I Jornada catalana d'habilitats pràctiques en Risc Cardiovascular

CAMFiC
societat catalana de medicina familiar i comunitària

Amb l'aval:

Societat Catalana d'Hipertensió Arterial i Risc Vascular

Col·labora:

CST Consorci Sanitari de Terrassa Hospital Universitari Fundació Joan Costa Roma

FAP Fundación de Atención Primaria

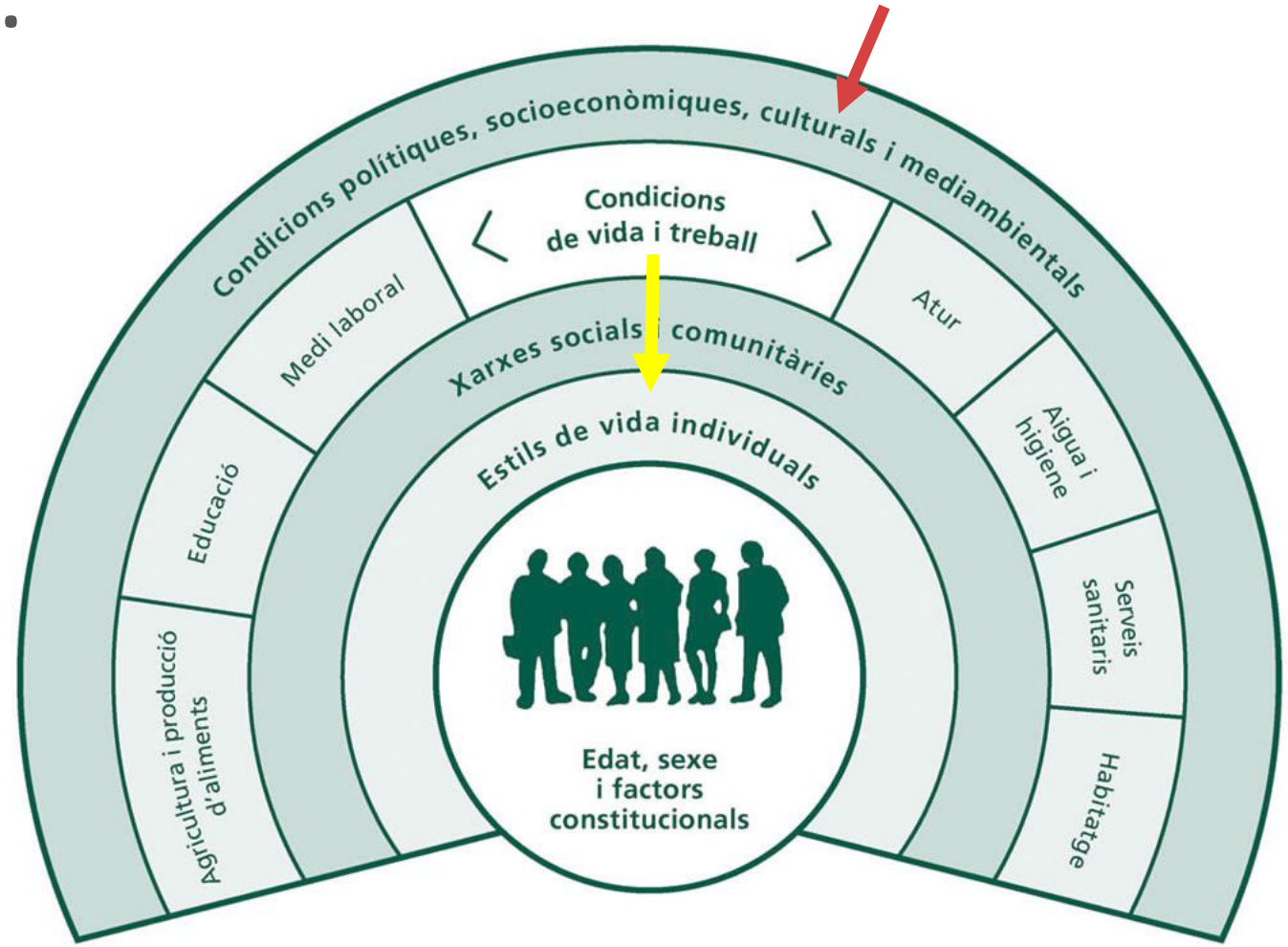
Determinants Socials de la salut i RCV

Maria Cinta Daufí

Coordinadora del Grup de treball d'Iniquitats* en salut.

Terrassa, 17 de desembre de 2025

Els determinants socials de la salut, o les causes de les causes.



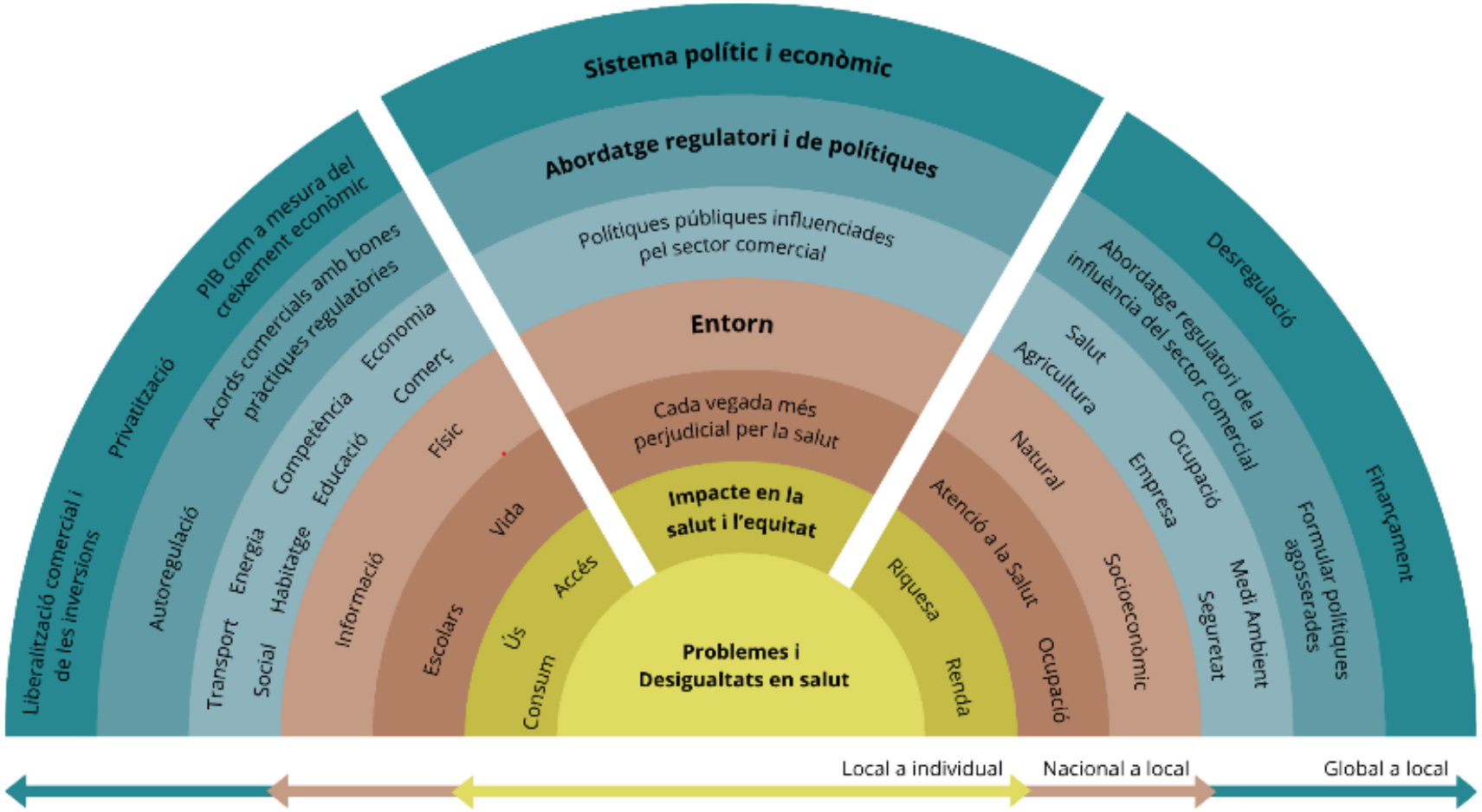
Model de determinants de la salut modificat de Dahlgren i Whitehead

Atenció a la cultura i valors.

- Cultura “judeocristina”: la culpa i el poder de la paraula.
- El Gènere, és una construcció cultural. Heteropatriarcat.
- Societat individualista o societat cohesionada ?
- Meritocràcia ?
- Classisme, racisme estructural.
- Epigenètica.


CAMFiC AL DIA
L'actualització en AP
CAMFiC
societat catalana de medicina familiar i comunitària
D'ESTILS DE VIDA
A CONDICIONS DE VIDA
Venus Forero Chaves, MFiC, MPH
DAP Metropolitana Nord
Isabel Becerra López, MfiC
CAP Jaume Soler - Cornellà

Els determinants comercials/industrials de la salut.



Font: Defining and conceptualising the commercial determinants of health. Gilmore, Anna B et al. The Lancet, Volume 401, Issue 10383, 1194 – 1213

Un estudi clàssic 2003

Residential environments and cardiovascular risk

Published: December 2003

Volume 80, pages 569–589, (2003) Cite this article

Ana V. Diez Roux. Epidemiòloga social.

Annual Review of Public Health

Social Epidemiology: Past, Present, and Future

Ana V. Diez Roux

Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania, USA; email: avd37@drexel.edu

ANNALS OF THE NEW YORK ACADEMY OF SCIENCES
Issue: *The Biology of Disadvantage*

Neighborhoods and health

Ana V. Diez Roux and Christina Mair

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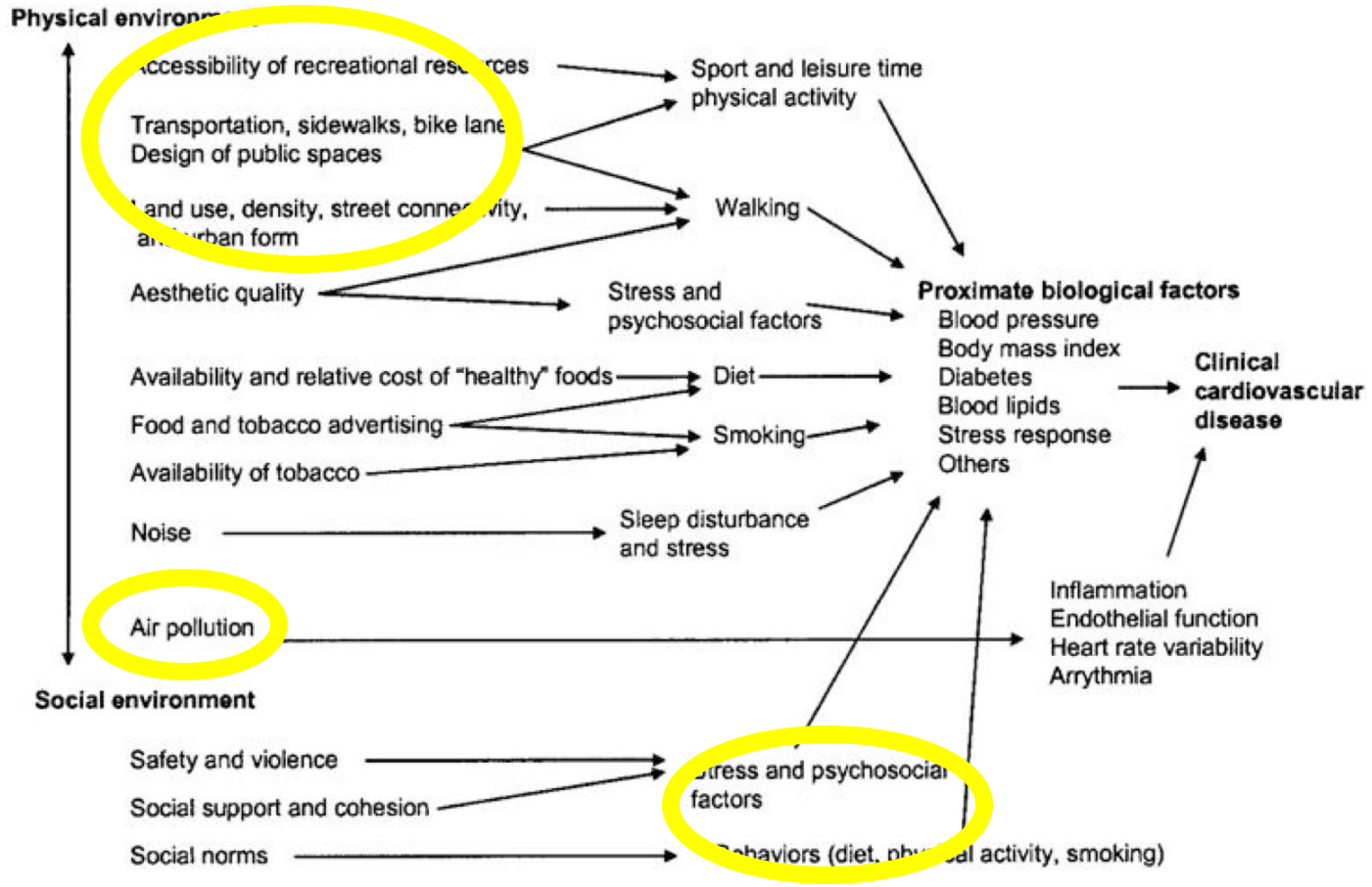
Address for correspondence: Prof. Ana V. Diez Roux, Epidemiology, Center for Integrative Approaches to Health Disparities, University of Michigan, 3rd Floor SPH Tower, 109 S Observatory, Ann Arbor, MI 48019-2029. adiezrou@umich.edu



Diez-Roux, AV. 2003. Residential environments and cardiovascular risk. J Urban Health 2003; 80:569-89.

Entorn, FRCV i malaltia cardiovascular.

Neighborhood Social Environment and Cardiovascular Disease Risk

Obesity and Diet (G. Rao, Section Editor) | Published: 08 March 2019

Volume 13, article number 7, (2019) Cite this article

Childhood Adversity and Cardiovascular Disease; Current Knowledge and Future Directions

Psychological Aspects of Cardiovascular Diseases (IM Kronish and JL Birk, Section Editors)
Published: 07 October 2025

Volume 27, article number 136, (2025) Cite this article

EDITORIAL

Making Neighborhoods Good for Your Health

Circulation. 2016;134:514–516. DOI: 10.1161/CIRCULATIONAHA.116.024158

DNA Methylation Mediates the Association Between Individual and Neighborhood Social Disadvantage and Cardiovascular Risk Factors

Yi Zhe Wang[1], Wei Zhao[1], Farah Ammous[1], Yanyi Song[2], Jiacong Du[2], Lulu Shang[2], Scott M. Ratliff[1], Kari Moore[3], Kristen M. Kelly[1], Belinda L. Needham[1], Ana V. Diez Roux[4], R. Butler[6], Sharon L. R. Kardia[1], Bhramar Mukherjee[2], er A. Smith[1,7]*

ORIGINAL RESEARCH

Inequalities by Income in the Prevalence of Cardiovascular Disease and Its Risk Factors in the Adult Population of Catalonia

Pricila H. Mullachery, PhD, MPH, DDS; Emili Vela, PhD; Montse Cleries, MD, MPH; Josep Comin-Colet, MD, PhD; Khurram Nasir, MD, MPH, MSc; Ana V. Diez Roux, MD, PhD, MPH; Miguel Cainzos-Achirica, MD, MPH, PhD; Josepa Mauri, MD, PhD; Usama Bilal, MD, PhD, MPH

Circulation: Cardiovascular Quality and Outcomes

AHA SCIENTIFIC STATEMENT

Importance of Housing and Cardiovascular Health and Well-Being

A Scientific Statement From the American Heart Association

Gac Sanit. (2021);35(4):326–332

Original

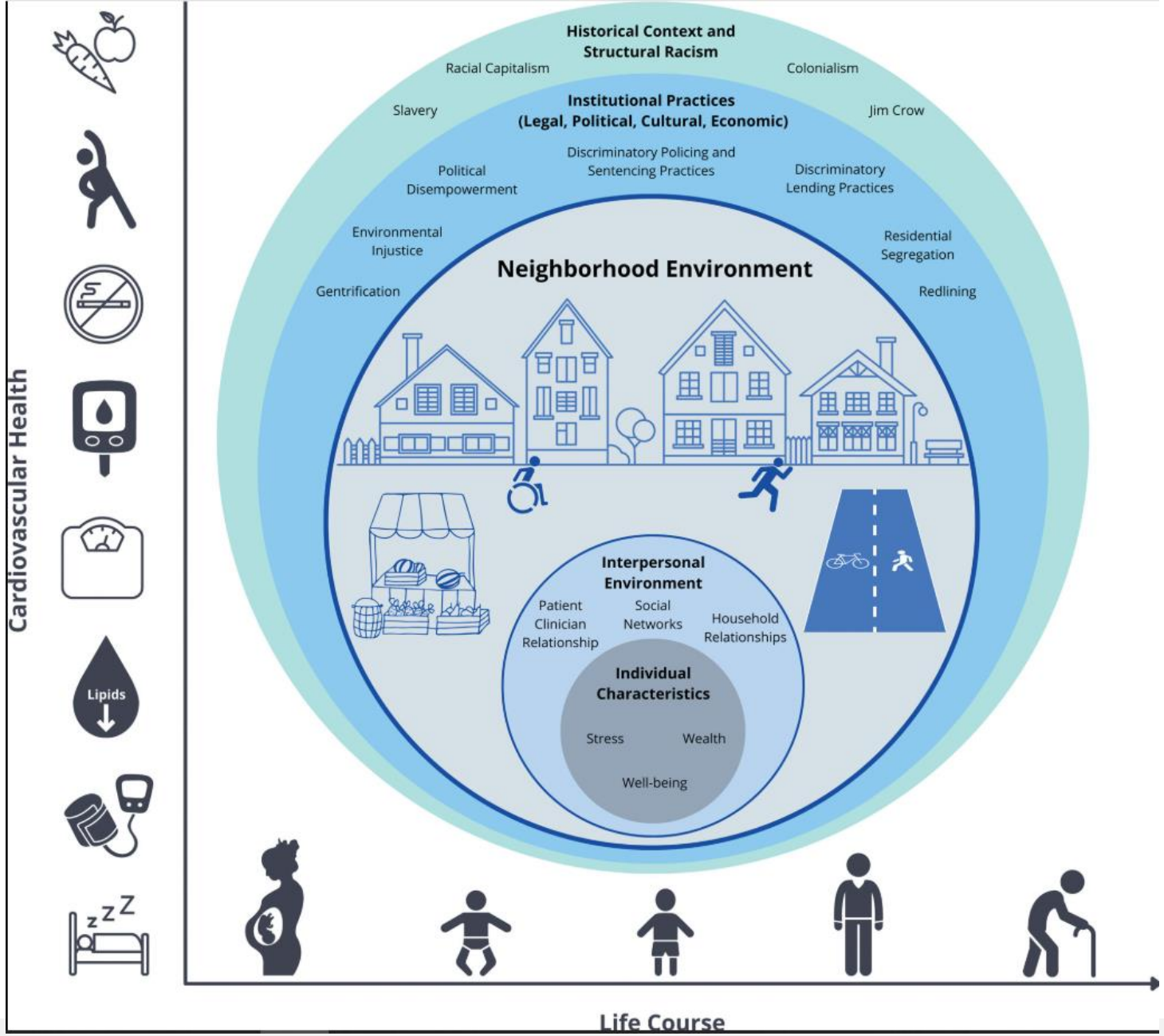
Social inequities in cardiovascular risk factors in women and men by autonomous regions in Spain

Pedro Gullón[a,b,*], Julia Díez[a], Miguel Cainzos-Achirica[c], Manuel Franco[a,d], Usama Bilal[a,b,e]

Impact of Neighborhood on Cardiovascular Health: A Contemporary Narrative Review

Psychological Aspects of Cardiovascular Diseases (IM Kronish, Section Editor)
Published: 14 July 2023

Volume 25, pages 1015–1027, (2023) Cite this article



AHA SCIENTIFIC STATEMENT

Neighborhoods and Cardiovascular Health: A Scientific Statement From the American Heart Association

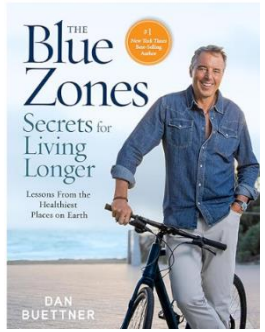
Kiarri N. Kershaw, PhD, MPH, FAHA, Chair; Jared W. Magnani, MD, MSc, FAHA, Vice Chair; Ana V. Diez Roux, MD, PhD, MPH; Marlene Camacho-Rivera, ScD, MPH; Elizabeth A. Jackson, MD, FAHA; Amber E. Johnson, MD, MS, MBA; Gayenell S. Magwood, PhD, RN, FAHA; Lewis B. Morgenstern, MD, FAHA; Jennifer J. Salinas, PhD; Mario Sims, PhD, FAHA; Mahasin S. Mujahid, PhD, MS, FAHA; on behalf of the Council on Quality of Care and Outcomes Research; Council on Epidemiology and Prevention; Council on Clinical Cardiology; Council on Hypertension; Council on Cardiovascular and Stroke Nursing; Council on Peripheral Vascular Disease; and Council on the Kidney in Cardiovascular Disease

Circulation: Cardiovascular Quality and Outcomes is available at http://www.ahajournals.org/journal/circoutcomes

January 2024

La piràmide del impacte en salut.

"Lo que realmente sirve es transformar el contexto en el que vives para que cada decisión saludable ocurra casi sin pensarlo"



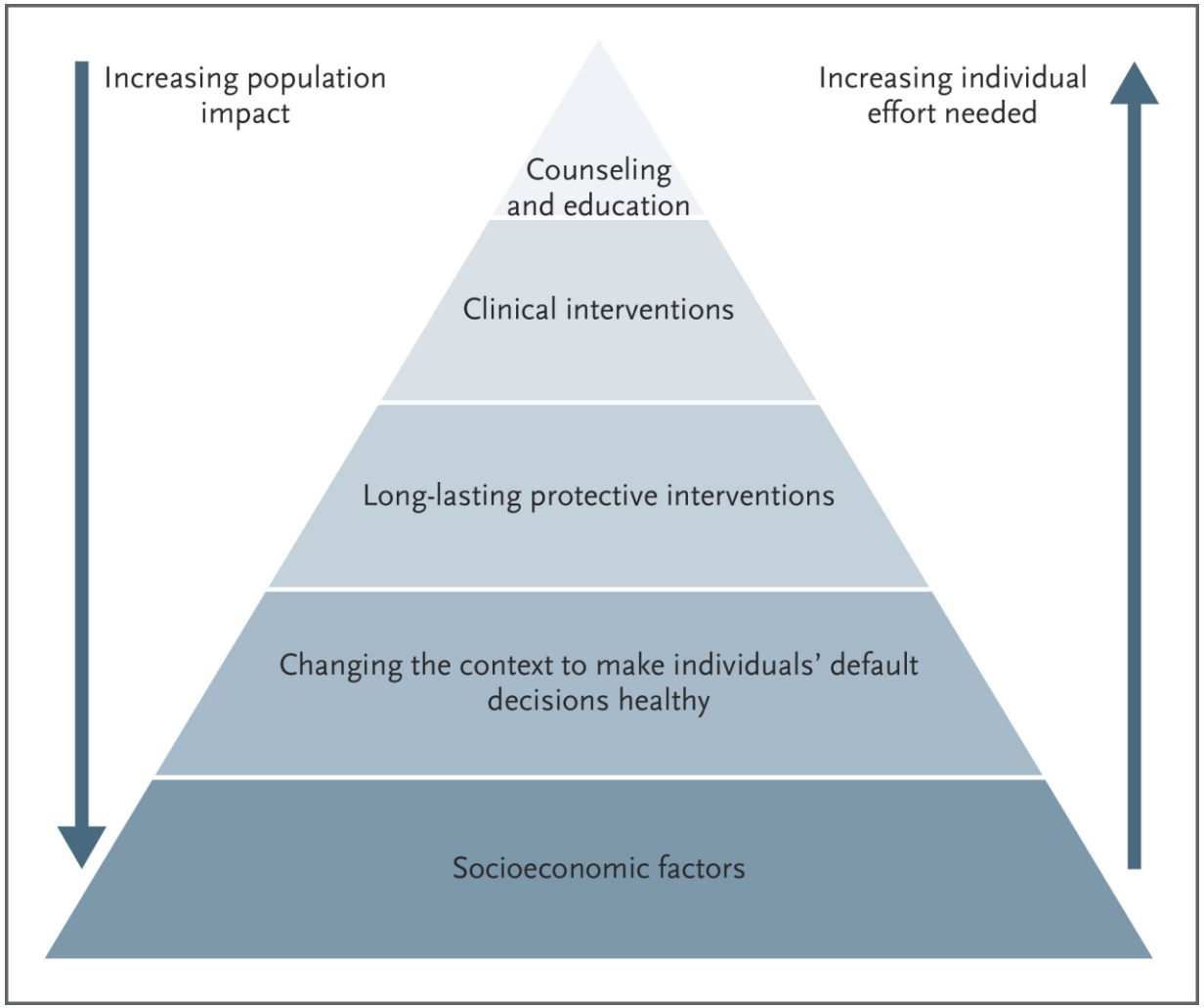
SPECIAL ARTICLE | SHATTUCK LECTURE

The Future of Public Health

Author: Thomas R. Frieden, M.D., M.P.H. Author Info & Affiliations

Published October 29, 2015 | N Engl J Med 2015;373:1748-1754 | DOI: 10.1056/NEJMsa1511248

VOL. 373 NO. 18 | Copyright © 2015



Model actualitzat

Any 2022

REVIEW

Social Determinants of Cardiovascular Disease

Tiffany M. Powell-Wiley, Yvonne Baumer, Foster Osei Baah, Andrew S. Baez, Nicole Farmer, Christa T. Mahlobo, Mario A. Pita, Kameswari A. Potharaju, Kosuke Tamura, Gwenyth R. Wallen

ABSTRACT: Social determinants of health (SDoH), which encompass the economic, social, environmental, and psychosocial factors that influence health, play a significant role in the development of cardiovascular disease (CVD) risk factors as well as CVD morbidity and mortality. The COVID-19 pandemic and the current social justice movement sparked by the death of George Floyd have laid bare long-existing health inequities in our society driven by SDoH. Despite a recent focus on these structural drivers of health disparities, the impact of SDoH on cardiovascular health and CVD outcomes remains understudied and incompletely understood. To further investigate the mechanisms connecting SDoH and CVD, and ultimately design targeted and effective interventions, it is important to foster interdisciplinary efforts that incorporate translational, epidemiological, and clinical research in examining SDoH-CVD relationships. This review aims to facilitate research coordination and intervention development by providing an evidence-based framework for SDoH rooted in the lived experiences of marginalized populations. Our framework highlights critical structural/socioeconomic, environmental, and psychosocial factors most strongly associated with CVD and explores several of the underlying biologic mechanisms connecting SDoH to CVD pathogenesis, including excess stress hormones, inflammation, immune cell function, and cellular aging. We present landmark studies and recent findings about SDoH in our framework, with careful consideration of the constructs and measures utilized. Finally, we provide a roadmap for future SDoH research focused on individual, clinical, and policy approaches directed towards developing multilevel community-engaged interventions to promote cardiovascular health.

Key Words: cardiovascular diseases ■ health status disparities ■ social determinants of health ■ social justice ■ socioeconomic factors

Circulation Research. 2022;130:782–799. DOI: 10.1161/CIRCRESAHA.121.319811

Prevalença PL a Catalunya*

Homes : 34,1%
Dones : 51,4%

Precarietat laboral

30% pobresa infantil

Societat multicultural. Racisme estructural.

Original breve

La precariedad laboral medida de forma multidimensional: distribución social y asociación con la salud en Cataluña

Joan Benach, Mireia Julià, Gemma Tarafa, Jordi Mir, Emilia Molinero y Alejandra Vives

Table 2. Psychosocial Factors as Social Determinants of Health: Evidence From Longitudinal Studies

Construct	Related CV risk factor/ CVD outcome	Measures used	Description of measure
Chronic psychological stress	Incident CV death in patients with stable CVD[99]	Thirty-question version of the General Health Questionnaire	Self-rated questionnaire to screen for anxiety and depression in community or general practice settings
	Incident stroke or transient ischemic attack[100]	Chronic burden scale	Assesses the presence and severity of ongoing stress in 5 domains: one's own health problems, health problems of close others, job or ability to work, relationships, and finances
	Incident fatal or nonfatal ischemic heart disease or stroke[101]	Combined-stress score	Self-reported perceived stress based on feelings of irritability, tension, and anguish over the previous 1–5 y
Subjective social status	Incident CV death[102]	Reversed ladder score	Continuous measure based on a ladder metaphor wherein respondents mark their position on a ladder representing a socioeconomic hierarchy
Job strain	Incident CV death with existing cardiometabolic disease[103]	Job content and demand-control questionnaires	Assessed the degree of high demands and low control at work
ACE	Incident type II diabetes[104]	Whitehall II cohort study ACE assessment	ACEs assessed included hospitalization for four or more weeks, parental divorce, unintentional parental unemployment, parental mental illness or problematic alcohol consumption, physical abuse by someone close, exposure to frequent parental arguments or fights, being in an orphanage/ children's home, and maternal separation for 1 y or more
Depression	Incidence of MI or death due to coronary heart disease[105]	Clinical diagnosis for unipolar depression, or depressive mood measured by standardized psychometric tools	Psychometric tools included Diagnostic Interview Schedule, Center for Epidemiological Studies Depression Scale, Geriatric Depression Scale, and Mental Health Inventory 5 among others
Perceived discrimination	Incident CVD events[106]	Lifetime discrimination scale	Respondents were asked to report whether they had ever been treated unfairly in 6 domains. For each yes response, participants indicated the perceived reason for the unfair treatment (race and ethnicity, sex, age, religion, physical appearance, sexual orientation, income level/social class, or other)
		Everyday discrimination scale	Respondents indicate the frequency with which certain experiences of unfair treatment occur in their day-to-day life, without reference to race and ethnicity, age, sex, or other demographic characteristics
Loneliness and Social Isolation	Incident CVD[107]	Loneliness measured by a direct single-item question and a University of California, Los Angeles 3-item loneliness scale	Reported frequency and intensity of loneliness feelings by means of a self-completion questionnaire, with the main analysis focusing on frequency
		Social isolation measured by the Shankar index	Captures social contact within the household as well as with relatives outside the household, colleagues at the workplace, and in community networks

ACE indicates adverse childhood experiences; CVD, cardiovascular disease; and MI, myocardial infarction.

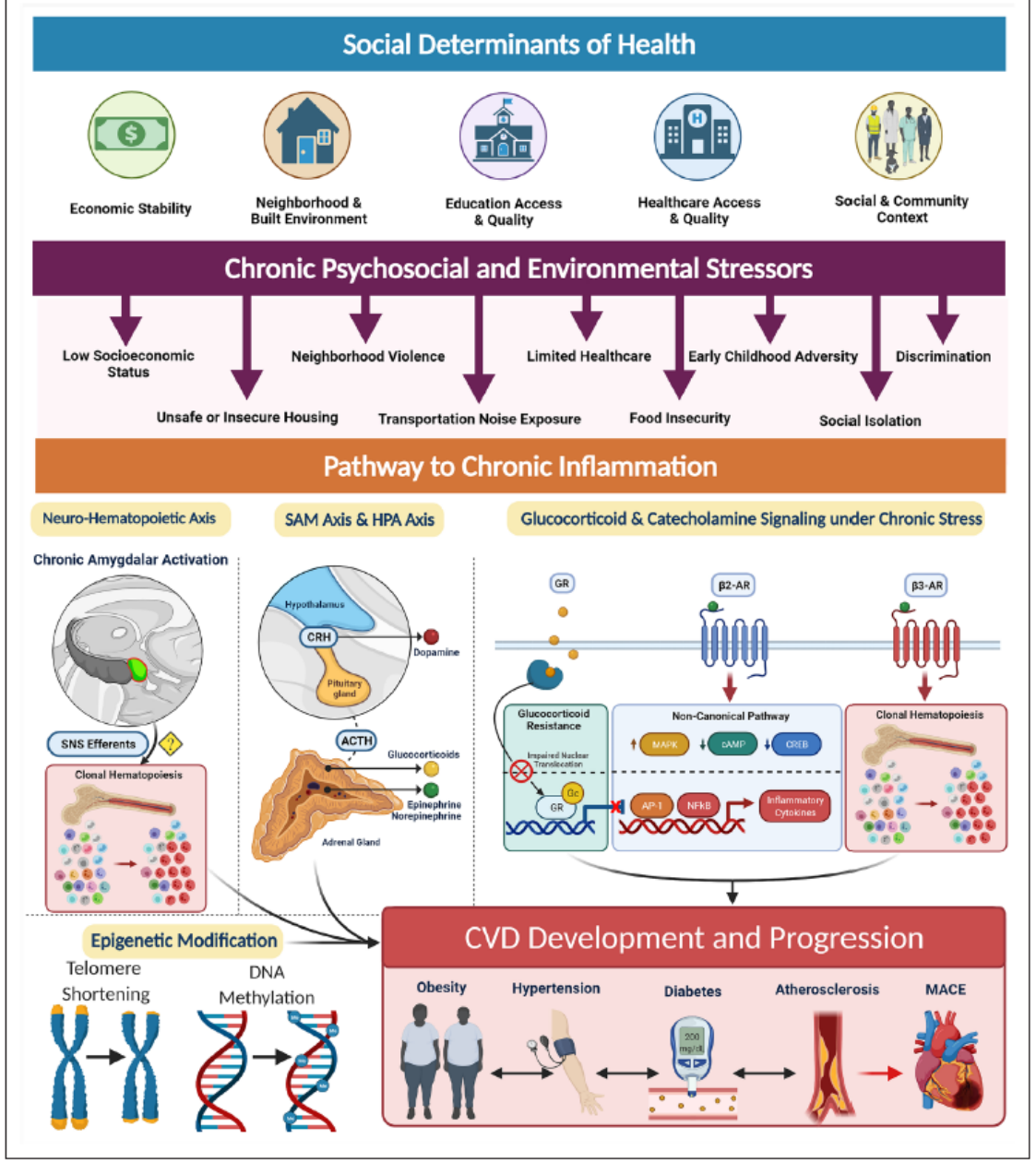


Figure 2. The social determinants of health and the biology of adversity.

Fisiopatologia del impacte dels DSS en els FRCV i la malaltia cardíaca. O biologia de l'adversitat.

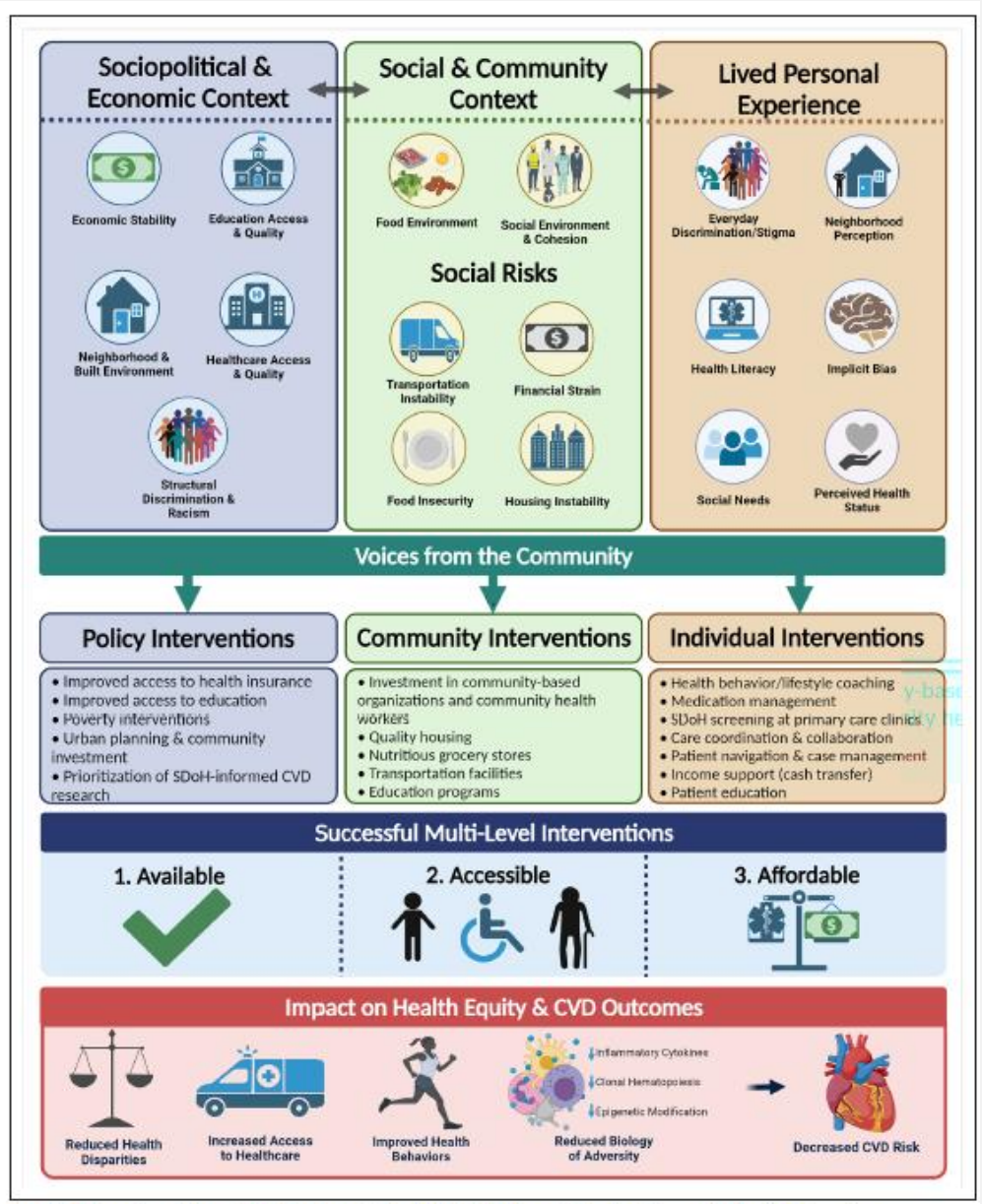


Figure 3. Integration of the social determinants of health (SDoH) into multilevel cardiovascular health interventions.

Recomanacions

1) INTERVENCIONS A NIVELL INDIVIDUAL

a. Incloure els DSS en els registres de les Històries Clíniques. **CODIS Z**

b. Actualitzar les Guies Clíniques i les Taules de càlcul de RVC per incorporar els DSS.

c. **Abordatge Holístic** dels pacients amb MCV o FR, abordant les necessitats socials mitjançant equips pluridisciplinaris. Revisar el model BIOMÈDIC.

d. Identificar i orientar els recursos disponibles als pacients amb més risc de MCV (revertir la llei d'atenció inversa). **EQUITAT.**

2) INTERVENCIONS A NIVELL COMUNITARI I INSTITUCIONAL

a. Desenvolupar noves eines de predicció de RCV basades en els DSS.

b. Invertir en organitzacions comunitàries i en treballadors comunitaris.

c. Reorientar el sistema sanitari al **model comunitari**: participació de la comunitat, preocupació per les necessitats de la comunitat i dinamització dels recursos comunitaris com actius en salut.

d. Millorar la coordinació entre recursos sanitaris i recursos socials.

3) INTERVENCIONS A NIVELL POLÍTIC I ESTRUCTURAL

Les de més impacte.

a. Promoure la recerca en DSS i MCV. Prioritzar el finançament d'estudis amb mètodes mixtos (qualitatius i quantitatius) i que incorporin la participació de la comunitat.

b. Creació d'equips interdisciplinaris per implantar intervencions multinivell que abordin els factors comunitaris de les MCV. (En el nostre context es pot entendre com promoure l'acció comunitària en salut).

c. Revisar la formació de pregrau dels professionals de la salut per incorporar el model de DSS. Capacitar els professionals de la salut per la identificació i abordatge dels DSS.

d. Millorar l'accés a l'educació, disminuir el fracàs escolar. (17%)

e. Lluita contra la pobresa i l'exclusió social. (30% pobresa infantil)

f. Planificació urbana saludable: millora dels entorns residencials, especialment dels barris més segregats i degradats.

Social Determinants of Health – What Doctors Can Do

BMA

- Conèixer i reconèixer les conseqüències per la salut dels DSS.
- No medicalitzar els DSS.
- Fer servir l'evidencia de la que disposem per avançar vers una reducció de les desigualtats en salut. Universalisme proporcional.

El "cafè para todos" genera desigualtat.

- Aproximació holística al pacient, considerar les **condicions de vida**.
- Treball intersectorial, sortir fora del sistema sanitari (físicament i mentalment).
- Els metges han d'actuar com a líders comunitaris: *advocacy*. **Abogacia per la salut.**

Reducing health inequalities through general practice

Anna Gkiouleka, Geoff Wong, Sarah Sowden, Clare Bambra, Rikke Siersbaek, Sukaina Manji, Annie Moseley, Rebecca Harmston, Isla Kuhn, John Ford

Although general practice can contribute to reducing health inequalities, existing evidence provides little guidance on how this reduction can be achieved. We reviewed interventions influencing health and care inequalities in general practice and developed an action framework for health professionals and decision makers. We conducted a realist review by searching MEDLINE, Embase, CINAHL, PsycINFO, Web of Science, and Cochrane Library for systematic reviews of interventions into health inequality in general practice. We then screened the studies in the included systematic reviews for those that reported their outcomes by socioeconomic status or other PROGRESS-Plus (Cochrane Equity Methods Group) categories. 159 studies were included in the evidence synthesis. Robust evidence on the effect of general practice on health inequalities is scarce. Focusing on common qualities of interventions, we found that to reduce health inequalities, general practice needs to be informed by five key principles: involving coordinated services across the system (ie, connected), accounting for differences within patient groups (ie, intersectional), making allowances for different patient needs and preferences (ie, flexible), integrating patient worldviews and cultural references (ie, inclusive), and engaging communities with service design and delivery (ie, community-centred). Future work should explore how these principles can inform the organisational development of general practice.

Lancet Public Health 2023; 8: e463–72

Department of Public Health and Primary Care (A Gkiouleka PhD) **and University of Cambridge Medical Library, School of Clinical Medicine** (I Kuhn MSc), **University of Cambridge, Cambridge, UK; Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK** (G Wong MD[Res]); **Population Health Sciences Institute, Newcastle University, Newcastle-upon-Tyne, UK**

Salut i equitat !

CAMFiC
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