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Supplemental Material

Improving and Expanding Estimates of the Global Burden of Disease Due to Environmental Health Risk Factors

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Table of Contents

Appendix 1. Summary of key GBD-PHI recommendations.

Appendix 1: Summary of key GBD-PHI recommendations.

	For IHME/GBD		For the EH Research Community	
Air Pollution				
•	Advance methods to calculate joint burden	•	Advance methods to calculate joint burden Publish additional studies in high and low exposure areas	
•	Source apportionment	•	Advance research on differential toxicity	
	Lead			
•	Utilize human capital method to account for full spectrum of lead effects	•	Obtain better data on B-Pb levels in LMICs	
•	Account for direct effects of low-level lead exposure on CVD			
•	Increase collaborations with subject-matter experts			
Priority New Risk Factors				
•	Begin scoping for inclusion of other neurotoxicants (methylmercury, arsenic, polychlorinated biphenyls, polybrominated diethyl esters (PBDEs), organophosphate pesticides, and particulate air pollution)	•	Publish comprehensive population exposure estimates to facilitate inclusion of new risk factors in GBD	
•	Begin scoping for inclusion of endocrine-disrupting chemicals			
•	Increase collaborations with subject-matter experts			
	Climate			
•	Address changes in temperature/precipitation patterns	•	Advance research on climate change and mental health outcomes in LMICs	
•	Address changes in ranges of infectious disease vectors	•	Develop stronger understanding of the relationship between climate change, migration, conflict, and health	
•	Incorporate projections of changing ranges of infectious disease vectors			
•	Calculate climate change effects of air pollution			
	Nomination & Ranking			
•	Create EH Risk Factors Working Group	•	Publish systematic reviews to facilitate incorporation of new EH risk-outcome pairs in the GBD	
•	Utilize existing hazard and risk classifications by authoritative bodies			
•	Advance EH systematic review methods through collaboration with NIEHS/NTP			
•	Prioritize new EH risk factors based on strength of evidence, size of exposed populations, trends in exposures and diseases, and feasibility/availability of exposure assessment Give appropriate weight to EH observational studies			
•	Consider conflict of interest in assessment of study quality			