

A closer look at heart health: Research shows social factors at play

October 26 2023, by Vincent Jacobbi



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Now published in the *Journal of the American Heart Association*, a recent Mayo Clinic [study](#) of residents living in a mostly rural, 11-county region of southeast Minnesota found that patients with heart failure and

multiple social risk factors were more likely than other heart failure patients to experience adverse outcomes such as emergency department visits, hospitalization, delayed recovery and reduced quality of life.

Researchers investigated the effect of social factors, including education, isolation and "community deprivation"—a lack of community resources and opportunities measured at the community level.

"The findings suggest that it is possible to identify a small but meaningful subset of patients with heart failure who have multiple, co-occurring social risk factors and may be at greater risk for poor health outcomes," says Samuel Savitz, Ph.D., a Mayo Clinic health services researcher and lead author of the study.

Researchers used a statistical method to categorize 3,142 patients with heart failure. They all were living in an 11-county region of southeast Minnesota and were 18 years or older with a first-ever diagnosis of heart failure. The average age was 73.4, with 45.2% of the patients being women.

Researchers divided them into four groups based on living environments and other social risk factors.

- Group 1 had 1,093 patients living in urban areas with moderate social risk factors.
- Group 2 had 531 patients living in [rural areas](#) with similar risk factors.
- Group 3 had 185 patients and was considered moderately rural with multiple social risk factors.
- Group 4, the reference group, had 1,333 patients and consisted of mostly urban areas with higher education levels and fewer social risk challenges.

Key findings

According to the study, patients in Group 3—living in a moderately rural area and facing the most social risk factors—used more health care services than those in Group 4, who had higher education levels and more access to community resources.

Patients in Group 1—living in [urban areas](#)—had better outcomes than those in the "mostly urban" Group 4, despite having more social risk factors. The researchers suggest this was likely due to better access to care within their urban community.

The research also revealed that approximately 18.2% of patients within the study experienced moderate social isolation, while 5.7% experienced high social isolation, indicating a lack of social connections or support.

"This study provides further evidence that [health systems](#) and policymakers should devote resources and develop interventions to address the effects of social risk factors on patient outcomes," says Dr. Savitz.

Taking a patient-centered approach

Dr. Savitz said the study also shows that [heart failure](#) cannot be treated in isolation but should be viewed through a broader lens of the patient's life circumstances. Future interventions, he says, could use a patient-centered approach to address social risk factors.

He notes that it is crucial to evaluate whether these findings extend to other regions of the country, particularly those with greater racial and ethnic diversity.

More information: Samuel T. Savitz et al, Co-Occurrence of Social Risk Factors and Associated Outcomes in Patients With Heart Failure, *Journal of the American Heart Association* (2023). [DOI: 10.1161/JAHA.122.028734](https://doi.org/10.1161/JAHA.122.028734)

Provided by Mayo Clinic

Citation: A closer look at heart health: Research shows social factors at play (2023, October 26) retrieved 27 April 2024 from

<https://medicalxpress.com/news/2023-10-closer-heart-health-social-factors.html>

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