



Viewpoint

Confronting the Growing Crisis of Cardiovascular Disease and Heart Health Among Aboriginal Peoples in Canada

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ABSTRACT

Although the prevalence of cardiovascular disease (CVD) has been decreasing worldwide, Aboriginal populations of Canada (including First Nations, Métis, and Inuit Peoples) continue to experience a rapidly growing burden of CVD morbidity and mortality. This article provides a succinct summary of the current crisis of CVD among Canadian Aboriginal peoples, including how and why it originated, elucidates the underlying population health risks driving higher rates of aboriginal CVD, and articulates the urgent need for community-engagement solutions and innovations in the areas of prevention, treatment and care, rehabilitation services, aboriginal-specific CVD surveillance, and advanced knowledge. In the past, particularly in rural and remote communities, Aboriginal Peoples' survival depended (and often still does) on hunting, fishing, and other forms of traditional food-gathering. However, the traditional life is being changed for many Aboriginal communities, resulting in significantly impaired dietary options and the

Although cardiovascular disease (CVD) has been decreasing in most western countries, CVD remains the leading cause of death in Canada and around the world. Despite the reduction in CVD that has been attributed to alterations in lifestyle and behaviour, such as improved diet, regular exercise, and smoking cessation,¹ Aboriginal populations continue to experience a rapidly growing burden of CVD morbidity and mortality.²⁻⁵

The purpose of this article is to provide a succinct summary of the current crisis of CVD among Aboriginal peoples in Canada, with a view to getting ahead of the crisis by understanding how and why it originated, to elucidate the underlying population health risks that drive higher rates of aboriginal CVD, and articulate the urgent need for

RÉSUMÉ

Bien que la prévalence des maladies cardiovasculaires (MCV) ait diminué à travers le monde, les populations autochtones du Canada (y compris les Premières nations, les Métis et les Inuits) continuent de subir une augmentation rapide du fardeau de la morbidité et de la mortalité liées aux MCV. Cet article fournit un résumé succinct de la crise actuelle des MCV chez les peuples autochtones du Canada, y compris comment et pourquoi cela a commencé, met en évidence les risques sous-jacents pour la santé de la population conduisant à des taux plus élevés de MCV chez les autochtones, et articule le besoin urgent de solutions communautaires pour un engagement et des innovations dans les domaines de la prévention, le traitement et les soins, les services de réadaptation, la surveillance particulière des MCV chez les autochtones, et des connaissances avancées. Par le passé, en particulier dans les collectivités rurales et éloignées, la survie des peuples autochtones dépendait (et c'est encore souvent le cas) sur la

community engagement solutions and innovations in the areas of prevention, treatment and care, rehabilitation services, Aboriginal-specific CVD surveillance, and advanced knowledge.

The fundamental aims are to stimulate concrete policy and program actions that respond to the challenges ahead, to recognize that projected effects of CVD on aboriginal health are far-reaching, and affect economic and social circumstances, the provision of timely and appropriate health services including public and population health prevention measures, and to initiate comprehensive policies that influence CVD rates among present and future generations of First Nations, Métis, and Inuit people of Canada. Please note that Aboriginal, First Nations, Inuit, and Métis are all terms recognized in the Constitution Act of Canada 1982, Section 35, 2 and are used in this article to describe the indigenous people of Canada and their descendants.

Context of CVD and Aboriginal People

In the past, particularly in rural and remote communities, Aboriginal peoples' survival depended (and often still does) on hunting, fishing, and other forms of traditional food-gathering. However, the traditional life is being changed

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undermining of a long-established way of life that was healthy and physically active. Reclaiming CVD health and well-being requires replacement of the calorie-dense and nutritionally inadequate diets of highly processed store-bought foods with fresh and nutritionally balanced diets and addressing the physically inactive lifestyles that together have contributed to an increase in CVD prevalence. Furthermore, disparities exist for hospital-based treatment experiences for patients from areas with high proportions of Aboriginal Peoples vs those with low proportions of Aboriginal Peoples. It is crucial to investigate and develop concrete plans to reduce the burden of CVDs among Aboriginal Peoples by improved prevention and treatment in a community-centred way.

or diminished for many Aboriginal communities, which has resulted in significantly impaired dietary options and the undermining of a long-established way of life that was healthy and physically active.

Reclaiming CVD health and well-being requires replacing the calorie-dense and nutritionally inadequate diets of highly processed store-bought foods with fresh and nutritionally balanced diets and addressing the physically inactive lifestyles that together have contributed to an increase in CVD prevalence.⁶⁻¹⁰ In short, for Aboriginal people to improve CVD health a need exists to reclaim the health-promoting aspects of a balanced holistic life.

A growing body of studies confirms the emergence of higher rates of CVD among Aboriginal populations and the failure of the health care system to adequately meet the demands of CVD among Aboriginal people.¹¹⁻¹³

More than 15 years ago, in a Manitoba study,¹⁴ cardiometabolic comorbidity was estimated and projected a 10-fold increase in the rate of CVD and a 5-fold increase in stroke, which was supported by the National Institutes of Health-funded Strong Heart Study conducted among Indian communities in Arizona, Oklahoma, and South and North Dakota, that proposed a very strong association between diabetes and coronary heart disease in American Indians.^{11,15}

CVD has increased dramatically since 1997 when the First Nations Regional Health Survey (RHS) first found that heart disease rates were 3 times higher and hypertension 2.5 times higher among First Nations and Labrador Inuit than among the general Canadian population.¹⁶ In 2002-2003, the first RHS follow-up study controlled for specific age groups and found that First Nations adults were well above the Canadian CVD average, and showed that First Nations adults aged 50-59 years had more than a two-fold greater prevalence of self-reported heart disease of 11.5% compared with 5.5% for the general Canadian population.¹⁷

In 2010 the RHS examined the prevalence of CVD, and showed rates of 5.7% for heart disease and 21.8% for hypertension, up from 13.4% 7 years earlier in 2003; with more than 50% of First Nations people older than 60 years having 1 or more chronic health conditions.¹⁸

chasse, la pêche et d'autres formes de cueillette traditionnelle. Toutefois, ce mode de vie traditionnel est en cours de changements pour de nombreuses communautés autochtones, entraînant un choix alimentaire significativement diminué et en une remise en cause d'un mode de vie établi de longue date qui était sain et physiquement actif. Un rétablissement de la santé cardiovasculaire et d'un certain bien-être nécessite le remplacement des régimes alimentaires inadéquats riches en calories faits de nourritures commerciales hautement transformées par des régimes alimentaires équilibrés avec des produits frais et nutritionnels et de traiter les modes de vie physiquement inactifs qui, ensemble, ont contribué à une augmentation de la prévalence des MCV. En outre, des disparités existent concernant des expériences de traitement en milieu hospitalier pour les patients des zones avec de fortes proportions de populations Autochtones vs celles ayant de faibles proportions de peuples autochtones. Il est crucial d'étudier et d'élaborer des plans concrets pour réduire le fardeau des MCV chez les peuples autochtones par une prévention et un traitement améliorés de façon centrée sur la communauté.

Current Status of CVD Among Aboriginal People

Comprehensive CVD data are not available in sufficient detail to adequately describe First Nations, Métis, and Inuit populations. What is clear is that urgent attention needs to be paid to dietary and lifestyle factors that are worse than that of the non-Aboriginal population.¹⁹ Historically, Inuit population reports portray CVD rates as lower than those of the general population,²⁰⁻²³ but this needs to be carefully reassessed because of the risk posed by recent dietary and lifestyle changes including smoking of tobacco.

The current crisis in Aboriginal CVD has been reviewed in detail by the Canadian Heart Health Strategy and Action Plan, Building a Heart Healthy Canada,² and more recently studied by the Heart and Stroke Foundation of Canada (HSFC), leading to a Position Statement on Aboriginal Peoples, Heart Disease, and Stroke.⁴ It summarized the facts, evidence-based recommendations, roles of federal and provincial governments, and the health care systems.

Briefly, the HSFC identified risks for CVD and stroke that are profoundly greater for Aboriginal people compared with other Canadians and a risk profile that forecasted much higher CVD and stroke rates in the near future. The HSFC recommended engagement of community institutions and building of community capacity for prevention of chronic diseases and health promotion, identification and promotion of culturally appropriate practices relevant to diverse Aboriginal contexts, collaboration with the federal, provincial and territorial governments and other partners to improve human resource capacity and infrastructure to ensure the delivery of prevention and management programs, and to address the health consequences of tobacco availability and misuse.

In another recent comprehensive report on the hospital-based treatment for myocardial infarction among First Nations, Inuit, and Métis populations published by the Canadian Institute for Health Information,³ a geographic area-based approach showed that disparities exist for hospital-based treatment experiences for patients from areas with high proportions of Aboriginal people vs areas with a low population proportion of Aboriginal people. The report calls for research to fully explore treatment interventions beyond

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