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Lessons from a West Australian statewide assessment of the implementation of the NHMRC recommendations for Strengthening Cardiac Rehabilitation and Secondary Prevention of Aboriginal and Torres Strait Islander People

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Abstract:

Introduction: In 2005, NHMRC published an outline of processes to guide services on improving cardiac rehabilitation (CR) for Indigenous Australians. This recognised the increased incidence and mortality from cardiovascular causes in Indigenous Australians with onset occurring at a younger age than in other Australians

Methods: Site visits and interviews with CR staff in 15 mainstream CR/secondary prevention services (hospitals plus community health) across WA and 9 Aboriginal Community Controlled Health Services. Qualitative and quantitative data regarding CR provision to Indigenous people with CVD, involvement of Aboriginal Health workers, adaptation to local settings, cultural competency and interagency collaboration was collected by a CR nurse (+/- an Aboriginal nurse) using semi-structured interviews.

Results: Within tertiary hospitals the processes for identifying Indigenous patients were suboptimal, there were few Indigenous staff and processes for linking Indigenous patients into CR services at discharge were suboptimal. Many CR services are private and others operate for very limited hours and see very few Aboriginal clients. Of public CR services, many were unaware of the NHMRC guidelines and no mainstream service had fully implemented its recommendations. Workforce turnover and capacity issues severely constrain efforts to improve CR service delivery.

Conclusions: Substantial deficits were identified in linking Aboriginal people post cardiac event into CR services that offer a comprehensive approach to reduce subsequent cardiac events and hospitalisation. Alternative approaches are needed. We recommend further development of CR partnerships between Aboriginal and mainstream services. Programs with a focus on cardiovascular risk reduction should be an important component of the government focus on improving self-management and strengthening community based care for chronic disease