

*Maple*

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Family Health Team

# Healthy Heart Program

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# **Disclosure of Potential for Conflict of Interest**

## **Primary Care Stroke Update: What's New in Best Practice Prevention & Care**

Wednesday March 6<sup>th</sup>, 2013

### *Presenters*

- *Cata Fecior OT*
- *Marie Woods RD*

### **DISCLOSURE:**

**No conflicts of interest.**

## Session Overview

- Referral Criteria
- Program Overview
- Evaluation
- Successes/Challenges

## Program Overview

- Multidisciplinary approach drawing from nutrition, human behavior and medicine to address the complex reality of adopting and maintaining healthy behaviors.
- These healthy behaviors will mitigate some of the risk factors for cardiovascular disease.
- Healthy Hearts group is facilitated by a Registered Dietitian and a Mental Health Counselor; Pharmacist also involved in one session.

## Referral Criteria

Adult with **3** of the following risk factors:

- Diabetes or Pre-Diabetes
- Abnormal Lipid Profile
- High blood pressure
- Obesity
- Family History of heart disease
- Tobacco Use
- Inactivity
- Unhealthy diet

## Step 1:

- Attend Introductory Session (*one time, two hour group*)
- **Purpose...**
  - Explain what HH Group involves & meet leaders
  - Allow patient to determine if group is right fit
  - To determine if ready to make change and can commit to the Program

## Review...

- Group schedule/topics
- Risk factors for Heart Disease
- Importance of & rationale for tracking intake
- Contract/expectations of participants
- Readiness for change

# CONTRACT

## Patient must agree to the following:

- To maintain **confidentiality** regarding what they hear in the group and the identity of group members.
- To **attend every session** of the group.
- To **complete food, activity and thought records** a minimum of 3 days/week.
- To **establish specific goals** within the group.
- To **meet with the nurse at their clinic** before the group starts and following the Program.
- To **talk about their lifestyle habits** and take part in discussion and group activities within their level of comfort.



## Readiness for Change

- Although a small number of participants are already in the action plan stage, the majority of them are in the contemplation stage.
- The goal is to consolidate those who are already in the action stage and encourage the rest to consider the transition from contemplation to action stage.

## Readiness for Change

- Later as the group acquires information and skills, most participants transition into the action stage.
- However at this time the task is to elicit **change talk**.

## Readiness for Change

- One practical way to elicit change talk is to encourage clients to reflect on and clarify their values, goals, qualities/attributes, and aspirations they'd like to pursue.

## Readiness for Change

- Clients select from a list (provided) of values, attributes, and goals their 5 most important.
- Subsequently they are invited to discuss why these values are important for them and explore the connection they see between their current health behaviors (risk factors related behaviors) and their ability to achieve these goals or live out these values.

## Readiness for Change

Clients are more motivated to change some of these risky behaviors if the efforts are seen as an attempt of being congruent with personal values, goals, and aspirations.

# Readiness for Change

## Modalities of eliciting change talk

- **Q1.** What makes you think that you need to do something about your blood pressure/smoking/activity level
- **Q2.** What do you think will happen if you don't change anything?
- **Q3.** What would some advantages be of making some of these changes?
- **Q4.** If you could make these changes, how might things be better for you?

## Step 2:

- Attend Healthy Hearts Program
  - 6 week group, 2 hrs/week offered 3-4x/year
  - Facilitated by OT /Mental Health Counselor and RD + 1 session led by Pharmacist
  - designed to help participants with skills to help lower risk for heart disease and improve overall health

## Program Overview

- Modus operandi: each session is divided into two 1 hour segments: instructional segment and behavioral segment.
- Instructional segment: information is delivered with the purpose of correcting current behaviors and shaping new healthy ones. Topics range from Nutrition to Stress Management to Activity to Emotional Eating.



## Program Overview

- Behavioral component: participants set SMART goals translating information received into changes in their behaviors. One goal in the area of nutrition + one goal in the area of activity.
- Goals and progress are discussed during the next session. Progress and change are reinforced. Obstacles are problem-solved. Group members are active participants in this process.
- Each session concludes with setting new goals that build on previous ones.

# Healthy Hearts Group

## Schedule/Topics

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Introduction/Overview CV Disease/Risk Factors 15 min	Welcome/Review 5 min	Welcome/Review 5 min	Welcome/Review 5 min	Welcome/Review 5 min	Welcome/Review 5 min
Nutrition Intro 45 min	Activity 55 min	Nutrition 55 min	Stress Management 55 min	Medications 55 min	General as needed: Nutrition Activity Stress Medication
BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
Introduction to SMART Goals and Goal Setting	Goal Setting & Problem Solving (Barriers Intro)	Goal Setting & Problem Solving	Goal Setting & Problem Solving	Goal Setting & Problem Solving	Wrap-up Final Goal Setting Evaluations What's next

## EVALUATION

- Participants meet with Clinic RN pre & post program to complete following bloodwork and measurements:
  - Height, Weight, WC and BMI
  - Blood pressure, Heart Rate
  - FBS, Lipid Profile
  - Framingham Score (*use CV Risk-Core Form on EMR*)

***Note: Bloodwork current within 6 mo of program start and 2 mo after completion of Program***

- Participants complete Program Evaluation at the end of the group.
- Program Administrator tracks the number of evaluations completed and summarizes results.

# SUCCESSES

- Introductory Session
- Approach and delivery
- Low attrition rate
- Participants demonstrate transition from contemplation to action level stage
- Assess participant's satisfaction with program

## CHALLENGES

- Difficult to redirect clients at Intro Session when not ready/motivated to do the work
- Participants do not consistently follow up with post program RN visit for measurements/bloodwork therefore difficult to evaluate short term effect of program (Med Directive)
- Unable to review pre/post data on EMR
- Long term follow up/effects of Program

# QUESTIONS

