

# “Closing the gap on Indigenous cardiovascular (CV) health: Improving community outcomes through data driven policy relevant research.”

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## Abstract

### Background

Evidence-based treatments effectively lower cardiovascular (CV) risk but as many as 50% of Indigenous Australians do not receive these life-saving treatments.

### Objectives

The specific aims of this project are to:

1. Characterize the difference in CVD risk between Indigenous vs non-Indigenous people.
2. Assess whether evidence-based-CV care differs for Indigenous vs. non-Indigenous people.
3. Quantify the gap in CV health and economic outcomes for Indigenous vs. non-Indigenous people.

### Method

Australia’s first comprehensive CV health services dataset will be established by linking clinical data collected by general practice (GP) clinics, hospitals, and government agencies. Regression modelling will be performed to identify factors influencing the likelihood of receiving evidence-based-CV care and to quantify differences in CV risk distribution and outcomes for Indigenous vs non-Indigenous Australians. Costs related to hospital admissions of CV events will be estimated using Australian refined diagnosis-related groups, hospital length of stay and cost weights.

### Results

Victorian adults identifying as Aboriginal and who attended mainstream Victorian GP clinics between 2007 - 2017 had a mean age of  $40 \pm 16.2$  years, just over half were female (55%) and they were more likely to visit non-metropolitan vs Melbourne metropolitan clinics (Figure 1).

Figure 1 – Spatial density map showing GP clinic attendance by Aboriginal people in Victoria (A) and metropolitan Melbourne (B) based on SA3 geographical code.

### Conclusions

Led by Aboriginal health researchers, this research will inform CV risk management pathways and identify how CV disease is managed across the primary-tertiary care continuum.