SUPPLEMENTAL MATERIAL

Data S1. Prevalence of stroke and ischemic heart disease

The prevalence of stroke and ischemic heart disease in urban and rural communities in different socioeconomic regions followed a similar distribution with that of major or total cardiovascular disease. As shown in Figure S1, the prevalence of stroke was higher in urban areas than in rural areas in high- (2.56% vs. 1.72%, P<0.0001) and middle-income regions (2.93% vs. 0.92%, P<0.0001), but was similar in low-income regions (1.47% vs. 1.16%, P=0.1491). The prevalence of ischemic heart disease was higher in urban in high- (6.38% vs. 3.75%, P<0.0001) and middle-income regions (7.00% vs. 2.48%, P<0.0001), but was lower in urban in low-income regions (5.37% vs. 6.54%, P=0.0084).

Data S2. Associations of risk factors with stroke and ischemic heart disease

All past risk factors were associated with stroke and ischemic heart disease in univariate analysis (Table S1). After adjusting for potential confounders in multivariate analysis, hypertension and former drinking showed strongest correlations to stroke, while family history showed a strongest correlation to ischemic heart disease (Table S1).

The association patterns of risk factors with stroke and ischemic heart disease among regions were almost same as for that of major or total cardiovascular disease. As shown in Figure S2, former drinking was strongest correlated to stroke in high-income regions, intermediate in middle-income regions, and weakest in low-income regions (ORs were 3.71, 1.84, and 1.30, respectively). Hypertension was risk-related to stroke in all regions (ORs were 3.07, 3.04, and 2.39, respectively). Family history showed significant associations with ischemic heart disease for all regions (ORs were 2.59, 2.71, and 2.95, respectively).

Table S1. Association of risk factors with stroke, ischemic heart disease, and non-major cardiovascular disease

Past Risk Factors	Stroke		Ischemic Heart Disease	
	Univariate Analysis*	Multivariate Analysis†	Univariate Analysis*	Multivariate Analysis†
Hypertension	4.54 (3.85 to 5.35)	2.87 (2.45 to 3.37)	2.86 (2.50 to 3.27)	1.83 (1.64 to 2.03)
Diabetes mellitus	2.99 (2.49 to 3.58)	1.76 (1.48 to 2.09)	2.50 (2.16 to 2.90)	1.49 (1.31 to 1.71)
Hyperlipidemia	1.46 (1.25 to 1.70)	1.08 (0.93 to 1.26)	1.54 (1.36 to 1.75)	1.03 (0.92 to 1.14)
Family history	1.39 (1.12 to 1.72)	1.39 (1.13 to 1.71)	2.38 (2.03 to 2.79)	2.70 (2.27 to 3.22)
Abdominal obesity	1.36 (1.19 to 1.56)	0.93 (0.81 to 1.06)	1.84 (1.66 to 2.03)	1.37 (1.24 to 1.51)
Former smoking	3.34 (2.61 to 4.28)	1.61 (1.24 to 2.08)	2.06 (1.71 to 2.49)	1.65 (1.40 to 1.96)
Former drinking	4.34 (3.27 to 3.76)	2.55 (2.00 to 3.25)	1.99 (1.61 to 2.46)	1.63 (1.34 to 1.99)

Data are presented as odds ratio (95% confidence interval).

* Univariate analysis is performed with the use of a generalized-estimating-equation model to address clustering of data.

† Multivariate analysis include all past and present risk factors, and adjusted for age, sex, socioeconomic region, urban or rural location, and region × location interaction.

Figure S1. Prevalence of stroke and ischemic heart disease in urban and rural communities in different socioeconomic regions of China

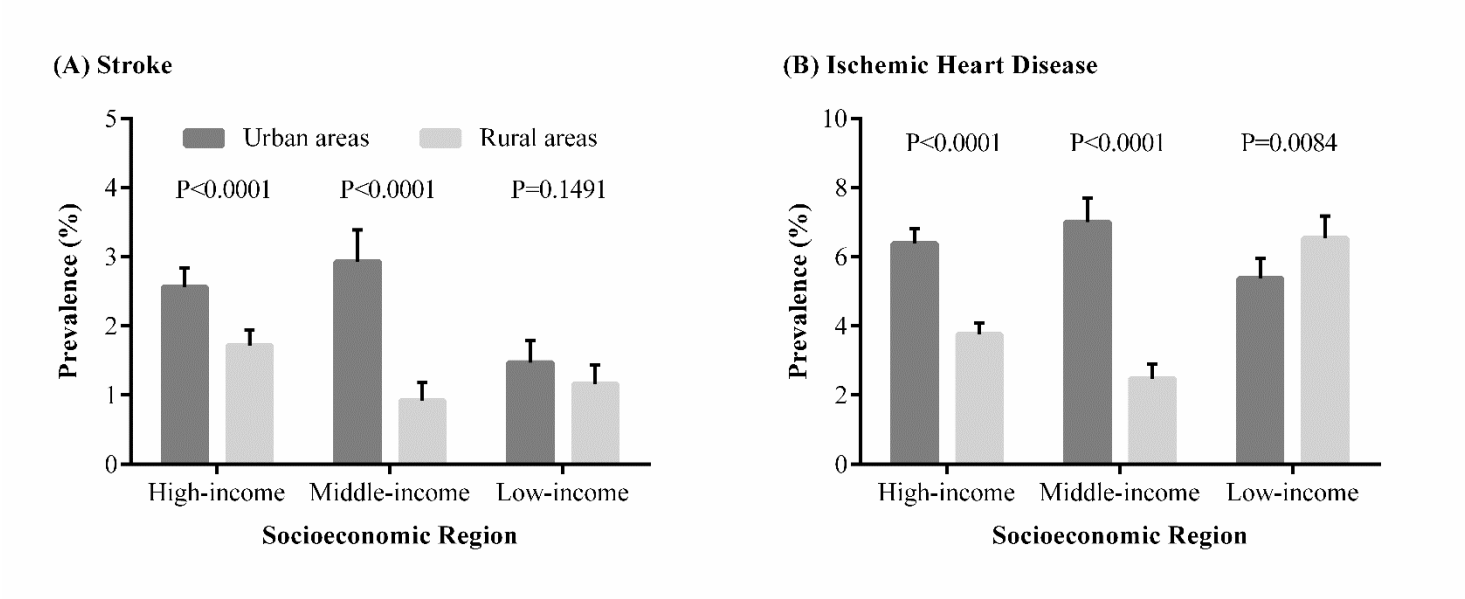

Figure S2. Association of risk factors with stroke in different socioeconomic regions of China, adjusted for age, sex, and urban or rural location