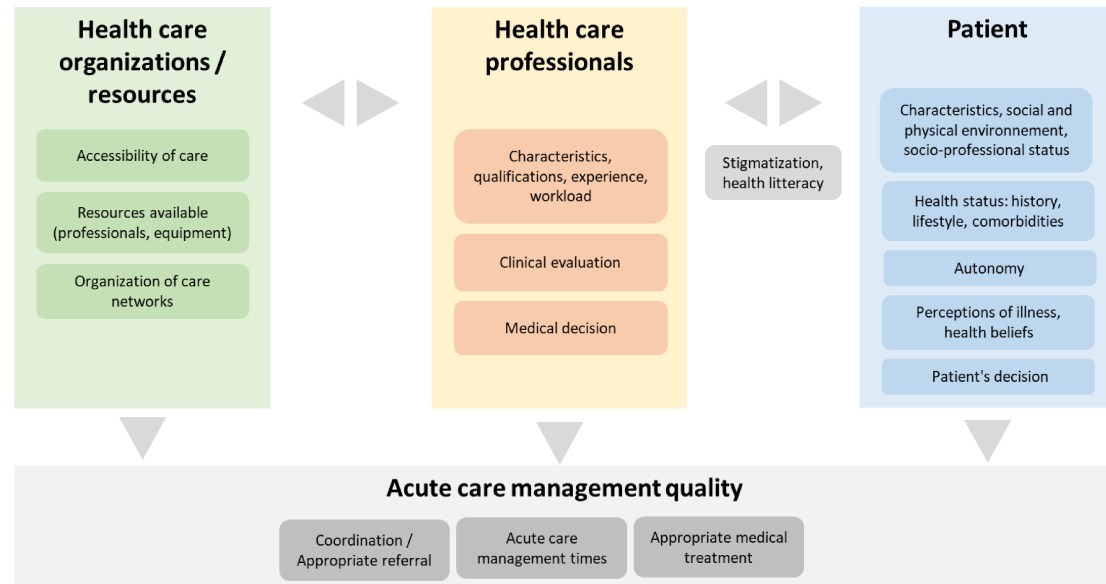
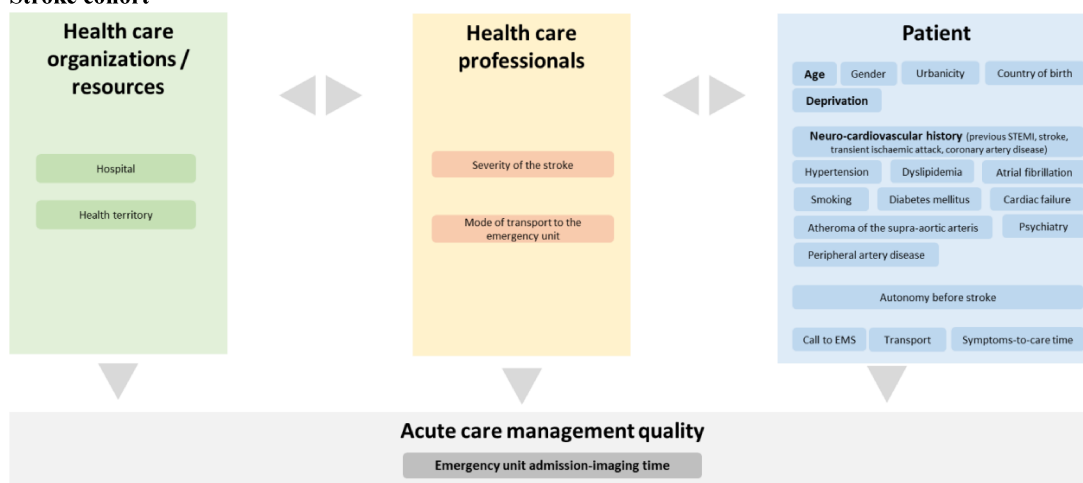


Supplementary material 1.**Conceptual framework**

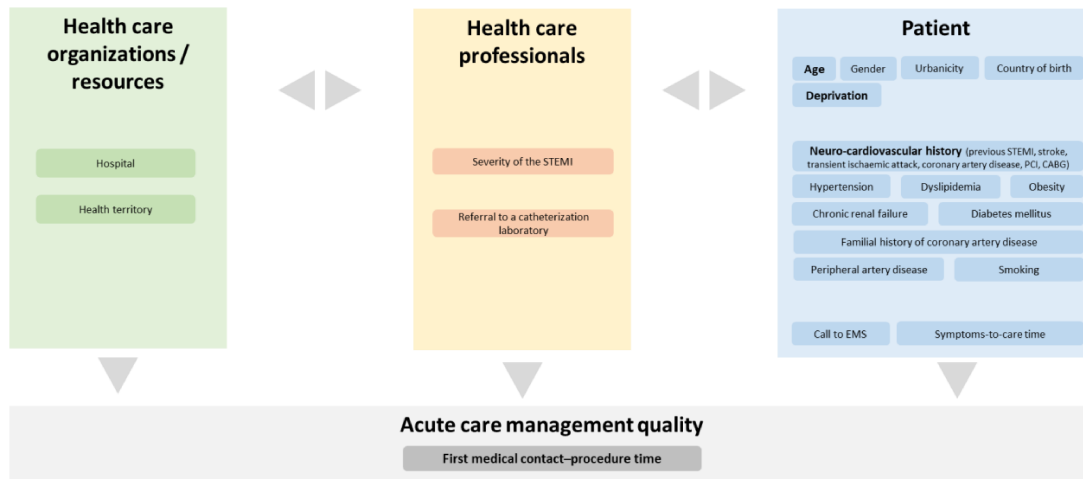
Classification of the variables according to the conceptual framework and used for the directed acyclic graphs (DAG)

Variables identified in the literature and available in the databases were classified into each dimension. Selected confounders were then identified by six DAG, one for each model. We forced adjustment for age and gender.

Stroke cohort



STEMI cohort



In bold: exposure variables,

CABG=coronary artery bypass graft, EMS=emergency medical service, PCI= percutaneous coronary intervention, STEMI=segment elevation myocardial infarction.

Confounders introduced in the stroke and STEMI final models estimating the association between clinical and social vulnerabilities effects on care management times

Category of exposure	STEMI cohort Models	Stroke Cohort Models
Age	Gender, hospital (random effect), health territory (random effect)	Gender, hospital (random effect), health territory (random effect)
Neuro-cardiovascular history	Age, gender, diabetes mellitus, hypertension, dyslipidemia, obesity, smoking, hospital (random effect), health territory (random effect)	Age, gender, diabetes mellitus, smoking, FDep15, hospital (random effect), health territory (random effect)
Fdep 15	Age, gender, country of birth, hospital (random effect), health territory (random effect)	Age, gender, urbanicity, country of birth, hospital (random effect), health territory (random effect)

FDep15=deprivation index; STEMI=segment elevation myocardial infarction; urbanicity of residence: urban of the patient's residence area defined as commune or group of communes with a continuous built-up area with at least 2,000 inhabitants.