

ABSTRACT

Title: Protocol for a pragmatic cluster randomized trial of the Cardiovascular Health Awareness Program (CHAP) in social housing

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Background: The Cardiovascular Health Awareness Program (CHAP) uses volunteers to provide CVD and diabetes screening in a community setting, referrals to primary care providers, and locally available programs targeting lifestyle modification. CHAP has been adapted to target older adults residing in social housing, a vulnerable segment of the population. Older adults living in social housing report poorer health status and have a higher burden of multitude chronic illnesses, such as cardiovascular disease (CVD) and diabetes.

Objective: To evaluate whether there is a reduction in unplanned CVD-related ED visits and hospital admissions among residents of social seniors' housing buildings receiving the CHAP program for one year compared to residents in matched buildings not receiving the program.

Methods: This is a pragmatic, cluster-randomized controlled trial, held in community-based social (subsidized) housing buildings in Ontario and Quebec. The target population includes all residents of 14 matched pairs (intervention/control) of apartment buildings. Buildings with 50-200 apartment units with majority of residents aged 55+ and a unique postal code are included. All individuals residing within the buildings at the start of the intervention period are included (intention to treat, open cohort). CHAP screens for high blood pressure using automated blood pressure monitors and for diabetes risk using the Canadian Diabetes Risk (CANRISK) questionnaire. Monthly drop-in sessions for screening/monitoring are held within a common area of the building. Group health education sessions are also held monthly. Reports are sent to family doctors and attendees are encouraged to visit their family doctor. The primary outcome is CVD-related ED visits and hospitalizations, and the secondary outcomes are all ED visits, hospitalizations, quality of life, cost-effectiveness, and participant experience.

Results: It is anticipated that CVD-related ED visits and hospitalizations will decrease in the intervention buildings.

Expected Outcome: Using the volunteer-led CHAP program, there is significant opportunity to improve the health of older adults in social housing.