

Supplemental Material

Table S1. Literature Search Strategies.

Database	Search Strategy
PubMed	((((("Time Factors"[MeSH Terms] AND Journal Article[ptyp] AND hasabstract[text] AND "last 10 years"[PDat] AND Humans[Mesh] AND English[lang])) OR ("Predictive Value of Tests"[MeSH Terms] AND Journal Article[ptyp] AND hasabstract[text] AND "last 10 years"[PDat] AND Humans[Mesh] AND English[lang])) AND Journal Article[ptyp] AND hasabstract[text] AND "last 10 years"[PDat] AND English[lang])) AND (((("United States"[Mesh] AND Journal Article[ptyp] AND hasabstract[text] AND "last 10 years"[PDat] AND Humans[Mesh] AND English[lang])) AND (((((((("Hospitalization"[Mesh]) OR "Patient Readmission"[Mesh]) OR "Emergency Service, Hospital"[Mesh]) OR ("mortality"[All Fields] OR "mortality"[MeSH Terms])) OR complications)) AND "Heart Failure"[Mesh]) AND Journal Article[ptyp] AND hasabstract[text] AND "last 10 years"[PDat] AND Humans[Mesh] AND English[lang])) AND Journal Article[ptyp] AND hasabstract[text] AND "last 10 years"[PDat] AND Humans[Mesh] AND English[lang]) Filters: Journal Article; Abstract; published in the last 10 years; English
SCOPUS	((TITLE-ABS-KEY (heart AND failure)) AND (TITLE-ABS-KEY (hospitalization OR patient AND readmission OR (emergency AND service, AND hospital) OR mortality OR complications OR hospital AND emergency AND department))) AND ((TITLE-ABSKEY ("Predictive Value of Tests") OR TITLE-ABS-KEY (time AND factors))) AND (LIMITTO (AFFILCOUNTRY , "United States"))
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	((MH "Heart Failure+") OR "heart failure") AND (((MH "Hospitalization+") OR "hospitalization") OR ((MH "Readmission") OR "Readmission") OR (MH "Emergency Service+") OR (MH "Mortality+") OR "complications") AND ((MH "Predictive Value of Tests") OR "Predictive Value of Tests") Limiters - Abstract Available; Published Date: 20100101-20201231; English Language
ABI_INFORM	(MAINSUBJECT.EXACT("Heart failure") AND (MAINSUBJECT.EXACT("Patient admissions") OR MAINSUBJECT.EXACT("Hospitalization") OR MAINSUBJECT.EXACT("Emergency services") OR complications OR MAINSUBJECT.EXACT("Mortality"))) AND ((Predict* OR MAINSUBJECT.EXACT("Predictions")) AND Factor) AND (loc.exact("United States--US") AND at.exact("Article") AND stype.exact("Scholarly Journals"))
Web of Science	(Heart Failure) AND ((Hospitalization OR Readmission OR (Emergency Service, Hospital) OR mortality OR complications OR (Hospital emergency department)) AND ((Time Factors) OR TOPIC: ("Predictive Value of Tests")) Refined by: LANGUAGES: (ENGLISH) AND DOCUMENT TYPES:(ARTICLE OR REVIEW OR PROCEEDINGS PAPER) AND COUNTRIES/REGIONS: (USA) Indexes=SCI-EXPANDED, SSCI, A&HCI, ESCI Timespan=2010-2020
<p>A&HCI- Arts & Humanities Citation Index</p> <p>ABS- Abstract</p> <p>AFFILCOUNTRY- Affiliation Country</p> <p>ESCI- Emerging Sources Citation Index</p>	

KEY- Keyword

Lang- Language

MeSH- Medical Subject Headings

PDat- Publication Date

Ptyp- Publication Type

SCI-EXPANDED- Science Citation Index Expanded™

SSCI- Social Sciences Citation Index

Table S2. Detailed Description of Evidence: The Influence of SDOH on HF Outcomes.

Author (Study Type)	Setting (Obs. Dates)	Target Population	Data Source(s)	Control Variables	SDOH Variables Analyzed in Study	Outcome	Outcome Results†	QR‡
Mortality and Survival								
Ahmed 2018 ^{13*} (Retrospective Observational)	<ul style="list-style-type: none"> University of Florida (Jan 2008-Dec 2015) 	<ul style="list-style-type: none"> Population: Patients ≥18 years with LVAD implant, PS assessment, 1 year or more post-op Sample: N=111 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Age Sex Race 	<ul style="list-style-type: none"> Insurance Education Income Marital status Urban/ rural residence 	<ul style="list-style-type: none"> Survival 1 year post implant 	<ul style="list-style-type: none"> No statistically significant associations found 	3
Foraker 2011 ^{32*} (Prospective Observational)	<ul style="list-style-type: none"> Forsyth County, NC; Washington County, MD; suburbs of Minneapolis, MN; and Jackson, MS (1987-2004) 	<ul style="list-style-type: none"> Population: White and Black ARIC participants aged 45-64 years Diagnosis: incident HFH Sample: N=1,342 	<ul style="list-style-type: none"> ARIC study US Census 	<ul style="list-style-type: none"> SexSex Race Education 	<ul style="list-style-type: none"> Insurance Neighborhood SES 	<ul style="list-style-type: none"> Time to All-cause mortality 	<ul style="list-style-type: none"> Medicaid recipients: higher risk (HR 1.21, CI 1.07–1.37) Lower HHI: higher risk (HR 1.36, CI 1.08–1.70) 	2
Manemann 2018 ^{44*} (Prospective Observational)	<ul style="list-style-type: none"> Clinics and hospitals in 11 southeast Minnesota counties (Jan 2013-Mar 2013) 	<ul style="list-style-type: none"> Population: ≥18 years Diagnosis: First-ever HF diagnosis Sample: N=3,867 	<ul style="list-style-type: none"> Patient-Reported Outcomes Measurement Information System Social Isolation Short Form 	<ul style="list-style-type: none"> Age SexSex Education Marital status 	<ul style="list-style-type: none"> Social Support 	<ul style="list-style-type: none"> Time to All-cause Mortality 	<ul style="list-style-type: none"> High social isolation: higher risk (HR 3.74, CI 1.82-7.70) 	2

			<ul style="list-style-type: none"> · Rochester Epidemiology Project 					
<p>McNaughton 2015^{46*}</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> · Quaternary care hospital · (Nov 2010 – Jun 2013) 	<ul style="list-style-type: none"> · Population: Discharged patients ≥18 years · Diagnosis: Acute HFH · Sample: N=2,132 	<ul style="list-style-type: none"> · Health Literacy Screening study data · EMR 	<ul style="list-style-type: none"> · Insurance 	<ul style="list-style-type: none"> · Age · SexSex · Race · Education/health literacy 	<ul style="list-style-type: none"> · Time to all-cause Mortality 	<ul style="list-style-type: none"> · Low health literacy (BHLS ≤9): higher risk (aHR 1.32, CI 1.05-1.66). · Age ≥65 years, nonwhite race, and less than high school education: higher risk. 	3
<p>Downing 2018^{26*}</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> · US non-federal acute care hospitals · (Jan 2009- Dec 2011) 	<ul style="list-style-type: none"> · Population: Hospitals with Medicare FFS beneficiaries ≥65 years · Principal Diagnosis: AMI or HF · Sample: N=1,265 	<ul style="list-style-type: none"> · Medicare Standard Analytic Files · Medicare Enrollment Database · 2011 American Community Survey 	<ul style="list-style-type: none"> · Age · SexSex 	<ul style="list-style-type: none"> · Race and Ethnicity · Income 	<ul style="list-style-type: none"> · Time to All-cause Mortality 	<ul style="list-style-type: none"> · Black patients (AMI): no statistically significant association found · Black patients (HF): lower risk (RSMR: -4.7, P < .001) · Low-income neighborhood: no statistically significant association found 	3

<p>Park 2016⁵¹ (Prospective Observational)</p>	<ul style="list-style-type: none"> · Cardiologist offices in Cincinnati, OH and Northern KY · (2007-2013) 	<ul style="list-style-type: none"> · Population: Patients <45 years · Diagnosis: CHF · Sample: N=191 	<ul style="list-style-type: none"> · EMR · Patient survey 	<ul style="list-style-type: none"> · SexSex · Marital status 	<ul style="list-style-type: none"> · Age · Faith/spirituality · Social support 	<ul style="list-style-type: none"> · Time to All-cause Mortality 	<ul style="list-style-type: none"> · Age: lower risk (HR 1.06, CI 1.03-1.09). · Spiritual: lower risk (HR 0.795, CI 0.67-0.95). · Social support: no statistically significant association found 	<p>2</p>
<p>Shen 2017⁵⁸ (Prospective Observational)</p>	<ul style="list-style-type: none"> · Cardiology OP clinic at the University of Miami Medical Center · (2005- 2009) 	<ul style="list-style-type: none"> · Population: Patients aged ≥18 years · Principal Diagnosis: HF · Sample: N=220 	<ul style="list-style-type: none"> · EMR · Patient survey · SSDI 	<ul style="list-style-type: none"> · Age · SexSex 	<ul style="list-style-type: none"> · Marital Status · Social Support 	<ul style="list-style-type: none"> · Time to All-cause Mortality 	<ul style="list-style-type: none"> · Not married or partnered: higher odds (OR 2.80, CI 1.38-5.70) · Social support: no statistically significant association found 	<p>2</p>
<p>Kostelanetz 2021⁴² (Prospective Observational)</p>	<ul style="list-style-type: none"> · Vanderbilt University AMC · (Oct 2011- Dec 2015) 	<ul style="list-style-type: none"> · Population: Adult admissions aged ≥18 years · Principal Diagnosis: HF · Sample: N=1120 	<ul style="list-style-type: none"> · Patient questionnaire · Patient interviews · Billing data 	<ul style="list-style-type: none"> · Age · SexSex · Race and Ethnicity 	<ul style="list-style-type: none"> · Neighborhood SES · HHI · Education · Insurance 	<ul style="list-style-type: none"> · Time to All-cause Mortality 	<ul style="list-style-type: none"> · No insurance: lower risk (HR 0.43 CI: 0.24-0.77) · Neighborhood and household below FPL and completed HS: no statistically significant association found 	<p>2</p>

<p>He 2019³⁴ (Cross-sectional)</p>	<ul style="list-style-type: none"> · National · (1988-Dec 2011) 	<ul style="list-style-type: none"> · Nonsmoking adults ≥18 years · Diagnosis: HF · Sample: N=572 	<ul style="list-style-type: none"> · NHANES III Public-Use Mortality Linked File · National Death Index 	<ul style="list-style-type: none"> · Age · SexSex · Race · Region · Urban/Rural · Education · HHI 	<ul style="list-style-type: none"> · Secondhand smoke exposure 	<ul style="list-style-type: none"> · All-cause Mortality 	<ul style="list-style-type: none"> · Exposure: higher risk (HR 1.4, CI 1.07–1.84) 	<p>4</p>
<p>Kaiser 2020³⁹ (Prospective Observational)</p>	<ul style="list-style-type: none"> · Forsyth County, NC; Sacramento County, CA; Washington County, MD; and Pittsburgh, PA · (1989-Jun 2015) 	<ul style="list-style-type: none"> · Medicare eligible adults ≥65 years · Sample: N=529 	<ul style="list-style-type: none"> · Cardio-vascular Health Study · Medicare claims · EMR 	<ul style="list-style-type: none"> · Age · SexSex · Race · Marital Status · Disability 	<ul style="list-style-type: none"> · Social Support 	<ul style="list-style-type: none"> · Survival after incident HF 	<ul style="list-style-type: none"> · No statistically significant association found 	<p>2</p>

<p>Eapen 2015^{27*} (Retrospective Observational)</p>	<ul style="list-style-type: none"> US hospitals, including community and large tertiary centers (Jan 2005-Dec 2011) 	<ul style="list-style-type: none"> Population: FFS CMS beneficiaries ≥65 years old Principal Diagnosis: HF Sample: N=48,338 	<ul style="list-style-type: none"> GWTG HF Registry CMS claims data County-level SES AHRF data 	<ul style="list-style-type: none"> Age SexSex Urban/rural residence 	<ul style="list-style-type: none"> Race and Ethnicity Education Employment Income County level SES 	<ul style="list-style-type: none"> All-cause Mortality, 30d 	<ul style="list-style-type: none"> HISP and Black: lower odds (HISP: OR 0.70, CI 0.58 - 0.83) (Black: OR 0.57, CI: 0.50–0.65) Education: no statistically significant association found Employment no statistically significant association found HHI: reduces with unit increases in HHI (OR 0.97, CI 0.95-1.00) County level SES: no statistically significant association found 	<p>3</p>
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<p>Eberly 2019^{28*} (Retrospective Observational)</p>	<ul style="list-style-type: none"> Brigham and Women's Hospital, Boston, MA (Sep 2008-Nov 2017) 	<ul style="list-style-type: none"> Population: Black, White, Latinx patients admitted to general medicine or cardiology from ED \geq18 years Principal Diagnosis: HF Sample: N=1,967 	<ul style="list-style-type: none"> EMR MA Death Registry 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Race and Ethnicity 	<ul style="list-style-type: none"> All-cause Mortality, 30d 	<ul style="list-style-type: none"> Black Race: lower risk (HR, 0.52, CI: 0.30-0.91) Latinx (GM admission): no statistically significant association found 	<p>3</p>
<p>Patel 2020^{52*} (Retrospective Observational)</p>	<ul style="list-style-type: none"> Emory Health Care system, Atlanta, GA (2010-2018) 	<ul style="list-style-type: none"> Population: Admitted Black or White patients \geq18 years Diagnosis (primary or secondary): acute HF Sample: N=30,630 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Age Sex Insurance 	<ul style="list-style-type: none"> Race Neighborhood SES (EM) 	<ul style="list-style-type: none"> All-cause Mortality, 30d 	<ul style="list-style-type: none"> Black patients: higher risk (RR: 1.17, CI 1.10-1.25). Lower neighborhood SES: no effect modification found for Black patients 	<p>3</p>

<p>Trivedi 2020⁶² (Cross-sectional)</p>	<ul style="list-style-type: none"> National: Veteran's Affairs Medical Centers (2012-2014) 	<ul style="list-style-type: none"> Hospitalized Veterans ≥66 years Diagnosis: HF Sample: N=42,892 	<ul style="list-style-type: none"> VA health system's Corporate Data Warehouse CMS Medicare Master Beneficiary Summary File Minimum Data Set US Census 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Neighborhood Disadvantage Race and Ethnicity Living Status Urban/Rural Reason for Medicare Eligibility Insurance Status 	<ul style="list-style-type: none"> All-Cause Mortality, 30d 	<ul style="list-style-type: none"> No statistically significant associations found 	
<p>Sterling 2020⁵⁹ (Prospective Observational)</p>	<ul style="list-style-type: none"> 48 US states and DC (2003-2014) 	<ul style="list-style-type: none"> Population: REGARDS study participants who were Medicare Part A beneficiaries ≥65 years and discharged Diagnosis: HF Sample: N=598 	<ul style="list-style-type: none"> REGARDS study EMR American Hospital Association annual survey Medicare's Hospital Compare 	<ul style="list-style-type: none"> Age Sex Region 	<ul style="list-style-type: none"> Race and Ethnicity Education Income Neighborhood SES Social Support Urban/rural residence 	<ul style="list-style-type: none"> All-cause Mortality, 90d 	<ul style="list-style-type: none"> 1 SDOH: higher risk (HR 2.78, CI 1.37-5.62) ≥2 SDOH: higher risk (HR 2.57, CI 1.19-5.54) 	2

<p>Knighton 2018^{40*} (Retrospective Observational)</p>	<ul style="list-style-type: none"> Intermountain Healthcare System in Utah (2010 and 2014) 	<ul style="list-style-type: none"> Population: Inpatient aged ≥18 years Diagnosis: HF Sample: N=4,737 	<ul style="list-style-type: none"> EMR State death certificate data 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Marital status Insurance 	<ul style="list-style-type: none"> Neighborhood deprivation Faith (EM) Urban/rural residence (EM) 	<ul style="list-style-type: none"> All-cause Mortality: 30d, 90d, 180d, and 365d 	<p>Deprived areas and faith/ spirituality:</p> <ul style="list-style-type: none"> 30d lower odds (OR 0.35, CI 0.12–0.98) 90d, lower odds (OR 0.49, CI 0.30-0.90) 180 d, lower odds: (OR 0.52, CI 0.35-0.76) 365d: no statistically significant association found 	<p>3</p>
<p>Lu 2016^{43*} (Retrospective Observational)</p>	<ul style="list-style-type: none"> Einstein Medical Center, Philadelphia, PA (Jan 2011 – Feb 2013) 	<ul style="list-style-type: none"> Population: AA patient admissions aged >20 years Diagnosis: ADHF Sample: N=611 	<ul style="list-style-type: none"> EMR SSDI 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Marital status Living status 	<ul style="list-style-type: none"> All-cause Mortality, 30d, 90d, 1y 	<ul style="list-style-type: none"> 30d, Married: no statistically significant association found 1y, Married: lower odds (OR 0.50, CI 0.31 - 0.90) 30d, Living alone: higher odds (OR 2.86, 1.59-5.14) 1y, Living alone: no statistically significant association found 	<p>3</p>

<p>Selim 2015^{57*} (Retrospective Observational)</p>	<ul style="list-style-type: none"> 3 hospitals within the Montefiore Medical Center health system in the Bronx, NY (Jan 2001-Dec 2010) 	<ul style="list-style-type: none"> Population: Hospitalized low SES patients aged ≥ 18 years Diagnosis: ADHF Sample: N=7,516 	<ul style="list-style-type: none"> EMR Social Security Death Registry 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Access to Cardiologist Race and Ethnicity (EM) 	<ul style="list-style-type: none"> All-cause Mortality, 30d, 60d 	<ul style="list-style-type: none"> Access to cardiology 30d: no statistically significant association found Access to Cardiology services (60d): lower risk (HR: 0.70, CI 0.52-0.96) Race and Ethnicity (30d, 60d): no statistically significant association found 	<p>3</p>
<p>Vivo 2014^{63*} (Prospective Observational)</p>	<ul style="list-style-type: none"> 213 hospitals participating in GWTG-HF (Jan 2005-Dec 2011) 	<ul style="list-style-type: none"> Population: Medicare FFS patients ≥ 65 years Principal Diagnosis: HF Sample: N=47,149 	<ul style="list-style-type: none"> GWTG-HF registry Medicare inpatient claims data 	<ul style="list-style-type: none"> Age Sex Income Education 	<ul style="list-style-type: none"> Race and Ethnicity 	<ul style="list-style-type: none"> All-cause Mortality (post discharge), 30d, 1y 	<ul style="list-style-type: none"> Black, HISP, /Asian (30d): no statistically significant association found Black (1y): reduced risk (HR 0.93, CI 0.87-1.00) HISP, Asian (1y): no statistically significant association found 	<p>2</p>

Wadhera 2018 ^{64*} (Retrospective Observational)	<ul style="list-style-type: none"> 391 GWTG registry sites across 40 states (Jan 2010-Jun 2017) 	<ul style="list-style-type: none"> Population: Low-income patients <65 years, not eligible for Medicare Diagnosis: HFH Sample: N=58,804 	<ul style="list-style-type: none"> GWTG HF Registry 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity 	<ul style="list-style-type: none"> Medicaid Expansion 	<ul style="list-style-type: none"> In-Hospital Mortality 	<ul style="list-style-type: none"> Medicaid expansion: no statistically significant association found 	3
Watkins 2013 ^{65*} (Retrospective Observational)	<ul style="list-style-type: none"> Northwestern Louisiana tertiary care teaching hospital (Jun 2003-Dec 2008) 	<ul style="list-style-type: none"> Population: Patients admitted ≥18 years Diagnosis: HF Sample: N=357 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Insurance 	<ul style="list-style-type: none"> Marital Status 	<ul style="list-style-type: none"> In-Hospital Mortality 	<ul style="list-style-type: none"> No statistically significant association found 	3

Yandrapalli 2019 ^{70*} (Retrospective Observational)	<ul style="list-style-type: none"> Acute care hospitals (2005 – 2014) 	<ul style="list-style-type: none"> Population: Patients ≥18 years without concomitant ACS Diagnosis: HFH Sample: N=8,333,752 	<ul style="list-style-type: none"> HCUP NIS 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity 	<ul style="list-style-type: none"> In-hospital Mortality 	<ul style="list-style-type: none"> Age: older had higher rates (≥80 years (41.4); 65-79 (29.2); 45-64 (20.6); 18-44 (17.7) Females: higher (30.6 v. 25.4, p<0.001) Race: White had highest rates (White (28.8); HISP (25.8); Black (22.3) 	3
Readmission [§]								
DeFilippis 2020 ²¹ (Retrospective Observational)	<ul style="list-style-type: none"> INTERMACS registry (2008-2017) 	<ul style="list-style-type: none"> Population: Patients ≥18 years with continuous flow LVAD Sample: N=15,403 	<ul style="list-style-type: none"> INTERMACS 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> PS Risks 	<ul style="list-style-type: none"> Time to All-cause Readmission 	<ul style="list-style-type: none"> Any PS risk: higher risk (HR 1.14, CI 1.08-1.19) 	3
Foraker 2011 ^{32*} (Prospective Observational)	<ul style="list-style-type: none"> Forsyth County, NC; Washington County, MD; suburbs of Minneapolis, MN; and Jackson, MS (1987-2004) 	<ul style="list-style-type: none"> Population: White and Black ARIC participants aged 45-64 Diagnosis: incident HFH Sample: N=1,342 	<ul style="list-style-type: none"> ARIC study US Census 	<ul style="list-style-type: none"> Sex Race Education 	<ul style="list-style-type: none"> Insurance Neighborhood SES 	<ul style="list-style-type: none"> Time to All-cause Readmission 	<ul style="list-style-type: none"> Medicaid recipients: higher risk (HR 1.19, CI 1.05–1.36) Lower neighborhood HHI: higher risk (HR 1.40, CI 1.10–1.77) 	2

McNaughton 2015 ^{46*} (Retrospective Observational)	<ul style="list-style-type: none"> Quaternary care hospital (Nov 2010 – Jun 2013) 	<ul style="list-style-type: none"> Population: Patients discharged from an acute HFH Sample: N=2,132 	<ul style="list-style-type: none"> Health Literacy Screening study data EMR 	<ul style="list-style-type: none"> Insurance Age Sex Race 	<ul style="list-style-type: none"> Education/health literacy 	<ul style="list-style-type: none"> Time to All-cause Readmission 	<ul style="list-style-type: none"> Low health literacy: higher risk: (aHR 1.32, CI 1.05-1.66, P=0.02) 	3
Watkins 2013 ^{65*} (Retrospective Observational)	<ul style="list-style-type: none"> Northwestern Louisiana tertiary care teaching hospital (Jun 2003- Dec 2008) 	<ul style="list-style-type: none"> Population: Patients admitted Diagnosis: HF Sample: N=357 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Age Sex Race Ethnicity Insurance 	<ul style="list-style-type: none"> Marital Status 	<ul style="list-style-type: none"> Time to All-cause Readmission 	<ul style="list-style-type: none"> No statistically significant association found 	3
Ahmed 2018 ^{13*} (Retrospective Observational)	<ul style="list-style-type: none"> University of Florida (Jan 2008- Dec 2015) 	<ul style="list-style-type: none"> Population: Patients ≥18 years with LVAD implant, PS assessment, 1 year or more post-op Sample: N=111 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Age Sex Race 	<ul style="list-style-type: none"> Insurance Education Income Marital status Urban/ rural residence 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> No statistically significant associations found 	3
Amarasingham 2010 ¹⁵ (Prospective Observational)	<ul style="list-style-type: none"> Parkland Memorial Hospital, Dallas, TX (Jan 2007 - Aug 2008) 	<ul style="list-style-type: none"> Population: Patients ≥18 discharged Principal Diagnosis: HF Sample: N=1,372 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Marital Status Insurance Neighborhood SES 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Age: No statistically significant association found Male sex: higher odds (OR 1.37, CI 1.02 - 1.84) Race: Black race higher odds OR 1.47, CI 1.03-2.08); HISP no statistically significant association found 	2

					<ul style="list-style-type: none"> • Social Instability 		<ul style="list-style-type: none"> • Single: higher odds (OR 1.47, CI 1.08 - 2.01) • Medicare insurance: higher odds (OR 1.59, CI 1.17 - 2.17). • Lowest neighborhood SES: higher odds (OR 1.30, CI 0.98 - 1.74) • Social instability: higher odds (OR 1.13, CI 1.07 - 1.19) 	
DeLia 2014 ^{22*} (Retrospective Observational)	<ul style="list-style-type: none"> • Hospitals and clinics • (2007-2010) 	<ul style="list-style-type: none"> • Population: Medicare enrollees ≥65 years • Diagnosis: ≥1 HFH • Sample: N=233,641 	• MPCD	• None	<ul style="list-style-type: none"> • Age • Sex • Race and Ethnicity • Insurance • Region 	• All-cause Readmission, 30d	<ul style="list-style-type: none"> • Older age statistically significant association with higher risk (HR NR) • Sex: no statistically significant association found • Black and HISP associated with higher risk • Medicare Advantage: statistically significant association with higher risk (HR NR) • Northeast and Midwest: statistically significant association with lower risk (HR NR) 	3

Di Palo 2017 ^{24*} (Intervention)	<ul style="list-style-type: none"> Montefiore Medical Center, Bronx, NY (Jun 2015-Dec 2015) 	<ul style="list-style-type: none"> Population: Inpatients Diagnosis: HF Sample: N=94 	<ul style="list-style-type: none"> EMR Intake assessment 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Social support (NT program) 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Intervention group: 17.6% Control group: 25.6% 	2
Downing 2018 ^{26*} (Retrospective Observational)	<ul style="list-style-type: none"> US non-federal acute care hospitals (Jan 2009-Dec 2011) 	<ul style="list-style-type: none"> Population: Hospitals with Medicare FFS beneficiaries ≥65 years Principal Diagnosis: AMI or HF Sample: N=1,265 	<ul style="list-style-type: none"> Medicare Standard Analytic Files Medicare Enrollment Database 2011 American Community Survey 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Race and Ethnicity Income/wealth 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Black patients: higher risk (HF- RSRR: 2.8%; P < .001) Low-income neighborhood: No statistically significant association found 	3
Eapen 2015 ^{27*} (Retrospective Observational)	<ul style="list-style-type: none"> US hospitals, including community and large tertiary centers (Jan 2005-Dec 2011) 	<ul style="list-style-type: none"> Population: FFS CMS beneficiaries ≥65 years old Principal Diagnosis: HF Sample: N=48,338 	<ul style="list-style-type: none"> GWTG HF Registry CMS claims data County-level SES AHRF data 	<ul style="list-style-type: none"> Age Sex Urban/Rural residence 	<ul style="list-style-type: none"> Race and Ethnicity Education Employment Income/wealth SES (County level) 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Race: Black race higher odds (OR 1.10, CI 1.01-1.19); HISP higher odds (OR 1.14, CI 1.02-1.28) ≥ High school diploma: lower odds (OR 0.95, CI 0.91–0.99) White-collar workers: higher odds (OR 1.06, CI 1.01-1.11) Income: No statistically significant association found County-level SES: No statistically significant association found 	3

<p>Gilotra 2017³³ (Prospective Observational)</p>	<ul style="list-style-type: none"> Urban: academic center (Jul 2014-2015) 	<ul style="list-style-type: none"> Admitted patients ≥ 18 years requiring intravenous diuretics Principal Diagnosis: decompensated HF Sample: N=94 	<ul style="list-style-type: none"> EMR Patient survey 	<ul style="list-style-type: none"> Age Sex Race Education Level 	<ul style="list-style-type: none"> Health Literacy 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Health literate: Lower odds (OR 0.31, CI 0.10–0.91). 	<p>2</p>
<p>Joynt Maddox 2019³⁸ (Retrospective Observational)</p>	<ul style="list-style-type: none"> Inpatient and OP care (Dec 2012 – Nov 2015) 	<ul style="list-style-type: none"> Population: FFS Medicare beneficiary admissions ≥ 65 years old Diagnosis: AMI, CHF, or pneumonia Sample: CHF N=2,874 	<ul style="list-style-type: none"> Medicare 100 percent Research Identifiable Files CMS Master Beneficiary Summary File CMS Vital Records File 2017 Inpatient Prospective Payment System final rule impact file 	<ul style="list-style-type: none"> Age Sex Race 	<ul style="list-style-type: none"> Housing instability Neighborhood SES Insurance Hospital Safety-Net Status 	<ul style="list-style-type: none"> All-cause Readmission, 30d (CHF only) 	<ul style="list-style-type: none"> Housing instability: (aOR 1.39, CI 1.29-1.49) Disadvantaged neighborhood: higher odds (aOR 1.03, CI 1.01-1.04) Medicaid: higher odds (aOR 1.22, CI 1.21-1.24) Safety-net hospitals: higher rate: (1.037 v. 0.997) 	<p>3</p>
<p>Knighton 2018⁴⁰ (Retrospective Observational)</p>	<ul style="list-style-type: none"> Inter-mountain Healthcare System in Utah (2010 and 2014) 	<ul style="list-style-type: none"> Population: inpatient. Age inclusion criteria NR Diagnosis: HF Sample: N=4,737 	<ul style="list-style-type: none"> EMR State death certificate data 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Marital Status 	<ul style="list-style-type: none"> Neighborhood SES Faith/Spirituality Urban/Rural Residence 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> No statistically significant association found 	<p>3</p>

				<ul style="list-style-type: none"> Insurance 				
Lu 2016 ^{43*} (Retrospective Observational)	<ul style="list-style-type: none"> Einstein Medical Center, Philadelphia, PA (Jan 2011 – Feb 2013) 	<ul style="list-style-type: none"> Population: AA patient admissions aged >20 years Diagnosis: ADHF Sample: N=611 	<ul style="list-style-type: none"> EMR SSDI 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Marital status Living status 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Married: no statistically significant association found Living alone: higher odds (OR 2.86, CI 1.59-5.14) 	3
McKinley 2018 ⁴⁵ (Intervention)	<ul style="list-style-type: none"> WellStar Atlanta Medical Center, Atlanta, GA (May 2012- Dec 2015) 	<ul style="list-style-type: none"> Population: Admission of AA men Diagnosis: HF (primary or secondary) Sample: N=132 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Age Race and Ethnicity 	<ul style="list-style-type: none"> HF intervention 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Intervention: statistically significant association with lower readmission rates 	2
Meddings 2017 ⁴⁷ (Retrospective Observational)	<ul style="list-style-type: none"> Hospitals (Jun 1996- Jun 2012) 	<ul style="list-style-type: none"> Population: Admission of Patients > 50 years Diagnosis: HF Sample: N=2,068 	<ul style="list-style-type: none"> HRS-CMS data ACS-HCUP data (FL, WA) 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Race Social support Individual SES Insurance 	<ul style="list-style-type: none"> All-cause Readmission, 30d 	<ul style="list-style-type: none"> Black race: higher odds (OR 1.17, CI 1.06-1.29) Social support: Having children (social support): lower odds (OR = 0.66, CI 0.44-0.98); married/partnered no statistically significant association found Highest quartile of wealth: lower (OR = 0.53, CI = 0.35-0.79) Public insurance: no statistically 	3

							significantly association found	
Mirkin 2017 ⁴⁹ (Retrospective Observational)	<ul style="list-style-type: none"> · Pennsylvania hospitals · (2011-2012) 	<ul style="list-style-type: none"> · Population: Discharged patients aged ≥18 years · Diagnosis: CHF · Sample: N=155,146 	<ul style="list-style-type: none"> · State-wide multi-hospital data set 	<ul style="list-style-type: none"> · None 	<ul style="list-style-type: none"> · Age · Sex · Race and Ethnicity · Insurance 	<ul style="list-style-type: none"> · All-cause Readmission, 30d 	<ul style="list-style-type: none"> · ≥65 years: lower odds (aOR 0.86-0.93) · Female: lower odds (aOR 0.94, CI 0.92-0.97) · Black: higher odds (aOR 1.16, CI 1.12-1.21) · Insurance: no statistically significantly association found 	3
Nagasako 2014 ⁵⁰ (Prospective Observational)	<ul style="list-style-type: none"> · Non-federal acute care and critical-access hospitals in Missouri · (Jun 2009-May 2012) 	<ul style="list-style-type: none"> · Population: Discharged Medicare FFS patients ≥65 years · Principal Diagnosis: HF · Sample: N=22,433 	<ul style="list-style-type: none"> · Administrative hospital discharge data · Truven Health Analytics · Nielsen Pop-Facts data 	<ul style="list-style-type: none"> · Age · Sex · Race · Income · Education · Employment 	<ul style="list-style-type: none"> · Neighborhood SES 	<ul style="list-style-type: none"> · All-cause Readmission, 30d 	<ul style="list-style-type: none"> · No statistically significant association found 	2
Schopfer 2012 ⁵⁶ (Retrospective Observational)	<ul style="list-style-type: none"> · US hospitals · (Jan 2008-Dec 2008) 	<ul style="list-style-type: none"> · Population: Hospitals that admitted patients aged ≥18 years · Diagnosis: HF · Sample: N=3,655 	<ul style="list-style-type: none"> · Dartmouth Atlas · US Census 	<ul style="list-style-type: none"> · Age 	<ul style="list-style-type: none"> · Race and Ethnicity · Income · Education Urban/Rural residence 	<ul style="list-style-type: none"> · All-cause Readmission, 30d 	<ul style="list-style-type: none"> · White race: higher odds (OR 1.04, CI 1.01-1.02) · Income: no statistically significant association found · Bachelor's degree or higher: higher odds 	3

							(OR 1.10, CI 1.01-1.02)	
							<ul style="list-style-type: none"> Urban/rural: no statistically significant association found 	
Selim 2015 ^{57*} (Retrospective Observational)	<ul style="list-style-type: none"> 3 hospitals within the Montefiore Medical Center health system in the Bronx, NY (Jan 2001-Dec 2010) 	<ul style="list-style-type: none"> Population: Hospitalized low SES patients aged ≥18 years Diagnosis: ADHF Sample: N=7,516 	<ul style="list-style-type: none"> EMR Social Security Death Registry 	<ul style="list-style-type: none"> Age Sex 	<ul style="list-style-type: none"> Race and Ethnicity Access to Cardiologist 	<ul style="list-style-type: none"> All-cause Readmission, 30d, 60d 	<ul style="list-style-type: none"> White (30d): lower risk (HR 0.49, CI 0.29-0.83) White (60d): lower risk (HR 0.58, CI 0.39-0.87) Seen by cardiologist (30d): lower risk (HR 0.76, CI 0.66-0.89, P=0.002) Seen by cardiologist (60d): lower risk (HR 0.81, CI 0.72-0.92) 	3
Tabit 2017 ⁶⁰ (Retrospective Observational)	<ul style="list-style-type: none"> University of Chicago Medical Center (Jan 2015-Dec 2015) 	<ul style="list-style-type: none"> Population: Discharged low SES patients aged ≥18 years Diagnosis: ADHF Sample: N=784 	<ul style="list-style-type: none"> EMR Patient survey 	<ul style="list-style-type: none"> Age Sex Race/Ethnicity Income 	<ul style="list-style-type: none"> Education/health literacy Consultation before discharge 	<ul style="list-style-type: none"> All-cause Readmission, 30d, 90d 	<ul style="list-style-type: none"> Intervention group (received consultation, 30d): lower odds (OR 0.592, CI 0.40-0.87) Intervention group (received consultation, 90d): lower odds (OR NR) 	3
Tripathi 2018 ^{61*} (Cross-sectional)	<ul style="list-style-type: none"> HCUP NRD (2013 and 2014) 	<ul style="list-style-type: none"> Population: Patients aged ≥18 years admitted to hospitals for LVAD implantation 	<ul style="list-style-type: none"> HCUP NRD 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Insurance 	<ul style="list-style-type: none"> All-cause Readmission, 90d 	<ul style="list-style-type: none"> Age: no statistically significant association found Sex: no statistically significant association found 	4

		<ul style="list-style-type: none"> Sample: N=4,693 					<ul style="list-style-type: none"> Private insurance: lower odds (OR 0.75, CI 0.66-0.86) Self-pay: lower odds (OR 0.58, CI 0.42-0.81) 	
Vivo 2014 ^{63*} (Prospective Observational)	<ul style="list-style-type: none"> 213 hospitals participating in GWTG-HF (Jan 2005-Dec 2011) 	<ul style="list-style-type: none"> Population: Medicare FFS patients ≥65 years Principal diagnosis: HF Sample: N=47,149 	<ul style="list-style-type: none"> GWTG-HF registry Medicare inpatient claims data 	<ul style="list-style-type: none"> Age Sex Income Education 	<ul style="list-style-type: none"> Race and Ethnicity 	<ul style="list-style-type: none"> All-Cause Readmission, 30d, 1y 	<ul style="list-style-type: none"> Black/HISP/Asian (30d): no statistically significant association found Black (1y): increased risk (HR 1.10 CI: 1.04-1.16) HISP/Asian (1y): no statistically significant association found 	2
Bradford 2017 ¹⁷ (Retrospective Observational)	<ul style="list-style-type: none"> Sharp Memorial Hospital-San Diego, CA (Oct 2008 – Nov 2014) 	<ul style="list-style-type: none"> Population: Discharged patients aged ≥18 years Diagnosis: HF Sample: N=2,420 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Marital status Employment Insurance 	<ul style="list-style-type: none"> HF Readmission, 30d 	<ul style="list-style-type: none"> Employment (Retired): higher odds (OR 2.30; CI 1.08-4.90) Employment (Disabled): higher odds (OR 2.48; CI, 1.14-5.37). Age, sex, race/ethnicity, marital status, and insurance status: no statistically significant association found 	3
Carlson 2019 ¹⁹ (Retrospective Observational)	<ul style="list-style-type: none"> Community hospital near California-Mexico border 	<ul style="list-style-type: none"> Population: Primarily HISP, low SES patients discharged aged ≥65 years 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> Income Length of stay 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity 	<ul style="list-style-type: none"> HF Readmission, 30d 	<ul style="list-style-type: none"> No statistically significant association found 	3

	<ul style="list-style-type: none"> · (Oct 2013 – Sep 2015) 	<ul style="list-style-type: none"> · Principal Diagnosis: HF · Sample: N=189 			<ul style="list-style-type: none"> · Language · Marital Status · Living Status 			
Patel 2020 ^{52*} (Retrospective Observational)	<ul style="list-style-type: none"> · Emory Health Care System, Atlanta, GA · (2010-2018) 	<ul style="list-style-type: none"> · Population: Admitted AA or White patients ≥18 years · Diagnosis: acute HF · Sample: N=30,630 	<ul style="list-style-type: none"> · EMR 	<ul style="list-style-type: none"> · Age · Sex · Insurance 	<ul style="list-style-type: none"> · Race · HHI 	<ul style="list-style-type: none"> · HF Readmission, 30d 	<ul style="list-style-type: none"> · Black patients: higher risk (RR: 1.45, CI: 1.37-1.54) · HHI: no statistically significant association found 	3
Schmeida 2012 ⁵⁵ (Retrospective Observational)	<ul style="list-style-type: none"> · Acute Inpatient hospitals · (2006-2009) 	<ul style="list-style-type: none"> · Population: US states with data on discharged Medicare FFS patients aged ≥65 years · Diagnosis: HF · Sample: N=50 	<ul style="list-style-type: none"> · CMS · US Census · Kaiser Family Foundation 	<ul style="list-style-type: none"> · None 	<ul style="list-style-type: none"> · Sex · Race and Ethnicity · Income · Language · Insurance 	<ul style="list-style-type: none"> · HF Readmission, 30d 	<ul style="list-style-type: none"> · Sex, race: no statistically significant association found · Income: positive association (β 0.000046, $P=0.006$) · Language: negative association (β - 0.362255, $P=0.50$) · Prescription coverage (insurance): positive association (β 0.001, $P<0.001$) 	3
Dharmarajan 2013 ²³ (Retrospective Observational)	<ul style="list-style-type: none"> · Acute care hospitals · (2007-2009) 	<ul style="list-style-type: none"> · Population: Medicare FFS beneficiaries ≥65 years readmitted within 30 days 	<ul style="list-style-type: none"> · Medicare claims 	<ul style="list-style-type: none"> · None 	<ul style="list-style-type: none"> · Age · Sex · Race 	<ul style="list-style-type: none"> · CVD Readmission, 30d 	<ul style="list-style-type: none"> · Age ≥85: higher odds (OR 1.07, CI 1.05-1.10) · Female: higher odds (OR 0.96, CI 0.95-0.98) 	3

		<ul style="list-style-type: none"> after index hospitalization · Diagnosis: HF · Sample: N=1,330,157 . 					<ul style="list-style-type: none"> · Black: higher odds (OR 1.22, CI 1.19-1.25) 	
Eberly 2019 ^{28*} (Retrospective Observational)	<ul style="list-style-type: none"> · Brigham and Women's Hospital, Boston, MA · (Sep 2008-Nov 2017) 	<ul style="list-style-type: none"> · Population: Black, White, Latinx patients admitted to general medicine or cardiology from ED aged ≥18 years · Principal Diagnosis: HF · Sample: N=1,967 	<ul style="list-style-type: none"> · EMR · MA Death Registry 	<ul style="list-style-type: none"> · Insurance · Neighborhood SES · Language 	<ul style="list-style-type: none"> · Age · Sex · Race and Ethnicity 	<ul style="list-style-type: none"> · CVD Readmission, 30d 	<ul style="list-style-type: none"> · Older age: lower risk 50-75 (HR: 0.61, CI: 0.49-0.76); >75 (HR: 0.54, CI 0.43-0.69) · Race: no statistically significant association found . 	3
Asthana 2018 ¹⁶ (Intervention)	<ul style="list-style-type: none"> · Ben Taub Hospital Harris County Hospital, Houston, TX · (Jul 2015-Dec 2015) 	<ul style="list-style-type: none"> · Population: Un- and under-insured patients in ED aged ≥18 years · Diagnosis: HF · Sample: N=94 	<ul style="list-style-type: none"> · EMR 	<ul style="list-style-type: none"> · Age · Sex · Race and Ethnicity · Insurance 	<ul style="list-style-type: none"> · Education 	<ul style="list-style-type: none"> · HF Hospital Readmission, 30d, 90d · HF ED Revisits, 30d, 90d 	<ul style="list-style-type: none"> · Hospital readmission 30d, 90d: no statistically significant changes found (30d and 90d) · ED 30d RRR 59% (4.80-82.5) · ED 90d RRR 43.7% (9.51-64.9) 	2
Medical Devices and Transplantation								
Ahmed 2018 ^{13*} (Retrospective Observational)	<ul style="list-style-type: none"> · University of Florida (Jan 2008-Dec 2015) 	<ul style="list-style-type: none"> · Population: Patients ≥18 years with LVAD implant, PS 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> · Age · Sex 	<ul style="list-style-type: none"> · Insurance · Education 	<ul style="list-style-type: none"> · Readmission, 30d 	<ul style="list-style-type: none"> · No statistically significant association found 	3

		assessment, 1 year or more post-op · Sample: N=111		· Race	· Income · Marital status · Urban/ rural residence			
Ehsan 2019 ²⁹ (Retrospective Observational)	· Three states that underwent Medicaid expansion (KY, NJ, and MD) and two states that did not expand (FL and NC) · (2012-2015)	· Population: Patients aged 18-64 years discharged with continuous-flow LVAD and covered by Medicaid · Sample: N=624	· State Inpatient Database · American Hospital Association Survey · AHRF	· Age · Sex · Income · Urban/rural residence · Sex · Income	· Race and Ethnicity · Insurance	· LVAD utilization	· Race: no statistically significant association found · Medicaid expansion states & public insurance: increased utilization (IRR: 5.26; CI:1.23-22.57).	3
Flint 2021 ³¹ (Prospective Observational)	· 6 LVAD programs in the Midwest, East and Intermountain West · (2015 and 2017)	· Population: Patients who were actively being considered for destination therapy LVAD aged ≥18 years · Sample: N=212	· DECIDE-LVAD Trial	· None	· Race and Ethnicity · Marital Status · Insurance · Education · Income	· LVAD implantation	· Partnered (marriage status): higher odds (OR: 2.33, CI 1.12-4.85). · Income, race, educational attainment, or insurance status: No statistically significant associations found	2
Tripathi 2018 ^{61*} (Cross-sectional)	· HCUP NRD · (2013 and 2014)	· Population: Patients aged ≥18 years admitted to hospitals for LVAD implantation · Sample: N=4,693	· HCUP · NRD	· None	· Age · Sex · Insurance	· Complications	· Age: unit increases increased odds (OR 1.01, CI 1.01-1.02) · Female: lower odds (OR 0.73, CI 0.62-0.85)	

							<ul style="list-style-type: none"> Insurance: no statistically significant association found 	
Emani 2017 ³⁰ (Retrospective Observational)	<ul style="list-style-type: none"> Organ sharing registry (Jun 2006 - Mar 2015) 	<ul style="list-style-type: none"> Population: First-time HTx candidates ≥ 18 and < 65 years who had BTT LVAD support while wait-listed Sample: N=3,353 	<ul style="list-style-type: none"> United Network of Organ Sharing registry 	<ul style="list-style-type: none"> Age Sex Race 	<ul style="list-style-type: none"> Education Insurance Neighborhood SES 	<ul style="list-style-type: none"> Transplantation Probability 	<ul style="list-style-type: none"> Education: no statistically significant association found Medicaid: higher risk SHR: 1.56, CI: 1.14-2.14) Neighborhoods in the second-lowest SES quintile: higher risk (SHR: 1.62; CI: 1.01-2.58). 	3
Mehra 2009 ⁴⁸ (Prospective Observational)	<ul style="list-style-type: none"> OP cardiology and multi-specialty practices (2005-2007) 	<ul style="list-style-type: none"> Population: Patients enrolled in IMPROVE HF aged ≥ 18 years Sample: N=3,659 	<ul style="list-style-type: none"> IMPROVE HF registry 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race Insurance 	<ul style="list-style-type: none"> ICD Utilization 	<ul style="list-style-type: none"> Older ages: lower odds (OR 0.87 per 10 years, CI 0.82- 0.93) Men: higher odds (OR 1.4, CI 1.22-1.61) Black race: lower odds (OR 0.75, CI 0.60-0.94) No insurance: lower odds (OR 0.45, CI 0.26-0.78) 	2
Yandrapalli 2019 ^{70*} (Retrospective Observational)	<ul style="list-style-type: none"> Acute care hospitals (2005 – 2014) 	<ul style="list-style-type: none"> Population: patients ≥ 18 years without concomitant ACS Diagnosis: HFH Sample: N=8,333,752 	<ul style="list-style-type: none"> HCUP NIS 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity 	<ul style="list-style-type: none"> Mechanical circulatory support device utilization 	<ul style="list-style-type: none"> Age: older had higher rates (≥ 80 years (41.4); 65-79 (29.2); 45-64 (20.6); 18-44 (17.7); $p < 0.001$) Females: higher (30.6 v. 25.4, $p < 0.001$) 	3

							<ul style="list-style-type: none"> · Race: White had highest rates (white (28.8); HISP (25.8); Black (22.3); patients $p < 0.001$) 	
<p>Russell 2019^{54*}</p> <p>(Cross-sectional)</p>	<ul style="list-style-type: none"> · NYC · (2013-2017) 	<ul style="list-style-type: none"> · Hospice patients ≥ 18 years · Diagnosis: HF · Sample: N=1,498 	<ul style="list-style-type: none"> · EMR · Interviews 	<ul style="list-style-type: none"> · None 	<ul style="list-style-type: none"> · Age · Sex · Race and Ethnicity · Marital Status · Insurance Status 	<ul style="list-style-type: none"> · Loss Of Eligibility 	<ul style="list-style-type: none"> · HISP: higher odds (AOR 2.32, CI 1.23–4.34) · Age, sex, race, marital status, insurance status: no statistically significant associations 	4
Other ¹								
<p>Ahmed 2018^{13*}</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> · University of Florida · (Jan 2008-Dec 2015) 	<ul style="list-style-type: none"> · Population: Patients ≥ 18 years with LVAD implant, PS assessment, 1 year or more post-op · Sample: N=111 	<ul style="list-style-type: none"> · EMR 	<ul style="list-style-type: none"> · Age · Sex · Race 	<ul style="list-style-type: none"> · Insurance · Education · Income · Marital status · Urban/ rural residence 	<ul style="list-style-type: none"> · LOS 	<ul style="list-style-type: none"> · No statistically significant associations found 	3
<p>Knighton 2018^{40*}</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> · Inter-mountain Healthcare System in Utah · (2010 and 2014) 	<ul style="list-style-type: none"> · Population: inpatient. Age inclusion criteria NR · Diagnosis: HF · Sample: N=4,737 	<ul style="list-style-type: none"> · EMR · State death certificate data 	<ul style="list-style-type: none"> · Age · Sex · Race and Ethnicity · Marital Status · Insurance 	<ul style="list-style-type: none"> · Neighborhood SES · Faith · Urban/Rural residence 	<ul style="list-style-type: none"> · Index encounter LOS 	<ul style="list-style-type: none"> · No statistically significant associations found 	3

Russell 2019 ^{54*} (Cross-sectional)	<ul style="list-style-type: none"> NYC (2013-2017) 	<ul style="list-style-type: none"> Hospice patients ≥ 18 years Diagnosis: HF Sample: N=1,498 	<ul style="list-style-type: none"> EMR Interviews 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Marital Status Insurance Status 	<ul style="list-style-type: none"> Acute hospitalization 	<ul style="list-style-type: none"> Age: 18 to 74 (AOR 2.10, CI 1.34–3.28) and 75 to 84 (AOR 1.79, CI 1.24–2.62) HISP (AOR 2.99, CI 1.99–4.50), African American (AOR 2.06, CI 1.31–3.24), and Asian/other patients (AOR 1.96, CI 1.08–3.57) Sex, marital status, insurance status: no statistically significant associations found 	4
Akwo 2016 ¹⁴ (Prospective Observational)	<ul style="list-style-type: none"> Urban/rural: 12 southeastern states (2002-2010) 	<ul style="list-style-type: none"> AA and non-HISP White low SES patients aged 40-79 years covered by Medicare or Medicaid and participating in SCCS Sample N=27,078 	<ul style="list-style-type: none"> SCCS US Census 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity HHI Education Level 	<ul style="list-style-type: none"> Neighborhood SES 	<ul style="list-style-type: none"> Incident HF 	<ul style="list-style-type: none"> Risk increased with unit increases in neighborhood deprivation (HR 1.12, CI 1.07-1.18) 	
Breathett 2021 ¹⁸ (Retrospective Observational)	<ul style="list-style-type: none"> WHI Study (1993-2018) 	<ul style="list-style-type: none"> Population: Post-menopausal AA and HISP women in WHI study with ≥ 1 HF risk factors and a high HF genetic risk score. Age 	<ul style="list-style-type: none"> WHI study 	<ul style="list-style-type: none"> Sex Race and Ethnicity Age Education Income 	<ul style="list-style-type: none"> PS factors 	<ul style="list-style-type: none"> Incident HFH 	<ul style="list-style-type: none"> No statistically significant association found 	3

		<p>inclusion criteria NR.</p> <ul style="list-style-type: none"> Sample: N=11,327 		<ul style="list-style-type: none"> Insurance 				
<p>Pinheiro 2020⁵³</p> <p>(Prospective Observational)</p>	<ul style="list-style-type: none"> 48 US states and DC (2003-Dec 2016) 	<ul style="list-style-type: none"> Population: REGARDS study participants (community-dwelling black and white men and women ≥45 years from 48 US states and DC) Diagnosis: at risk for HF Sample: N=25,790 	<ul style="list-style-type: none"> REGARDS study data Phone interviews EMR 	<ul style="list-style-type: none"> Age Sex Region 	<ul style="list-style-type: none"> Race and Ethnicity Education Income Insurance Neighborhood SES 	<ul style="list-style-type: none"> Incident HFH 	<ul style="list-style-type: none"> Black race: higher risk (aHR: 1.23, CI 1.09-1.40) < High school education higher risk (aHR 1.75, CI 1.50-2.03) <\$35,000 income: higher risk (aHR: 1.78, CI 1.55-2.03) No insurance: higher risk (aHR 1.68, CI 1.29-2.19) Neighborhood >25% below poverty (aHR: 1.21, CI 1.05-1.40) 	2
<p>Wadhera 2018^{64*}</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> 391 GWTG registry sites across 40 states (Jan 2010-Jun 2017) 	<ul style="list-style-type: none"> Population: Low-income patients <65 years, not eligible for Medicare Diagnosis: HFH Sample: N=58,804 	<ul style="list-style-type: none"> GWTG HF Registry 	<ul style="list-style-type: none"> Age Sex Race/ Ethnicity 	<ul style="list-style-type: none"> Medicaid expansion 	<ul style="list-style-type: none"> HF inpatient care (defect free care) 	<ul style="list-style-type: none"> Expansion states (defect free care): higher odds (aOR: 1.06, CI 1.03-1.08) 	3
<p>Ziaieian 2017⁷¹</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> Acute care hospitals (2002-2013) 	<ul style="list-style-type: none"> Population: Patients ≥18 years 	<ul style="list-style-type: none"> HCUP NIS 	<ul style="list-style-type: none"> Age 	<ul style="list-style-type: none"> Sex Race and Ethnicity 	<ul style="list-style-type: none"> HFH 	<ul style="list-style-type: none"> Black men and women: higher compared with whites 	3

		<ul style="list-style-type: none"> · Diagnosis: HF · · Sample: N=12,783,478 					<p>(229% and 240%, respectively)</p> <ul style="list-style-type: none"> · HISP men and women: higher rates, (men: 32% to 4%, p trend=0.047; women: 55% to 43%) 	
Wu 2013 ⁶⁷ (Prospective Observational)	Academic medical center · (NR)	<ul style="list-style-type: none"> · Population: Patients ≥18 · Diagnosis: HF · Sample: N=218 	· REMOTE-HF study data	<ul style="list-style-type: none"> · Age · Sex · Race and Ethnicity · Living Status 	· PSS and Medication Adherence	· Time to CV event	<ul style="list-style-type: none"> · Low PSS and nonadherence: higher risk (HR 2.50, CI 1.20-5.30) 	2
Wu 2016 ⁶⁸ (Prospective Observational)	<ul style="list-style-type: none"> · Rural US areas in of CA, NV, KY · (NR) 	<ul style="list-style-type: none"> · Population: Patients ≥18 living independently · Diagnosis: HFH in the past 12 months · Sample: N=575 	· REMOTE-HF study data	<ul style="list-style-type: none"> · Sex · Race/ Ethnicity · Income · Marital status · Employment 	<ul style="list-style-type: none"> · Age · Health literacy 	· Time to CV event	<ul style="list-style-type: none"> · Older patients: higher risk (HR 1.491, CI, 1.12–1.99) · Low health literacy: higher risk (HR: 1.84, CI: 1.40–2.43) 	2
Wu 2010 ⁶⁹ (Prospective Observational)	<ul style="list-style-type: none"> · OP cardiology clinics and inpatient cardiology units in central Kentucky · (NR) 	<ul style="list-style-type: none"> · Patients ≥18 years · Diagnosis: with diagnosis of CHF patients · Sample: N=136 	<ul style="list-style-type: none"> · Patient/ family interviews · EMR · Hospital administrative data · Medication Event Monitoring System 	<ul style="list-style-type: none"> · Age · Race and Ethnicity · Marital Status · Perceived Social Support 	· Urban/Rural Status	· Time to CV event	<ul style="list-style-type: none"> · Rurality: lower risk (HR 0.56, CI NR) 	2

Heisler 2013 ³⁵ (Intervention)	<ul style="list-style-type: none"> Non-profit community-based teaching hospital (May 2007-Oct 2010) 	<ul style="list-style-type: none"> Patients ≥18 years Diagnosis: HF Sample: N=266 	<ul style="list-style-type: none"> Hospital administrative data Survey 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity 	<ul style="list-style-type: none"> Nurse care management (NCM) v. reciprocal peer support (RPS) program 	<ul style="list-style-type: none"> Time to CVD event 	<ul style="list-style-type: none"> No statistically significant association found 	1
Cox 2017 ²⁰ (Prospective Observational)	<ul style="list-style-type: none"> Large quaternary health system Texas Medical Center, Houston, TX (NR) 	<ul style="list-style-type: none"> Population: Hospitalized patients ≥18 years Diagnosis: HF Sample: N=264 	<ul style="list-style-type: none"> Primary survey data 	<ul style="list-style-type: none"> Age Sex Race Marital Status Insurance Education Employment 	<ul style="list-style-type: none"> Health literacy 	<ul style="list-style-type: none"> Healthcare use (Readmission + ED visit), 30d 	<ul style="list-style-type: none"> Low health literacy (BHLS ≤9): higher odds (OR: 1.80, CI: 1.04 - 3.11) 	2
DeLia 2014 ^{22*} (Retrospective Observational)	<ul style="list-style-type: none"> Hospitals and clinics (2007-2010) 	<ul style="list-style-type: none"> Population: Medicare enrollees ≥65 years Diagnosis: ≥1 HFH Sample: N=233,641 	<ul style="list-style-type: none"> MPCD 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Insurance Region 	<ul style="list-style-type: none"> Treat and release, 30d 	<ul style="list-style-type: none"> No statistically significant change in readmission rates found 	3
Kociol 2011 ⁴¹ (Retrospective Observational)	<ul style="list-style-type: none"> 225 hospitals participating in OPTIMIZE or GWTG-HF registries (Jan 2003 – Dec 2006) 	<ul style="list-style-type: none"> Population: Patients ≥65 years admitted to hospital for worsening symptoms or discharged 	<ul style="list-style-type: none"> Medicare FFS claims OPTIMIZE GWTG-HF registries 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race Urban/rural residence 	<ul style="list-style-type: none"> Early physician follow-up 	<ul style="list-style-type: none"> Age 70-74: higher odds (OR 1.12, CI 1.03-1.22); >75 (OR 0.87, CI 0.83 - 0.91) Women: lower odds (OR 0.87, CI 0.83 - 0.91) 	3

		<ul style="list-style-type: none"> Primary Diagnosis: HF Sample: N=30,136 			<ul style="list-style-type: none"> Income Physician density 		<ul style="list-style-type: none"> Black patients: lower odds (OR 0.84, CI 0.77 - 0.92) Rural areas: lower odds (OR 0.84, CI 0.78 - 0.91) Lower SES: lower odds (OR 0.79, CI 0.74-0.85) Living near high physician concentration: higher odds (OR 1.29, CI 1.12 - 1.48) 	
Manemann 2018 ^{44*} (Prospective Observational)	<ul style="list-style-type: none"> Clinics and hospitals in 11 southeast Minnesota counties (Jan 2013-Mar 2013) 	<ul style="list-style-type: none"> Population: ≥18 years Diagnosis: first-ever HF diagnosis Sample: N=3,867 	<ul style="list-style-type: none"> Patient-Reported Outcomes Measurement Information System Social Isolation Short Form Rochester Epidemiology Project 	<ul style="list-style-type: none"> Age Sex Education Marital Status 	<ul style="list-style-type: none"> Social Support 	<ul style="list-style-type: none"> ED visits 	<ul style="list-style-type: none"> High social isolation: higher risk (HR 1.5, CI, 1.09–2.27) 	2
McNaughton 2015 ^{46*} (Retrospective Observational)	<ul style="list-style-type: none"> Quaternary care hospital (Nov 2010 – Jun 2013) 	<ul style="list-style-type: none"> Population: Patients discharged from an acute HFH aged ≥18 years 	<ul style="list-style-type: none"> Health Literacy Screening study data EMR 	<ul style="list-style-type: none"> Insurance 	<ul style="list-style-type: none"> Age Sex Race Education/ health literacy 	<ul style="list-style-type: none"> ED visit, 90d 	<ul style="list-style-type: none"> No statistically significant association found 	3

		<ul style="list-style-type: none"> Sample: N=2,132 						
<p>Distelhorst 2018²⁵</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> Urban: 3 community hospitals within the Cleveland Clinic Health System in Northeast Ohio 19-months dates NR 	<ul style="list-style-type: none"> Population: Patients discharged with de-compensated HF aged ≥18 years Sample: N=701 	<ul style="list-style-type: none"> EMR 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Sex Race and Ethnicity Insurance status Marital status Social support Access to care 	<ul style="list-style-type: none"> Appointment Adherence 	<ul style="list-style-type: none"> Age, sex, insurance status, marital status, social support, access to care: no statistically significant associations found Nonwhite race higher odds (OR 1.85; CI, 1.08-3.16) 	3
<p>Wray 2019⁶⁶</p> <p>(Retrospective Observational)</p>	<ul style="list-style-type: none"> VHA hospitals and clinics (2011-2012) 	<ul style="list-style-type: none"> Population: Veterans ≥65 years Diagnosis: HFH and CHF Sample: N=1,500 	<ul style="list-style-type: none"> VHA chart abstraction 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Age Race/Ethnicity Social support Housing Living status 	<ul style="list-style-type: none"> Missed clinic visits 	<ul style="list-style-type: none"> Older age: lower odds (OR 0.96, CI 0.94–0.98) Black race: higher odds (OR 2.71, CI 1.38–5.75) Social support: no statistically significant association found Marginal housing: higher odds (OR 5.69, CI 2.28-14.73) Living alone: higher odds (OR 1.58, CI 1.10-2.24) 	3
<p>Irani 2019³⁶</p>	<ul style="list-style-type: none"> Cardiology practices in 	<ul style="list-style-type: none"> Patients aged 50-85 years 	<ul style="list-style-type: none"> HEART ABC study data 	<ul style="list-style-type: none"> Sex 	<ul style="list-style-type: none"> Age 	<ul style="list-style-type: none"> HF Self-Care Maintenance 	<ul style="list-style-type: none"> Age, living arrangements: no 	4

(Cross-sectional)	two major hospitals · (August 2010 and October 2013)	· Sample: N=370		· Race and Ethnicity	· Living Arrangement · Social Support · Self-Efficacy		statistically significant associations found · Social support ($\beta = .129$, $P = .008$) · Self-efficacy ($\beta = .337$, $P < .001$)	
Johansson 2020	· Pinellas County, FL · NR	· Patients ≥ 55 years with HF and enrolled in Program of All-Inclusive Care for the Elderly · Sample: N=51	· Patient surveys	· Age · Sex · Race · Living Status · Social Support	· Nurse-led telephone support intervention supplemented with mobile phone SMS text messages	· HF Self-Care · HF Knowledge · Medication Adherence · Physical and Mental Health	· Improved HF self-care maintenance ($t_{49}=0.66$; $P=.01$) · Improved HF knowledge ($t_{49}=0.71$; $P=.01$) · Improved medication adherence ($t_{49}=0.92$; $P=.01$) · Improved physical and mental health ($t_{49}=0.81$; $P=.01$)	4
Russell 2019 ^{54*} (Cross-sectional)	· NYC · (2013-2017)	· Hospice patients ≥ 18 years · Diagnosis: HF · Sample: N=1.498	· EMR · Interviews	· None	· Age · Sex · Race and Ethnicity · Marital Status · Insurance Status	· Elective Revocation	· Age 75 to 84 years: higher odds (AOR 1.99, CI 1.18–3.38) · Sex, Race and Ethnicity, marital status, insurance status: no statistically significant associations found	4
Russell 2019 ^{54*} (Cross-sectional)	· NYC · (2013-2017)	· Hospice patients ≥ 18 years · Diagnosis: HF	· EMR · Interviews	· None	· Age · Sex · Race and Ethnicity	· Transfer	· HISP: higher odds (AOR 2.25, CI 1.10–4.62) · Asian/other: higher odds (AOR 2.25 CI 1.04–6.18)	4

		<ul style="list-style-type: none"> Sample: N=1.498 			<ul style="list-style-type: none"> Marital Status Insurance Status 		<ul style="list-style-type: none"> Age, sex, marital status, insurance status: no statistically significant associations found 	
<p>*More than one HF outcome</p> <p>† Statistical method to interpret results vary by study. The effect of the SDOH variable on the given outcome is addressed in this column</p> <p>‡ QR, quality rating was assigned based on a modified Oxford Centre for Evidence-based Medicine (cebm.net) rating scheme and evaluated for interrater comparability. Using this methodology, studies were rated 1 (highest quality) to 5 (lowest quality). Studies receiving the highest rating were properly powered and conducted randomized clinical trials (RCTs); well-designed controlled trials without randomization or prospective comparative cohort trials were rated 2; case control and retrospective cohort studies were rated 3; case series and cross-sectional studies were rated 4; opinion and case reports (5 rating) were not included in this review.</p> <p>§ A hospital readmission is an unplanned episode in which a patient who had been discharged from a hospital is admitted again within a certain period of time (e.g., 30-, 60-, 90-days) after the index admission for HF.</p> <p> A heart failure hospitalization refers to a hospitalization for which the International Classification of Diseases (ICD) clinical modification discharge code for HF was used as the first listed discharge code.</p>				AA- African American ACS- Acute Coronary Syndrome ACS HCUP - American Community Survey Healthcare Cost and Utilization Project ADHF- Acute Decompensated Heart Failure aHR- Adjusted Hazard Ratio AHRF - Area Health Resource File AMI- Acute Myocardial Infarction aOR- Adjusted Odds Ratio ARIC- Atherosclerosis Risk in Communities BHLS- Brief Health Literacy Screen BTT- Bridge to Transplant CA - California CHF- Chronic Heart Failure CI- Confidence Interval CMS- Centers for Medicare & Medicaid Services CV- Cardiovascular DECIDE-LVAD- Shared Decision Support Intervention for Patients and their Caregivers Offered Destination Therapy for End-Stage Heart Failure ED- Emergency Department EM- Effect Modifier EMR- Electronic Medical Record FL - Florida FFS- Fee for Service GM- General Medicine GWTG HF- Get with The Guidelines-Heart Failure HCUP-Healthcare Cost and Utilization Project HF- Heart Failure HFH- Heart Failure Hospitalization HHI- Household Income HISP- Hispanic HRS- Health and Retirement Study HTx- Heart Transplant ICD- Implantable Cardioverter-Defibrillators				

IMPROVE HF- Improve the Use of Evidence-Based Heart Failure Therapies in the Outpatient Setting
INTERMACS- Interagency Registry for Mechanically Assisted Circulatory Support
IRR- Incidence Rate Ratio
KY - Kentucky
LOS- Length of Stay
LVAD- Left Ventricular Assist Device
MA - Massachusetts
MD - Maryland
MHI- Median Household Income
MN - Minnesota
MPCD- Multi-Payer Claims Database
MS - Mississippi
NC – North Carolina
NDI- Neighborhood Deprivation Index
NHANES- US National Health and Nutrition Examination Surveys
NIS- National Inpatient Sample
nINC- Neighborhood Median Household Income
NJ – New Jersey
NR- Not Reported
NRD- US Nationwide Readmission Database
NV - Nevada
NYC – New York City
OH - Ohio
OP- Outpatient
OPTIMIZE- Organized Program to Initiate Lifesaving Treatment in Hospitalized Patients with Heart Failure
OR- Odds Ratio
PS- Psychosocial
REGARDS- Reasons for Geographic and Racial Differences in Stroke
REMOTE-HF- Rural Education to Improve Outcomes in Heart Failure
RRR- Relative Risk Reduction
RSMR-Risk-Standardized Mortality Ratio
RSRR- Risk-Standardized Readmission Rate
RS- Risk standardized
SCCS- Southern Community Cohort Study
SES- Socioeconomic Status
SHR- Subhazard Ratios
SSDI- Social Security Death Index
TX - Texas

VHA- Veterans Health Affairs WHI- Women's Health Initiative 30d- 30 day 1y- 1 year 90d- 90 days

Table S3. Summary of SDoH Analyzed in Studies (K=59).

Social Determinant of Health	Studies
Race and Ethnicity	13-20,22,23,25-43,45-50,52-57,59,60,62-71
Age	13-20,22-30,33-54,56-71
Sex	13-20,22-30,32-55,57-71
Insurance	13,15-17,22,23,25,27-32,38,41,42,47-50,53-55,59,61-63
Income/wealth	13,26,27,30,31,38,41,42,47,53,55,56,59,64
Marital status	13,15,17,19,25,31,43,47,54,58,65
Education/health literacy	13,20,27,30,31,33,42,46,53,56,59,68
Individual/neighborhood socioeconomic status	14,15,28,32,38,40,42,50,52,53,59,62
Urban/rural residence	13,40,41,47,56,59,62,68,69
Social support	21,25,39,44,58,59,66,67
Living status	18,19,43,47,59,62,66
Employment	17,27
Social (in)stability	15,38,66
Language	19,28,55
Faith/spirituality	18,40,51
Children	47

SDoH – Social Determinants of Health

Table S4. Scales Utilized in Studies.

Social Determinant of Health	Scale/Measure	Studies
Neighborhood Socioeconomic Status	Area Deprivation Index	28,38,40,42,62
	Social Deprivation Index	52
	Neighborhood Deprivation Index	14
Health literacy	Brief Health Literacy Screen	20,46
	Short Test of Functional Health Literacy in Adults	68
Spirituality/Faith	Brief Multidimensional Measure of Religiousness and Spirituality	51
Social support	Medical Outcome Study Social Support	16,58
	Psychosocial Assessment of Candidates for Transplantation	21
	Functional Social Support Questionnaire	37
	Lubben Social Network Scale	39
	Interpersonal Support Evaluation List	39
	Patient-Reported Outcomes Measurement Information System Social Isolation Short Form 4a v2.0.13	44
	Enhancing Recovery In Coronary Heart Disease patients Social Support Instrument	51
	Multidimensional Perceived Social Support Scale	67

Figure S1. PRISMA study flow diagram.

