

Appendix 2 (as supplied by the authors): Ethnicity and cardiometabolic risk

Two issues related to ethnicity arose that made regression modelling related to cardiometabolic risk using ethnicity as an independent variable challenging:

1. Some ethnic categories with few instances.
2. Some individuals have multiple ethnic categories because either the two parents had different ethnicities or because one or both parents themselves identified multiple ethnicities (or both).

This makes it difficult to classify a given individual with respect to ethnicity.

We thus decided to:

1. Assign each collapsed ethnicity to one of three ethnic-cardiovascular risk categories: elevated, average, reduced based on previous studies of ethnicity and cardiovascular risk (see References).
2. Assign each individual an ethnic-cardiovascular risk category based on the highest ethnic-cardiometabolic category of all the listed ethnic categories.

There are a various limitations of this strategy including:

1. Information about individual ethnicities is suppressed.
2. Information about the interactions of multiple ethnicities within an individual is suppressed.
3. It is challenging to assign the ethnic categories to risk categories based on available evidence.

For example, Caribbean people of African descent are at lower cardiovascular risk but it is difficult to identify them among others from the Caribbean. The time since landing can also interact with ethnicity.

References for Appendix 2

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