

Women in Cardiology

Ms Katharine McBride, PhD Candidate at University of South Australia and Senior Implementation Project Officer at SAHMRI
2021 Indigenous Health Prize winner at the CSANZ ASM.



I am a woman with Scottish and English heritage living on Kaurna country, a mum and an ECR with a focus in cardiovascular in/equities. In virtually all of my career experiences I have worked within a team that brings diversity – in gender, cultural background, experiences, discipline and skillset. For me, diversity brings innovation, creativity and the development of a new space.

My work for the past 10 years has focused on defining and identifying approaches to overcome inequities in cardiovascular health experienced by Aboriginal and Torres Strait Islander people and communities. This agenda has spanned research, policy and practice and brought together research disciplines and methods. I came to the field with a personal interest in cardiovascular health, a drive to address inequities and a focus on reform through policy, after completing a Bachelor of Health Sciences and Masters in Health Economics and Policy.

My first gig was under Vicki Wade at the Heart Foundation, documenting the organisation's advocacy work in Aboriginal and Torres Strait Islander health. I then worked on a Heart Foundation project exploring differentials in access to revascularisation. Since then, I've been privileged to undertake a program of work under the stewardship of Professor Alex Brown. Within an Aboriginal-led space, I have been guided and trained in ways of doing research right way with Aboriginal and Torres Strait Islander communities, of intercultural partnership, and of challenging the constructs of health, wellness and disease.

Whilst developing a South Australian response to Better Cardiac Care for Aboriginal and Torres Strait Islander people, we identified with community the high premature morbidity and mortality due to cardiovascular disease experienced by Aboriginal women. This community-defined priority became the basis of my doctoral program: to explore what was driving this burden and to understand what can keep Aboriginal women's hearts strong. Throughout the PhD, I have been involved in research translation to policy and practice. It has meant delivery of benefit to communities, for me it has meant staying connected and engaged and is making my transition out of the PhD easier.

In 2018, two years into my PhD, I gave birth to my son. Over the last 3 years I have juggled toys, PhD and a return to broader research and policy work. Working with communities and Aboriginal health services, my baby travelled everywhere with me. His presence became another point of connection with women, part of my story to share. The stories, the connections and the strength shown by the women I work with are making me the mother I am. He travelled with me to Aotearoa to the Indigenous Cardiovascular Health Conference at 7 months old, a relatively quiet participant in the back row.

We often talk about supporting and enabling inclusion. As a mum often going it alone, I've found simple things can present hurdles: how could I possibly demonstrate full-time student status when doing a PhD with a baby; is it ok to take a 7 month old to an overseas conference; do I book that zoom meeting on my 'day off' with Peter Rabbit in the background (or, even better, when the toddler decides it must be watched whilst sitting on my shoulders)? Fortunately, my hurdles were only ever superficial and mostly perceived.

For many, the hurdles are real. We need to understand from those who face them what they are, and how the path can be cleared. Some have already jumped them and we need their leadership to guide our actions. If we do this, we will be stronger as a collective and have greater knowledge and perspective as individuals. We will also, inevitably, improve the way we meet the needs of those who need our care to keep their hearts strong.
