

“You’re always hearing about the stats ... death happens so often”: new perspectives on barriers to Aboriginal participation in cardiac rehabilitation

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TO THE EDITOR: Engaging patients in cardiac rehabilitation (CR), a program of secondary prevention measures, is crucial to improving outcomes after myocardial infarct.¹ Rates of participation in CR by Aboriginal and Torres Strait Islander (hereafter Aboriginal) people are extremely low.^{2,3}

We conducted a qualitative study on barriers to CR use from November 2007 to March 2008 with 15 Aboriginal cardiac patients (seven women and eight men, aged 31–74 years) living in Perth, Western Australia. Six had participated in some outpatient CR sessions; nine had not. Participants were interviewed face-to-face using a semistructured interview guide, with questions exploring their views and experiences of CR, barriers to use and suggestions for improvement.

Recurring themes included challenges associated with extended family responsibilities and sociocultural inappropriateness of the program. These themes, along with less commonly discussed issues of poor knowledge of CR and the connection between colonialism and health services, reflect findings from previous studies.^{2,4,5} However, two new themes — media heart health messages and the younger age of the affected Aboriginal population — highlight further factors influencing participation (Box 1).

We found that some patients feel constantly reminded of, and therefore come to expect, poor health outcomes, due to dire statistics repeated in the media. While the dominant theme in the Australian media of Aboriginal fatality and futility has been discussed,⁶ heart health messages are often disempowering, negatively affecting motivation to engage with health programs. This is likely reinforced by regular attendance at funerals for Aboriginal people, who die very prematurely from cardiovascular disease (CVD). This highlights the need for a shift in media and public health campaigns from “shock” headlines and statistics to a focus on strengths and successes, inspiring the groups involved and supporting them to make changes.

Younger Aboriginal participants also spoke about feeling isolated in CR sessions among

1 Quotes from Aboriginal cardiac patients reflecting barriers to participating in cardiac rehabilitation (CR) programs

... even with the newspaper, every second page has something to do with the heart ... Turn the radio on, “oh, there’s this new survey about heart conditions”. And I don’t want to know about it! Don’t tell me! ... I don’t want to be told the negatives ... it’s all you used to hear of all the stories regarding the heart. (*Aboriginal patient 10*)

I didn’t like it [the CR program] because everybody else was at least twice my age. I was like the youngest one there and it was just a turn-off for me ... I’d feel more comfortable if people my own age were there for a start, you know? (*Aboriginal patient 11*)

Aboriginal people don’t use [CR and health services] ... as a matter of course because the discrimination that took place in Australia against Aboriginal people ... instead it remained in the psyche of the Aboriginal people that mainstream services are only there for other people. They’re not there for you. (*Aboriginal patient 9*)

non-Aboriginal people who were 20–30 years older than them. The age demographic of CR program attendees generally reflects CVD epidemiology in the wider community, but the burden of CVD occurs at much younger ages in the Aboriginal population.⁷ This widening differential⁷ demands rethinking of how CR should work for this very different demographic group (Box 2). CR programs addressing the needs of younger people may improve receptivity and opportunities for primary prevention in the family and broader community.

Although these two themes were reported by a small number of patients, further research into issues for Aboriginal patients with CVD is warranted. Importantly, it will contribute to understanding of how younger Aboriginal people think about their health, and feel motivated and supported by wider society to do something about it.

Acknowledgement: This study was funded by the WA Department of Health through the State Health Research Advisory Council.

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¹ Taylor RS, Brown A, Ebrahim S, et al. Exercise-based rehabilitation for patients with coronary heart disease: systematic review and meta-analysis of randomized controlled trials. *Am J Med* 2004; 116: 682-692.

² Shepherd F, Battye K, Chalmers E. Improving access to cardiac rehabilitation for remote Indigenous clients. *Aust N Z J Public Health* 2003; 27: 632-636.

2 Recommendations from Aboriginal patients for improving cardiac rehabilitation (CR) programs

- Offer CR programs out of working hours
- Have opportunistic drop-in sessions rather than allocated times
- Make CR programs more appealing to younger clients
- Hold CR programs in Aboriginal community health centres
- Build trust and relationships with patients (the importance of yarning)
- Develop programs for use at home by the whole family
- Tailor lifestyle and diet advice to modern Aboriginal family situations
- Have both male and female Aboriginal health staff delivering CR if possible
- Target youth with heart health education messages
- Refocus public health messages away from being negative and fear-based to being positive and strength-based
- Encourage Aboriginal patients to attend CR sessions together (buddy system) ◆

³ Scott IA, Lindsay KA, Harden HE. Utilisation of outpatient cardiac rehabilitation in Queensland. *Med J Aust* 2003; 179: 341-345.

⁴ De Angelis C, Bunker S, Schoo A. Exploring the barriers and enablers to attendance at rural cardiac rehabilitation programs. *Aust J Rural Health* 2008; 16: 137-142.

⁵ Scrimgeour M, Scrimgeour D. Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature. Discussion paper series no. 5. Darwin: Cooperative Research Centre for Aboriginal Health, 2008.

⁶ Brough M. A lost cause? Representations of Aboriginal and Torres Strait Islander health in Australian newspapers. *Aust J Comm* 1999; 26: 87-96.

⁷ Brown A, Warren W, Lea T, Tonkin A. What becomes of the broken hearted? Coronary heart disease as a paradigm of cardiovascular disease and poor health among Indigenous Australians. *Heart Lung Circ* 2005; 14: 158-162. □

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