

CHRD 2024: Abstract Submission Form

Presenter Name

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Presenter Status

PhD Student

Role in the project

Write Abstract

Research Category

Community Health / Policy

Title

Structural barriers to cardiovascular disease health equity for First Nations females in Winnipeg: a difference-in-differences analysis

Background

Women play a critical role in the development of children and adolescents. First nations (FN) women experience significant structural barriers to health and well-being.

Objective

In response to the Truth and Reconciliation call to action #19 we tested the hypothesis that FN women would experience inequities in cardiovascular disease (CVD) and several structural determinants of health compared to other women living in Winnipeg.

Methods

A difference-in-differences analysis was conducted within provincial administrative health data linked to a FN identifying database, geospatial mapping and census data over two time periods (period 1 = 2000-2009; period 2 = 2010-2019). The main outcomes were composite end-points of incident CVD events and incident CVD risk factors. Structural determinants of CVD outcomes included neighbourhood-level measures of income and access to infrastructure that facilitates walking and cycling.

Results

Between 2000 and 2020, there were 40,718 CVD events and 102,059 CVD risk factor events in women. Risk differences were higher for FN women for both CVD events (period 1: 11.0; 95% CI: 9.9 to 12.1 vs period 2: 8.6; 95% CI: 7.7 to 9.5) and CVD risk factors (period 1: 12.7; 95% CI: 11.0 to 14.5 vs period 2: 5.8; 95% CI: 4.2 to 7.3). The relative risk for CVD risk events and CVD risk factors were 1.5 to 2-fold higher for FN women in both time periods. FN women experienced significant geographic structural inequities in area-level household income (30% lower), property value (33% lower), high school graduation rates (10% lower) and access to multi-use urban trails (OR: 0.63; 95% CI: 0.58-0.67) compared to other women in Winnipeg.

Conclusion

Urban dwelling First Nations women in Winnipeg experienced significant and persistent inequities in CVD events or CVD risk factors, potentially influenced by inequitable structural barriers to health.

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No

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