Supplemental Material (SOM-R)

This supplemental material presents additional analyses performed during the course of review that do not appear in the main text of the paper. Although these results are not primary to the paper, the assumption is that some readers may be interested in these analyses just as reviewers were interested. The analyses are organized into sections by the bold typeface.

Table S1. Using depression as a control for mental health in childhood did not significantly alter our findings. This table compares Model 2 (see Table 2) with a model additionally controlling for depression in childhood.

	SBP	DBP	BMI
Model 2	0.018*	0.015 [†]	0.029*
Model 2 + depression (age 7-9)	0.019*	0.016*	0.029*

Table S2. Controlling for a measure of family involvement (how much time the child spends with his family) or a measure of positivity of the relationship with the primary caregiver did not significantly alter our findings. This table compares Model 2 (see Table 2) with a model additionally controlling for these characteristics of the parent-child relationship.

	SBP	DBP	ВМІ
Model 2	.018*	.015 [†]	.029*
Model 2 + Family Involvement	.018*	.015 [†]	.029*
Model 2 + Parent-child RQ	.020*	.018*	.032*

Related to these analyses, we also examined the overlap between these measures using correlations. Peer integration was not concurrently associated with positivity of relationship with the primary caregiver (r=.086, p=.17) but did show a small significant association with family involvement (r=-.12, p=.052). The negative association suggests that children who spend more time with their families, spend less time with peers, rather than more.

Table S3. Controlling for other potential personality confounds, neuroticism and agreeableness, results look very similar to results controlling for extraversion (which appear in Table 3 and a summary appears below). Indeed, even if neuroticism, agreeableness, and extraversion are entered in the model simultaneously (as shown in the third row below) p-values for the association between early peer integration and our outcomes remain between .014 and .016.

	SBP	DBP	BMI
Model 2	0.018*	0.015†	0.029*
Model 2 + extraversion	0.025*	0.025*	0.025*
Model 2 + neuroticism, agreeableness, and extraversion	0.024*	0.026*	0.025*

Growth Models.

Reviewers inquired about change over time in peer social integration and its predictive utility for the outcomes of interest. The authors have experience running growth models and so performed growth models using Mplus. The baseline model revealed that the slope was significantly different from zero (slope = .08, p<.001) and also showed significant variance. Thus we continued with predictive models. However, slopes (rate of change) did not predict any of the three outcomes and model fit for these models was marginal at best (e.g., CFI around .85, RMSEA around .10). We also output the slopes estimated in Mplus into SPSS and categorized participants into those who had an upward trajectory and those who had a downward trajectory of peer social integration. In general peer integration was increasing, with approximately 66% of the sample showing positive change and 34% showing negative change. This basic categorization did predict DBP such that being in the increasing group was associated with lower DBP (B=-.16, p=.014, Δ R²=.025). Although associations were in the same direction, no significant effects were seen for SBP or BMI.

Code for Statistical Analyses.

Model 1.

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/DEPENDENT Inbmi

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Tables 3 and 4: Controlling for hostility, extroversion, childhood health, antihypertensive mediation use.
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/DEPENDENT irestsbp

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/DEPENDENT irestdbp

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REGRESSION

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REGRESSION

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Table 5.

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/DEPENDENT irestsbp
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/DEPENDENT Inbmi
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/DEPENDENT irestsbp
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REGRESSION

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