



Heart Health Essentials

A group self-management education session

Facilitator Guide

Goals of Program:

Heart Health Essentials is an educational program to help clients better understand their cardiovascular risk and take action to modify their health behaviours.

Participants will explore and understand health and psychosocial factors that influence modifiable risk self-management.

Clients have been asked to bring their own personal health information (Blood pressure, cholesterol levels, medications) if desired to help them determine important next steps and to help personalize the information provided.

Intended Participants:

This program is open to anyone who meets one or more of the following:

Has elevated Framingham Risk Scores, high cholesterol or hypertension.

Has a family history and is interested in prevention strategies.

Is not ready/able to attend cardiac rehab but would like to gather behavior modification ideas.

****This program is recommended to be paired with the “Eating for Health” program to provide a comprehensive understanding of modifiable risk factors in cardiovascular health. ****

Table of Contents

I.	WELCOME TO HEART HEALTH GROUP	3
II.	CHECKLIST OF MATERIALS	4
III.	CLASS OPENING (10 MINUTES)	5
IV.	CLASS LESSON PLAN.....	6
V.	CLASS CLOSING & EVALUATION (10 MINUTES).....	24
VI.	EVALUATION FORMS.....	25
VII.	APPENDIX.....	28

Acknowledgments

The “Heart Health Essentials” manual was developed in concert with the Eating for Health- Nutrition WRHA module. These two sessions can be taken together or separately to assist clients with education and skill development needs in areas that they require.

Development Committee:

Kathleen McClinton RD, MSc., CDE. WRHA St. Boniface & St. Vital My Health Team.
Elyse Wood RN, BScN, Centre de Santé Saint-Boniface Primary Health Centre.

Heart Health Working Group:

Melissa Fuerst RD, MSc, RD, Joyce Loftson, RD, Alyssa Lewis, RD, Laurie Andrews, RD, Janet Cranston and Rhea Vaags-Olafson.

Additional Consultation and Feedback was graciously provided by:

Heart & Stroke Manitoba
Cardiac Sciences Program, SBGH

I. Welcome to Heart Health Essentials

Heart Health Essentials is an educational program to help clients better understand their cardiovascular risk and to take action to modify their health behaviours. This class includes exploring and understanding health and psychosocial factors that influence modifiable risk self-management. This session is designed to take 2 hours.

About the Facilitator Guide:

This guide offers service providers a framework for facilitated group work for clients with moderate to high cardiovascular risk. The information and discussion in this session can be used to help support people in various stages of health behaviour change.

Facilitator's Role:

As a facilitator of a community group, it is important that you:

- have an empathetic, non-judgmental attitude
- allow all group members opportunity to express themselves
- prepare other relevant information and resources to help the group
- provide group members your contact information so they can follow-up with you if needed

Manual format:

This guide is separated into the following:

- Core information
- Supporting activities (based on needs of group)
- Supporting forms and materials

It is not the expectation that 100% of these topics get covered. Your groups' personal interests will dictate what areas you spend more time on.

Text colours:

- **BOLD:** Read aloud! This information is appropriate for the group
- **Normal font:** This information is for you as the facilitator to help guide the class. It may also provide supporting information on the topic that may not need to be read to the group.
- **"HINT"** text boxes: This information is to help you as a facilitator.

II. Checklist of Materials

- Flip chart or whiteboard
- Name Tags
- Class Topic Cards
- Fact or Myth Card Game
- Heart Health Basics Card Game
- Risk Factor Card Game
- Medication Card Game (optional)
- Evaluations
- Signs & Symptoms Card Game
- Paper, pens, markers
- Healthy Plate Handout
- Class Handouts and/or links to resources
- Laptop/projector (for showing the heart health video in the definitions/targets activity)
- Goal Setting Handout

III. Class Opening

During the session, we'll discuss many concepts related to heart health and managing risk of developing heart and vascular disease. To have this discussion we'll be using different activities to engage the group in informative, meaningful conversation. It requires participation and discussion so that you can learn from one another and make decisions to help you better manage your health.

In order to make this a safe learning environment and to respect each other, it is understood that there will be:

- **Confidentiality - Whatever is discussed in group stays in group. Participants are encouraged to share with people close to them what they learn in group and how it applies to them, but not about what each member shares.**

- **Respect for each other- We are all here to help each other out. So we listen to others, and let everyone have a chance to speak.**

This session will take 2 hours depending on how much we decide to cover.

HINT

To build group cohesiveness, facilitators should openly acknowledge whenever there seems to be nonverbal agreement to what one participant says. Example comment: "I see a lot of people nodding their head while Susan is speaking, which says to me that a lot of you are feeling that you find it hard to 'be good' about remembering to take your medications."

IV. Class Lesson Plan

INTRODUCTIONS (10 minutes)

Let's start the session by going around the table and having each person introduce him or herself and naming one thing you would like to learn today about heart health.

HINT

You may want to write what participants want to learn on white board. At the end of the session, you can review to make sure that each concern was addressed.

Thank you for sharing. We will discuss many of these things, as well as some others during this session. Let's read through the main topics together.

Topics to Be Covered Today:

What cardiovascular disease is and some of the most common myths.

The importance of knowing your targets for blood pressure and cholesterol.

Steps and strategies for managing risk through movement, smoking cessation, taking medication and healthy eating.

Warning signs and symptoms of heart attack and stroke.

Importance of setting a realistic goal.

Read out loud: Are there any questions? As you might already know, there are several different contributors to heart health.

ACTIVITY 1: FACTS & MYTHS (10 minutes)

Read out loud: **Having good information about heart health is important when it comes to managing your own risk.**

Let's take a look at some of the most common myths and some of the facts that many people have heard about heart disease or keeping a healthy heart. I am going to pass out Fact or Myth Cards. On each of these cards there is a fact or a myth about heart health. We'll go around the table and have each person read the information aloud one at a time. Then as a group, decide if that information is a fact or a myth.

---- Complete Fact or Myth Card Activity ----

Hand out the activity cards. Ask and allow group members time to answer. Read the information below each Fact/Myth:

- 1. *Myth: If you are under 40, there is no reason to worry about heart disease.***

How you live now affects your risk for cardiovascular diseases later in life. As early as childhood and adolescence, plaque can start accumulating in the arteries and later lead to clogged arteries. Heart disease and stroke are leading causes of death in Canada, responsible for 27.3% of all deaths. Over 1.3 million Canadians are living with heart disease (H&S 2016).
- 2. *Fact: Hypertension (high blood pressure) can often be a "silent" disease and have no signs or symptoms.***

High blood pressure is called the "silent killer" because you don't usually know you have it. You may never experience symptoms, so don't wait for your body to alert you that there's a problem. The way to know if you have high blood pressure is to check your numbers with a simple blood pressure test. Early treatment of high blood pressure is critical because, if left untreated, it can cause heart attack, stroke, kidney damage and other serious health problems.
- 3. *Fact: Even if your cholesterol is high, you can feel "fine".***

You will never experience symptoms. The way to know if you have high blood cholesterol is to check your numbers with a simple lab test. Early treatment of high cholesterol is critical because, if left untreated, it can contribute to heart attack, and stroke.

4. **Fact: I should have my cholesterol checked every 5 years after the age of 40.**

WHO TO SCREEN	
<p>Men ≥40 years of age; women ≥40 years of age (or postmenopausal)</p> <p>Consider earlier in ethnic groups at increased risk such as South Asian or First Nations individuals</p>	<p>All patients with the following conditions regardless of age:</p> <ul style="list-style-type: none">•Clinical evidence of atherosclerosis•Abdominal aortic aneurysm•Diabetes•Arterial hypertension•Current cigarette smoking•Stigmata of dyslipidemia (arcus cornea, xanthelasma or xanthoma)•Family history of premature CVD*•Family history of dyslipidemia•Chronic kidney disease•Obesity (BMI ≥30 kg/m²)•Inflammatory bowel disease•HIV infection•Erectile dysfunction•Chronic obstructive pulmonary disease•Hypertensive diseases of pregnancy

*Dr T. Anderson Presentation on CCS Guidelines Update: Management of Dyslipidemia (2017).

5. **Myth: People with an average weight don't have to worry about high cholesterol.**

A person with any body type can have high cholesterol. It is important that all people have their cholesterol checked regularly.

6. **Myth: Since the nutrition label on my favorite food says there's no cholesterol, I can be sure that it's a "heart-healthy" choice.**

Nutrition labels on food can be helpful when choosing heart-healthy foods, but you need to know what to look for. Many "low-cholesterol" foods contain high levels of saturated fat and/or trans fat — both of which contribute to high blood cholesterol. Excess sugar consumption is associated with adverse health effects including heart disease, stroke, obesity, diabetes, high blood cholesterol, cancer and dental caries (cavities). Sugar sweetened beverages are the single largest contributor of sugar in the diet.

Extra Questions:

7. **Myth: Using margarine instead of butter will lower my cholesterol.**

Both margarine and butter are high in fat, so use both in moderation. Trans fats are at least five times more harmful, on a gram by gram basis than saturated fats (H&S 2016). 20-35% of total calories from fat (about 45-75 grams/day for a woman and about 60-105 grams/day for a man). Select polyunsaturated fat, especially omega-3 fatty acids (fatty fish, flaxseed, canola oil, soybean oil, nuts, liquid egg products, etc.) and monounsaturated fat (olive oil, canola oil, avocados, nuts, etc.) most often. Remember that one change — like switching from butter to soft margarine — is a good step, but may not be enough to reduce your cholesterol to healthy levels. Other diet and lifestyle changes or medication may be needed, as your team recommends.

8. **Myth: I must avoid foods I really like to eat to keep my cholesterol in range.**

No! It is important to enjoy your meals and the foods you are eating. Key things that help with heart health are eating regular meals and snacks to keep up your energy and help with mood. Eating regularly helps ensure you eat amounts of food that are comfortable. Becoming over-hungry can lead to eating past the point of comfort. Focus on including heart healthy foods— increase fiber, have healthy fats, enjoy some colorful fruits and vegetables and include enjoyable physical activity. These will help you move toward heart health.

9. **Myth: Heart disease runs in my family, so there's nothing I can do to prevent it.**

Although people with a family history of heart disease are at higher risk, you can take steps to dramatically reduce your risk. Create an action plan to keep your heart healthy by tackling these to-dos: get active; control cholesterol; eat better; manage blood pressure; maintain a healthy weight; control blood sugar; and stop smoking.

10. **Myth: Fish oil supplements can cure cardiovascular disease.**

No, fish oils will not cure cardiovascular disease, but they do have a positive effect. One type of polyunsaturated fat is omega-3, which can help prevent clotting of blood, reducing the risk of stroke and also helps lower triglycerides, a type of blood fat linked to heart disease. The best sources of omega-3 fat are cold-water fish such as mackerel, sardines, herring, rainbow trout and salmon, as well as canola and soybean oils, omega-3 eggs, flaxseed, walnuts, pecans and pine nuts. Fish oil supplements/pills have not been proven to have the same benefit as consuming these foods.

11. **Myth: As long as I take my diabetes medication, diabetes won't affect my heart.**

Diabetes and heart disease have coinciding risk factors. So even if your blood sugar level is under control, anyone with diabetes is more prone to develop cardiovascular disease. You can help lower your risk for heart problems if you stop smoking, maintain a healthy weight, exercise a few times a week, and eat a healthy diet.

(adapted from Heart.org & CCS 2016 Guidelines)

At the end of this activity, ask and allow group members time to answer:

- **Where are some of the most common places people hear these myths or get misinformation?**
- **What can you do to make sure you have the correct information about your health/heart?**

Before we continue on to the next activity, do you have any further questions about the fact/myths or any of the information we have discussed so far during the session?

HINT

Examples of trusted resources are: Dial-a-Dietitian (204-788-8248), Heart & Stroke, <http://mb.211.ca/> Health Links, etc.

Family Doctor Finder: If you live in Manitoba and you need a family doctor, the Family Doctor Finder can help you find one. You can simply call or register online and the WRHA service will help connect you with a health care professional in your area that best meets your needs. To register by phone, please call our contact centre between 8:30 am and 4:30 pm, Monday to Friday, at: 204-786-7111 (in Winnipeg) or Toll-Free at 1-866-690-8260.

ACTIVITY 2: DEFINITIONS AND TARGETS (25 minutes)

Part 1: Read out loud: **Let's take about 10 minutes to understand how the heart works and the group of conditions affecting the heart that you may have heard of. First, let's start with a video.**

HINT

Have the video ready: <https://www.youtube.com/watch?v=CWFyxn0gDEU>
Title: The heart and the circulatory system. Published by the Mayo Clinic, June 2013. 3 minutes. Licence: Standard YouTube Licence.

After the video, you may want to clarify blood pressure in the following way to participants: The top number refers to the amount of pressure in your arteries during contraction of your heart muscle. This is called systolic pressure. The bottom number refers to your blood pressure when your heart muscle is between beats. This is called diastolic pressure.

You may also be asked to explain the difference between arteries & veins: Arteries are red blood vessels that carry blood away from the heart. Veins are blue blood vessels that carry blood towards the heart.

Part 2: Read out loud: **Let's talk about some of the conditions that may impact the heart.**

HINT

You may find it helpful to review the following video for ideas on how to teach this content if you are less familiar the material:

<https://www.youtube.com/watch?v=wre2WRPiFI>

Title: Heart disease and heart attacks. Published by Khan Academy, April 2011.
Licence: Standard YouTube Licence.

- We do not recommend playing this video for the course, as it may be too detailed, covering more terminology than needed for many participants.

Show a picture of a heart with valves and arteries. **Many people often think “clogged arteries” or a “heart attack” is when the large arteries supplying or clearing blood from the heart clog, but in fact, it isn't the big veins or arteries that they are actually talking about, it is the small arteries supplying blood to the heart that become clogged. You may have heard of this referred to as “atherosclerosis”.**

Draw a picture of the walls of an artery and plaque development (see video for ideas). **Atherosclerosis begins in a vein or artery. When we have some damage, a plaque of cholesterol, fats and white blood cells may begin to build up slowly over time, restricting the flow of blood and nutrients through the artery. In turn, this affects the surrounding muscles and tissues of the heart. If these plaques get thick enough, this is what we call “coronary artery disease”. The main symptom of coronary artery disease is called “angina pectoris” or “angina” which means a strangling like feeling in the chest. We get this feeling because there is not enough blood flow within these smaller vessels.**

If plaques become unstable and break off, the clot will move downstream where the arteries get narrower, and it will get stuck. This will completely block an artery, and is called a “thrombosis”. If it is a full blockage, this means that any of the tissue underneath that use the blood supply will start to die as they can't get fuel or oxygen. This is called a “myocardial infarction”. This dying of muscle tissue can also be referred to as a “heart attack” and can happen at different severities depending on the amount of arterial blockage that happens.

Another term you may have heard is “cardiac arrest”. This means “stopping of the heart”. If the event is big enough, or there is a reason that the electrical conductivity of the heart is interrupted, the heart will stop.

Heart failure is a general term that means that the heart isn't pumping as well as it typically could, and therefore not as much oxygen is being circulated. As you now understand, this is very different than a “heart attack” or “cardiac arrest”.

ACTIVITY 3: COMMON TERMS (5 min)

Read out loud: **Now that we've talked about the heart and some of its conditions, let's take a closer look at a few other common terms. Often people may feel uncomfortable asking the health care professional what exactly these terms mean, but it is important to understand them in regards to managing your health.**

DISCUSS OR ACTIVITY: I am going to hand out some cards called “Heart Health Basics”. We will distribute the cards to each of you, and have you try to find the matching “pair” card held by someone in else in the group. Then as a group, we will decide if we have correctly matched the category to the card it best describes.

---- Heart Health Basics Card Activity ---

Heart Disease	A group of conditions affecting the heart that include chest pain, heart attack, sudden stopping of the heart
Blood pressure (systolic and diastolic) Low risk: 120/ 80 Medium risk: 121-139/80-89 High risk: 140+ / 90	This indicates: 1) How much pressure your blood is pushing against your artery walls when the heart beats. 2) How much pressure your blood is exerting against your artery walls while the heart is resting between beats.
Cholesterol Cholesterol levels	A waxy, fat-like substance that's found in all cells of the body. We can run a lab test that provides us a "total".
LDL, HDL	Types of proteins that carry cholesterol in the body. Having healthy levels of both types of lipoproteins is important. Too much and too little respectively can cause a build-up of cholesterol in your arteries.

At the end of this activity, ask and allow group members time to answer:

- **Are you familiar with the terms and general targets on the cards we just looked at? Do you know what your own targets are?**
- **Do you have any questions about the targets and information we just talked about?**

Read out loud: **Managing your health isn't always easy – but you can do it! Lowering risk factors can help you feel better now, and help you prevent or delay any complications of cardiovascular disease in the future. There are many benefits of managing your risk factors.**

Discussing and managing targets with your healthcare team is an important first step, and will not be the same necessarily for the person sitting next to you, or your best friend down the street. Regular visits with your team will help you reach your targets, as well as stay on track.

You and your healthcare team need to keep your blood pressure, cholesterol and blood glucose (if you have diabetes) within a healthy range. When these risk factors are outside of healthy range, you are at greater risk for heart disease (chest pain, heart attack or sudden stopping of the heart).

If these numbers are out of your target range, you might not feel your best, and over time, you might experience complications.

ACTIVITY 4: RISK FACTORS (5 minutes)

Read out loud: **Now that we understand that plaques which build up gradually over time in our arteries can impact our health, let's talk about some of the things we can do in our everyday lives to lower that risk. I am passing out the "Risk Factor Cards". We'll go around the table and have each person read aloud the information on his/her card. Then as a group, we will match the card to the appropriate risk factor sign on the table.**

--- Risk Factor Activity ----

Non-Modifiable			
Age	Ethnicity	Gender	Family history
Sleep apnea			
Modifiable			
Diet	Beverage consumption	Salt	Physically activity
Stress	Smoking	Medications	

HINT

Have a tech-savvy group with smart phone access or computer? Consider the Heart and Stroke online risk factor report instead of the risk factor activity. In 10 minutes, get a free personalized health report and coaching at:

<https://ehealth.heartandstroke.ca/>

Could also do a 'sample' client to show participants what it entails, along with the link to complete the assessment at home.

- This is a great time to allow for a 10 minute break -

ACTIVITY 5: MODIFIABLE RISK FACTORS (30 minutes) – Consider picking the 3 which are of the most interest to discuss in detail.

Ask and allow group members time to answer:

- **Now that we have divided factors into different categories, let's focus on each of these in more detail and start by talking about what interests the group. Are there any behaviours in the "modifiable risk" category that you have questions about?**
- **Are there any modifiable behaviours that you would like to/or having been thinking about changing?**

Modifiable risks (Discuss in any order):

1) Diet / Healthy eating / Drinking Water

Everyone in Canada is recommended to eat a variety of foods, with mostly proteins with less fat, whole grains, and plenty of fruits and vegetables. This advice is the same for people with cardiovascular disease or risk. There are many different tips and strategies when it comes to making changes in what you eat as a way to help lower your risk. Healthy eating is not only what you eat, but how much and when. The key is to find things that will work for you and remember, even small changes make a difference.

To understand how diet affects cardiac health, and to learn healthy eating tips, please attend our Eating for Health Program, which can be found in our SM Program Guide.

- A. What does your plate look like? Show the "InMotion" plate to the group.
- B. Instead of subtracting from your diet, add to it. Consider adding a vegetable to you meals and a fruit to your snack. And learn to make them taste better.
- C. Limit sugar-laden beverages.

2) Beverage Consumption / Monitor & limit your alcohol consumption

Drinking too much of any type of alcohol can increase your blood pressure and contribute to the development of heart disease and stroke.

If you drink alcohol, limit yourself to no more than:

two drinks a day most days, to a weekly maximum of 10 for women.*

three drinks a day most days, to a weekly maximum of 15 for men.

“A drink” means:

341 mL / 12 oz (1 bottle) of regular strength beer (5% alcohol).

142 mL / 5 oz wine (12% alcohol).

43 mL / 1 1/2 oz spirits (40% alcohol).

3) **Reduce the salt in your diet** (OPTIONAL- Covered in more detail in Eating for Health Session)

About one-third of people are sensitive to the sodium component of salt. (H&S 2017) This means that eating foods with too much salt can increase the amount of blood in the arteries, raising blood pressure and increasing the risk of heart disease and stroke.

How much sodium do you need each day?

- A) To decrease blood pressure, adults should consume 2000 mg (or less) each day. (CHEP 2017). 1/2 tsp of salt has about 1,150 mg of sodium.
- B) Most of the sodium in your diet (77%) comes from processed foods and restaurant or take-out meals.
- C) Approximately 10% of total salt intake comes when added to food at table or in cooking. All types of salt are high in sodium, including Kosher salt, sea salt, fleur de sel, gourmet salt and smoked salt. They are not healthier choices.
- D) Follow Healthy Eating already discussed. Generally no more than 400-500 mg in one meal when possible.

4) **Quit Smoking (or do not start!)**

Cigarette smoking increases the risk of coronary heart disease by itself. Smoking decreases HDL (good) cholesterol. Smoking increases blood pressure, narrows vessels, decreases exercise tolerance and increases the tendency for blood to clot. Smoking also increases the risk of recurrent coronary heart disease after bypass surgery. (Heart.org 2016)

Additionally, the risk of having a stroke is 6.5 times higher in drug users than non-drug users. And, in many cases when a stroke occurs, it happens within hours of drug use. Using these recreational drugs can increase your risk of having a stroke (H&S 2017):

- **cannabis or marijuana**
- **amphetamines**
- **cocaine**
- **ecstasy**
- **heroin or opiates**
- **lysergic acid diethylamide (LSD)**
- **phencyclidine (PCP)**

Smoking cessation group offerings with Winnipeg Regional Health Authority:

- **Commit to Quit is a smoking cessation group program designed for adults. A trained facilitator assists participant to learn skills and techniques to be smoke free. Cost: Free of charge. Link to Group programming which lists Commit to Quit programs in WRHA.**
- **Ask your clinic or health centre if there is a smoking cessation coach available for personal counselling sessions.**

5) Physical Activity

Keeping active doesn't have to involve going to the gym, lifting weights or running. Small changes in the amount of activity you get can make a difference. Canadian Society for Exercise Physiologists (CSEP) guidelines are 150 minutes per week of moderate to vigorous physical activity. Moderate to vigorous is defined as having to sweat a little and breathing slightly harder than usual (brisk walking or bike riding). This can be broken into 10 minute bouts.

Being active for at least 150 minutes per week can help reduce the risk of:

- **Chronic disease (such as high blood pressure and heart disease) and,**
- **Premature death**

And also help to:

- **Maintain functional independence**
- **Maintain mobility**

- **Improve fitness**
- **Maintain body weight**
- **Maintain bone health and,**
- **Maintain mental health and feel better**

Be sure to talk to your healthcare team before you increase your physical activity if you have had a cardiac event.

HINT

Is there enough interest/time with your group? Consider screening Dr. Mike Evan's "23.5 hours" video on physical activity/health at:
<https://www.youtube.com/watch?v=3F5Sly9JQao>

Note: This video is 5 min. in length. Not enough time? Have handouts for physical activity guidelines at your session.

---- Offer H&S "Time to get moving: 10 minutes to change your life" handout

See WRHA Group Programming for Exercise HealthSense- a program designed for those who live with a chronic condition who wish to be active.

6) **Managing Stress**

Stress is a word people use for the feeling they get when everything is too much. You might feel stressed if you have too much to do, if other people are asking a lot of you, or you have to deal with things you can't control. Stress is normal when receiving and having to manage a new medical diagnosis. Being stressed can mean you do things that you might call unhealthy habits such as eating unhealthy foods, smoking, drinking too much alcohol or not getting enough physical activity. You're in control! Take ten minutes to make some small changes. Please see us after group if you are interested in discussing group or individual support options that may benefit you.

---- Offer H&S "Stressed Out? 10 minutes to change your life" handout

7) **Taking medication**

In addition to what we have already discussed, many people with elevated heart disease risk take medication.

Ask and allow group members time to answer:

- **If you are taking medication, what has been your experience?**

Medications help your heart get better and also protect you from more harm. People who take their medications over the long term, as prescribed, have fewer additional attacks or heart events and lower their risk of dying from heart disease. If you stop taking your medication without being told by your doctor, you will be giving up those benefits.

I am going to hand out some cards called “Medication Match Game”. Draw a line from the medication to the function you think it does.

Activity 6- MEDICATION MATCH GAME

Beta Blocker Medications such as Metoprolol, Atenolol, Bisoprolol, Carvedilol	Medication that makes your heart work less hard. It works by lowering the heart beat rate (pulse) and blood pressure.
Nitroglycerin medications (spray, sublingual, pills)	Medication that are 'vasodilators', which means they help widen (dilate) your blood vessels, making it easier for blood to flow through and let more oxygen-rich blood reach your heart. Better blood flow means your heart doesn't have to work as hard.
ACE (angiotensin-converting enzyme) Inhibitors Such as Altace, Coversyl, Vasotec	Medications that open the blood vessels and make it easier for your heart to do its job. They also protect the kidneys from damage in people with diabetes or kidney disease.
Statins Such as Lipitor, Crestor, Zocor or Mevacor	Slows or stops plaque formation inside blood vessels and stops existing plaques from getting worse.

HINT

For specific questions about medications, see page 24 “Living well with heart disease” booklet by Heart & Stroke.

If a client asks about aspirin: This medication makes the blood less sticky, to prevent clots in the vessels. If you have had a heart attack, this may be recommended by the healthcare team. If you have not had a heart attack, talk to your doctor or pharmacist – this is not recommended for everyone.

Some non-prescription products including natural health products and herbal supplements can stop your heart medications from working properly and can cause other health problems.

Have you heard of any medications or supplements that can do this?

Examples: garlic pills can thin your blood if you are already taking a thinning agent such as aspirin. Grapefruit can interact with some statin medications.

Always check with your pharmacist or doctor before taking any non-prescription medications or alternative therapies.

8) Control your blood pressure

Checking your blood pressure regularly at home, and keeping a record, can be very useful. The record helps your health care provider know whether you are at risk of developing high blood pressure, and how well your blood pressure is controlled. If you have been diagnosed with high blood pressure, keeping track helps you see the benefits of treatments and lifestyle changes. It also reminds you to stick to your treatment plan.

In summary, recognizing habits and patterns in your own life can help you replace them with better habits and patterns related to eating, activity, smoking, stress and taking your medication. In turn this will help prevent or delay complications.

HINT

Have a client who wants to know more about home testing? See hypertension.ca for more info or use these general tips:

- Rest quietly for 5 minutes beforehand
- Sit with your feet flat on the floor, back and arm supported, and arm at heart level
- Apply cuff on a bare arm
- Measure BP twice in the morning and twice in the evening for 7 days before Dr. appointment (or after a change in medication)
- Keep BP readings in a log
- Do not smoke or drink caffeine 30 minutes beforehand
- Do not speak during monitoring

ACTIVITY 7: WARNING SIGNS & SYMPTOMS OF HEART ATTACK & STROKE (10 minutes)

Read out loud: **Let's talk about what to look for if you might be having a heart attack and what to do next. I am passing out the signs and symptoms cards. We'll go around the table and work with partners. If the sign/symptom happens in women, place it next to the "Women" pile. If the sign/symptom happens in men, place it next to the "Men" pile. If the sign/symptom happens in both men and women, place it next to the "Both Men and Women" pile.**

--- Signs & Symptoms Game ---

Heart attack symptoms: A) Men B) Women C) Both	
Heartburn that isn't better with antacids	Sore shoulders/arms
Abdominal pain	Sore back
Nausea with or without vomiting	Sore jaw
Fainting	Anxiety
Sweating	Unexplained fatigue (can last days)
Paleness	Ache in the chest
Cold, clammy skin	Squeezing in the chest
Shortness of breath	Fullness in the chest
Difficulty breathing	Pressure on the chest
Lightheadedness	Pain on left side of chest
General weakness	
Upper body pain	

Answer:

All symptoms/signs can be true of both men and women. Often, women present with less specific/severe symptoms compared to men, but this can be very individual.

Further evidence: (Uptodate, Accessed March 2017) In a review of over 430,000 patients with confirmed acute MI from the National Registry of Myocardial Infarction 2, one-third of patients had no chest pain on presentation at the hospital. These patients may

present with dyspnea alone, nausea and/or vomiting, palpitations, syncope, or cardiac arrest. They are more likely to be older, diabetic, and women.

If you are experiencing any of these signs, you should:

Call 9-1-1 immediately or have someone call for you. Do not drive yourself to the hospital. The ambulance can start life-saving medication, before even reaching the hospital.

Keep a list of emergency numbers near the phone.

Stop all activity and sit or lie down in whatever position is most comfortable. Wait for the emergency team to arrive.

If the 9-1-1 operator advises it, chew and swallow one adult tablet of Aspirin as long as you are not allergic. Do not take other pain medications instead of Aspirin.

ACTIVITY 8: SUPPORTS AND GOAL SETTING (10 minutes)

Read out loud: **Thinking about all that we've discussed so far during this session. What has been most meaningful to you?**

How are you feeling about what we've discussed? That is, how are you feeling about the importance of smoking cessation, healthy eating and keeping active?

An important part of managing health is being able to set realistic, attainable goals and behaviours. Is there anything you would like to do differently that would help you manage your health?

I am going to hand out the "Action Plan for Change & Problem-solving Steps" worksheet. Please take a few minutes to think about a behaviour that you might like or feel that you can change. We would be happy to continue to support you in your goal/help find you connections in your community that can help support you.

****Please consider sharing this sheet with your primary care health team so that they can continue to support you on your journey to being a happier and healthier you!**

HINT

If there is time for discussion consider the following prompts:

- What is your goal?
- What do you need to do before making this change? Ex. Buying walking shoes, making a grocery list.
- What is one thing you can do tomorrow that will move you closer to that goal?
- Making changes often requires getting others involved – your support network. Who is, or could be part of this goal with you?

V. Class Closing & Evaluation (10 minutes)

If you recorded what each participant would like to learn at the beginning of the session, please review this now to ensure all has been discussed. If something is out of scope, please provide them with a way to find help.

Read out loud: **It is always very helpful for future planning to know what participants found to be the most valuable information. What was most important to you?**

Thank you very much for participating. I hope that you learned something and feel more in control of managing your blood pressure and cholesterol. Please take a few minutes to finish the evaluation that we are passing around – it will help us better our class for future participants.

Invite participants to look into cardiac rehab, (if meet criteria which is provided in the Group Program Guide). Ensure you link them to the Group Programming Guide, WRHA. Also let them know about the 2nd presentation in this series “Eating for Health”.

End of class lesson plan.

VI. Evaluation Forms

Please have your participants fill out the evaluation provided. Please feel free to add any additional questions that your specific site may require.

WRHA Health Management Group Programs Participant Evaluation and Feedback Form

Program Location: _____

Date: _____

Program Name (please check one):

- Commit to Quit COPD Essentials Heart Health Essentials Craving Change
 Exercise HealthSense COPD Medications Eating for Health

Thank you for taking a few moments to complete this evaluation form. The comments you provide are important for helping to improve programs in the future.

For questions 1 to 5, please circle your rating on a scale from 1 (Not at all) to 5 (Very).

- | | Not at all | | | Very | |
|---|------------|-------|---|------|---|
| 1. Overall, how helpful was the program for you? | 1 | 2 | 3 | 4 | 5 |
| 2. How helpful was the information? | 1 | 2 | 3 | 4 | 5 |
| 3. How helpful were the group discussions? | 1 | 2 | 3 | 4 | 5 |
| 4. Were the written materials helpful? | 1 | 2 | 3 | 4 | 5 |
| 5. Would you recommend this program to others? | 1 | 2 | 3 | 4 | 5 |
| 6. Please list 1 to 3 changes you are working on (or would like to work on) that the program has helped you with: | | | | | |
| | • | _____ | | | |
| | • | _____ | | | |
| | • | _____ | | | |
| 7. As a result of this program, has your confidence that you can make these increased (please circle)? | | | | | |
| | Yes | No | | | |

8. How did you find the length of the classes?

- Just right – don't change it
- Each class should be longer (an additional 30 minutes or more each time)
- Each class should be shorter (30 minutes less each class)

9. If the program you attended was more than 1 class, how did you find the number of classes:

- Just right – don't change the number of classes
- The program should be delivered over a greater number of classes
- The program should be delivered in fewer classes

10. How could we improve the program?

11. **For those in the Commit to Quit Program:** During this program have you (circle one):

Quit tobacco use

Reduced tobacco use

Neither / Not yet

Other Comments:

THANK YOU!

Appendix

Activity 1: Facts & Myths

FACT OR MYTH?	9. Heart disease runs in my family, so there's nothing I can do to prevent it.	FACT OR MYTH?
---------------	--	---------------

FACT OR MYTH?	10. Fish oil supplements can cure cardiovascular disease.	FACT OR MYTH?
---------------	---	---------------

FACT OR MYTH?	11. As long as I take my diabetes medication, diabetes won't affect my heart.	FACT OR MYTH?
---------------	---	---------------

FACT OR MYTH?		FACT OR MYTH?
---------------	--	---------------

FACT OR MYTH?		FACT OR MYTH?
---------------	--	---------------

FACT OR MYTH?		FACT OR MYTH?
---------------	--	---------------

FACT OR MYTH?	1. <i>If you are under 40, there is no reason to worry about heart disease.</i>	FACT OR MYTH?
FACT OR MYTH?	2. <i>Hypertension (high blood pressure) can often be a “silent” disease and have no signs or symptoms.</i>	FACT OR MYTH?
FACT OR MYTH?	3. <i>Even if your cholesterol is high, you can feel “fine”.</i>	FACT OR MYTH?

FACT OR MYTH?	5. <i>Using margarine instead of butter will help lower my cholesterol.</i>	FACT OR MYTH?
FACT OR MYTH?	6. <i>People with an average weight don't have to worry about high cholesterol.</i>	FACT OR MYTH?
FACT OR MYTH?	7. <i>Since the nutrition label on my favorite food says there's no cholesterol, I can be sure that it's a “heart-healthy”.</i>	FACT OR MYTH?

FACT OR MYTH?

4. I should have my cholesterol checked every 5 years after the age of 40.

FACT OR MYTH?

FACT OR MYTH?

8. I must avoid food I really like to eat to keep my cholesterol in range.

FACT OR MYTH?

Activity 3: Common Terms

Definitions &	Heart Disease	TERM	DEFINITION	A group of conditions affecting the heart that include chest pain, heart attack, sudden stopping of the heart.	DEFINITION
TERM	Cholesterol	TERM	DEFINITION	A waxy, fat-like substance that's found in all cells of the body. We can run a lab test that provides us a "total".	DEFINITION
TERM	Blood pressure (systolic and diastolic) Low risk: 120/ 80 Medium risk: 121-139/80-89 High risk: 140+ / 90	TERM	DEFINITION	Indicates: 1) How much pressure your blood is exerting against your artery walls when the heart beats. 2) How much pressure your blood is exerting against your artery walls while the heart is resting between beats.	DEFINITION

TERM	LDL & HDL	TERM
------	-----------	------

DEFINITION	Types of proteins that carry cholesterol in the body. Having healthy levels of both types of lipoproteins is important. Too much and too little respectively can causes a build-up of cholesterol in your arteries.	DEFINITION
------------	---	------------

Activity 4: Risk Factors

Age

Diet

Ethnicity

Beverage Consumption

Gender

Salt

Family History

Physical Activity

Medications

Modifiable

Non-Modifiable

Activity 6: Medication Match Game

Medication	Beta Blocker Medications (Metoprolol, Atenolol, Bisoprolol, Carvedilol)	Medication
Medication	Nitroglycerin medications (spray, sublingual, pills)	Medication
Medication	ACE (angiotensin-converting enzyme) Inhibitors (Altace, Coversyl, Vasotec)	Medication

effect	Medication that makes your heart work less hard. It works by lowering the heart beat rate (pulse) and blood pressure.	effect
effect	Medication that are 'vasodilators', which means they help widen (dilate) your blood vessels, making it easier for blood to flow through and let more oxygen-rich blood reach your heart. Better blood flow means your heart	effect
effect	Medications that open blood vessels and make it easier for your heart to do its job. They also protect the kidneys from damage in people with diabetes or kidney disease.	effect

Medication

Statins
(Lipitor, Crestor, Zocor,
Mevacor)

Medication

effect

Slows or stops plaque formation inside
blood vessels and stops existing
plaques from getting worse.

effect

Activity 7: Warning Signs & Symptoms

Heartburn
(that is not better with
antacids)



Cold, Clammy
Skin



Nausea
(with or without vomiting)



Shortness of
Breath



Fainting



Difficulty Breathing











Sweating



Lightheadedness



<p><u>Paleness</u></p> 	<p><u>General</u></p> 
<p><u>Upper Body Pain</u></p> 	<p><u>Unexplained Fatigue</u> <i>(can last days)</i></p> 
<p><u>Sore Shoulder/Arms</u></p> 	<p><u>Ache in the Chest</u></p> 
<p><u>Sore Back</u></p> 	<p><u>Squeezing in the Chest</u></p> 

Sore Jaw



Pressure in the Chest



Anxiety



Pain on the Left Side of the Chest



Women

Men

Both Men & Women



Handout- Activity 8

Action Plan for Change & Problem Solving Steps

Action plan for Change

* We **strongly** encourage you to share this with your primary care provider (doctor, nurse practitioner) and their team (nurse, dietitian, etc) so they can help support you.

1. A behaviour I would like to change:-

2. Is this something you can achieve in the next week or two? Yes No
3. Is YES, move to the next questions. If NO, take it off the table for now and try again with something you are likely to have success with.
4. Is the goal specific? If not, try to re-word it so it is easy to measure!
Does it answer the questions:
 - a. What?
 - b. How much?
 - c. When?
 - d. How often?

How confident are you that you can make this change? _____
(0 = not at all sure to 10 = absolutely sure)

If you are at 7 or more, you are ready to move ahead with planning your behavior change. If not, spend time thinking about the reasons why you may not feel ready. (See the back page for some problem-solving steps).

Try a new goal that you feel you can meet as a starting point, or maybe a smaller piece of a larger goal.

Problem-solving steps

- 1) Identify the problem

- 2) List ideas to solve the problem

- 3) Select one method to try

- 4) Check the results

- 5) Pick another idea/method if the first didn't work

- 6) Use other resources available and trial again. (Repeat Steps 1-5)

- 7) If you have attempted to fix the problem with no success a few times, accept that the problem may not be solvable now. Think about what might help you to be ready to revisit it again in the future, get support from your healthcare team/family/friends, and re-visit when ready.

Source: Lorig, Holman, and Sobel et al. *Living A Healthy Life with Chronic Conditions*, Canadian 4th Ed, 2013

Optional Activity-

Brainstorming for Self-Management: Steps to use Brainstorming and Problem Solving Skills with Groups

Brainstorming is a great way to elicit challenges from your group and then turn them around and find ways to respond.

You can start with a particular problem and brainstorm ways of responding to it, or start by brainstorming what the problems/barriers are.

1) Brainstorm problems:

“What problems do you have with _____ (managing medications, exercise, eating healthy, checking your blood sugar, etc.)?”

Or other phrasing, such as:

“What barriers get in the way of _____ (eating healthy, exercise, etc.)”.

Brainstorming Tips:

- Write out the question you are brainstorming at the top of a large piece of chart paper.
- Write participants' responses in their own words.
- Cut off the brainstorm once they've filled one page, or sooner if they're out of ideas.
- Instructors only contribute ideas once group members are done (or page is full).

2) Pick 1 problem and problem-solve:

- Ask if anyone has one they'd like to suggest the group work on.
- Write the brainstorming question at the top of a new piece of flip chart paper. Suggested phrasing:
 - “What could you do when you face this problem?” or “How could we respond to this problem”

- Note: the focus is on what to do when they face this problem because we can't "solve" every problem in the sense of making it go away, but we can think of what we'll do when we face it.

Reinforce that problem solving is a skill. When we feel overwhelmed, it seems like there are fewer and fewer options of what to do in response to a problem. Brainstorming helps us think of options; then we choose which option we'll try next.

- 3) If you want you can also teach the following problem Solving Steps to your group:

Problem-solving steps*

- 1) Identify the problem
 - 2) List ideas to solve the problem
 - 3) Select one method to try
 - 4) Check the results
 - 5) Pick another idea if the first didn't work
 - 6) Use other resources
 - 7) Accept that the problem may not be solvable now
- Note: #6 "Use other resources" means taking to your healthcare professionals, accessing information on the web from credible source organizations regarding the disease, etc.
 - Many people stop after step 4 – meaning they'll try something and if it doesn't work they're stuck. The key is to keep going through the steps. If you get to step 7, think of something else you can work on that might improve things even if this problem isn't solvable right now.

*Source: Lorig, Holman, and Sobel et al. *Living A Healthy Life with Chronic Conditions*, Canadian 4th Ed, 2013

Handouts and Resources for Heart Health Essentials

Group Programming Schedule, WRHA and Cardiac Rehab programs

<http://www.wrha.mb.ca/community/primarycare/guide.php>

Nutrition

Checklist to review food intake

<https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-checklist-to-review-your-food-intake.pdf>

Heart Healthy Choices

<http://www.wrha.mb.ca/extranet/nutrition/files/Conditions-Heart-HealthyChoices.pdf>

Heart Healthy Cookbook Ideas

<http://www.wrha.mb.ca/extranet/nutrition/files/Conditions-HeartHealthyCookbooks.pdf>

Reading Food Labels

http://www.wrha.mb.ca/prog/nutrition/files/Nutrition_ReadingLabelsSodium.pdf

WRHA Plate Method

http://www.wrha.mb.ca/extranet/nutrition/files/ClientEd_Portion%20Plate.pdf

Dial-a-Dietitian

204-788-8248

Physical activity

Time to Get Moving :<http://www.heartandstroke.ca/-/media/pdf-files/canada/health-information-catalogue/10min-exercise-v1.ashx>

Exercise Health Sense <http://www.wrha.mb.ca/community/primarycare/guide.php>

23 ½ hour video: <https://www.youtube.com/watch?v=3F5Sly9JQao>

Stress

Stressed Out

<http://www.heartandstroke.ca/-/media/pdf-files/canada/health-information-catalogue/10min-stress-v1.ashx>

Smoking Cessation

Manitoba Tobacco Reduction Alliance (Quit Resources) : www.Mantrainc.ca/

Commit to Quit : <http://www.wrha.mb.ca/community/primarycare/guide.php>

Blood pressure and Heart & Stroke Resources

Hypertension.ca

Living well w/ Heart Disease

<http://www.heartandstroke.ca/-/media/pdf-files/canada/2017-lwwhd/livingwellwheartdisease-en.ashx?la=en&hash=0D3AE818E097FCE5ADE7AD0D9C72E855EA12CDFD>

100 things you can do in 10 minutes:

<http://www.heartandstroke.ca/-/media/pdf-files/ebooks/100-healthy-things-en.ashx?la=en&hash=E58F8BA1458D80A26A444D3AD500BFDFC2293DFD>

Heart and Stroke Risk Assessment: <https://ehealth.heartandstroke.ca/>

To find community or social resources close to you: <http://mb.211.ca/>

Family Doctor Finder: If you live in Manitoba and you need a family doctor, call our contact centre between 8:30 am and 4:30 pm, Monday to Friday.

204-786-7111 (in Winnipeg) or Toll-Free at 1-866-690-8260.