# Preventing high rate of chronic lung disease in world's Indigenous Peoples begins at pre-conception, say researchers

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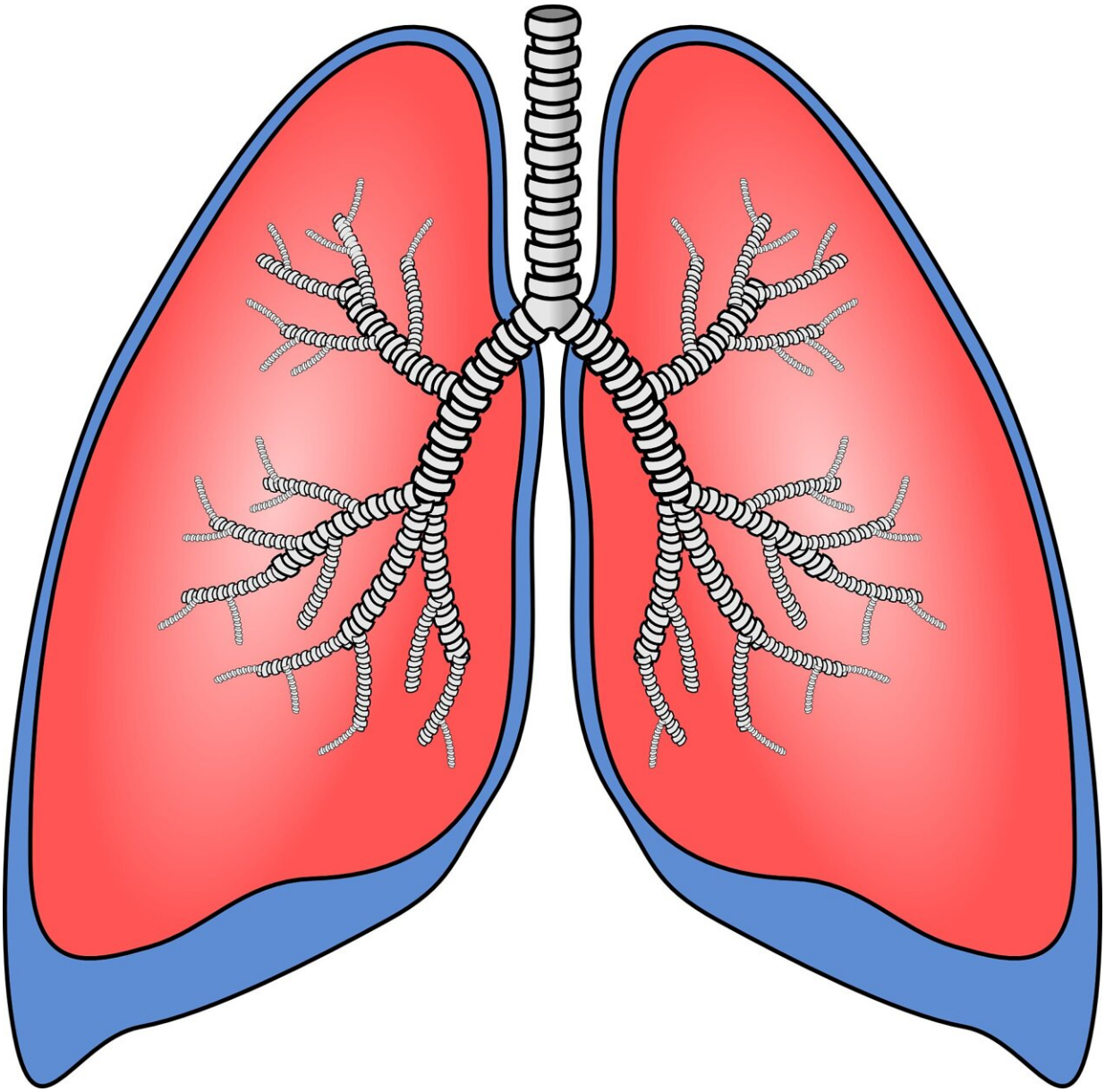

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Public health strategies must begin at pre-conception and early childhood to attain optimum lung function for the world's Indigenous Peoples who bear a higher burden of chronic respiratory disease, say an international research team in a review published in *Lancet Respiratory*

*Medicine*.

Led by childhood respiratory disease expert QUT Professor Anne Chang, from the QUT School of Public Health and Social Work and the Australian Center for Health Services Innovation the researchers have called for and developed a framework for global efforts to address the drivers of chronic respiratory disease (CRD).

"The framework's strategies are important for all people but more pressing for Indigenous People who have a high prevalence of risk factors for CRD including low birthweight, prematurity, poor nutrition, air pollution, and a high burden of infections and poverty," Professor Chang said.

"In Australia, for example, a 2023 report indicated that 29% of Indigenous Australians self-reported having CRD and their respiratory-related hospitalization rate is 2.4 times that of non-Indigenous Australians.

"Chronic cough is common among Indigenous children and is associated with poorer future lung function, but when optimally managed, improves their quality-of-life.

"Suboptimal management of CRDs like asthma and bronchiectasis in childhood, increases the risks of poorer future lung function, recurrent exacerbations and hospitalization and impaired quality of life in children and adults.

"The increasing recognition of the importance of respiratory health in the prevention of future all-cause cardio-vascular morbidity and mortality means that improving respiratory health leads to gains in

overall health."

Professor Chang said other common chronic respiratory contributors included poor antenatal care, high rates of poverty, housing overcrowding, obesity, smoking in Indigenous vs. non-indigenous groups, poor access to care, fewer investigations, interventions and prescriptions.

"Our review found common themes of disparity between Indigenous and non-Indigenous Peoples in Australia, Canada, New Zealand, and U.S. complicated by childhood drivers of CRD and other factors not specific to lung health such as racism, colonization, and systemic inequities," she said.

"Improving Indigenous Peoples' respiratory health is complex but must address culturally safe services and research, limited resources, collaboration and coordination across all levels of health care, health system barriers, health literacy and education and sustainability.

"We posit a four-prong overlapping approach for clinicians to act locally to make a difference to Indigenous Peoples' respiratory health while the social determinants of health inequality are addressed by political systems.

"This approach calls for initiatives co-designed with Indigenous People that are focused on children to build capacity in the community, health professionals and researchers; provide high-quality, evidence-based clinical services; health education for policy makers, patients and health professionals and culturally appropriate research."

**More information:** Anne B Chang et al, Chronic respiratory disease in Indigenous peoples: a framework to address inequity and strengthen respiratory health and health care globally, *The Lancet Respiratory*

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