

THE LANCET

Diabetes & Endocrinology

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed.
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Supplement to: White JS, Hamad R, Li X, et al. Long-term effects of neighbourhood deprivation on diabetes risk: quasi-experimental evidence from a refugee dispersal policy in Sweden. *Lancet Diabetes Endocrinol* 2016; published online April 27.
[http://dx.doi.org/10.1016/S2213-8587\(16\)30009-2](http://dx.doi.org/10.1016/S2213-8587(16)30009-2).

Supplementary Material

Long-Term Neighborhood Effects on Diabetes Risk: Quasi-Experimental Evidence from a Refugee Dispersal Policy in Sweden

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Supp Table S1. Association between neighborhood deprivation and diabetes prevalence

	Model 1		Model 2	
	OR	95% CI	OR	95% CI
Deprivation level (ref = low)				
Moderate	1.25	(1.09 - 1.43)	1.15	(1.01 - 1.31)
High	1.39	(1.20 - 1.60)	1.22	(1.07 - 1.38)
Age (ref = 25-29)				
30-34			1.42	(1.25 - 1.60)
35-39			2.14	(1.91 - 2.39)
40-44			3.01	(2.69 - 3.35)
45-50			4.94	(4.40 - 5.53)
Male			0.81	(0.76 - 0.86)
Education (ref = unknown)				
≤ 9 years			0.79	(0.71 - 0.87)
10–12 years			0.99	(0.86 - 1.13)
> 12 years			1.06	(0.96 - 1.18)
Married or cohabitating			0.96	(0.88 - 1.05)
Region (ref = large cities)				
Southern Sweden, other			1.09	(0.97 - 1.22)
Northern Sweden			1.00	(0.88 - 1.12)
Family size (ref = ≥4)				
0			2.03	(1.80 - 2.30)
1			1.57	(1.40 - 1.77)
2			1.46	(1.32 - 1.61)
3			1.29	(1.17 - 1.41)
Year of arrival fixed effects	No		Yes	
Region of origin fixed effects	No		Yes	
Number of observations	61,386		61,386	

Note: Logistic regression coefficients are expressed as odds ratios. Robust standard errors are clustered by municipality.

Supp Table S2. Distribution of subsequent neighborhood deprivation, by initial neighborhood deprivation

	Initial deprivation		
	Low	Moderate	High
Deprivation after 5 years			
Low	20.7%	7.2%	4.4%
Moderate	7.9%	19.0%	7.5%
High	4.6%	7.1%	21.7%
	Total on diagonal		61.4%
Deprivation after 10 years			
Low	18.5%	9.9%	7.4%
Moderate	9.9%	12.0%	6.4%
High	6.9%	10.0%	19.0%
	Total on diagonal		49.5%
Deprivation after 15 years			
Low	15.5%	9.9%	8.0%
Moderate	10.3%	13.7%	9.0%
High	6.9%	10.2%	16.6%
	Total on diagonal		45.8%

Note: This shows that subsequent neighborhood deprivation is highly correlated with initial neighborhood deprivation.