

Health profile of seniors living in subsidized social housing in Montérégie (Québec)

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I Background

Subsidized housing provides affordable housing for low income households. Low-income older adults who live in subsidized housing have higher mortality and morbidity than tenants in private housing or home owners.

An intervention based on the Cardiovascular Health Awareness Program (www.CHAPprogram.ca) model (CommunityParamedicine@clinic) was successfully piloted in Hamilton (Ontario) and has since been expanded to over 50 buildings.

The main OBJECTIVE of this project was to explore adaptability of similar intervention to local context and to examine health status and use of healthcare services of seniors living in subsidized social housing in the Montérégie region in Québec.

2 Methods

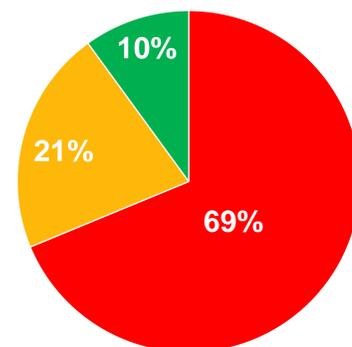
Meetings with local stakeholders (social housing authority, Montérégie Public Health department, tenants associations, local volunteer organizations) were held to gauge interest, discuss optimal ways of adapting the program to local context and identify eligible social housing buildings.

Residents from four seniors' social housing buildings were invited to self-complete the Health Awareness and Behavioural Tool (HABiT questionnaire). Overall, 80 residents completed the questionnaire (55% response rate).

The HABiT questionnaire is comprised of multiple validated questions (e.g. EQ-5D, CANRISK) and aims to measure lifestyle risk factors, intent to change, cardiovascular and diabetes knowledge, self-reported health status, health literacy, quality of life and use of healthcare services.

Two research assistants were present to assist participants in completing the questionnaire and take waist measurement using a tape measure. Completion of the questionnaire took approximately 40 minutes. Participants received a \$10 President's Choice (Provigo) purchase voucher.

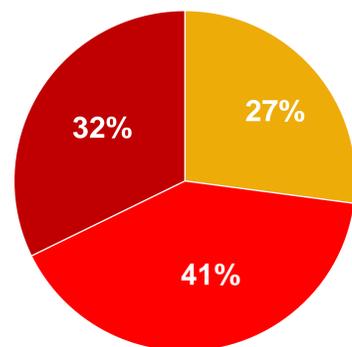
3 Results



Health literacy (NVS)

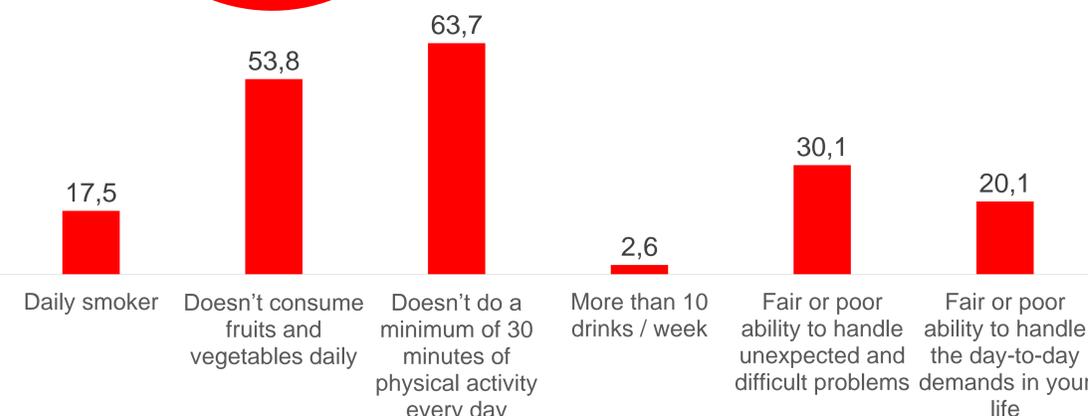
- High likelihood of limited literacy
- Possibility of limited literacy
- Adequate literacy

	%
Female	87,5
Mean age (SD)	73,2 (8,8)
Highest level of education – some high school or less	68,8
Has a family doctor	90,0
Main place to go when sick or in need of advice	
▪ Doctor's office	46,8
▪ CLSC (Community Health Centre)	18,5
▪ Walk-in clinic	10,5
▪ Hospital emergency room	10,5



Risk of type 2 Diabetes (CANRISK score)

- Low risk
- Moderate risk
- High risk
- Very high risk



4 Discussion

Active collaboration with the local stakeholders led to a greater knowledge of local priorities, resources and needs.

Results from the survey were similar to what is found in the literature on vulnerable populations:

- Low health literacy
- Higher risk of chronic disease
- Higher prevalence of risk factors for cardiometabolic disease

The vast majority already have a family doctor, and it is where most of them go when sick or in need of advice. Still, 21% (walk-in clinics and ER) might not be using these resources adequately.

This project was the first step of a needs assessment to evaluate the feasibility of implementing the Cardiovascular Health Awareness Program (CHAP) in social housing in Quebec. Following the survey, CHAP sessions were organized in four buildings. An RCT to evaluate the effectiveness of CHAP on ED visit and hospitalization rates is planned to begin in September 2018.

5 References

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