

Participant Information

High Blood Pressure

High blood pressure (hypertension) increases your risk of getting heart disease, kidney disease, or Alzheimer's disease, and of having a stroke. It is important to have your blood pressure checked regularly, since high blood pressure often has no warning signs or symptoms. Regular monitoring can help ensure that hypertension is diagnosed before it leads to other health problems. If you are already being treated for hypertension, monitoring helps your doctor to make sure that the treatment is working to keep your blood pressure under control. Blood pressure can be difficult to assess, because it naturally fluctuates. Some people have a higher or lower reading only when they are in the doctor's office. Readings from CHAP sessions can help your doctor know what your blood pressure is like when you are not in the doctor's office.

Cardiovascular Health Awareness Program (CHAP)

The Cardiovascular Health Awareness Program (CHAP) in your community is a way for older adults to have their blood pressure measured with an accurate, automated device, with help from a trained volunteer. The volunteer also helps participants to complete a checklist of other risk factors for cardiovascular disease and stroke. Your results can be sent directly to your doctor (if he or she is participating) – this information can help your doctor determine whether you should be monitored more often to see whether you have hypertension, or are at risk for other health problems. If you are already being treated, the information helps your doctor to know whether your blood pressure is under control.

Awareness to Action: CHAP+AP

You may have heard about or participated in the CHAP program offered in your area in 2006. Participation involves having your blood pressure measured and completing a cardiovascular risk factor profile with assistance from a volunteer 'peer health educator/mentor', a older adult volunteer with training in cardiovascular health promotion. A nurse is on-call in case your blood pressure result indicates that you may be at risk, or you feel unwell during a session. You can attend multiple sessions. It's a good idea to come several times so that more information is available to your doctor. The current program is called CHAP+AP because it targets individuals at high-risk for cardiovascular disease and stroke, and includes the use of a web-based tool to produce an individualized action plan to help participants identify and manage modifiable risk factors like dietary choices and level of physical activity.

All family doctors in <<COMMUNITY>> were invited to participate; if your family doctor is participating, he or she would like to receive a copy of your session results each time you attend. You can choose to have the results provided to your regular pharmacist, who can help you with any medication-related concerns.

Research

The effect of the new program on cardiovascular health is being studied in communities across Ontario. You will be asked to indicate whether or not your identifying information (name, gender, date of birth, postal code) and your blood pressure and cardiovascular risk factor information can be linked to anonymized administrative data to study the effect of the program. If you agree to have your information linked to health care databases, your information will be anonymized, so that you are no longer identified. Once that's done, information about your use of health services and medications will be obtained and combined with that of other CHAP participants.

Your participation

Any future communication about your participation in CHAP+AP will be from your family physician. You will be offered opportunities to participate in additional activities related to CHAP+AP, such as community-based education sessions. Your decision to participate or not in any aspect of the program or research will not affect the care that you receive from any health professional. At any time, you can discontinue your participation by no longer attending sessions, or withdraw your consent to have your information shared by calling the Local Coordinator. The information collected will be kept secure and private. It will not be given to any other person or organization. When we examine the data, we will look at large amounts of information, in this case ALL older adults who have participated in a CHAP session in 20 communities across Ontario. No single person's records or personal information will ever be reported. The research study has received ethics approval at McMaster University (Hamilton), and the SCO Health Service (Ottawa). Funding for the research study was provided by the Ontario Ministry of Health Promotion.



Cardiovascular Health Awareness Program + Action Plan
 Programme de sensibilisation à la santé cardiovasculaire + plan d'action

Participant Date of Birth:

(year)				(3-letter month)			(day)		

Consent to Participate

To indicate consent to the following options, please initial in the box:

(place initials here)

I agree to participate in a CHAP+AP session. A trained volunteer will help me to measure my blood pressure with an automated device. The volunteer will help me to use a web-based tool to produce an individualized action plan. I will be given a copy of my results and action plan to help me manage my modifiable risk factors. I can talk to my family doctor or pharmacist if I have questions or concerns. I can attend multiple CHAP sessions.

I agree to have my session results sent to my family doctor. I understand that participating family doctors would like to receive a copy of session results for their patients. I can identify my family doctor from a list of local doctors participating in the program when completing my risk profile form.

I agree to have my session results sent to my regular pharmacist. I can identify my regular pharmacist from a list of local pharmacists participating in the program when completing my risk profile form.

I agree to receive information about additional community resources, services or activities which may be relevant to me. I can choose whether or not to participate in any activity.

I agree to have my identifying information (name, gender, date of birth, postal code) and my blood pressure and cardiovascular risk information linked to administrative health databases to study the effect of the program. Once linked, my information will be anonymized, so that I am no longer identified.

I understand that whether I do or do not decide to participate in any aspect of the program or research will not affect the care that I receive from my doctor or pharmacist. I understand that my participation is voluntary and I am not required to provide any information or answer any questions that I do not wish to answer. I understand that my information will be kept secure and private and will not be used for any purpose to which I have not explicitly consented. I understand that, at any time, I can discontinue my participation by no longer attending sessions, or withdraw my consent to have my information shared by calling <<NAME>>, <<POSITION>> of the <<AGENCY>>, the Lead Organization for the CHAP+AP program in <<COMMUNITY>>, at <<NUMBER>>.

All the information I needed to make an informed decision was given to me and all of my questions were answered. My doctor, regular pharmacist, or the program community health nurse will answer any future questions I may have. I understand the information on this consent form and I will receive a signed copy.

I agree to participate and have placed my initials to indicate agreement with the options above.

 Name (please print)

 Name of Person Obtaining Consent (please print)

 Signature

 Date

 Signature

 Date

If you have any questions about this program and research study, please contact calling <<NAME>>, <<POSITION>> of the <<AGENCY>>, the Lead Organization for the CHAP+AP program in <<COMMUNITY>>, at <<NUMBER>>.

You can also contact the CHAP Project Manager, **Tracy Gierman (Ottawa) at 613-562-4262 ext. 1592**; or the CHAP Research Coordinator, **Tina Karwalajty (Hamilton) at 905-525-9140 ext. 28501**.

If you have any questions regarding your rights as a research subject, you may contact the Office of the REB Chair by calling **905-521-2100 ext. 42013**.