

Get Better Together

for living better with health issues

Final Report
2016-2017



Participating
Regional Health
Authorities



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Get Better Together Manitoba Program

2016-2017

The Get Better Together (GBT) program, Manitoba's version of the Chronic Disease Self-Management Program (CDSMP), continues to be a best practice evidence based program in chronic disease self-management as supported by on-going research referenced by the Stanford Patient Education Research Centre. This annual GBT report includes all GBT program activities within Manitoba, including Winnipeg.

PROGRAM HIGHLIGHTS & RECOMMENDATIONS

Highlights

A total of 42 programs ran this year including the two province-wide online programs. Over the past ten years there have been an average of 44.3 programs offered per year. In 2016-2017, 44 Leaders were certified and 31 Leaders attended the Leader Refresher sessions. 422 persons participated in the program this year and 293 completed (attended 4 sessions or more), compared to 426 completing the program last year and 395 completing the program in 2014-2015.

In-person program participants were mostly female (76.5%) with an average age of 56.9 years (range of 19 to 96 years). Participants were found to have an average of 2.25 chronic conditions, and identified a total of 98 different chronic illnesses. The three most frequent chronic conditions were arthritis (44.4%), chronic pain (37.6%), and high blood pressure (30.3%). Almost one quarter (22.4%) of participants reported that they were affected by depression. GBT Health behaviour outcomes continue to show statistical significance.

Recommendations

The following recommendations will support the program going forward:

- Build on the work done in 2016-2017 and continue to support Regional Health Authorities (RHAs) in offering programming at a variety of sites. An Action Plan for 2017-2018 is available in Appendix A.
- Explore new methods of promoting the program in partnership with RHAs.
- Continue to work on collaborating with other Canadian Provinces to continue offering CDSMP Online.
- Emphasize to Leaders the importance of gathering both pre- and post-program questionnaires to ensure data is available for on-going evaluation.
- Coordinate Leader and Master Trainer training sessions across the province to maintain program fidelity and license requirements of Stanford University.
- Continue to work closely with the Provincial Chronic Disease Self-Management Steering Committee to support and advise on system integration and communication opportunities.

PROGRAM OVERVIEW

CDSMP in person is a 2½-hour workshop delivered once a week, for six weeks, free of charge, in community settings. Between 10 and 16 people with different chronic health problems attend together, to deal with the common issues they face and to motivate each other with solutions and techniques for:

- Dealing with frustration, fatigue, pain and isolation.
- Appropriate exercise for maintaining and improving strength, flexibility, and endurance.
- Appropriate use of medications.
- Communicating effectively with family, friends, and health professionals.
- Maintaining appropriate nutrition.
- Engaging with other community resources.

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 4th Edition*. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Three principal assumptions underlie the CDSMP itself: (1) participants with different chronic diseases face similar self-management issues and disease related tasks; (2) participants can learn to take responsibility for the day-to-day management of their disease; (3) confident, knowledgeable participants practicing self-management will experience improved health and wellbeing. The program model for dissemination of the CDSMP has as its central principle the belief that trained lay persons with chronic disease are the most effective leaders of the program.



I've found myself mentioning this book and class a lot lately- if you have a chronic condition and live in/around Winnipeg @wellnessinstitute has a fantastic program called Get Better Together that you can do either online or in person that is great for people at any point in a chronic illness. They give you this book to accompany the class which is such a comprehensive look at Chronic Illness that has no fluff or nonsense. I took the class online a couple of years ago and I still come back to this book a lot. #winnipeg

Wellness Institute (WI) renewed its contract in 2016-2017 to offer the online delivery of CDSMP. Get Better Together Online is the name given to Manitoba's version of Stanford University's online CDSMP, Better Choices Better Health[®]. The program consists of an online group of about 25 people with a variety of ongoing health conditions. Workshops are facilitated by two trained facilitators, one or both of whom are peers with a chronic health condition themselves.

Each workshop is six weeks with new lessons each week. Participants are asked to log on online at their convenience two to three times each week for a total of about two hours. There are no requirements that participants log in at the same

time. The companion book for the workshop is “Living a Healthy Life with Chronic Conditions”.

It is the process in which the online workshop is presented that makes it unique. The sessions are highly participative through internal messaging and online discussion boards, where mutual support and success builds the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

The training program is 24 hours of instruction in how to lead a GBT workshop for others. Trainees participate in the CDSMP course modules and receive specific instruction on how to lead each one. The training teaches group facilitation and each of the key skills used throughout the CDSMP program: brainstorming, action planning, decision making, problem solving, and modeling. Practice teaching and group learning exercises are used both as teaching tools, and for trainee evaluation purposes.

KEY ACTIVITIES

Wellness Institute key activities include Winnipeg and regional coordination of the GBT program:

- Facilitated and coordinated the oversight, implementation and evaluation of GBT;
- Purchased an annual license from Stanford University and maintained standards by ensuring that all Manitoba programs work within the license requirements;
- Liaised with other Chronic Disease Self Management (CDSM) programs and organizations nationally to identify best practices and disseminate key findings through the final evaluation report;
- Supported health equity and the need to reach participants in low socio-economic communities with high incidences of chronic disease;
- Engaged RHAs and other stakeholders in regular communications to strengthen integration, coordination and delivery of GBT Manitoba in the context of an integrated CDSM strategy;
- Maintained electronic medical records referral;
- Collaborated with RHAs and First Nations partners to help GBT Manitoba meets the needs of First Nations communities;
- Worked with RHAs to deliver and/or support leader training refresher sessions annually to RHAs outside of Winnipeg;
- Worked with RHAs to establish a core group of peer leaders and enhance regional Master Trainer (MT) capacity annually in RHAs outside of Winnipeg;
- Provided ongoing access to online tool kits and program materials to support delivery of GBT Manitoba;
- Offered GBT Online (fulfilled the license to offer two online programs): and
- Piloted GBT via MBTelehealth.

Winnipeg specific:

- Coordinated 23 programs in Winnipeg with programs offered in all corners of the city (20 in-person programs ran);
- Partnered with a variety of host sites as per the host site agreement;
- Mentored and supported peer Leaders;
- Recruited Leaders;
- Managed the central intake phone line and online registration; and
- Completed on-going evaluation and reporting.

GBT Manitoba Program Integration & Updates

Health System Integration & Chronic Disease Self-Management Program Networks

Health system integration is an on-going goal for GBT. A Manitoba wide GBT electronic medical record (EMR) referral form remains available for those regions and centres with access to EMR platforms systems. Although referral is not necessary for individuals to register for the GBT program it is a nice tool for healthcare providers (HCP) to use to direct patients to the correct source and get the registration process started. For HCP, clinics or centers that don't use EMR, WI has uploaded a GBT referral form onto the home page of our website www.getbettertogether.ca for download and print.

WI continues to reach out to disease-based organizations, acute care organizations, existing health programs and services and to primary care sites. GBT was added to Manitoba's Community Services Directory which includes community, government, and social services provided by non-profit and government organizations to Manitobans, including health services, personal care homes, and counselling services.

To address the growing prevalence of GBT participants dealing with a mental illness, WI and GBT planned a Mental Health event with presentations from The Canadian Mental Health Association (CMHA) and Anxiety Disorders Association of Manitoba (ADAM). Various disease specific not-for-profit organizations, GBT Leaders and coordinators were invited to attend the presentations. Unfortunately, due to low registration the event was cancelled. We will revisit the idea next year.

The Chronic Disease Collaborative approached the WI to provide content for a self-management paper that will make recommendations for improvements to existing programs within the city. GBT was highlighted as one of ways the WI is working with its partners to embed the self-management concept to Winnipeggers and Manitobans as a whole.

Marketing & Communications

French GBT advertising and marketing materials were uploaded onto the GBT webpage for regional use. One program was offered in French this year.

Based on RHA feedback, two new versions of the GBT pamphlet were created and made available in web and print format.

Province wide promotion included advertising in the Winnipeg Free Press, Health In Common, Kijiji, and RHA Facebook accounts.

GBT was present at community and health care events to exhibit/display materials to promote the program including the 2016 Seniors Housing and Lifestyles Expo, National Aboriginal Diabetes Awareness Day, Sara Riel Inc. Mental Wellness: Networking and Resource Fair, and 2016 Multiple Sclerosis Connect conference.

WI continues to support RHAs through GBT teleconferences twice a year allowing the opportunity to share, learn, problem solve and celebrate topics related to GBT programming, advertising, logistics and program fidelity.

WI and the Interlake Eastern Regional Health Authority introduced the GBT Volunteer Handbook during Leader Training. It is a positive addition and will be used going forward. It goes over:

- What is GBT
- Key contacts
- Communications: website, email etc.
- GBT quick facts
- Description of Volunteer leader positions
- Volunteer testimonials
- Training: overview and common Q&A
- Volunteer guidelines: rights and responsibilities, personal safety, absenteeism, resignation, conflict of interest etc.

First Nation Communities

WI continues to encourage GBT programming in First Nation communities. GBT was offered in Rolling River in collaboration with the Prairie Mountain Health Region in 2016-2017.

Online CDSMP

Canary Health, the license and software holders of the CDSMP online program, will no longer issue a license to GBT Manitoba and other clients offering less than six workshops a year. WI is continuing to discuss collaboration with other Canadian Provinces. Furthermore, it was suggested that a Canada-wide CDSMP online program would be beneficial, however the Canadian Liaison of CDSMP decided establishing contracts between Provinces would be more feasible at this time.

Two successful programs took place this year.

Environmental Scan Updates

WI provided an environmental scan of the Stanford University Chronic Disease Self-Management Program in the 2015-2016 GBT Manitoba report. The scan was done to ensure implementation and outcomes of delivery remain evidence informed and

included analysis, associations and evidence related to GBT where applicable. Action items were identified and have been tracked throughout the 2016-2017 fiscal year. Remarks are outlined below:

Recruitment and Attendance:

- A lack of physician referral told us that more work needs to be done to educate doctors, allied health and My Health Teams on GBT and to make it easier to refer. The practice of sending letters to physicians of all consenting GBT participants in order to inform them of their patients' success in the program was completed this year and the letter template was sent to RHAs.
- Altering the distribution of the resource books was discussed as a way to assist in retaining attendance in the program. It was suggested that instead of having participants take the book home with them after the first class, they remain with the leaders as incentive and be handed out after the second or third class. A drawback of this is that participants are encouraged to do readings from the book each week and they wouldn't be able to do so without the book in their possession.
- Participant recruitment continues to be a challenge throughout Manitoba. Outside of Winnipeg it is a delicate balance to match availability of the facility, leaders and community. In Winnipeg, it is about finding a champion that either lives in the community or is employed/volunteers at the host location. The champion helps both with recruitment and retention.

Program logistics:

- An introductory session offered to individuals explaining GBT and what is expected of them was shown to be effective. In Winnipeg, introductory sessions and presentations are done at various locations throughout the year and prove to be effective in generating interest.
- Research in other jurisdictions showed CDSMP weekend class completion rates to be quite high. With this knowledge, a weekend class was scheduled in the Interlake Eastern Regional Health Authority this year, but was postponed for logistical purposes, pending strike, that was outside of their control.

GBT via Telehealth:

- Telehealth is a viable option to reach those living in rural and remote communities and Manitoba will continue to use Telehealth for training.
- This year a pilot project was launched whereby MBTelehealth was used to facilitate GBT.
- The set-up was to have Winnipeg as a host site with two GBT leaders (no participants), and two remote sites (minimum of 2 participants at a site) up to a maximum of 10-12 participants' total.
- The pilot was initiated twice this year, but due to low registration a program never ran. It is challenging to get participants to commit to attend a program whereby they attend in small numbers and communicate via television screens. Also, participants need to be able to get to a central telehealth site which requires travel (transportation barrier) and there needs to be a support

person at each site to help with logistics and offer technical support (cost/availability barrier).

REGIONAL IMPLEMENTATION

Wellness Institute launched GBT in Winnipeg in 2005 with a few pilot sites. In 2007 a provincial network of programming was developed making 2017 our tenth year of helping Manitobans get better together!

GBT coordination continues to be divided into regions within the five RHAs; however, there continues to be a shift with RHAs regions joining forces more often, primarily with the facilitation of Leaders trainings.

Most RHAs participated in 2016-2017 with a total of 40 in-person programs compared to 53 in 2015-2016 and 50 in 2014-2015. This year Winnipeg delivered 20 in-person programs compared to 25 last year and RHAs outside of Winnipeg delivered a total of 20 compared to 28 last year. In addition, two province-wide online programs were also offered this year.

Program numbers were down this year and it should be noted that this may have been due to the overlap of programming offered across the Province between fiscal years. Seven GBT programs started in early March 2016 (2015-2016 fiscal year) and ended in early April 2016 (2016-2017 fiscal year). These seven programs were included and reported on in the 2015-2016 GBT Manitoba Annual report as they began in the 2015-16 fiscal year, but it should be documented that they took place during quarter one of this year as well.

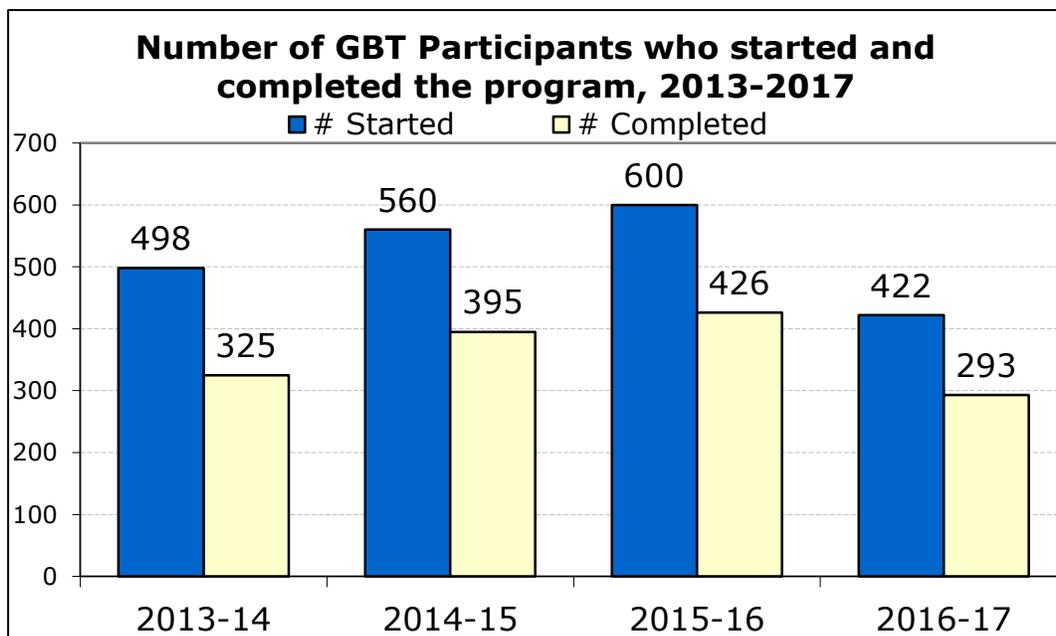
In addition, a full time GBT staff was on a leave of absence from November 2016 to March 2017 which hindered winter program planning and played a part in not reaching the goal of 26 programs in Winnipeg this year.

WI developed an action plan, Appendix A, to guide programming for the 2017-2018 fiscal year.

Overview

RHA	# of Leaders/ Master Trainers certified 2016-17	# of Programs Delivered 2016-17	# of Participants Attended/ Completed 2016-17	Total # Leaders/Master Trainers since participating in GBT
Southern Health -Santé Sud	4 / 0	2	13 / 5	134 / 5
Prairie Mountain Health	9 / 0	12	115 / 87	143 / 8
Interlake-Eastern Regional Health Authority	5 / 0	4	26 / 18	88 / 8
Northern Regional Health Authority	0 / 0	2	21 / 13	106 / 4
Churchill Health Centre	0 / 0	0	0 / 0	6 / 0
Winnipeg Regional Health Authority	26 / 0	20	208 / 145	268 / 18
Online		2	39 / 25	
TOTAL	44 / 0	42	422 / 293	745 / 43

Figure 1:



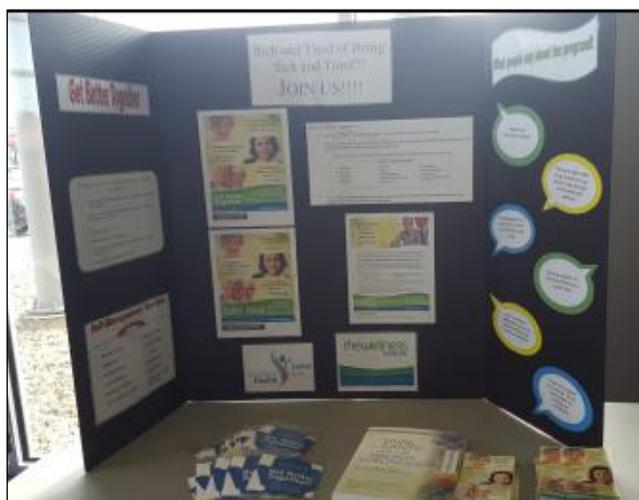
Implementation of Programs by RHA

Southern Health – Santé Sud

Location	Start Date	Time	# of Participants Attended / Completed
Plumas	October 4/16	1:00-3:30	8 / 5
Grunthal*	October 12/16	1:00-3:30	5 / 0

*Cancelled after week two

- There was one successful program in the Southern Health – Santé Sud.
- Three programs were cancelled due to low registration. An additional program was cancelled after the second week of class for the same reason.
- Local Hutterite Colonies were approached to offer a GBT class.
- Created a GBT promotional board to use at local conference and events (*Pictured on the right*).
- One Leader Training was offered in 2016-17. A total of four new leaders were certified.
- Two Refresher Sessions were offered this year, one in the east and one in the west. A total of 17 leaders participated in these Refreshers.
- Two individuals living in Southern Health – Santé Sud participated in the GBT Online program and both completed the program.



Prairie Mountain Health

Location	Start Date	Time	# of Participants Attended / Completed
Killarney	April 14/16	6:30-9:00pm	7 / 5
Brandon 7 th St Access Centre	April 20/16	1:00-3:30pm	8 / 4
Brandon Age is an Asset	May 19/16	9:00-11:30am	13 / 12
Brandon Age is an Asset	August 17/16	9:00-11:30am	13 / 13
Melita	October 11/16	6:30-9:00pm	7 / 7

Brandon 7 th St. Access Centre	October 12/16	1:00-3:30pm	10 / 6
Neepawa	October 12/16	6:30-9:00pm	7 / 7
Rolling River (First Nation)	October 26/16	1:00-3:30pm	7 / 3
Brandon Samaritan House	November 14/16	9:00-11:30am	15 / 13
Shilo Military base	November 14/16	1:00-3:30pm	4 / 4
Roblin	January 18/17	1:00-3:30pm	12 / 9
Brandon Manitoba Metis Federation	March 16/17	1:00-3:30pm	12 / 4

- 12 programs were delivered this year in Prairie Mountain Health (PMH).
- Two additional programs were planned but did not run due to low registration.
- Majority of the EMR referrals to GBT were made by the PMH - Chronic Disease Education Program.
- One Leader Training session was held with nine new leaders certified; two community volunteers, two PMH staff, four Shilo Military Base staff and one Manitoba Metis Federation staff. One Refresher training session was held in the region in which two PMH staff leaders participated.
- The Shilo Military Base requested information on chronic disease programming. GBT promotional materials were shared and connections were made. Military staff was trained as leaders and a successful program ran at the base.
- PMH updated their external website write up on GBT.
- The region rolled out "My Patient Passport" in February, which is a passport to record and organize your healthcare journey. It is a tool to help with communication between a patient and their healthcare providers. It is a perfect complement to GBT and will be provided on the educational material table for participants.
- 15 individuals from this region participated in the GBT Online program and seven completed the program.

Northern Regional Health Authority

Location	Start Date	Time	# of Participants Attended / Completed
The Pas	Oct. 5/16	6:00-8:30	11 / 7
Flin Flon	March 14/17	1:30-4:00	10 / 6

- Two programs were delivered this fiscal year in the Northern RHA.

- Advertising was done in local newspapers, radio airwaves, emails and presentations.
- The Thompson and area has been without a local coordinator since 2013-2014 fiscal year.
- One individual from this region participated in the GBT Online program and they completed the program.

Interlake – Eastern Regional Health Authority

Location	Start Date	Time	# of Participants Attended / Completed
Arborg	May 5/16	1:00-3:30pm	7 / 2
Whitemouth	Sept. 27/16	6:00-8:30pm	3 / 2
Oakbank	Sept. 30/16	1:00-3:30pm	8 / 6
St. Georges	Feb. 10/17	9:30-12:00am	8 / 8

- Four programs ran in the Interlake Eastern Regional Health Authority (IERHA) this year.
- Seven programs were planned but were cancelled due to low registration.
- IERHA wrote an article for their regional newsletter on GBT Online to aid in registration this winter. Also, their local papers are great at including GBT in the upcoming community events section.
- The region partners with other organizations for promotion, such as services to seniors and churches.
- One Leader Training session was offered this year in the RHA, and 5 leaders were certified, four of whom were from the IERHA. One individual from IERHA was also certified at a training session that was held in Winnipeg.
- One Leader Refresher Session was held with six people attending.
- Three IERHA residents participated in the GBT Online program and two completed the program.

Winnipeg - Churchill Health Region

Churchill

- Unfortunately no programs were delivered this fiscal year in Churchill Health Region.
- WI will explore next steps with the GBT Coordinator in Churchill and how to best support self-management of chronic disease in the community.

Winnipeg

Location	Start Date	Time	# of Participants Attended / Completed
Gwen Sector	April 5/16	1:00-3:30pm	9 / 9
Brooklands Community Centre	April 20/16	1:00-3:30pm	7 / 5
Wellness Institute	April 20/16	1:00-3:30pm	9 / 7
Nine Circles	April 21/16	1:00-3:30pm	7 / 6
Reaching E-Quality Employment Services Inc	May 15/16	1:00-3:30pm	10 / 8
Amber Meadow	May 16/16	1:30-4:00pm	13 / 5
Taking Charge	July 21/16	9:30am-12:00pm	17 / 15
Nine Circles	Sept. 28/16	5:00-8:00pm	5 / 5
Fort Garry Women's Centre	Oct. 13/16	1:00-3:30pm	8 / 4
Wellness Institute	Oct. 17/16	1:00-3:30pm	14 / 11
Arlington Haus	Oct. 17/16	1:00-3:30pm	6 / 4
Centre de Santé	Nov. 2/16	6:00-8:30pm	10 / 5
West End Active Living Centre	Nov. 9/16	9:30am-12:00pm	11 / 10
Nine Circles	Feb. 1/17	1:00-3:30pm	7 / 7
Opportunities for Employment	Feb. 3/17	1:00-3:30pm	15 / 6
Archwood 55+ Inc.	Feb. 14/17	12:30-3:00pm	17 / 9
Canadian Mental Health Association	Feb. 14/17	9:30-12:00pm	16 / 8
St. Michael's Villa	Feb. 23/17	10:00am-12:00pm	11 / 7
Youville St. Vital	Feb. 27/17	1:00-3:30pm	6 / 4
Hope Centre	March 21/17	1:00-3:30pm	10 / 10

- A total of 20 programs were delivered in the Winnipeg Health Region this year and one program was offered in French.
- Two programs were cancelled and one was postponed.
- Programs were delivered in several new sites this year including Women's Resource Centre Fort Garry, West End Active Living Centre, and St. Michael's Villa.

- GBT built a strong partnership with The Canadian Mental Health Association (CMHA) this year. Staff were trained as leaders and hosted an extremely successful program in February.

- Get Better Together has been partnering with Opportunities for Employment (OFE) for five years with great success (*Displayed on the right*). None of this would have been possible without Cassandra Scott, Essential Skills Facilitator for the Employer Partnership Program and Research and Innovation for OFE Inc. Sadly this spring Cassandra suddenly passed away. As a previous Master Trainer and Leader of the program she was one of GBT's biggest advocates and will be dearly missed.

OFE Get Better Together GETS RESULTS! 73%

HEALTH

- 54% of all participants in GBT at OFE had a positive outcome, despite starting with a barrier of a chronic / long term health condition.
- 73% of the participants who were given the opportunity to learn facilitation skills and lead a GBT @ OFE program reached a positive outcome!
- The average wage of OFE participants who found employment after the Get Better Together Training is \$12.62 per hour.

THANK YOU FOR YOUR REFERRALS!

In partnership with the Wellness Institute www.getbettertogether.ca

- GBT recognizes the importance of health equity and efforts were made to reach participants in low socio-economic communities by partnering with; Nine Circles (works with clients with HIV), Taking Charge (helps single parents find employment), OFE (helps individuals find employment), Hope Centre (specializes in spiritual, emotional, physical and social healing in the North End), and Reaching E-quality Employment Services (REES) (works with people with physical disabilities find employment).
- Presentations were made to patients of the Regional Pulmonary Rehabilitation program as well as the SOGH Day Hospital and Mental Health Units.
- Electronic advertising was done through the WI email list, website, Facebook and Health Care Connection.
- GBT was represented a several events this year hosted specifically for those living in Winnipeg including: 2016 Active Aging Day, Kildonan Place Health Fair, and Lion's Place Resource Fair.
- Two Leader trainings were held. 25 Leaders from Winnipeg and one from IERHA were certified. One individual from Winnipeg was certified at a training session in IERHA.
- No Refresher courses were offered this year.

- 18 participants from Winnipeg completed GBT Online and 13 completed the program

Implementation of Leader Training

The following chart provides details of Leaders Trainings and Leader Refresher sessions provided this fiscal year. The Leader Refresher is a half-day update provided to all staff and volunteer Leaders trained in previous years.

Leader Training

RHA	Dates	Leaders Certified	Master Trainers Certified
Winnipeg-Churchill Health Region	Sept. 26, 29, Oct. 4, 6, 2016	11	0
Prairie Mountain Health	Sept. 29, 30, Oct. 5, 6, 7, 2016	9	0
Southern Health – Santé Sud	Oct. 13, 14, 20, 21, 2016	4	0
Interlake-Eastern Health Region	Jan. 16, 19, 23, 26, 2017	5	0
Winnipeg-Churchill Health Region	Jan. 23, 25, 30, Feb. 1, 2017	15	0
	TOTAL:	44	0

Refresher Sessions

RHA	Dates	Attended Leader Refresher Session
Southern Health – Santé Sud	May 12	7
Southern Health – Santé Sud	May 26	10
Prairie Mountain Health	July 4	2
Interlake-Eastern Regional Health Authority	August 17	6
Prairie Mountain Health	October 19	6
	TOTAL:	31

GBT Programming

Participation Rate

An average of 6.7 people completed per program. This compares to an average of 7.7 people per program who completed last year. 38 of the participants gave the Leaders reasons for not completing the program. The most common reasons people were not able to complete the program were conflicting schedules (13 people), illness (7), and expectations of the program (7).

Participant Profile

A total of 40 in-person and 2 online GBT programs were delivered in 2016-17 with a total of 442 individuals registering and 422 attending at least one class.

Of the 42 programs, 293 participants completed the program (attended at least four out of six sessions). The completion rate (70.0%) was similar to that of the previous year (71.0%) and 2014/15 (70.5%). The average number of sessions participants attended was 4.27.

Table 1. Demographics

DEMOGRAPHICS	2012-13	2013-14	2014-15	2015-16*	2016-17*
# registered	668	513	545	654	442
# who attended at least one session	632	460	529	600	422
# completed program	364	290	368	426	293
Average # of classes attended	3.91	3.83	4.13	4.12	4.27
# completed long pre & post evaluations	69	67	46	18	75
# completed short/online pre & post evaluations	179	119	113	236	133
Gender: Female (%)	81.0%	74.8%	76.7%	80.3%	76.5%
Age: Average (years)	63.7	59.8	59.5	59.1	56.9
Marital Status: Married (%)	45.2%	46.0%	46.9%	44.2%	36.6%

Education: At Least Some Post-Secondary (%)	45.2%	51.7%	52.7%	55.1%	52.1%
# of Chronic Conditions (Average)	2.50	2.18	2.33	2.43	2.25

** includes both in-person and online program participants*

Participants were mostly female (76.5%) with an average age of 56.9 years (range of 19 to 96 years). Participants were found to have an average of 2.25 chronic conditions, and identified a total of 98 different chronic illnesses. The three most frequent chronic conditions were arthritis (44.4%), chronic pain (37.6%) and high blood pressure (30.3%).

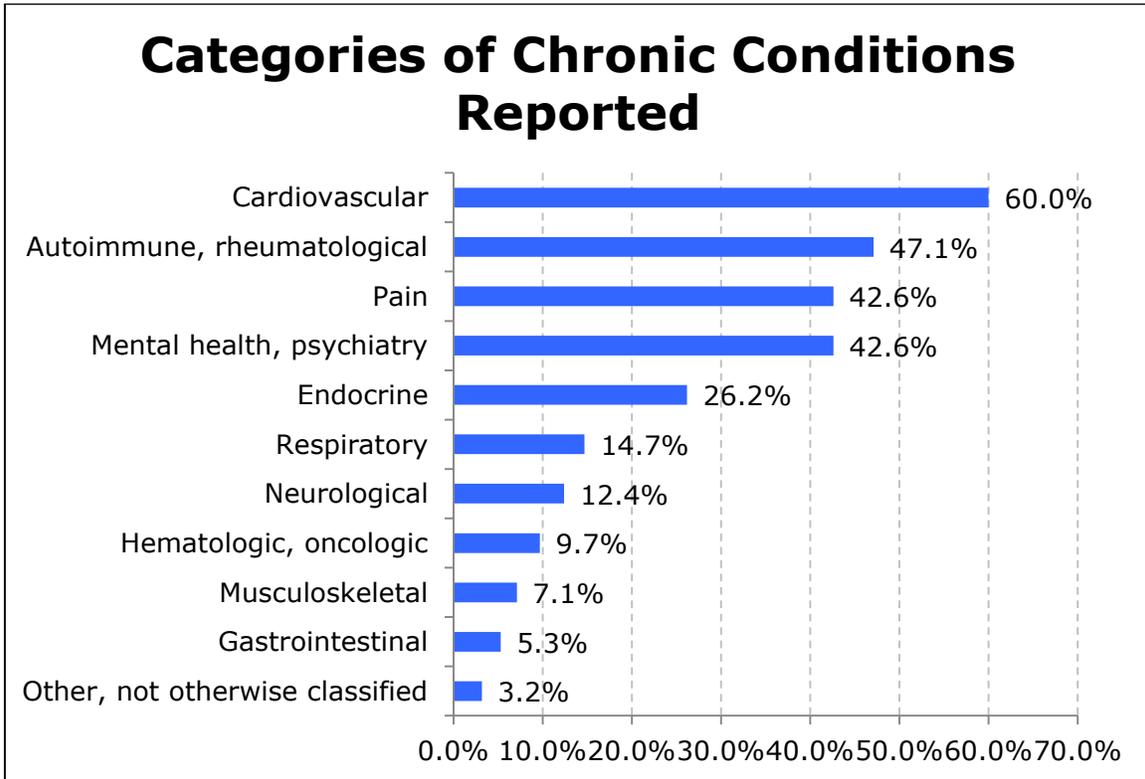
When the chronic conditions are categorized according to type, the most frequent type of chronic condition is cardiovascular (60.0%), which includes conditions such as high or low blood pressure, high blood cholesterol, heart disease, aneurysm and peripheral arterial disease (*Figure 2*). There was a significant increase in the proportion of participants who identified mental health or psychiatric conditions such as depression, anxiety, bipolar disorder or PTSD. In 2015-2016, 24.0% of the participants reported that they were affected by at least one such condition, and in 2016-2017 42.6% of participants identified at least mental health. Depression was the most commonly reported of these (22.4% of participants). This may be due to the target population of sites selected such as Hero club and CMHA or the marketing efforts over the past few years to de-stigmatize mental illness but either way is a significant observation for this year.

A total of 229 participants included family physician information on their in-person or online evaluation form, and 15.7% reported they did not have a family doctor.

"It is well worth the time and effort to take this program. It equips you with knowledge and mental tools, and info to help manage your health issues."

-GBT participant

Figure 2.



(Allergy/immunology, dermatological, gynecological liver/kidney and urogenital conditions were reported by 10 or fewer participants)

Participants found out about the GBT program through a variety of mediums and many identified more than one source (for example a poster and a clinic). The most reported sources were family or friends, another service organization such as Opportunities for Employment, Hero Club or Samaritan House, or a healthcare provider (Figure 3).

"A safe place to go and accept help for your chronic illness, even for supporters to come and learn new techniques."

-GBT participant

Figure 3.

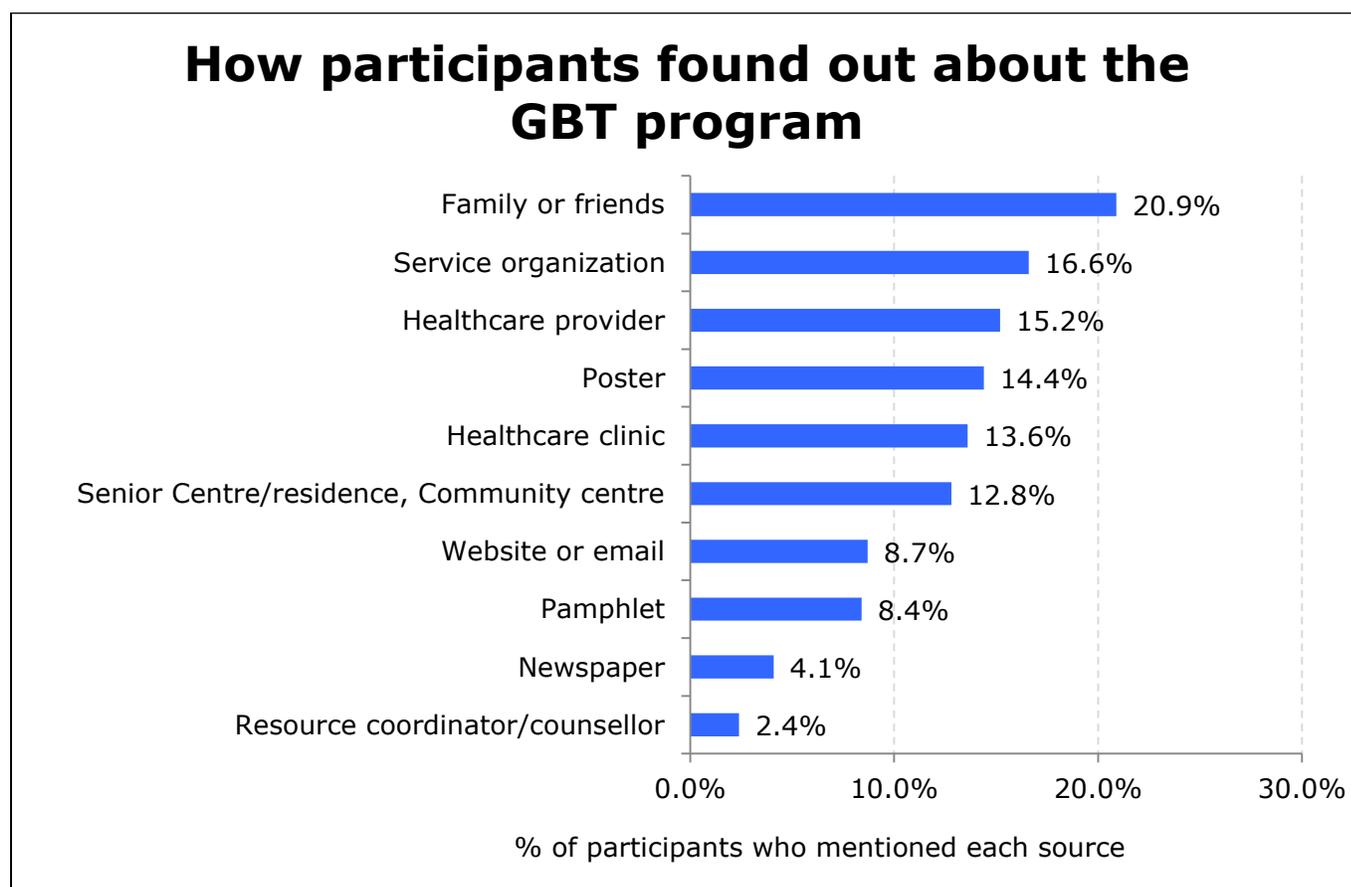


Table 2 provides a comparison of the 2016-2017 GBT in-person programming in Winnipeg and RHAs for participant rate and participant profile results.

Table 2.

Participation & Participant profile	Winnipeg Programs	RHA Programs
# of programs	20	20
# of participants registered	226	177
# who attended at least 1 session	208	175
Average # of participants per program	10.4	8.75
# who completed program	145	123
Completion rate	71.4%	68.7%
Average # of sessions attended	4.28	4.26
Average # of participant who complete program, by program	7.25	6.15

Gender (% female)	80.7%	71.6%
Average age	57.1 years	56.5 years
Age range	20 – 96 years	19 – 90 years
% married	26.3%	48.1%
% with post-secondary education	50.8%	53.4%
Average # of chronic conditions	2.12	1.96
# of different chronic conditions identified	71	64
Most common chronic conditions:	42.3%	46.6%
Arthritis	33.7%	41.7%
Chronic pain	26.9%	34.4%
High blood pressure		
% who do not have a regular family doctor	11.7%	21.2%
How participants found out about GBT:		
Family/friends	19.0%	23.0%
Healthcare provider	12.2	18.5
Service organization	17.0	16.3
Clinic	15.9	11.2
Poster	11.6	17.4
Pamphlet	11.1	5.6
Senior/community centre	16.5	9.0
Web/email	9.0	8.4
Newspaper	0.5	7.9
Radio	0.5	1.1
Television	0	0.6
Other	2.1	1.1

Outcomes

Pre- and post-test measures of health and behavioural outcomes were administered by 12 of the programs and 25 programs used a modified, shorter pre- and post-survey to measure client satisfaction and overall change in confidence to manage chronic disease. (Two programs used a combination of longer and shorter evaluation forms, and one program used a French-language form.)

For the 12 programs that used evaluations which included questions on health and health-related behaviour, 75 participants completed evaluations at both pre- and post-program and these evaluations were used to analyze changes to health and behavioural outcomes. Another 32 participants had completed only a pre-program evaluation, and seven participants had completed only a post-program evaluation.

The mean scores, as well as a comparison to previous GBT participants, are shown in detail in Appendix B. For these tables, only the data for the individuals with both pre- and post-program data are shown. Data from previous years are included for comparison.

A primary focus of the GBT program is to teach cognitive strategies that would reduce cognitive stress and provide pain management. The evaluation examined six of these strategies. By the end of the program, the strategies that were most frequently used by the participants were talking to themselves in positive ways and practicing visualization or guided imagery. It was less common for participants to distance themselves from their discomfort or to think of their pain as something other than discomfort. However there was a significant increase overall in the use of such strategies, and a significant increase in four of the six specific strategies.

Trends were similar to previous years, with a slight (but not statistically significant) improvement in self-rated health by the end of the 6-week program. Similarly, there was a slight increase in the number of visits to their physician and a slight decrease in the number of nights spent in hospital, but these differences were again not statistically significant. Medication compliance remained high throughout the course of the program, with the majority of participants always or almost always taking their medications as prescribed.

At both pre- and post-program, the participants demonstrated strong communication with their physicians. The participants reported that they frequently asked their physicians questions about things they did not understand or about which they wanted more information, and were also frequently willing to discuss personal problems with their physician that may be related their illness. There was a significant increase in the frequency with which participants prepared a list of questions to ask their physician through the course of the program, but this strategy still remained the least-common one used.

Regular exercise is one strategy for managing chronic conditions that is emphasized by the GBT program, and this strategy is discussed in the early weeks of the program. The participants did report an increased frequency of engaging in both aerobic exercise and strengthening /stretching exercise by the end of the GBT program. Aerobic exercise was engaged in more frequently than strengthening or stretching exercises both before and after the program.

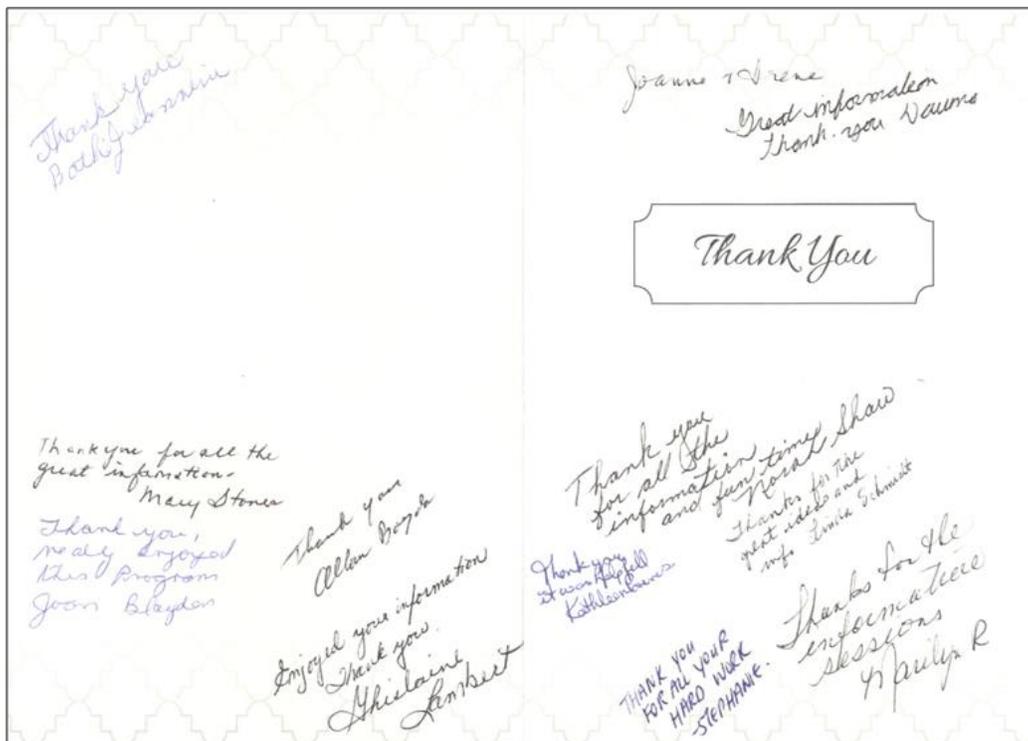
"It teaches about proper breathing, exercise, diet and most importantly how to deal with and accept the stress you feel with your chronic illness."

-GBT participant

"Take this course. It is a very good tool to help manage a chronic illness. Be ready to get a better understanding of yourself and your problem, you won't be sorry you came."

-GBT Participant

Finally, participants were asked how well they felt they could manage various aspects of their condition. Participants were most confident in their ability to do things other than just taking medication to reduce the impact of their illness on their activities, and in their ability to do different activities to reduce their need to see their doctor. They were least confident in their ability to prevent emotional distress, or other health problems, from interfering with their daily activities. By the end of the program, the participants expressed significantly greater confidence to manage their condition overall, as well as significant improvement in five of the six aspects.



Participants of a Winnipeg program presented the program Leaders with a card at the end of the program demonstrating their satisfaction and praise for GBT (Pictured above).

Overall, the GBT program participants gained important strategies to manage their chronic conditions, and these strategies has a positive impact on their confidence to manage their conditions. The participants were asked how confident they felt in managing their chronic disease(s), such as managing pain and completing daily

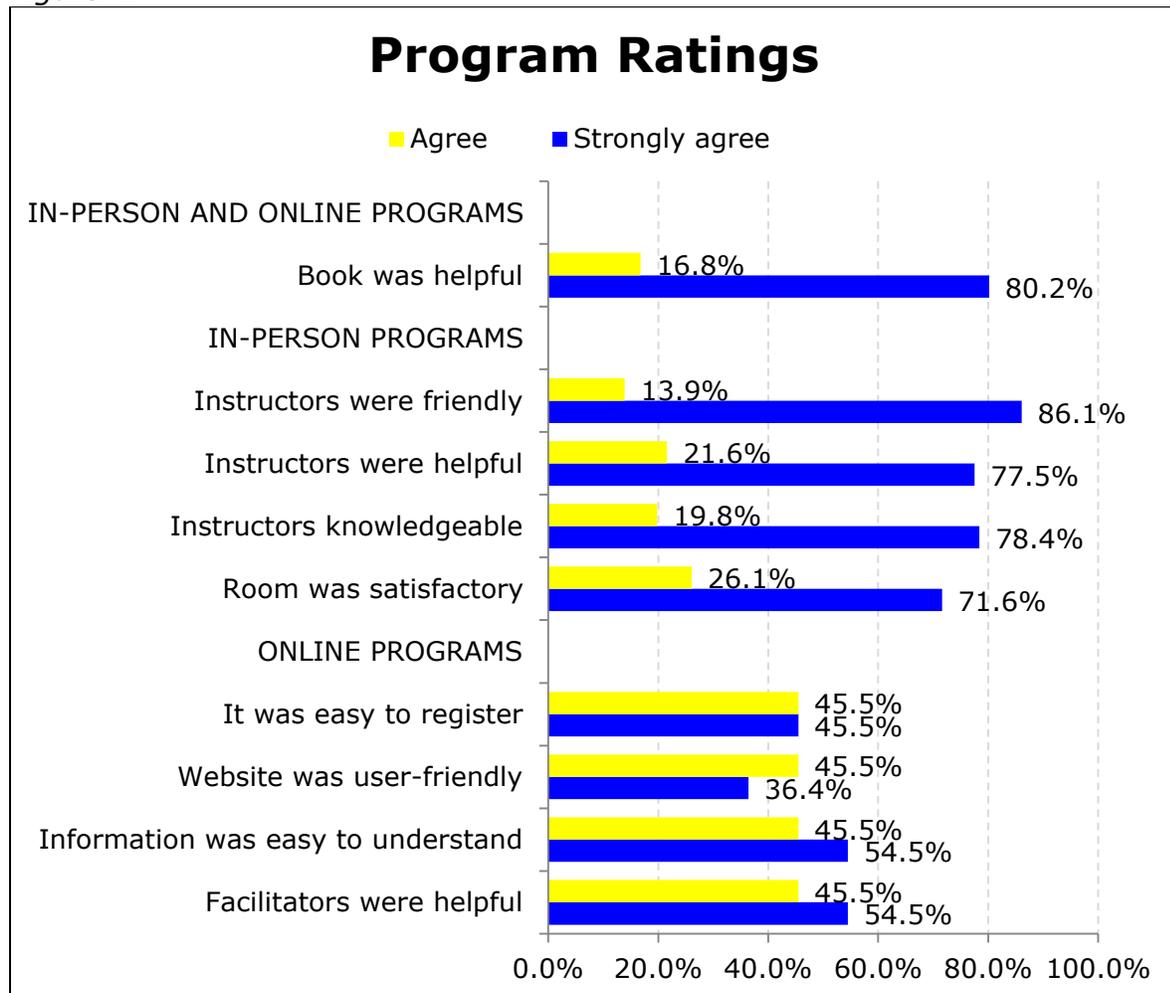
activities, after completing the GBT program. Compared to before the GBT program, 43.4% of the participants felt a lot more confident, and 49.3% felt a little more confident. Only 7.2% of participants had no change in their perceived confidence, and none of the participants felt less confident after the program.

Program Ratings

In-person and online participants were asked rate the GBT program on a variety of aspects. Participants at all sites rated the program very positively. Figure 4 shows the percentage of participants who agreed or strongly agreed with each aspect. The book, "Living a Healthy Life with Chronic Conditions," is used for both online and in-person programs, and is considered a valuable resource by participants.

Participants, particularly those in the in-person programs, were very pleased with the supportiveness, professionalism and level of knowledge of the instructors.

Figure 4.



"I am learning so much from others in the group: I'm doing things I knew I 'should' (i.e. exercise, self-care), but never got around to. I'm also doing things I hadn't thought of - drinking water, eating more veggies. In less than two weeks I feel better, more in control. It's such a wonderful program. I wish everyone could do it. I will miss it when it ends."

-GBT Online Participant

Participants were also asked to rate their overall satisfaction with the program. Over half (57.0%) of the participants were very satisfied with the program, and 37.4% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 63.4% of participants would definitely recommend the program and 32.3% probably would.

Appendix C shows the ratings for programs which ran in each of the RHAs. Participants were asked if they had any comments to share with other prospective attendants about the program. Many have been shared throughout the report but additional comments are included below:

I believe very strongly – it's a great program. My physician agrees.

I would tell them how I had felt helpless and like giving up until I took this course. And how it made me look at things much differently and positively.

Gives you great coping skills through brainstorming. Helps you set goals through an action plan.

I had lost my confidence. This course has given me back my mojo (confidence). I've learned to take BABY STEPS and not feel guilty. Taking baby steps has allowed me to be successful in completing this course. I am feeling so much more confident. I am speaking up more and don't feel like a doormat. Thank you facilitators, I'm a better person for taking this course.

This has been a positive experience

This program is very informative on managing your chronic health problem – Very good to get together with others that also have medical problems and talk about how to get better and plan our days re: diet, emotions and pain

This is an outstanding program. It allows people to share and learn many effective strategies

Just go. It's very friendly people and safe space to discuss your illness. You won't regret going.

I would tell people that this program can work for anyone who believes it can work for them. Talk to someone, it makes it easier to deal with problems – mental as well as physical

I really like getting together with ones that are suffering with the same thing. I feel the support group is great.

I feel more confident and relaxed to do more things without feeling so down

Working together in groups, having others opinions, the instructors are very helpful and help with understanding things better, a very helpful program overall

Get out and talk to people. You aren't alone out there. Doctors aren't always the ones with the answers to your problems.

I have learned a lot and really feel that anyone with a chronic disease/physical/emotional problem would benefit from this course.

I learned some ways I could manage my depression better day today so I could plan to do more for myself.

TRAINING

Training volunteers to become leaders is a key aspect of GBT. Five 24-hour Leaders' Trainings occurred in Manitoba in 2016-2017, as well as five Refresher sessions. All of the Refresher sessions were offered in regions outside of Winnipeg identifying that RHAs opted to refresh their current leaders as opposed to training new ones, in most cases. This is a good sign and demonstrates strong Leader retention and local capacity.

Leader Training

There was an 93.6% success rate, with 44 out of 47 trainees who attended the entire Leader training program graduating. Most of the participants, 25 out of 44, 57%, were staff and 19 were staff. 26 of the participants were from Winnipeg, nine were from Prairie Mountain Health Region, four were from Southern Health – Santé Sud, and five were from Interlake-Eastern Health region.

Five sessions of the Refresher course were attended by 31 participants. Eleven of these participants were volunteers and 20 were staff. Seventeen Refresher course

participants were from Southern Health – Santé Sud, six from Interlake-Eastern Regional Health Authority, and eight from Prairie Mountain Health region.

2016-2017 Training Implementation Schedule

Session	RHA	Program Site	Dates	Participated/ Certified
<i>Training</i>				
Fall 2016	Winnipeg Regional Health Authority	Winnipeg, Louis Riel Library	Sept. 26+	11 / 11
Fall 2016	Prairie Mountain Health	Brandon	Sept. 29+	9 / 9
Fall 2016	Southern Health Santé Sud	Carman	Oct. 13+	5 / 4
Winter 2017	Interlake Eastern Regional Health Authority	Selkirk	Jan. 16+	7 / 5
Winter 2017	Winnipeg Regional Health Authority	Winnipeg, Wellness Institute	Jan. 23+	15 / 15
<i>Refresher</i>				
Spring 2016	Southern Health Santé Sud	Carman	May 12	7
Spring 2016	Southern Health Santé Sud	Steinbach	May 26	10
Spring 2016	Prairie Mountain Health	Dauphin	July 4	2
Spring 2016	Interlake Eastern Regional Health Authority	Stonewall	August 17	6
Fall 2016	Prairie Mountain Health	Dauphin	Oct. 19	6

Participants were asked a series of questions about their impressions of the training program, which portions were most valuable, should have more time, should be shortened or deleted, and what should be changed. 41 of the participants mentioned aspects of the program that they found valuable. The most frequently mentioned portions were action plans (12) and problem solving (10), as well as brainstorming (6). Many of the participants found the practice activities to be valuable (10), as well as the ability to review, ask questions and seek clarification (7). Other aspects that were mentioned by a few participants included the self-management tool box (4), facilitation skills (5), communication (4) and the value of the group setting and discussions (4).

Almost one half of the participants (13 of 31 who responded to the question) did not feel that any portion required more time; several of these felt that the time allotment was good as it was. Among the topics that participants felt could be expanded were mental wellness or depression, emotions, communication, problem solving, and dealing with difficult situations or with physicians. A few participants identified practical changes such as identifying parts of the Leader manual that have changed, or discussing how to initiate programs in the participants' communities.

Most of the participants (24 out of 32) felt that nothing needed to be shortened in the Leader Training program. Three participants felt that the sections on food and health weight overlapped and were therefore too long, while other participants mentioned breathing techniques and medication usage. One participant felt that it was necessary to repeat information, and another felt that the sharing of personal stories should be curtailed.

Trainees rated themselves on their readiness and ability to be Leaders with nine questions related to self-efficacy. These questions asked how confident participants felt in handling various participant scenarios. Overall, participants had a total score of 8.38 out of a scale of 1-10, where 1= not confident at all and 10=totally confident. Participants in the training program felt very confident in their ability to handle most situations (*Figure 5*).

Figure 5.



The new Leaders were asked if they would recommend the training program to friends who were interested in becoming Leaders, and 39 of the 44 participants who answered the question indicated that they definitely would. Overall satisfaction with the training program was extremely high, with 41 out of 44 participants who responded very satisfied and three participants mostly satisfied.

One participant summed it up:

"The program is well thought through and encourages participation."

Appendix A:

Action Plan for 2017-2018

Key Objectives:

- Offer the majority of programming in the spring and fall before the snow falls. Unpredictable weather and road conditions often hamper attendance numbers during the winter.
- Seek out champions that either work or volunteer with the organization or location that acts as the host site.
- Incorporate a new program partnership each quarter, with a minimum of four new collaborations in 2017-2018.
- Broaden the reach of programming through a health equity lens and expand more into apartment blocks and housing complexes.
- Organize a re-occurring schedule with sites that offer GBT on a on-going basis to build consistency and familiarity.
- Investigate further into the use of MBTelehealth for programming and how to increase attendance.
- Establish strong working relationships with My Health Teams and how GBT can support their patients with chronic disease.
- Sustain partnerships with disease specific organizations and continue to break ground with mental health programming and networks across the Province.
- Develop additional promotional tools including an updated GBT powerpoint presentation that can be distributed to healthcare providers, partners and the public including participants and trained Leaders.
- Increase GBT's presence on social media.

2017-2018 Action Plan:

July-August

- Meet with host sites planning fall programs to ensure staff is aware and to plan ways to promote (eg. apartment blocks in area, community groups etc.)
- Review and monitor promotion plan (eg. Newspapers, ads, radio etc.)
- Send out letter to Physicians in Winnipeg
- Connect with My Health Teams in Winnipeg
- Encourage champions at the host sites to take the training
- Meet with host sites to set up winter programs
- Develop new partnerships
- Meet with Community Facilitators in the Charleswood community to encourage participation
- Continue to offer GBT information sessions
- Create an electronic one page document outlining upcoming programs to be distributed to community partners
- Take inventory of conferences, workshops and events happening in the community that would be applicable for GBT
- Plan a Mental Health Event with presentations by CMHA and ADAM

September – December

- Implement promotion plan for fall programs
- Follow up with host sites to ensure registration is happening
- Sit in on programs
- Have pamphlets available for leaders to pass on to participant for them to take to their health care team
- Make presentations to spring sites
- Work on new partnerships
- Offer a weekend program
- Continue meetings with community partners to promote program
- Host a GBT RHA Teleconference call
- Finalize GBT online collaboration plan with other Canadian Provinces by October 31, 2017

January- February

- Implement promotion plan for winter/spring programs
- Continue with presentations
- Establish new partnerships
- Check in with host sites about registration
- Recruit new leaders from community partners

March- April

- Sit in on classes and recruit leaders
- Continue forming new partnerships
- Host a GBT RHA Teleconference call

Winnipeg Partnerships:

Ongoing partners

- Charleswood 55+
- West End Active Living Centre
- Archwood
- Access Nor'West
- French
- Arlington/Autumn House
- Wellness Institute
- Taking Charge
- Gwen Sector
- Opportunities for Employment
- Student Temporary Employment Program
- Nine Circles

- Multiple Sclerosis Society
- Canadian Institute for the Blind
- Canadian Mental Health Association
- Access Fort Garry
- North End Women's Centre
- Fort Garry Women's Centre
- Access Transcona
- Manitoba Housing and Renewal Corporation
- St James Senior Centre
- East St Paul 55+
- Society for Manitobans with Disabilities
- Mount Carmel
- Local Libraries
- Access River East
- Good Neighbours

Potential partners

- Oak Table
- Good Food Group West Broadway
- Access Winnipeg West
- Canadian Paraplegic organization
- Dauphin River First Nation
- North End Family Centre
- Immigrant and Refugee Communities of Manitoba
- West Central Women's Resource Centre
- Access Downtown

Appendix B:

GBT MB Health and Behavioural Outcomes

Self-rated General Health

Rated on a 5 point scale from 1=Excellent to 5=Poor; lower numbers indicate better health

Mean ratings	2012/13		2013/14		2014/15		2015/16 [¶]		2016/17	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.52	3.34	3.33	3.24	3.46	3.23	3.32	3.06	3.39	3.26

¶ tests of significance not conducted

Health Care Utilization

Health care utilization is self-reported and assessed by the number of visits/hospital days during the previous 6 months.

Mean	2012/13		2013/14		2014/15		2015/16[¶]		2016/17	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	4.87	4.18	4.06	4.37	4.06	4.13	4.94	4.35	3.86	4.14
# of visits to hospital ER	0.58	0.36*	0.29	0.31	0.34	0.38	0.78	0.53	0.69	0.70
# times overnight in hospital	0.21	0.16	0.17	0.19	0.19	0.13	0.11	0.06	0.38	0.35
Number of nights in hospital	1.15	0.76	1.94	1.83	0.78	1.34	1.00	0.06	2.03	1.67

* differences from Pre- to Post- statistically significant at the p<.05 confidence level

¶ tests of significance not conducted

Communication with Physicians

Each communication strategy, and the overall Communication scale, is rated on a 6-point scale from 0=Never to 5=Always; higher numbers indicate more frequent use of each strategy

"When you visit your doctor, how often do you do the following..."

	2012/13		2013/14		2014/15		2015/16 [¶]		2016/17	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Prepare a list of questions for your doctor	2.43	2.42	2.33	2.56	2.17	2.29	2.06	2.33	1.74	2.09**
Ask questions about the things you want to know and things you don't understand about your treatment	3.25	3.57*	3.02	3.22	3.17	3.17	2.72	3.44	2.74	2.74
Discuss any personal problems that may be related to your illness	3.05	3.22	2.98	3.10	3.00	3.00	3.17	3.17	2.61	2.79
OVERALL	2.89	3.08	2.76	2.97	2.81	2.84	2.65	2.98	2.39	2.54

* differences from Pre- to Post- statistically significant at the $p < .05$ confidence level

** differences from Pre- to Post- statistically significant at the $p < .01$ confidence level

¶ tests of significance not conducted

Medication Compliance

Medication compliance during the past month is rated on a 6-point scale from 0=Never to 5=Always; higher numbers indicate more regular compliance in taking medication as prescribed by the doctor. Individuals who do not take any medications

"Over the last month, how often did you take your medication(s) as your doctor prescribed?"

	2012/13		2013/14		2014/15		2015/16 [¶]		2016/17	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Mean rating of compliance	4.72	4.59	4.62	4.71	4.30	4.22	4.12	4.22	4.56	4.56

¶ tests of significance not conducted

Exercise Behaviour

The total number of minutes during the past week spent on exercise activities is rated as 0=None, 1=Less than 30 min/wk, 2=30-60 min/wk, 3=1-3 hours/wk, and 4=More than 3 hrs/wk. Higher mean numbers indicate higher frequency of exercise activity.

"During the past week, even if it was not a typical week for you, how much total time (for the entire week) did you spend on each of the following?"

Type of exercise	2012/13		2013/14		2014/15		2015/16 [¶]		2016/17	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Stretching or strengthening exercises (ROM, using weights etc)	1.55	1.48	1.58	1.96*	1.55	1.88	1.17	1.82	1.66	2.06*
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	1.84	2.16*	1.92	2.43**	2.15	2.55	2.28	3.00	2.00	2.51*

* differences from Pre- to Post- statistically significant at the p<.05 confidence level

** differences from Pre- to Post- statistically significant at the p<.01 confidence level

¶ tests of significance not conducted

Cognitive Symptom Management

The use of cognitive strategies to manage symptoms is rated on a 6-point scale from 0=Never to 5=Always; higher numbers indicate more frequent use of each strategy

"When you are feeling down in the dumps, feeling pain or having other unpleasant symptoms, how often do you...."

Strategy:	2012/13		2013/14		2014/15		2015/16 [¶]		2016/17	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Try to feel distant from the discomfort and pretend that it is not part of your body	1.78	2.00	1.64	2.20**	1.70	1.64	1.61	1.78	1.72	1.66
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.04	1.60**	1.29	1.59	1.47	1.59	0.89	1.50	1.09	1.26
Play mental games or sing songs to keep your mind off the discomfort	1.34	1.87**	1.41	2.29***	1.30	2.15***	1.11	1.56	1.35	1.86**
Practice progressive muscle relaxation	1.59	2.36***	1.72	2.06	1.57	2.17**	1.47	1.89	1.55	2.16**
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.21	2.00***	1.08	1.84***	1.55	2.06*	0.94	1.72	1.22	2.28***
Talk to yourself in positive ways.	2.19	2.77**	2.33	2.67	2.31	2.78*	2.59	2.72	2.28	2.67*
OVERALL	1.66	2.18***	1.56	2.09***	1.70	2.08**	1.47	1.86	1.49	1.94***

* differences from Pre- to Post- statistically significant at the p<.05 confidence level

** differences from Pre- to Post- statistically significant at the p<.01 confidence level

*** differences from Pre- to Post- statistically significant at the p<.001 confidence level

¶ tests of significance not conducted

§ Includes in-person and online participants

Self-Efficacy

Participants' confidence in their ability to manage various aspects of their chronic disease is rated on a 10-point scale from 1=Not at all confident to 10=Totally confident; higher numbers indicate greater confidence.

"We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time."

How confident are you that you can....	2012/13		2013/14		2014/15		2015/16¶		2016/17¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Keep the fatigue caused by your disease from interfering in the things you want to do?	5.46	6.37**	5.93	6.80*	5.74	6.53*	6.10	7.52	5.29	6.26**
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	5.58	6.36*	6.00	6.67*	5.76	6.76**	5.64	7.09	5.12	6.10**
Keep the emotional distress caused by your disease from interfering with the things you want to do?	5.95	6.45	6.67	6.98	5.97	7.00*	6.32	7.05	5.13	6.08**
Keep any other symptoms or health problems you have from interfering with the things you want to do?	5.81	6.43	6.35	7.20*	6.55	6.67	6.05	7.50	5.29	6.28***
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	6.13	6.97**	6.80	7.63*	6.41	7.35*	6.44	7.83	5.91	6.28
Do things other than just taking medication to reduce how much your illness affects your everyday life?	6.56	7.38**	6.98	7.74	7.09	7.11	6.11	7.50	5.92	6.59*
OVERALL	5.92	6.66**	6.45	7.17**	6.20	6.88*	6.09	7.37	5.38	6.21**

* differences from Pre- to Post- statistically significant at the $p < .05$ confidence level

** differences from Pre- to Post- statistically significant at the $p < .01$ confidence level

*** differences from Pre- to Post- statistically significant at the $p < .001$ confidence level

¶ Includes online program and in-person program participants

Appendix C:
Results by Region

The following tables show participants' ratings of program aspects, by RHA.

Instructors were friendly (n=223):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	125	83.2%	16.8%	0%	0%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	66	89.4%	10.6%	0%	0%
Interlake-Eastern Regional Health Authority	18	88.9%	11.1%	0%	0%
Northern Regional Health Authority	9	88.9%	11.1%	0%	0%

Instructors were helpful (n=222):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	124	78.2%	21.8%	0%	0%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	66	71.2%	25.8%	1.5%	1.5%
Interlake-Eastern Regional Health Authority	18	88.9%	11.1%	0%	0%
Northern Regional Health Authority	9	77.8%	22.2%	0%	0%

Instructors were knowledgeable (n=222):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	124	77.4%	20.2%	2.4%	0%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	66	77.3%	21.2%	1.5%	0%
Interlake-Eastern Regional Health Authority	18	88.9%	11.1%	0%	0%
Northern Regional Health Authority	9	66.7%	33.3%	0%	0%

Meeting room was satisfactory (n=222):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	124	71.8%	27.4%	0.8%	0%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	66	71.2%	27.3%	1.5%	0%
Interlake-Eastern Regional Health Authority	18	66.7%	22.2%	11.1%	0%
Northern Regional Health Authority	9	66.7%	22.2%	11.1%	0%

Book was helpful (n=232)*:

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	129	82.9%	16.3%	0.8%	0%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	69	76.8%	18.8%	4.3%	0%
Interlake-Eastern Regional Health Authority	20	75.0%	20.0%	5.0%	0%
Northern Regional Health Authority	9	66.7%	11.1%	11.1%	11.1%

*Includes both online and in-person program participants

Compared to before taking the GBT course, confidence that you can handle your chronic condition(s) (n=221)*:

RHA	#	I feel a LOT more confident now	I feel a LITTLE more confident now	I feel about the SAME as I did before	I feel LESS confident now
Winnipeg Regional Health Authority	125	40.0%	53.6%	6.4%	0%
Southern Health – Santé Sud	5	80.0%	20.0%	0%	0%
Prairie Mountain Health	65	43.1%	47.7%	9.2%	0%
Interlake-Eastern Regional Health Authority	17	47.1%	41.2%	11.8%	0%
Northern Regional Health Authority	9	66.7%	33.3%	0%	0%

*Includes both online and in-person program participants

Satisfaction with the GBT program (n=229*):

RHA	#	Very satisfied	Mostly satisfied	Indifferent or mildly satisfied	Quite dissatisfied
Winnipeg Regional Health Authority	126	57.9%	36.5%	4.8%	0.8%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	69	49.3%	44.9%	5.8%	0%
Interlake-Eastern Regional Health Authority	20	50.0%	40.0%	10.0%	0%
Northern Regional Health Authority	9	88.9%	11.1%	0%	0%

*Includes both online and in-person program participants

Would you recommend the GBT program to a friend or family member who might need it? (n=229)*:

RHA	#	Yes definitely	Yes, I think so	No, I don't think so	No, definitely not
Winnipeg Regional Health Authority	130	63.8%	34.6%	1.5%	0%
Southern Health – Santé Sud	5	100%	0%	0%	0%
Prairie Mountain Health	68	58.8%	32.4%	8.8%	0%
Interlake-Eastern Regional Health Authority	19	57.9%	31.6%	10.5%	0%
Northern Regional Health Authority	9	77.8%	22.2%	0%	0%

*Includes both online and in-person program participants