

Trust and social support important to heart health among Canadian First Nations

December 20 2019

A major study has found that Canadian First Nations communities with greater socio-economic advantages, educational opportunities, social support of family members and greater trust between community members, have lower cardiac risk factors.

On the other hand, First Nations communities with difficulty accessing routine health care or affordable prescription medicines have a greater burden of [cardiac risk factors](#).

The study is the first cohort study of First Nations communities across the country, and involved First Nation community members working along with academic researchers across eight communities in Canada. The study was coordinated by the Population Health Research Institute (PHRI) of McMaster University and Hamilton Health Sciences (HHS).

A paper from the Canadian Alliance of Healthy Hearts and Minds First Nations cohort study was published by the journal *Lancet Planetary Health* today.

"We know that Indigenous people around the world have higher rates of chronic diseases and lower life expectancy compared to non-Indigenous people," said Sonia Anand, principal investigator for the study.

"This is largely attributable to the effects of colonisation and government policies that led to worse socio-economic circumstances and a shift away from many traditional practices and ways of knowing of Indigenous

peoples.

"Understanding what factors protect some First Nations communities from having a high burden of cardiovascular risk factors and what places others at risk can help First Nations communities and governments develop short and long-term policies to improve the health access and outcomes for First Nations peoples. This is the primary objective of our study," she said.

Darlene Davis, a First Nations research nurse and study coordinator, said: "This was the first time other First Nations were invited to participate, and I was glad that eight First Nations from the east to west coast of Canada took part. It's important we pay attention to these cardiac risks, as we need to improve our health status and increase our life expectancy."

The study involved 1,300 men and women who answered lifestyle questionnaires and had physical measures, blood samples and magnetic resonance imaging (MRI) completed.

Community audits were also conducted to assess transportation accessibility; physical environment, availability and prices of tobacco, alcohol, healthy and unhealthy foods. The study noted a lower variety of fruits and vegetables on reserves, and all foods were more expensive on reserves, except for milk. As well, half of the communities were difficult to walk for exercise.

The study also found that almost six of 10 participants (58%) had spent three-quarters of their lives in their community, and more than half reported having a high affinity to their heritage culture. As well, almost half of the participants reported having high optimism for their community's future. However, more than a third (37%) of people was concerned about community members being exposed to racism when off

reserve.

The study found that communities with lower cardiovascular risk had a greater socio-economic advantage shown by greater employment, income and long-term marital partnerships; greater trust between community members; a higher proportion of people with a high school education, and higher social support shown by many close relationships with family members.

More risk factors were found in communities with difficulty accessing primary care and people with medical prescriptions who could not afford to fill them.

"The MRIs showed a strong relationship between the cardiac risk factor and potential vascular disease, and that implies that a reduction of these risk factors is of paramount importance to lowering vascular disease risk," said Anand, who is a professor of medicine at McMaster and a vascular medicine specialist for HHS.

The First Nations communities involved in the study included Gitksan of B.C.; Maskwacis of Alberta; Fort McKay of Alberta; Lac La Ronge of Saskatchewan; Oneida of Ontario; Six Nations of Ontario; Wendake of Quebec and Pictou Landing of N.S.

Nadine Caron is a surgeon and co-director of the Centre for Excellence in Indigenous Health at the University of British Columbia. Although not involved in the research study, she said it was important to examine the strengths in communities that result in lower cardiac risk including social support of families, trust, advanced education, income and jobs.

"We need to partner with First Nations communities to achieve these goals. This cannot replace the responsibility of our healthcare system to also address the lack of access to primary care and prescription drugs.

These issues of health equity must be addressed to prevent and reduce cardiovascular disease in First Nations communities."

Provided by McMaster University

Citation: Trust and social support important to heart health among Canadian First Nations (2019, December 20) retrieved 20 April 2024 from <https://medicalxpress.com/news/2019-12-social-important-heart-health-canadian.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.