**Context**: AHA recently introduced 30-year risk prediction equations for total CVD. For adults <60 years of age, it is possible to have low 10-year risk and high 30-year risk. It is unclear whether this group is at higher risk for hypertension and/or sub-clinical cardiovascular disease compared to adults with low 10- and 30-year risk.

**Primary questions:**

1. Should adults be treated for hypertension based on 30-year risk? (e.g., intensive lifestyle interventions targeting modifiable risk factors)
2. Is there early evidence of sub-clinical CVD among adults with high 30-year risk?

**Aims:**

1. Describe the distribution of adults according to 10-year and 30-year total cardiovascular disease risk. Specifically, adults with (1) 10-year risk ≥ 10%, (2) 10-year risk < 10% with 30-year risk ≥ 30%, and (3) 10-year risk < 10% with 30-year risk < 30%.
   1. Sub-aim: Describe the distribution of these groups by blood pressure categories.
2. Estimate the incidence of hypertension among adults in the three groups defined above.
3. Estimate the incidence of cardiovascular disease in the three groups defined above.
   1. Sub-aim: Use sub-clinical cardiovascular disease (LVH)
   2. Sub-aim: Use follow-up for cardiovascular disease events (stroke/HF/CHD)

**Options:**

1. Use JHS only (JHS has Echo @ V1 and MRI @ V3)
2. Use JHS + REGARDS (JHS has ECG @ V1 and V3, REGARDS has ECG @ V1 and V2)
3. Use JHS + CARDIA (CARDIA has Echo @ Y25 and Y30)

Why not all three cohorts? Not enough time