

## I Heart, stroke and vascular disease in Aboriginal and Torres Strait Islander peoples

### Goal

To eliminate the gap in health status between Aboriginal and Torres Strait Islander peoples and the rest of the Australian population in the area of heart, stroke and vascular disease by:

- increasing primary health care capacity;
- reducing risk factors for heart, stroke and vascular disease through population-based and consumer-based initiatives; and
- reducing disparities in access to primary health care, cardiac rehabilitation and related treatments, end-stage renal services and specialist vascular procedures.

### Rationale

#### Magnitude of the problem

Australian Aboriginal and Torres Strait Islander peoples die from heart, stroke and vascular disease at three times the rate of other Australians<sup>2</sup>. This difference is even greater among those aged 25–44 years, where Aboriginal and Torres Strait Islander peoples' death rates were ten times those of other Australian men and women respectively (AIHW 2004).

Aboriginal and Torres Strait Islander peoples also have higher rates of risk factors for heart, stroke and vascular disease — tobacco smoking, physical inactivity, diabetes, high blood pressure and obesity — compared to the rest of the Australian population (ABS 2001, National Health Survey. Aboriginal and Torres Strait Islander Results, Australia 2001. ABS Cat. No. 4715). For example, around half of all Aboriginal and Torres Strait Islanders are smokers, with prevalence rates reportedly as high as 80 per cent in some communities.

The incidence and death rates of heart, stroke and vascular disease among Australian Aboriginal and Torres Strait Islander peoples are higher than those in indigenous populations of Canada, United States and New Zealand and the prevalence of rheumatic heart disease among Aboriginal and Torres Strait Islander peoples is one of the highest in the world (Commonwealth Department of Health and Aged Care & AIHW 1999).

#### Opportunities

Appropriate primary health care is the foundation for initiatives to reduce health disparities between the Aboriginal and Torres Strait Islander population and the rest of the Australian population (NRHA 1999).

A number of reports have identified strategies to reduce risk factors, for example the *National Aboriginal and Torres Strait Islander Tobacco Control Project* (NACCHO 2002) and the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan* (NPHP 2001).

The *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action plan* (NATSINSAP) (NPHP 2001) outlines a number of vital action areas to improve the nutritional health status of Aboriginal and Torres Strait Islander peoples including:

<sup>2</sup> Data pertain to Aboriginal and Torres Strait Islander peoples in Queensland, South Australia, Western Australia, and the Northern Territory, during 2000-02.

- Improving food supply in rural and remote communities
- Improving food security and socio-economic status
- Family focused nutrition promotion
- Addressing nutrition issues in urban areas
- Improving the environment and household infrastructure to support a safe and nutritious household food supply and developing national food and nutrition information systems.

Healthy weight programs specifically designed for Aboriginal and Torres Strait Islander people have been shown to be effective and could be of assistance to the increasing number of Aboriginal and Torres Strait Islander peoples who are overweight and obese.

Rheumatic fever and rheumatic heart disease registers are recommended by the World Health Organization (1988). They have led to improvements in the rates of notification of patients with rheumatic fever and rheumatic heart disease and in adherence to secondary prevention with penicillin (Commonwealth Department of Health and Aged Care 2000).

Experiences in other countries show that sizeable gains towards decreasing the health gap are achievable within a timeframe of 10–15 years. In Australia, some chronic disease projects suggest that chronic disease death rates can be halved in as short a period as five years, as long as appropriate primary health care capacity is in place (Hoy et al 2003).

## **Strategies**

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- Support the provision of a comprehensive primary health care program for Aboriginal and Torres Strait Islander peoples.
- Improve identification and formal approaches to management and communication of risk factors (including physical inactivity, poor nutrition, tobacco smoking and substance abuse) through implementation of initiatives such as the “Well Person’s Health Check”.
- Provide increased support, training and guidelines for health care providers delivering heart, stroke and vascular health care for Aboriginal and Torres Strait Islander peoples, including Aboriginal health workers.
- Initiate intersectoral approaches, including education, transport, recreation and environment sectors, to increase population-based involvement in physical activity (eg collaborative approaches between the primary health care sector and Australian Sports Commission).
- Implement existing Aboriginal and Torres Strait Islander health strategies, for example the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) (NPHP 2001) and the 1997 *Aboriginal and Torres Strait Islander Health Information Plan... This Time Let’s Make it Happen* (AHMAC, AIHW & ABS 1997).
- Effectively identify people with coronary heart disease and stroke.
- Improve identification, management and treatment of people with rheumatic heart disease, especially through follow-up of patients, development of educational resources and echocardiogram guidelines and wider provision of Multidisciplinary Outreach Services.

- Improve identification, management and treatment of people with early signs of renal, coronary and cerebrovascular disease.
- Improve awareness of symptoms and early warning signs of acute episodes.
- Identify ways to improve Aboriginal and Torres Strait Islander access to tertiary level vascular procedures and services, especially in rural and remote areas.
- Develop and implement guidelines for general practitioners and other health care providers providing acute care in remote Australia, including non-hospital thrombolysis.
- Support the recently endorsed Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework to increase participation in the health workforce and competency-based training for Aboriginal health workers in the area of heart, stroke and vascular disease.
- Increase the availability of and access to heart and stroke rehabilitation and secondary prevention to all Aboriginal and Torres Strait Islander patients.
- Include representation by Aboriginal and Torres Strait Islander peoples in the development and implementation of initiatives.
- Ensure services and information are culturally appropriate.

#### **Priorities for national action**

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- *Support the provision of a comprehensive primary health care program for Aboriginal and Torres Strait Islander peoples.*
- *Identify, manage and treat people with rheumatic fever and rheumatic heart disease.*
- *Provide increased support, training and guidelines for health care providers delivering heart, stroke and vascular health care for Aboriginal and Torres Strait Islander peoples, including Aboriginal health workers.*
- *Implement intersectoral programs to prevent the ill health of Aboriginal and Torres Strait Islander peoples including preventive programs aimed at people with known disease.*