Supplemental Material

Current and Projected Heat-Related Morbidity and Mortality in Rhode Island

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Table S4: Estimated percent difference (95% confidence interval) in the rate of emergency department (ED) admissions for cardiovascular disease, respiratory diseases, asthma, renal diseases, acute renal failure, and heat in Rhode Island associated with specific increments in maximum daily temperature, from April-October, 2005-2012. Note that there are 1,626,105 total ED admissions during this period.

Table S5: Estimated percent difference (95% confidence interval) in the rate of all-cause and heat-related emergency department (ED) admissions associated with specific increments in maximum daily temperature for April – October of 2005-2012, stratified by sex and race.

Table S6: Observed and projected maximum temperatures and estimated numbers of all-cause emergency department (ED) admissions, heat-related ED admissions, and deaths projected to occur annually between April and October if the RI population of 2005-2012 were exposed to the maximum temperatures projected for 2046-2053 and 2092-2099 under two emissions scenarios, RCP 4.5 and RCP 8.5. Numbers in
parentheses denote the minimum and maximum estimates based on the multiple CMIP5 models applied for the two scenarios. N represents the number of each admission type in Rhode Island during the study period. **Figure S1:** Natural cubic spline fit showing the association between same-day maximum temperature and relative rate of ED admissions for asthma in Rhode Island, April – October of 2005-2012. Modeling approach was analogous to that described in Figure 1. The dashed lines represent 95% and the p-value shown corresponds to the overall p-value comparing by ANOVA the full model to the same model without any terms for temperature.