





A pragmatic cluster randomized trial of the Cardiovascular Health Awareness Program (CHAP) in social housing

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CONTEXT

INTERVENTION

Older adults living in social housing are a vulnerable segment of the population. They report poorer health status and have a higher burden of chronic illnesses, such as cardiovascular disease (CVD) and diabetes. The Cardiovascular Health Awareness Program (CHAP) intervention has been adapted to target this population and deploys locally recruited and trained volunteers to assist participants with:



Blood pressure measurement, CVD and diabetes screening in a community setting.



Referral of undiagnosed or uncontrolled participants to primary care providers.



Links to locally available programs targeting lifestyle modification.



Figure 1. A graphic summary of a CHAP session. A CHAP session is a voluntary drop-in clinic delivered in the common space of intervention buildings. This graphic describes the typical pathway a participant would follow during their first CHAP session. Follow-up visits consist of only steps 2-4.

OBJECTIVE

To evaluate whether there is a reduction in

unplanned CVD-related emergency department (ED) or hospital admissions among residents of subsidized housing buildings receiving the CHAP intervention for one year compared to residents in matched buildings not receiving the intervention.

STUDY DESIGN

Pragmatic, cluster-randomized controlled trial in 28 community-based subsidized housing buildings in Ontario and Quebec.

Inclusion and Exclusion Criteria: Older adults aged 55 years and older residing in 7 intervention and 7 control buildings in each province. There were 50-200 apartment units per building with a unique postal code. Buildings were matched based on geographic, resource and demographic characteristics.

PRELIMINARY RESULTS

The CHAP intervention is now complete in both Ontario and Quebec.

Participants in CHAP	Ontario144	Quebec
Participation rate	25%	33%
Average age of participants	69	75
Female participants	66%	76%
High blood pressure on first measurement	46%	47%
High CANRISK score	63%	56%

Primary:

OUTCOMES

Healthcare utilization among residents of intervention and control buildings as measured by CVD-related ED visits and hospitalizations from 1-year pre-intervention to 1-year post-intervention

Secondary:

- Unplanned all-cause health care utilization
- Quality of life measured by EQ-5D-5L
- Cost-effectiveness of the CHAP intervention
- Participant and volunteer experience of the CHAP intervention

BMI indicating overweight or obese



The primary outcome will use administrative data sources from ICES and the Régie de l'assurance maladie du Québec. There will be a delay between when the intervention ends and when data will be available for the analysis.

EXPECTED OUTCOME

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

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