AMERICAN COLLEGE of CARDIOLOGY

ACC HEALTH EQUITY WEBINAR COMPANION GUIDE

Improving Cardiovascular Health Among Indigenous Communities: Effective Solutions and Interventions

Jason Deen MD, FAAP, FAAC[1]; Amanda M. Fretts, PhD, MPH[2]

BACKGROUND

The ACC Health Equity Webinar Companion Guides are a complementary resource for the ACC Health Equity Webinar series. The webinar series, produced by the ACC Diversity and Inclusion Committee, offers clinically relevant, evidence-based findings focused on health care disparities as they pertain to minority racial and ethnic groups and under-represented populations in cardiovascular care. This guide provides the background, highlights, and clinical pearls from the "Improving Cardiovascular Health Among Indigenous Communities: Effective Solutions and Interventions" webinar.

- Indigenous Peoples are 50% more likely to have premature cardiovascular disease (CVD); 36% will die of CVD before the age of 65, compared to 14.7% of Whites.
- CVD is the leading cause of mortality for all Indigenous Peoples, and the second leading cause in Indigenous women.
- CVD prevalence is 12% higher in Indigenous Peoples, compared to other races in the US; CVD mortality is 20% greater than other races in the US.
- Indigenous women are particularly at risk of poor outcomes, especially during pregnancy. Sixty percent of Indigenous women enter pregnancy with suboptimal CV health, which exacerbates CVD risk for future maternal and offspring.
- Social drivers of health are important risk factors in Indigenous communities.
- Social drivers of health stem from the lingering effects of colonization and are affected by historical trauma and systemic racism.
- Prominent CVD risk factors in Indigenous Peoples are obesity and diabetes mellitus type II.
- CVD risk in Indigenous Peoples begins early in life with prevalent metabolic syndrome in ~25% of Indigenous adolescents.
- CVD risk factors in Indigenous youth include adverse childhood experiences and maternal-child interactions from exacerbated CVD risk during pregnancy.

AMERICAN COLLEGE of CARDIOLOGY

ACC HEALTH EQUITY WEBINAR COMPANION GUIDE

Improving Cardiovascular Health Among Indigenous Communities: Effective Solutions and Interventions

HIGHLIGHTS

1

CVD intervention should be strength-based and focused on primary prevention.

- Assessment and management of hypertension, dyslipidemia, diabetes management, obesity treatment, diet, physical activity, nicotine exposure, and sleep should be prioritized.
- Ideally, primary prevention strategies are combined with systemic interventions, such as increasing availability of subspecialty care to rural areas, telemedicine, increased funding for the Indian Health Service, increased Medicaid reimbursement for tribal clinics and augmenting Indigenous Peoples' participation in research.

2

There are Indigenous People-specific coronary heart disease risk calculators available through the Strong Heart Study (SHS) that perform better than other strategies. These involve an assessment for microvascular disease by obtaining a UA for proteinuria assessment.

- "Explore the Strong Heart Study for research, education and more."

CLINICAL PEARLS

Acknowledge that Indigenous Peoples have profound CVD health inequities stemming from systemic racism.

CVD assessment should be tailored using the SHS coronary heart disease risk calculators.

Therapies should be strength-based acknowledging the history of colonialization and its lingering effects.

[1]Associate Professor, Pediatrics and Medicine, University of Washington; Founding Director, UW Medicine Center for Indigenous Health; Director, Indian Health Pathway, UW Medicine.
[2]Associate Professor, Department of Epidemiology, Cardiovascular Health Research Unit; University of Washington School of Public Health.