

Supplementary section

METHODS

Study design, setting and participants

A number of 41 clinics were assessed for eligibility whereof 33 were randomised. Some clinics withdrew their participation before the trial started which resulted in 14 clinics allocated to intervention and 14 clinics allocated to control (Figure 1). Each clinic constituted a cluster. In the LOWE trial we aimed to include 24 clinics with a mean of 50 participants/clinic or 28 clinics with a lower mean than 50 participants/clinic to get a 90% power.¹ We assumed an intraclass correlation (ICC) of 0.05 however our estimated ICC was 0.01 (95% CI 0.00-0.05%).¹

Stockholm is the capital of Sweden. Stockholm county is divided into 26 municipalities where the largest is called “Stockholm Stad” and it is further divided into 13 districts. In the randomisation to intervention or control group, we stratified youth clinics and maternal health clinics by proportion of migrants within their catchment areas. The number of women with migration background (including both foreign-born migrants and second-generation migrants) aged 15-24 years and 15-54 years were divided by the number of all women in the same age groups, to get the proportion of women with foreign background in the specified municipality.² We had eight maternal health clinics situated in “Stockholm Stad” and for those we found statistics of the proportion of all men and women with foreign background 16-64 years of age.³ We considered the proportion of women with migration background in each municipality or district as high or low. The cut off was set at >37%. For the randomisation we had 10 clinics (four youth clinics and six maternal health clinics) considered as clinics with high migrant population and 14 (nine youth clinics and five maternal health clinics) with low migrant population.

REFERENCES

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