

Health Equity in Get With The Guidelines® - Why Collect the Data?

The World Health Organization (WHO) suggests that health and illness often result from social, economic, environmental, and interpersonal factors, i.e., social determinants of health (SDOH).

Social determinants of health are *“the circumstances in which people are born, grow up, live, work, and age... and the systems put in place to offer healthcare and services to a community”* (WHO), such as...

Sex and Gender:

- Sexual and gender minorities have a higher risk of exposure to factors such as tobacco/substance use, alcohol consumption, and mental health decline¹
- These risk factors are associated with higher incidence of cardiovascular diseases (CVD)¹

Race and Ethnicity:

- Racial and ethnic minorities are often underrepresented and misrepresented in clinical trials, leading to unequal treatment in practice²
- Black and Hispanic patients are disproportionately exposed to CVD risk factors and impacted by CVD²

Housing Security:

- Service providers often perceive patients experiencing homelessness or housing insecurity as dangerous, illiterate, and unhygienic³
- Stigmatization of these groups can lead to increased risk of CVD as well as disparate healthcare delivery³

In essence, collecting data on SDOH helps to...

- Understand trends in healthcare disparity
- Pinpoint barriers of access to healthcare for specific patient populations
- Drive concerted efforts to address unmet needs in the community
- Present stronger arguments to advocate for policy change and deliver better care to underserved populations

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2. Diaz, C. L., Shah, N. S., Lloyd-Jones, D. M., & Khan, S. S. (2021). State of the Nation's Cardiovascular Health and Targeting Health Equity in the United States: A Narrative Review. *JAMA cardiology*.
3. Budescu, M., Sisselman-Borgia, A., & Torino, G. C. (2021). An experimental approach to assessing the attitudes of social service and healthcare employees toward the homeless. *Journal of Social Service Research*, 47(2), 245-255.