

## **A Call to Action to Broadly Implement Transformative Community Programs**

**Recommendation:** Broadly and systematically implement established evidence-based community programs that foster healthy living and enhance the prevention, case finding, diagnosis, treatment and control of hypertension.

**Purpose:** This statement supports the advancement of a Pan-Canadian Framework for Healthy Blood Pressure that advocates for strengthening community action through the better coordination, integration, and utilization of existing programs and resources.

**On the basis that:** Evidence based, community initiated cardiovascular health programs have shown to substantively improve health at the population level through improved awareness, detection and control of hypertension.

- 1) Invest in proven transformative community programs.
  - a) Invest in scaling-up transformative evidence-based programs that can detect, prevent or improve management of hypertension.
  - b) Prioritize implementation of programs where high risk populations live, work and play (e.g., Indigenous peoples, residents of social housing, elderly, South Asians)
- 2) Practice a community-based approach in health system delivery.
  - a) Undertake community-level implementation strategies including self-management programs, universal screenings, mobilization of community leaders and agencies to promote healthy lifestyles and use of underutilized human resources including volunteers/community members to help deliver programs.

And specific actions:

### **Call to Action - Federal, Provincial and Territorial Governments to:**

Support, develop, and implement public and regulatory policies based on the best evidence to broadly implement transformative community programs to prevent and improve management of hypertension across Canada.

- a) Federal government, through the Public Health Agency of Canada (PHAC), - to actively promote and support (including financial support and leadership) wide scale implementation of community programs that focus on upstream prevention of chronic diseases through a common risk and protective factor approach.
- b) Provincial and territorial governments - to direct financial and human resources to support widespread implementation and sustainability of evidence-based community programs as part of a comprehensive strategy to improve health promotion and disease prevention.

### **Call to Action - Non-Governmental Organizations to:**

Promote and support broad Implementation of transformative community programs across Canada.

- a) Not-for-profit community organizations (e.g. Lions Clubs, Victoria Order of Nurses (VON), YMCA, cultural or faith-based groups, etc.) - to actively promote community-based hypertension prevention programs as part of their mandate to increase social capital and to improve the health of their communities.
- b) Canadian and Provincial health charities (e.g. Heart and Stroke Foundation, Diabetes Canada, Hypertension Canada, etc.) - to support community-based hypertension prevention by actively encouraging their volunteers to participate in existing community hypertension prevention programs and to lobby federal, provincial, and territorial governments to direct resources to support community-based health promotion and disease prevention programs.
- c) Public and Private Foundations - to fund organizations and agencies actively engaged in community-based hypertension prevention programs.
- d) Federal professional health associations (e.g. College of Family Physicians Canada, Canadian Pharmacists Association, Canadian Medical Association, Community Health Nurses of Canada, Canadian Cardiovascular Society etc.) - to actively promote community-based hypertension management and prevention programs to their members; through their existing communication vehicles and channels.
- e) Provincial and Territorial professional health associations (e.g. College of Nurses of Ontario, Alberta College of Pharmacists, British Columbia College of Family Physicians etc.) - to actively lobby their governments to support community-based hypertension prevention programs, and to promote and support existing programs within their regions to their members.

### **Call to Action - Private sector:**

- a) Larger businesses, including pharmaceutical companies, banks, insurance companies, etc. - to support (financially and in-kind) implementation and on-going operation of community prevention programming as part of their corporate social responsibility mandate, and to encourage their employees to participate in such programs: both as volunteers and participants.
- b) Retail pharmacy chains operating regionally or nationally - to incorporate CVD risk assessments including blood pressure measurements integrated with primary care into their patient services, increasing their community engagement.
- c) Small businesses like independent neighbourhood pharmacies and activity-based organizations (i.e. Private gyms) - to host regular hypertension community sessions while they make their facilities available to support active lifestyles.

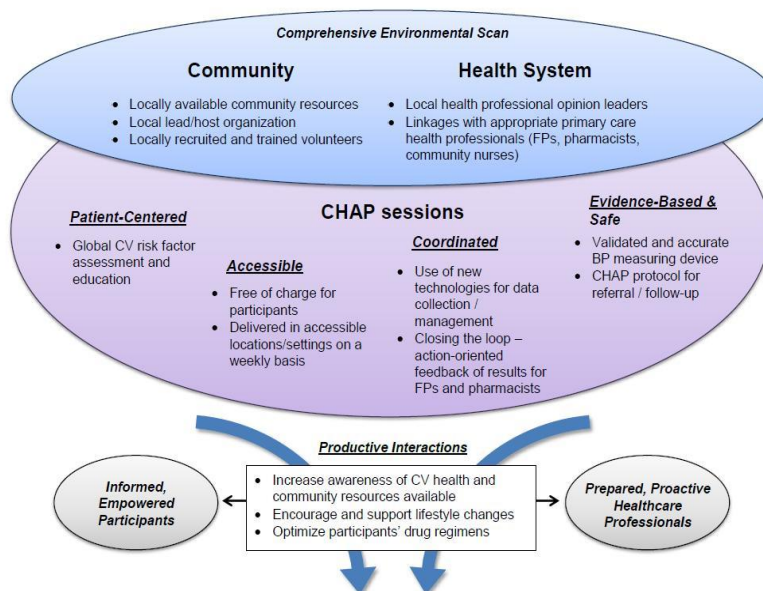
Impacting hypertension requires significant changes to the current paradigm in Canadian health care. Many provinces have implemented an expanded chronic care model (1) to reduce the health and economic burden associated with chronic diseases, including hypertension. A successful hypertension prevention program should link community resources and policies with health system components to incorporate patient-, provider-, and system-level interventions. It should include partnerships with primary health care providers, residents, volunteers, community agencies and public health. Community based cardiovascular programs have been shown to be cost effective or cost saving, compared to other health promotion/disease prevention initiatives (2) (3).

One program which should be considered as a best practice is the Cardiovascular Health Awareness Program (CHAP). CHAP incorporates the expanded chronic care model, (see Figure 1) and includes support to strengthen health promotion and cardiovascular disease prevention through community-based programs and activities.

CHAP is easy to implement in any community, has been rigorously evaluated and has been shown to add value in terms of the health and well-being of participants and volunteers without additional costs to the health care system (4). CHAP has demonstrated feasibility for implementation on a larger scale, with many success factors of sustainability, including cultural appropriateness, use of local lay health workers and volunteers, choice of settings where the target population is easily accessible and/or local lead organizations with effective leadership, use of training components, and perceived need for the program (5). CHAP is used as the main evidence supporting screening for hypertension in Canada (6) and the USA (7) and has received many awards (8)(9)(10).

It is imperative to broadly implement and sustain community-based programs that have been shown to substantively prevent, detect, and improve management of hypertension in places where Canadian people live and work (11). A proven hypertension program with sufficient evidence, feasibility and potential must be supported on many levels as part of a comprehensive sustained strategy to make a significant impact on health of Canadians.

**Figure 1:** CHAP and the Expanded Chronic Care Model



## References

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11. *A framework for discussion on how to improve prevention, management, and control of hypertension in Canada.* **Campbell N, Young ER, Drouin D, Legowski B.** May 28, 2012, *Canadian Journal of Cardiology*, Vol. 3, pp. 262-269.