



# Health and Wellness Coaching for Primary Stroke and CVD Prevention: an RCT

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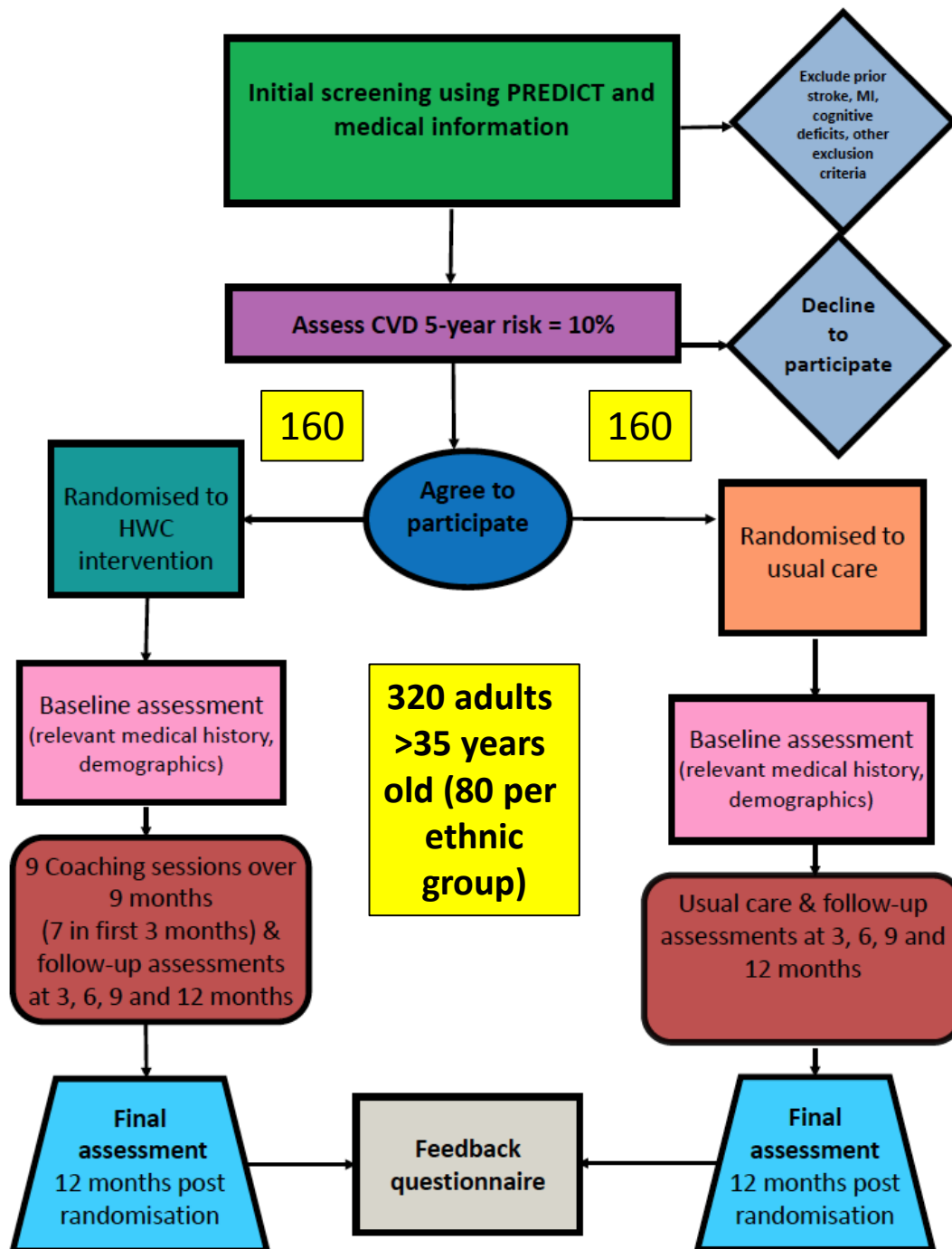


# Methodology of HWC stroke RCT

- **Health and Wellness coaching (HWC)** is an innovative, structured and patient-focused multi-dimensional psychological intervention to motivate participants to adhere to recommended medication and lifestyle changes, and has been shown to improve health and enhance wellbeing
- **Aim:** to determine the effectiveness of HWC for primary stroke and CVD prevention in Māori, Pasifika, Asians and NZ Europeans
- **Design:** phase III, prospective, randomized, open-treatment, blinded end-point trial

# Key research questions

- Primary: Is HWC effective for primary stroke and CVD prevention in Māori, Pasifika, Asians and NZ Europeans?
- Secondary: effectiveness of HWC on:
  - (a) self-reported adherence (self-reported use of anti-platelet, statin and BP lowering therapy as prescribed)
  - (b) self-reported changes in adherence to medication and changes in readiness of change
  - (c) cardiovascular events (new stroke or coronary heart disease, both fatal or non-fatal)
  - (d) lifestyle changes (e.g., change in physical activity, smoking status, diet pattern);
  - (e) health related quality of life
  - (f) change in participants' expectations of treatment benefits
  - (g) screening for depression
  - (h) participant satisfaction
  - (j) healthcare resource consumption and cost-effectiveness at 6, 9 and 12 months follow-up.



- The HWC group - 9 telephone or in-person (as required) sessions with HWC coaches (7 - within the first 3 months; 2 remaining – 3 months apart).
- Coaching sessions - up to 1 hour each (tailored to have a whānau/family focus)
- Specific cultural competency training will be provided for study HWC providers
- Participants in the UC group will receive standard care, which does not include HWC. Participation in HWC sessions will be identified and recorded at follow-up.

# Delivery and Implementation plans

Plan/task	Start date	Finish date
Meetings with PHOs, GP practices, trial registration with ANZCTR	1 December 2015	15 Feb 2016
Start date of working on the Ethics application and Locality approvals	15 January 2016	31 Jan 2016
Staff recruitment (Study manager and study RAs)	15 Jan 2016	31 January 2016
Submission of Ethics application (including study Protocol and CRFs) to HDEC, Locality approvals	1 February 2016	1 March 2016
Training of Research Assistants (including training for HWC)	15 Feb 2016	1 April 2016
Start of randomisation and start of HWC intervention, ongoing supervision of HWC staff	4 April 2016	31 Jan 2018
Recruitment of 50% of study participants	4 April 2016	4 January 2017
Follow-up and assessments of study participants	4 June 2016	31 Oct 2018
Data entry, cross checking of medical records, Data cleaning and data analysis undertaken	1 Nov 2017	31 Oct 2018
Writing report, study findings dissemination, engagement with end-users	31 January 2019	29 June 2019

# Current/potential linkages with other Ageing Well NSC projects

- Enabling older people's independence, active lives & participation in the face of structural housing tenure changes (Saville-Smith et al; Organisations: CRESA, Katoa, MU, UoA, VU)
- Transforming ways of living & reducing frailty (PI: Teh; Organisations: MU, UoA, UoO, NDHB)
- Risk factors for reduced social engagement in older people (PI: Jamieson, Keeling; Organisations: Te Atiawa, UoC, UoO, BUU, UoQA, UoWC, NZHITB, CDHB)