**Presentation title:**

**Looking at the Prevalence of CVD in First Australians (Aboriginal and Torres Strait Islanders)**

**Abstract** (max. 300 words):

Aboriginal health is a multi-factorial entity comprising physical, social, emotional and cultural wellbeing. First Australians (Aboriginal and Torres Strait Islander peoples) generally have poorer health than non-indigenous peoples, leading to higher mortality rates at younger ages. This paper aims to review our understanding of the gap in First People’s health.

Chronic diseases account for around 80% of mortality for Indigenous people aged 35 to 74. The main chronic diseases are: cardiovascular disease (CVD); endocrine, metabolic and nutritional disorders; cancer; and respiratory diseases. CVD is the highest contributor and may account for 27% of all First Australian deaths.

Many people are unawares as to their declining cardiovascular function until they suffer an acute ischemic event. Nonetheless, CVD is something that affects many Australians. According ABS statistics 12% of First Australians and 18% of non-indigenous Australians may suffer from CVD. The prevalence of this condition increases rapidly in Indigenous Australians from the ages of 35+ which is 10 years earlier than the corresponding increase for non-Indigenous Australians. First Australians have higher age-adjusted rates of CVD and three times greater likelihood of having a major coronary event.

Socioeconomic status (SES) also plays a role. That said, First Australians have increased risk of death from CVD than non-Indigenous persons after accounting for residence in areas of lower SES. Rural lifestyle and low SES should not necessarily be a barrier to health. Smoking, malnutrition and sedentary lifestyle can be reversed. Hypertension, hypercholesterolemia and diabetes should be managed.

Cardiovascular disease is the most common cause of death for Indigenous Australians. There is a role for increased education and primary preventive measures to reduce risk of CVD by reducing reversible risk factors, and this paper will attempt to discuss this.