Readiness assessment for implementing the Cardiovascular Health Awareness Program in subsidized social housings in the province of Quebec: the protocol

Janusz Kaczorowski, PhD^{1,3}, Marie-Thérèse Lussier, MD MSc^{1,2}, Gina Agarwal⁴, MD PhD, Magali Girard, PhD³ ¹Université de Montréal; ²Centre intégré de santé et de services sociaux de Laval; ³University of Montreal Hospital Research Centre; ⁴McMaster University

Statement of the Problem

Subsidized housing provides affordable housing affordable housing for low income households. Level of income shapes overall living conditions, affects psychological functioning, and influences health-related behaviours such as quality of diet, extent of physical activity, tobacco, and alcohol use.

Key features of Cardiovascular Health AWARENESS PROGRAM (CHAP):

> Based on the **Expanded Chronic Care Model**

- Community-based program facilitated by locally-recruited volunteers
- Designed to improve management and prevention of cardiometabolic disease
- > Demonstrated effectiveness to reduce participants' blood pressure, encourage lifestyle changes, and reduce CVD-related hospitalization rates

A CHAP-like intervention (CHAP-EMS) has been implemented successfully in 4 subsidized housing buildings across Ontario, and was found to be beneficial in terms of health outcomes.

The main **OBJECTIVE** of this project is to assess the attitudes of key stakeholders, the conditions and the resources needed to adapt and implement a CHAP-like program in social housings in Quebec in order to improve health status of of residents.

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CHAP and the Expanded Chronic Care Model



References:

- > Agarwal G, Angeles R, Pirrie M, Marzanek F, McLeod B, Parascandalo J, Dolovich L. Effectiveness of a community paramedic-led health assessment and education initiative in a seniors' residence building: the Community Health Assessment Program through Emergency Medical Services (CHAP-EMS). BMC Emerg Med. 2017;17(1):8. > Barr VJ, Robinson S, Marin-Link B, Underhill L, Dotts A, Ravensdale D, Salivaras S. The expanded Chronic Care Model: an integration of concepts and strategies from population health promotion and the Chronic Care Model. Hosp Q. 2003;7(1):73-82.
- Kaczorowski J, Chambers L.W, Dolovich L., Paterson J M, Karwalajtys T, Gierman T, ... Sabaldt, RJ. Improving cardiovascular health at population level: 39 community cluster randomised trial of Cardiovascular Health Awareness Program (CHAP). BMJ. 2011; 342.







Methods

An integrated knowledge translation

approach is used, grounded in consultations with primary care health care providers, residents, health system managers, managers from social housing buildings and paramedics to adapt CHAP to meet local needs.

The **intervention** includes:

- \succ a series of audiotaped focus groups with key stakeholders (4 to 8 FGs);
- > a survey targeting social housing residents.

Intervention sites

This project will take place in clinics and social housings located within the McGill University and Université de Montréal PBRN. Two social housing units and two clinics per PBRN will be recruited.

Results will be shared with stakeholders.

Anticipated Outcomes

- > Health profile of social housing residents, their health care needs and health literacy levels.
- Modifications, conditions and resources required to implement CHAP-like programs for social housing residents.

Conclusion

Results of the surveys and the focus groups will be used to inform design of the program, including a detailed implementation guide.

Local partners

Réseau de recherche en soins primaires

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