ASSOCIATION OF FAMILY HEALTH TEAMS OF ONTARIO

BRIGHT LIGHTS AWARD

2012

Best Practices in Health Promotion and Chronic Care

Award Winner – GETFHT Program, Guelph

Getting fit with GETFHT — cardiovascular risk reduction

Folks at the Guelph Family Health Team knew it wasn't enough just to tell people to eat better and exercise more, so in 2009, they launched the GETFHT program to make the idea of improving lifestyle a reality.

GETFHT is a cardio-vascular risk reduction program designed to encourage healthy lifestyle habits in patients with risk factors for heart disease and diabetes. It's a collaborative program, where patients work together with a multi-disciplinary team that includes a family doctor, nurse practitioner, registered nurse, dietitian and kinesiologist. A pharmacist, endocrinologist, cardiologist, mental health counsellor, social worker and foot care are all available if they are needed.

GETFHT staff work with patients to set their health goals and help bring them to life, to help translate their challenges into health objectives. Overall, the program's goals are to prevent or delay metabolic syndrome, minimize the need for medication, and help patients adopt long-term healthy habits.

Because the habits of a lifetime don't change quickly, GETFHT patients can expect to spend a year (and sometimes more) in the program. They start with two group information seminars; then spend the balance of the year working one-on-one with the team members, following a plan tailored to their needs. That means some people may spend more time with the dietician, while others focus on developing an exercise program with the kinesiologist in the on-site gym.

GETFHT doesn't just wait for referrals — it also works with community-based organizations and employers to promote healthier lifestyles and raise awareness of the support available for people at risk of heart disease and diabetes. More than 700 people have been checked for risks at community screening events, and posters, pamphlets and other sources of information are available around the city.

GETFHT receives about 500 referrals a year, and serves some 1,100 patients annually, for a total of about 3,400 since the program began. Here are some of GETFHT's lessons:

- Communicate across the continuum — patients, caregivers, providers, administrators;
- Keep working on cleaning up the data — it will never be perfect;
- Design new programs to a template that includes indicators, continual evaluation and communication.

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