DOI: 10.1289/EHP3915

Note to readers with disabilities: *EHP* strives to ensure that all journal content is accessible to all readers. However, some figures and Supplemental Material published in *EHP* articles may not conform to 508 standards due to the complexity of the information being presented. If you need assistance accessing journal content, please contact ehp508@niehs.nih.gov. Our staff will work with you to assess and meet your accessibility needs within 3 working days.

Supplemental Material

Health Effects of Household Solid Fuel Use: Findings from 11 Countries within the Prospective Urban and Rural Epidemiology Study

Perry Hystad, MyLinh Duong, Michael Brauer, Andrew Larkin, Raphael Arku, Om P. Kurmi, Wen Qi Fan, Alvaro Avezum, Igbal Azam, Jephat Chifamba, Antonio Dans, Johan L. du Plessis, Rajeev Gupta, Rajesh Kumar, Fernando Lanas, Zhiguang Liu, Yin Lu, Patricio Lopez-Jaramillo, Prem Mony, Viswanathan Mohan, Deepa Mohan, Sanjeev Nair, Thandi Puoane, Omar Rahman, Ah Tse Lap, Yanga Wang, Li Wei, Karen Yeates, Sumathy Rangarajan, Koon Teo, and Salim Yusuf [on behalf of Prospective Urban and Rural Epidemiological (PURE) Study investigators]

Table of Contents

PURE Project Office Staff, National Coordinators, Investigators and Key Staff

Event Definitions

Calculation Details for Covariate Measures

- **Table S1.** Fully adjusted HRs and 95% CIs for mortality, CVD, respiratory disease, and cardiorespiratory disease and mortality combined, stratified by individual, household and community characteristics, comparing solid fuel use for cooking to clean fuels.
- **Table S2.** Fully adjusted models comparing solid fuels, biomass and coal, to clean fuels for cooking, stratified by China, South Asia, and all other countries combined.
- **Table S3.** Fully adjusted models comparing solid fuels, biomass and coal, to clean fuels for cooking, stratified by urban and rural status.
- **Table S4.** Sensitivity of fully adjusted models to removing or adding additional variables.
- **Table S5.** Results and pooled random effects meta-regression of fully adjusted center models for all-cause mortality and the cardiorespiratory events and mortality composite separated by region.

Figure S1. Associations between solid fuel use, traditional CVD risk factors, and SES for 91,350 adults aged 35-70 from 467 urban and rural communities in 11 countries. Lines correspond to statistically significant (p<0.05) associations in unadjusted linear regression models, with solid blue and dotted red lines for positive and negative model coefficients, respectively. Graphs were created in JavaScript, using a modified version of the hierarchical edge bundling script created by Mike Bostock (https://beta.observablehq.com/@mbostock/d3-hierarchical-edge-bundling).