



Principal Investigators



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Imaging

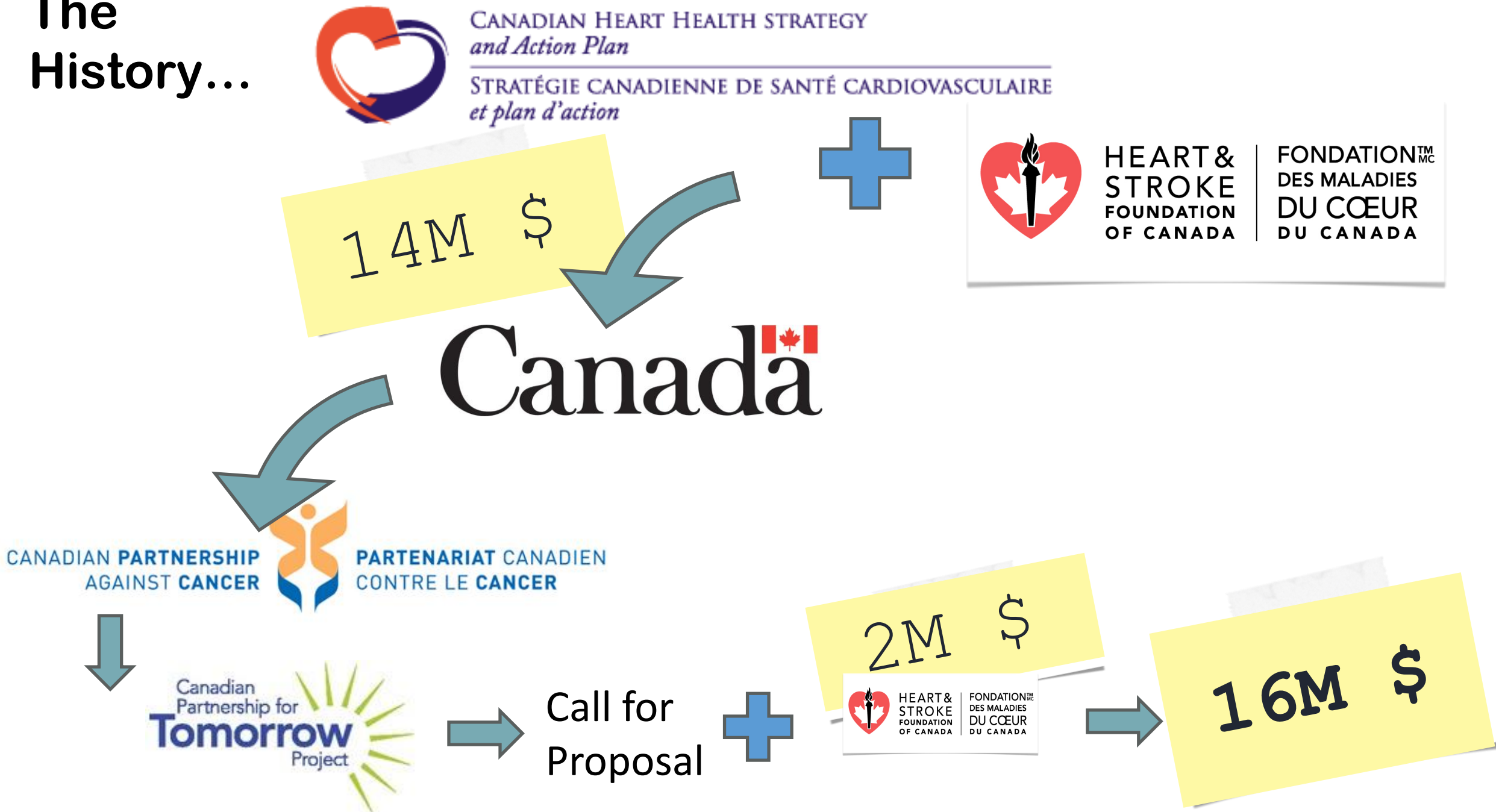


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Epidemiology



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Health Records Linkage

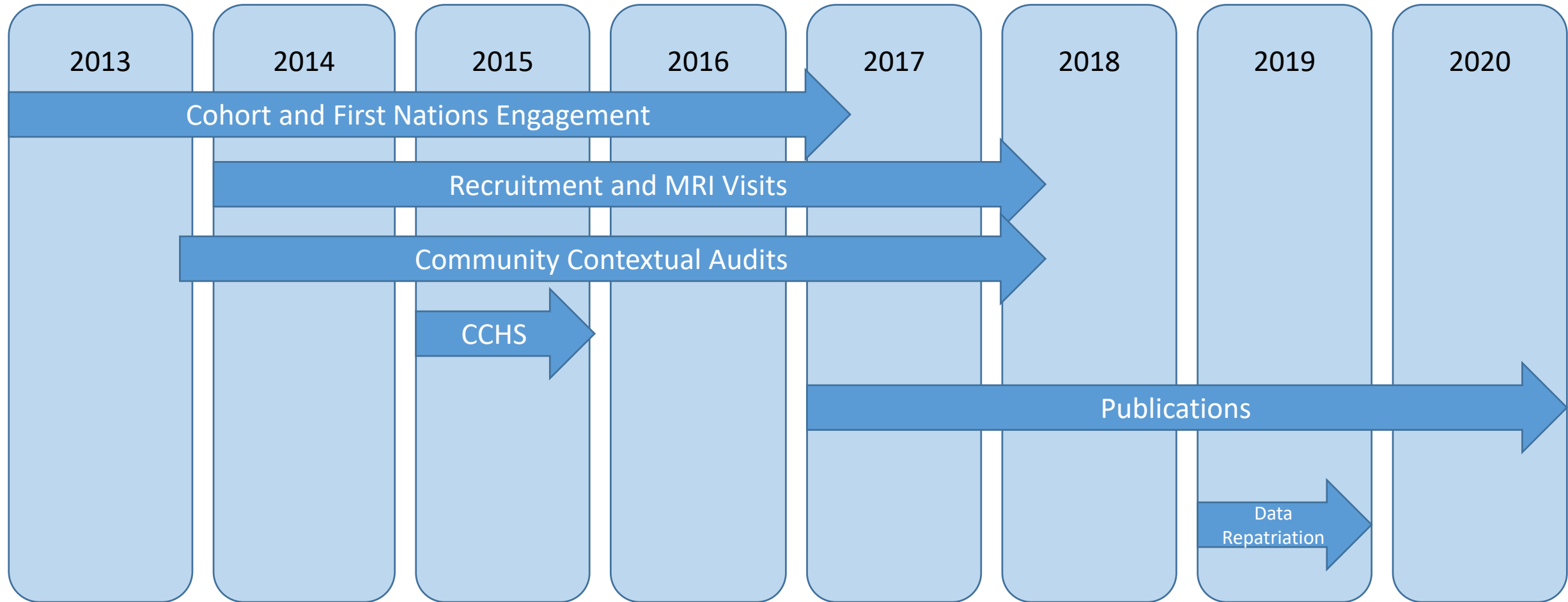
The History...



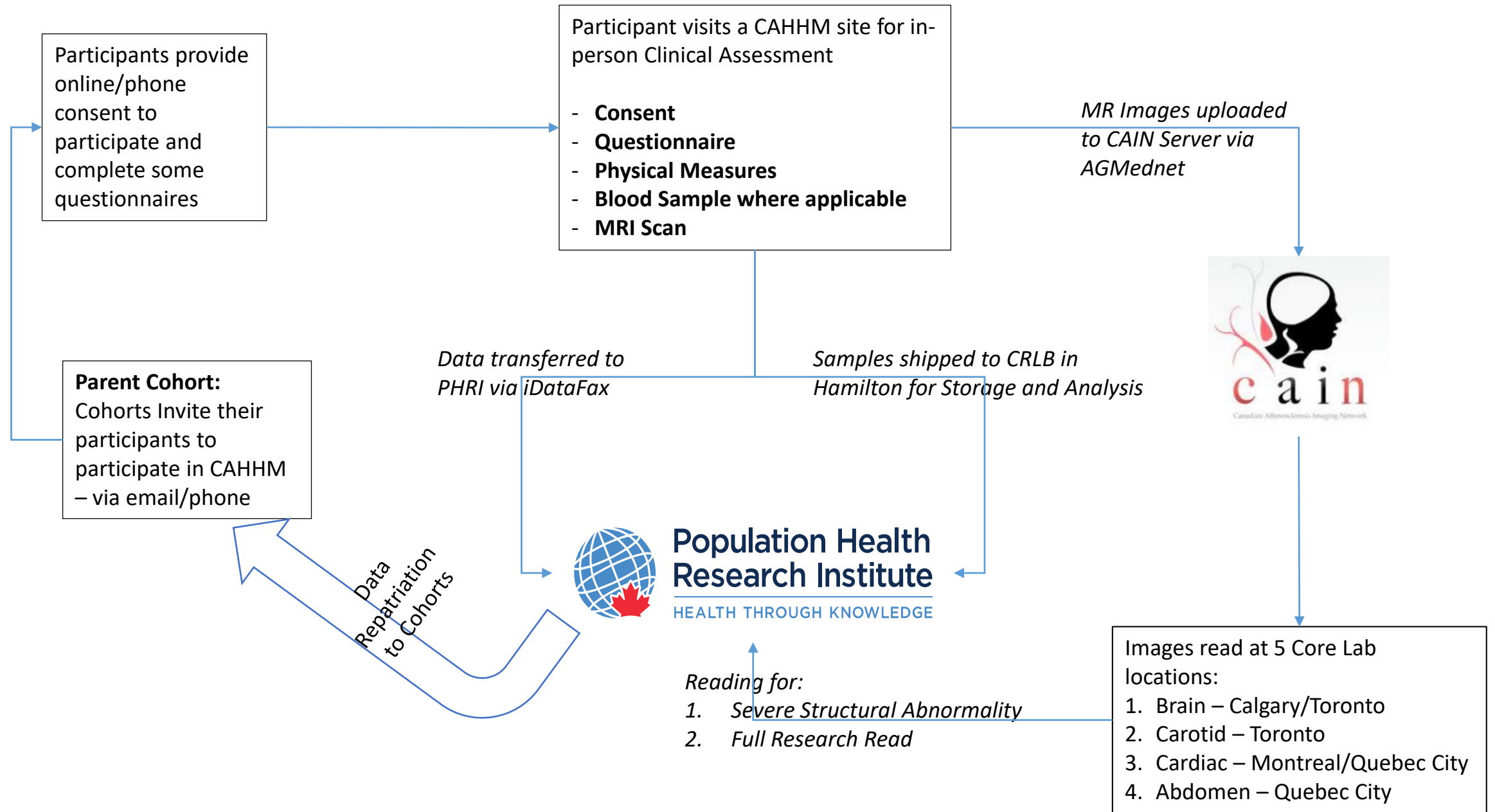
Objectives of the CVCD Alliance

- I. To understand the **role of socio-environmental contextual factors** on individual risk factors, subclinical disease, and events.
- II. To identify **unique patterns** of contextual factors, risk, health service utilization and clinical outcomes **in high risk groups** including Aboriginal people, Asian, Afro- Canadians.
- III. To identify **markers of early subclinical dysfunction** of the brain and the heart and describe their relationship to individual/contextual risk, and outcome.

CAHHM - Timelines



CAHHM: Participant Flow



Data Collection Summary



Online/Mail

- **Health Services Research**
 - Access to Health Care
 - Risk Factors screening
 - CVD Screening
 - Medication Use/Adherence
 - Health Insurance
- Diet (Food Frequency Questionnaire)



Onsite Questionnaire

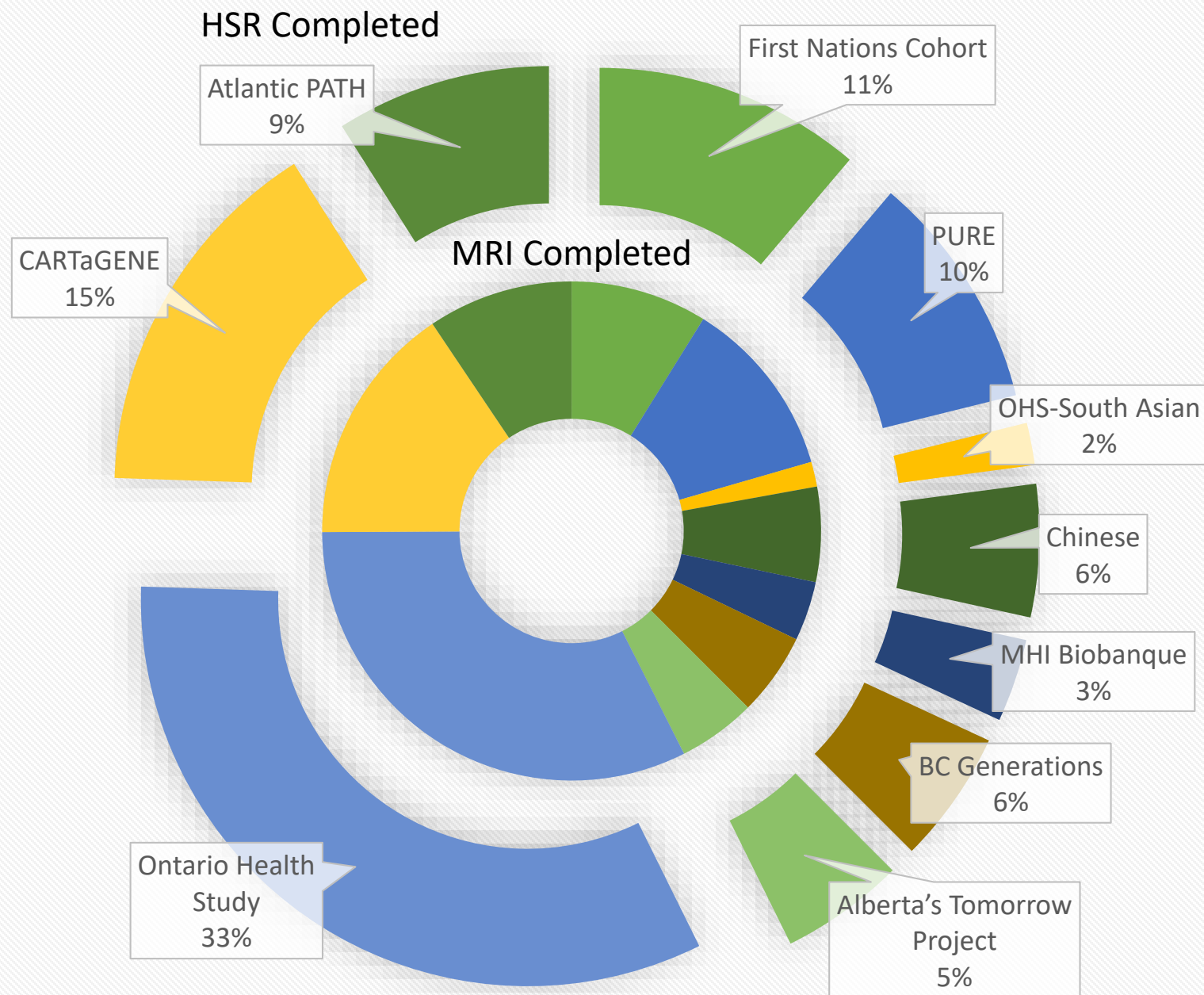
- **CPTP Core Questionnaire***
 - Socio Demographic Information
 - Personal Medical History and Health Status
 - Family Health History
 - Sleep
 - Sunlight Exposure
 - Alcohol and Tobacco Use
 - Ethnicity, Language
- **Immigration Questionnaire**
- **Acculturation**
- **Cultural Connectedness**
- **Contextual Factors**



Assessment Visit

- **Cognition (MoCA and DSS)**
- **Physical Measures**
- **Blood Sample collection/analysis**
- **InterHeart Risk Score**
- **MRI**
 - Brain
 - Carotid
 - Cardiac
 - Abdomen

* CPTP core questionnaire only administered to non-CPTP cohort participants. For CPTP cohort participants this data was used from their baseline visit with the parent cohort.



Non-First Nations

Chinese Origin – 1075 (630 New recruitment)
South Asian Origin: 441 (202 Co-Recruitment with OHS)

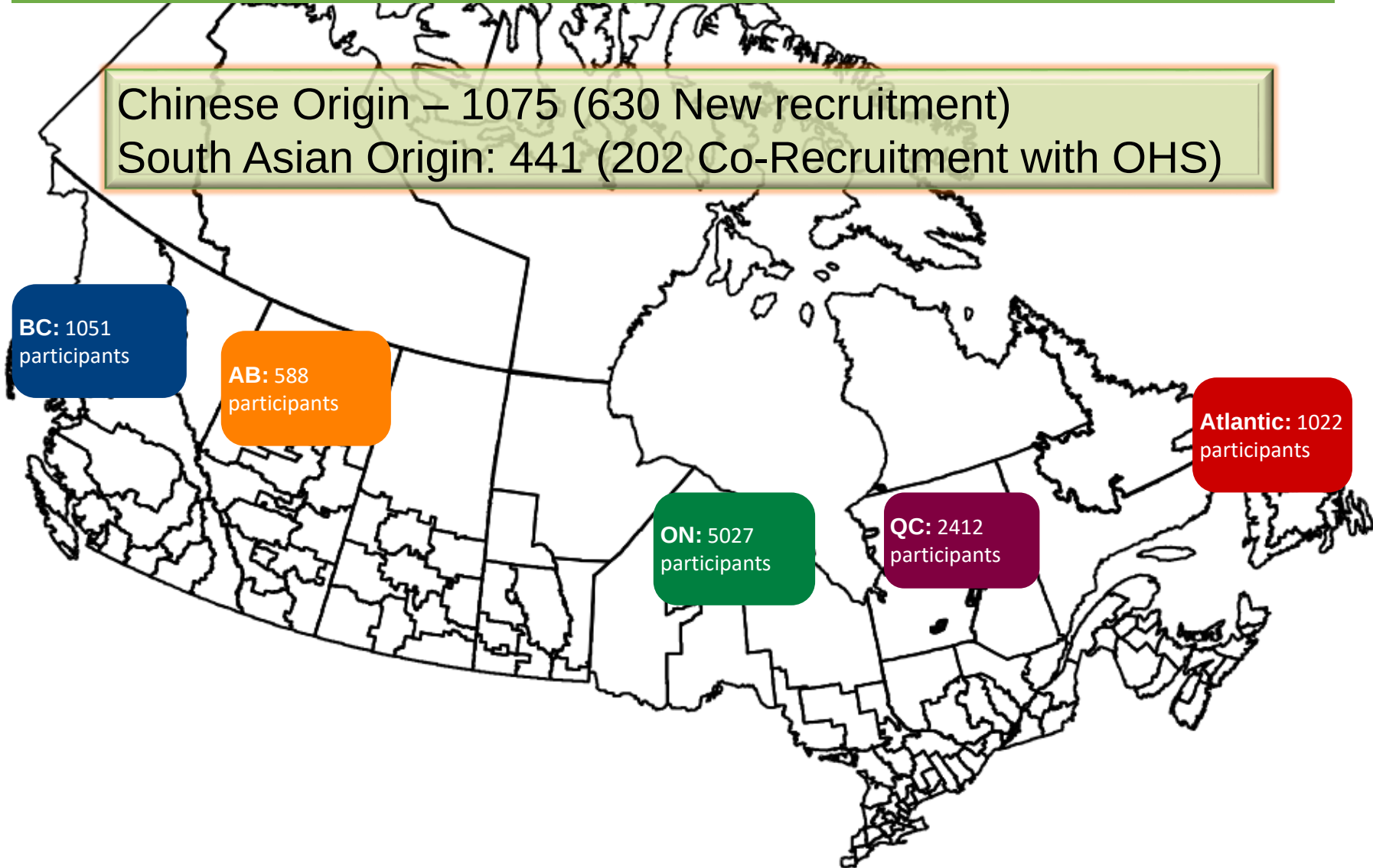
BC: 1051
participants

AB: 588
participants

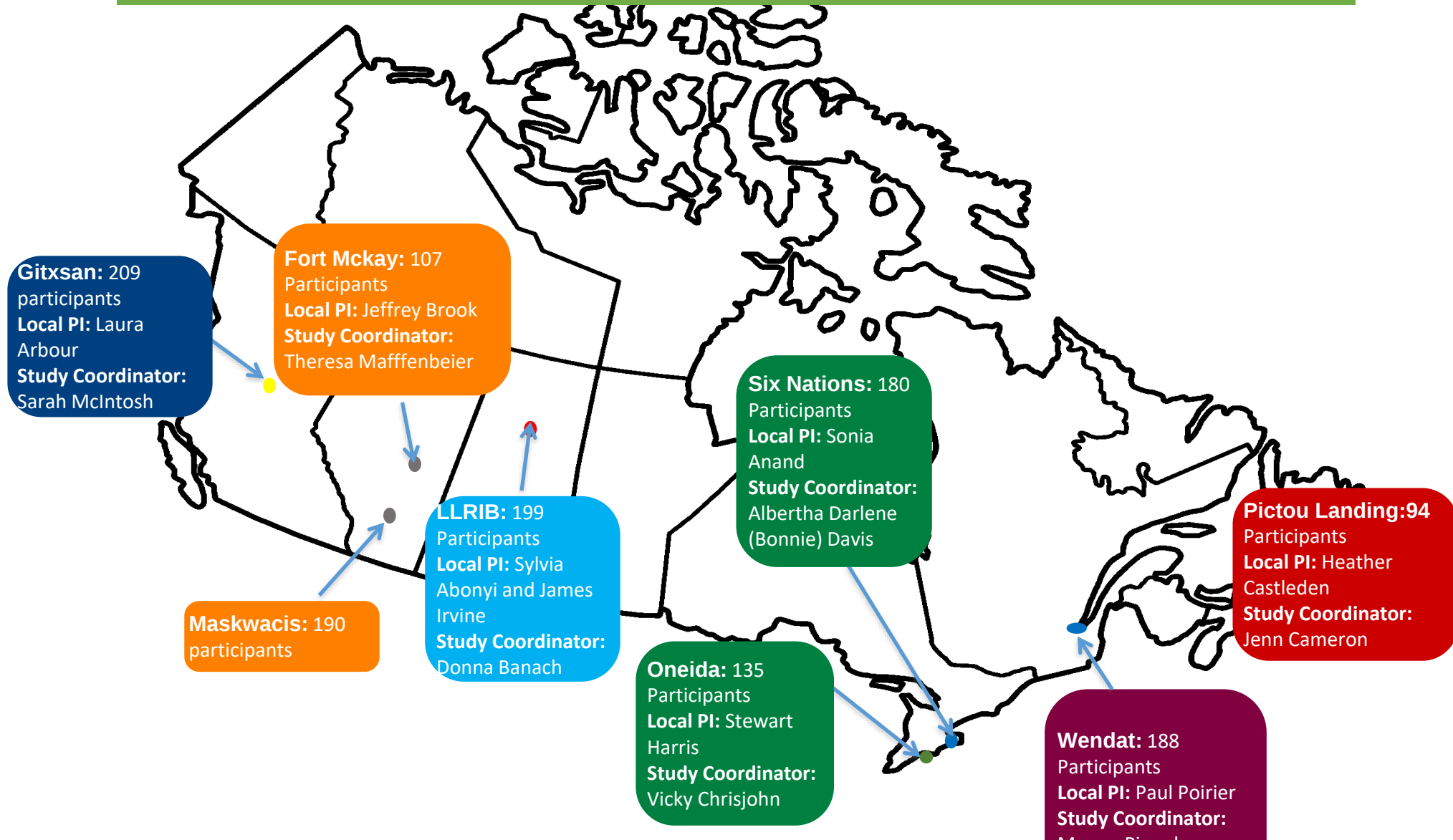
ON: 5027
participants

QC: 2412
participants

Atlantic: 1022
participants



First Nations



Contextual Factors: Audit of 2,074 communities in 10 provinces

Key Findings:

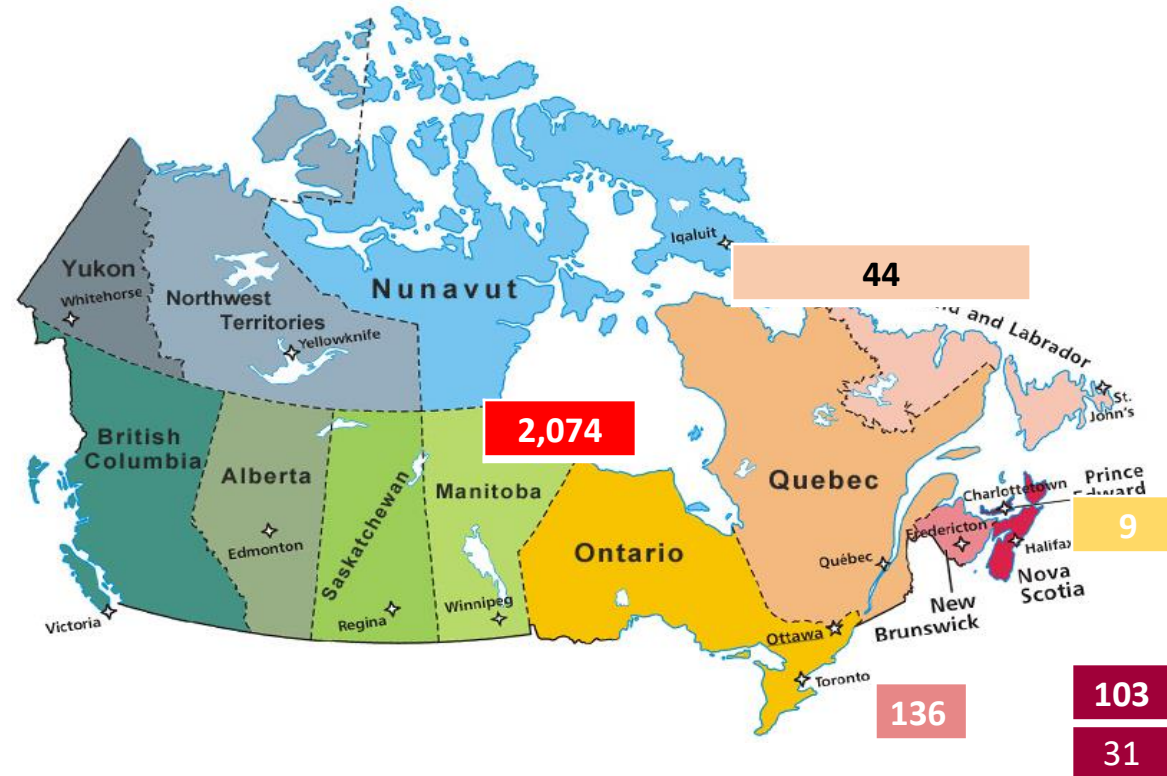
1. Rural communities see

- Higher food prices
- > seasonal variation (produce)
- Less healthy restaurant options
- Less nutritional information

2. **In-store ads** for sweet drinks and junk food > than in-store advertisements for F+V

3. **Cigarette prices** lower and variety of brands greater in urban than in rural tobacco stores and ON, QC

4. **Alcohol prices** are lowest in Quebec



Audits	238	197	57	77	696	517
FSA	95	46	0	0	321	238

Link to video: youtu.be/PJU4qSkEndM

Link to map: <https://cvcdcontextual.mcmaster.ca/>

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