

Top Ten Things To Know Social Determinants of Risk and Outcomes for Cardiovascular Disease

1. Social determinants, the circumstances in which people are born, grow, live, work and age, are fundamental causes of cardiovascular health that occur over the life course; failure to address them will compromise the AHA 2020 impact goals to decrease cardiovascular mortality and improve ideal cardiovascular health by 20% for all Americans.
2. Having access to fewer socioeconomic resources, little education and family income, is associated with increased risk of cardiovascular disease risk factors and outcomes.
3. Race/ethnicity is included among social determinants as race is a social construct with little genetic and biological basis.
4. Implicit, often unconscious, race bias on the part of physicians may affect care processes by producing lower quality clinical interactions and communication between clinicians and minority patients, with resulting decreases in patient's satisfaction with care, trust in the health care system, and subsequent compliance with recommended care.
5. Social support and social networks should be included in interventions designed to help patients achieve ideal cardiovascular health.
6. Misunderstandings between physician and patient rooted in differing cultural perceptions of disease and language barriers can play an important causal role in health disparities.
7. Access to care is complex and goes beyond having health care insurance, and the provision of health care alone is insufficient for improving cardiovascular health and addressing the social determinants of health.
8. Living in more disadvantaged neighborhood, as compared to advantaged neighborhoods, is associated with a higher risk of cardiovascular disease, independent of individual-level characteristics.
9. Chronic allostatic load (wear and tear on the body while exposed to repeated stress) elevation over a period of years can have harmful effects on many organ systems, especially the cardiovascular system. Children born into disadvantaged socioeconomic circumstances are at risk of developing an exaggerated allostatic response to stressors, with the exaggerated response persisting into adulthood and resulting in chronic elevation of allostatic load.
10. There is enough evidence to address social determinants of health, including design and evaluation of multi-level interventions that address the social determinants of health.

Havranek EP, et al; on behalf of the American Heart Association Council on Quality of Care and Outcomes Research, Council on Epidemiology and Prevention, Council on Cardiovascular and Stroke Nursing, Council on Lifestyle and Cardiometabolic Health, and Stroke Council. [Social determinants of risk and outcomes for cardiovascular disease: a scientific statement from the American Heart Association](#) [published online ahead of print August 3, 2015]. *Circulation*. doi: 10.1161/CIR.0000000000000228.