. W. (2002). The effect of decision rules on the choice of a body mass index cutoff for obesity: examples from African American and white women. The American journal of clinical nutrition, 75(6), 986-992.

Durazo-Arvizu, R., Cooper, R. S., Luke, A., Prewitt, T. E., Liao, Y., & McGee, D. L. (1997). Relative weight and mortality in US blacks and whites: findings from representative national population samples. Annals of epidemiology,7(6), 383-395.

Doehner, W., Clark, A., & Anker, S. D. (2010). The obesity paradox: weighing Calle, E. E., Thun, M. J., Petrelli, J. M., Rodriguez, C., & Heath Jr. C. W. (1999). Body-mass index and mortality in a prospective cohort of US adults. New England Journal of Medicine, 341(15), 1097-1105.



Hummer, R. A., & Lariscy, J. T. (2011). Educational attainment and adult mortality. In International handbook of adult mortality (pp. 241-261). Springer Netherlands.

Zajacova, A., & Hummer, R. A. (2009). Gender differences in education effects on allcause mortality for white and black adults in the United States. Social Science & Medicine, 69(4), 529-537.

Miech, R., Pampel, F., Kim, J., & Rogers, R. G. (2011). The enduring association between education and mortality the role of widening and narrowing disparities. American Sociological Review, 76(6), 913-934.

Montez, J. K., Hummer, R. A., Hayward, M. D., Woo, H., & Rogers, R. G. (2011). Trends in the educational gradient of US adult mortality from 1986 through 2006 by race, gender, and age group. Research on Aging, 33(2), 145-171.

Ross, C. E., Masters, R. K., & Hummer, R. A. (2012). Education and the gender gaps Medicine, 355(8), 763-778. in health and mortality. Demography, 49(4), 1157-1183.

Zajacova, A. (2006). Education, gender, and mortality: Does schooling have the same effect on mortality for men and women in the US?. Social Science & Medicine, 63(8), 2176-2190.

Stevens, J., Plankey, M. W., Williamson, D. F., Thun, M. J., Rust, P. F., Palesch, Y., & O'Neil, P. M. (1998). The Body Mass Index-Mortality Relationship in White and African American Women. Obesity research, 6(4), 268-277.

Schnohr, C., Højbjerre, L., Riegels, M., Ledet, L., Larsen, T., Schultz-Larsen, K., ... & Grønbæk, Zajacova, A., & Ailshire, J. (2013). Body Mass Trajectories and Mortality Among M. (2004). Does educational level influence the effects of smoking, alcohol, physical activity, and obesity on mortality? A prospective population study. Scandinavian Journal of Public Health, 32(4), 250-256.

Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. Journal of health and social behavior, 80-94.

Link, B. G., Phelan, J. C., Miech, R., & Westin, E. L. (2008). The resources that matter: fundamental social causes of health disparities and the challenge of intelligence. Journal of Health and Social Behavior, 49(1), 72-91.

Phelan, J. C., Link, B. G., Diez-Roux, A., Kawachi, I., & Levin, B. (2004). "Fundamental causes" of social inequalities in mortality: a test of the theory. Journal of health and social behavior, 45(3), 265-285.

Masters, R. K., Link, B. G., & Phelan, J. C. (2015). Trends in education gradients of 'preventable'mortality: a test of fundamental cause theory. Social Science & Medicine, 127, 19-28.

Folsom, A. R., Kaye, S. A., Sellers, T. A., Hong, C. P., Cerhan, J. R., Potter, J. D., & Prineas, R. J. (1993). Body fat distribution and 5-year risk of death in older women. Jama, 269(4), 483-487.

Diehr, P., Bild, D. E., Harris, T. B., Duxbury, A., Siscovick, D., & Rossi, M. (1998). Body mass index and mortality in nonsmoking older adults: the Cardiovascular Health Study. American journal of public health, 88(4), 623-629.

Fried, L. P., Kronmal, R. A., Newman, A. B., Bild, D. E., Mittelmark, M. B., Polak, J.

F., ... & Cardiovascular Health Study Collaborative Research Group. (1998). Risk factors for 5-year mortality in older adults: the Cardiovascular Health Study. Jama, 279(8), 585-592.

Masters, R. K., Powers, D. A., & Link, B. G. (2013). Obesity and US mortality risk over the adult life course. American journal of epidemiology, 177(5), 431-442.

Masters, R. K., Reither, E. N., Powers, D. A., Yang, Y. C., Burger, A. E., & Link, B. G. (2013). The impact of obesity on US mortality levels: the importance of age and cohort factors in population estimates. American journal of public health, 103(10), 1895-1901.

Adams, K. F., Schatzkin, A., Harris, T. B., Kipnis, V., Mouw, T., Ballard-Barbash, R., ... & Leitzmann, M. F. (2006). Overweight, obesity, and mortality in a large prospective cohort of persons 50 to 71 years old. New England Journal of

Visscher, T. L. S., Seidell, J. C., Menotti, A., Blackburn, H., Nissinen, A., Feskens, E. J. M., ... & Seven Countries Study Research Group. (2000). Underweight and Overweight in Relation to Mortality Among Men Aged 40–59 and 50–69 Years The Seven Countries Study. American journal of epidemiology, 151(7), 660-666.

Murray, C. J., Kulkarni, S. C., Michaud, C., Tomijima, N., Bulzacchelli, M. T., Iandiorio, T. J., & Ezzati, M. (2006). Eight Americas: investigating mortality disparities across races, counties, and race-counties in the United States. PLoS Med, 3(9), e260.

Older Adults: A Joint Growth Mixture–Discrete-Time Survival Analysis. The Gerontologist, gns164.

Zheng, H., Tumin, D., & Qian, Z. (2013). Obesity and mortality risk: new findings from body mass index trajectories. American journal of epidemiology, 178(11), 1591-1599.

Myrskylä, M., & Chang, V. W. (2009). Initial BMI, Weight Change, and Mortality among Middle-and Older-Aged Adults. Epidemiology (Cambridge, Mass.), 20(6), 840.

