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### **Institutional Review Board statement**

The West Virginia University institutional review board approved the research for secondary data analysis. WVU is the institution where the first author and the senior (corresponding) author are employed. The ethical approval letter is provided in PDF format (Appendix 1).

### **Informed consent statement**

Participation was voluntary, and informed consent was obtained from all subjects prior to participation. The institutional review board of Texas A&M University approved the original study. In order to protect anonymity, unique participant codes were created based on initials of first and last name and numbers for each participant. The original study ethical approval has been noted in prior publications. [1-3]

### **Biostatistics statement**

All analyses were performed using IBM SPSS version 24.0 (Chicago, IL) by the senior author, with 20 years of expertise in regression modelling and multivariate analysis. In addition, the senior author consulted with her colleague for statistical analysis, Dr. Sijin Wen, who is an expert biostatistician at WVU, for adequacy, appropriateness, homogeneity of the data including missingness prior to the multivariate analysis. Email confirmation is included in Appendix 2.

Basic descriptive statistics were obtained for demographic variables and MetS RFs. Analysis of variance was used to examine the difference in MetS RFs by gender for the total sample and by those with T2DM. The acceptance level for statistical significance was  $\alpha=0.05$ . Multiple logistic regression analysis was used to predict low HDL controlling for traditional RFs such as age, gender, BMI, lifestyle behaviors, family history of chronic diseases, and MetS knowledge, and diabetes status. Sample size calculations indicated that 656 participants would provide over 80% power to detect important differences in HDL risk.

### **Conflict-of-interest statement**

The authors declare that they have no conflict of interests. The DIA study was funded by the American Association of Physicians of Indian Origin (AAPI) USA.

### **Data sharing statement.**

The datasets during and/or analyzed during the current study is available from the corresponding author on reasonable request. The DIA dataset is currently not deposited in any publicly available repositories. The authors do not wish to share their data in such repositories because of the unique nature of this only large scale population-level data on