Decreasing Cardiac Disease in Indigenous Women Living in Rural & Remote Canada

A Disparity between Indigenous and non-Indigenous

Canada have an increased risk for cardiovascular disease (CVD) resulting colonization and the consequential and ongoing social, political, and economic challenges!

Indigenous women in



Indigenous women, the CVD mortality rate is 76% higher for Indigenous women in Canada²

Compared to non-

goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities..."3 Factors Contributing to a Disproportionately High Risk

Determinants of Indigenous Health from Stem to Root⁴

Personal **S** Education Environment

Pertinent health behaviors among Indigenous people include increased alcohol use, smoking, 5 sedentary activity, and poor diet

person's risk for CVD.6

Behaviors

These behaviors increase a

4 Food Security Indigenous people are 2-3.5

times more likely to experience food insecurity than nonindigenous people. Food

insecurity is associated with

increased chronic conditions,

obesity, stress, and depression.4

Infrastructure and Resources Many Indigenous communities lack buildings, schools, roads, transportation, waste and water

treatment infrastructure, as well

resources which all contribute to

as fire, police and ambulance

the health of a community.4

communities are rural or remote

The majority of Indigenous

where economic development lacks. This often leads to a low socio-economic status. Remote locations also creates a barrier to

accessing basic health services.4 Stem Determinants

Core **Determinants** Root

Racism and social exclusion has blockaded Indigenous Peoples' access to resources and conditions

Colonialism

required to maximize their socioeconomic status. Historical trauma is a determinant of health. T Population Health Promotion Model⁸

to obtain a high school diploma than non-indigenous people. This limits employment options and

the risk of poverty. It also limits a persons health literacy level, creating a barrier to making healthy choices.4 **Employment &** Income

Indigenous people are less likely to

Indigenous people are less likely

employed earn less than nonindigenous people. Poverty

be employed and have higher

levels of unemployment. Indigenous people who are decreases access to resources and increases rates of diabetes, obesity and cardiovascular health.

Rural, remote, and Northern Indigenous communities lack access to health care in general.

Healthcare Access

Racism and discrimination towards Indigenous people accessing healthcare acts as a social barrier.4

to primary care services² via internet service¹¹

A an approach to increase health literacy and improve access

Individual Increase Health Literacy



Telecom Sector **Environments** Supportive Access to Health Services Ottawa Charter for Health Promotion¹³ Applying three of the five action areas

role in enhancing health literacy levels. Nurses and nurse practitioners can successfully improve health

literacy among patients via culturally appropriate and engaging information sessions." Improve Access to Primary **2** Care Services With an increased risk, Indigenous people require

risk factors can significantly decrease the development of CVD. Poor access to routine healthcare is a significant factor contributing to the high burden of CVD. Increasing access to

culturally safe healthcare (in general) with inclusion of Indigenous care providers is warranted. 3 Improve Access to Internet Service With a limited access to healthcare (including scope of practice, equipment, and specialists), Indigenous Peoples' need to often travel out of

their communities for care. Enhancing the First

Indigenous communities enables innovative access

Nations Telehealth Expansion to all remote

Developing Personal Skills by Increasing Health Literacy Enables individuals to obtain, understand, and apply information to

improve their health; accomplished via educational sessions or increasing

Reorient Health Services by Improving Primary Care Access developing health systems and programs to improve health and

Creating Supportive Environments by Improving Access to Internet

entails altering physical and/or social environments to promote and protect

health literacy; creates individual capacity and empowerment¹⁴

achieve health equity; includes establishing infrastructure and resources for health promotion¹⁴

health; achieved by changing environments, changing organizations, and enabling additional infrastructure or services¹⁴ NOTE: Prerequisites for health as identified in the Ottawa Charter for Health Promotion are lacking for Indigenous Peoples' in Canada and necessary to be archived for Indigenous Peoples'

The Intervention To decrease the CVD risk burden, it is imperative that Indigenous Peoples' living in remote locations have access to healthcare. Remote environments create barriers to healthcare access due to geological

to reach their full health potential.¹³

to provide group education and support meetings.

location and attracting healthcare providers. Telehealth via internet

connection is an innovative approach that has successfully provided

healthcare access to remote Indigenous communities and can be used

This health promotion intervention addresses several determinants of Indigenous health and includes the following: personal behaviors: culturally appropriate weekly group support meetings can support heart healthy behavior modifications; telehealth can facilitate this environment: telehealth bridges the distance between remote communities and

successfully increase health literacy in Indigenous populations 17 • infrastructure & resources: increased internet access enhances digital resources

healthcare providers when in-person appointments/consultations cannot be

• education: culturally appropriate support sessions have been demonstrated to

- healthcare access: enables Indigenous Peoples' access to enhance their general health, while providing CVD screening^{2, 11}
- Indigenous representation in achieving health equity References

colonialism: partnership with the First Nations Health, Authority promotes

[1] Jaffer, S., Foulds, H. J. A., Parry, M., Gonsalves, C. A., Pacheco, C., Clavel, M.-A., Mullen, K. A., Yip, C. Y. Y., Mulvagh, S. L., & Norris, C. M. (2021). The Canadian Women's Heart Health Alliance ATLAS on the Epidemiology, Diagnosis, and Management of Cardiovascular Disease in Women—Chapter 2: Scope of the Problem. CJC Open, 3(1), 1–11. https://doi.org/10.1016/j.cjco.2020.10.009
[2] Anand, S. S., Abonyi, S., Arbour, L., Balasubramanian, K., Brook, J., Castleden, H., Chrisjohn, V., Cornelius, I., Davis, A. D., Desai, D., de Souza, R. J., Friedrich, M. G., Harris, S., Irvine, J., L'Hommecourt, J., Littlechild, R., Mayotte, L., McIntosh, S., Morrison, J., Oster, R. T., ... Canadian Alliance for Healthy Hearts and Minds First Nations Research Group (2019). Explaining the variability in cardiovascular risk factors among First Nations communities in Canada: a population-based study. The Lancet. Planetary health, 3(12), e511—e520. <a href="https://publications.goca/collections/

and access to healthcare

https://doi.org/10.17269/s41997-018-0034-9

[4] Loppie, C., & Wien, F. (2022). Understanding Indigenous health inequilities through a social determinants model. National Collaborating Centre for Indigenous Health. https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf
[5] Loppie Reading, C., & Wien, F. (2009). Health inequalities and social determinants of Aboriginal Peoples' health. National Collaborating Centre for Aboriginal Health. http://www.nccah-ccnsa.ca/docs/social%20determinates/nccah-loppie-wien_report.pdf
[6] Heart and Stroke Foundation of Canada [HSFC]. (n.d.). Lifestyle risk factors. https://www.heartandstroke.ca/heart-disease/risk-and-prevention/lifestyle-risk-factors
[7] Loppie, C. (2021) Social determinants of Indigenous Peoples' health [image]. https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf
[8] Public Health Agency of Canada. (2001, December 8). Population health promotion: an integrated model of population health promotion. Government of Canada. https://www.canada.ca/en/public-health/services/health-promotion/population-health-promotion-model.html
[9] National Collaborating Centre for Aboriginal Health. (2017). Education as a social determinant of First Nations, Inuit and Metis Health. https://www.nccih.ca/docs/determinants/FS-Education-SDOH-2017-EN.pdf

2017-EN.pdf
[10] Crengle, S., Luke, J. N., Lambert, M., Smylie, J. K., Reid, S., Harré-Hindmarsh, J., & Kelaher, M. (2018). Effect of a health literacy intervention trial on knowledge about cardiovascular disease medications among Indigenous peoples in Australia, Canada and New Zealand. BMJ open, 8(1), e018569. https://doi.org/10.1136/bmjopen-2017-018569
[11] Nguyen, N. H., Subhan, F. B., Williams, K., & Chan, C. B. (2020). Barriers and Mitigating Strategies to Healthcare Access in Indigenous Communities of Canada: A Narrative Review. Healthcare (Basel, Switzerland), 8(2), 112. https://doi.org/10.3390/healthcare8020112
[12] Health Quality BC. (nd.). First Nations telehealth expansion project. https://healthqualitybc.ca/quality-awards/winners/first-nations-telehealth-expansion-project/
[13] World Health Organization. (1986). Ottawa charter for health promotion, 1986 (No. WHO/EURO: 1986-4044-43803-61677). World Health Organization. Regional Office for Europe. https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/oppulation-health-promotion-international-conference-on-health-promotion/oppulation-health-promotion-international-conference-on-health-promotion/papulation-health-promotion-international-conference-on-health-promotion/papulation-health-promotion-international-conference-on-health-promotion/papulation-health-promotion-international-conference-on-health-promotion-papulation-health-promotion-international-conference-on-health-promotion-papulation-health-promotion-international-conference-on-health-promotion-papulation-health-promotion-international-conference-on-health-promotion-papulation-health-promotion-international-conference-on-health-promotion-papulation-health-promotion-international-conference-on-health-promotion-papulation-health-promotion-papulation-health-promotion-papulation-health-promotion-papulation-health-papulation-health-papulation-health-papulation-health-papulation-health-papulation-health-papulation-health-papulation-health-papulation-health-papulation-health-[14] Fry, D., & Zask, A. (2017). Applying the Ottawa Charter to inform health promotion programme design. Health promotion international, 32(5), 901–912. https://doi.org/10.1093/heapro/daw022 [15] Novak Lauscher, H., Blacklaws, B., Pritchard, E., Wang, E. J., Stewart, K., Beselt, J., Ho, K., & Pawlovich, J. (2023). Real-Time Virtual Support as an Emergency Department Strategy for Rural, Remote, and Indigenous Communities in British Columbia: Descriptive Case Study. Journal of medical Internet research, 25, e45451. https://doi.org/10.2196/45451 [16] Ziabakhsh, S., Pederson, A., Prodan-Bhalla, N., Middagh, D., & Jinkerson-Brass, S. (2016). Women-Centered and Culturally Responsive Heart Health Promotion Among Indigenous Women in Canada. Health promotion practice, 17(6), 8140–82(6), https://doi.org/10.1073/1839816633238 Health promotion practice, 17(6), 814–826. https://doi.org/10.1177/1524839916633238
[17] De dwa da dehs nye, Smylie, J., O, B. K., Xavier, C. G., Anderson, M., McKnight, C., Downey, B., & Kelaher, M. (2018). Primary care intervention to address cardiovascular disease medication health literacy among Indigenous peoples: Canadian results of a pre-post-design study. Canadian Journal of Public Health / Revue Canadianne de Santé Publique, 109(1), 117–127.