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EDITORIAL

Walking an Indigenous Pathway: Bridging the Gap in Cardiovascular Health

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Over the last decade, the Cardiac Society of Australia and New Zealand (CSANZ) has increased its attention on Indigenous cardiovascular disease (CVD) in Australia and New Zealand, largely due to the profound and persistent inequalities that exist, and the critical role CVD plays in reducing life expectancy and quality of life. The 3rd Indigenous Cardiovascular Health Conference of CSANZ, will be held in Wellington, New Zealand from 12–13 June 2019.

The last meeting of CSANZ that focussed on Indigenous cardiovascular issues was in 2011 [1–3], following on from an inaugural meeting in 2009 [4–6]. Whilst much has changed over the last decade, much remains the same. There have been significant declines in age-standardised mortality from CVD in many Indigenous communities, but the inequalities persist—particularly at young ages where CVD is responsible for death rates 4–10 fold higher in Indigenous versus non-Indigenous people [3,6]. There also exists profound inequity—where, despite significantly higher levels of need, Indigenous people remain less likely to receive the care and support they require [3,6]. There is clearly a need to step away from a research and practice worldview that has not well served Indigenous people in both our countries, and move into a space that accepts as essential, Indigenous knowledge and practices. The disparities that exist across all health measures, and especially so in cardiovascular health, for Māori, Pacific, Aboriginal Australians and Torres Strait Islanders are unacceptable. In modern society, Indigenous peoples have had very little control over the policies, practices and systems of health and social care that will deliver the health and wellbeing our communities deserve. Empowering communities to lead the change that is needed to make a real difference will be a key focus of the conference. In addition, guiding the health system to work with, and respond to, the needs of Māori, Pacific, Aboriginal and Torres Strait Islanders is imperative.

We are data rich in both Australia and New Zealand and there has been work in most fields of cardiovascular health that identifies disparity for Indigenous people. Data that quantifies the gap that exists is not new. This conference will move beyond the reporting of the disparity gap and into the space of Indigenous driven solutions. Previous approaches that served to disengage Indigenous people from decisions that directly, and profoundly affect them, must move aside and allow for meaningful, respectful and sustainable solutions to be developed and evaluated by Indigenous people themselves. There is a need to understand health and well-being from their perspective and we need to support these communities in the development of actions, programs and initiatives. The power in the cardiovascular health space needs to be shifted away from a western centric, biomedical system into the arms of families and communities, iwi and hapu. Indigenous cultures have knowledge systems that are only slowly being seen and utilised in health research and practice. Acknowledging and understanding Indigenous models of health and cultural frameworks has been evident for decades especially in New Zealand where Te Tiriti o Waitangi dictates that the health system partner with Māori, provide equitable participation in that system and that Māori ways of knowing and being are protected. However, acknowledging and understanding Indigenous health is only the first step on the road to change. How do we operationalise that acknowledgement and understanding into action? How do health researchers and health practitioners enact Indigenous health and wellbeing in their daily work? Until we are all walking alongside our Indigenous communities, hearing their stories, utilising their expertise and supporting a return to their innate knowledge all we are really doing is talking. Talk is cheap.

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Change is essential. Indigenous control over our own lives is an inalienable right and central to the way forward.

We will deliver guidance for the next 5 years and beyond, to cement the positive inroads we have made, and envision what is needed to deliver equity for all Australian and New Zealanders in relation to CVD.

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