

Get Better Together

for living better with health issues

Final Report
2017-2018



Participating
Regional Health
Authorities



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Get Better Together Manitoba Program

2017-2018

Manitoba's version of the Chronic Disease Self-Management Program (CDSMP), Get Better Together (GBT), continues to be a best practice evidence based program. It's supported by on-going research referenced by the Self-Management Resource Centre (SMRC), formerly the Stanford Patient Education Research Center. This report includes all GBT program activities in Manitoba.

PROGRAM HIGHLIGHTS & RECOMMENDATIONS

Highlights

A total of 53 programs ran this year including one province-wide online program. Over the past ten years there have been an average of 44.3 programs offered per year. In 2017-2018, 27 Leaders were certified and 32 Leaders attended the Leader Refresher sessions. 550 persons participated in the program this year and 382 completed (attended 4 sessions or more), compared to 293 completing the program last year and 426 completing the program in 2015-2016.

Program participants were mostly female (72.6%), with an average age of 58.8 years (range of 18 to 93 years). Participants were found to have an average of 2.17 chronic conditions, and identified a total of 94 different chronic illnesses. The three most frequent chronic conditions were arthritis (48.4%), high blood pressure (40.1%) and chronic pain (38.2%). GBT Health behaviour outcomes continue to show statistically significant improvements over the course of the program.

Recommendations

The following recommendations will support the program going forward:

- Continue to support Regional Health Authorities (RHAs) in offering programming at a variety of sites.
- Explore new methods of promoting the program in partnership with RHAs.
- Continue to work on collaborating with the province of Alberta to deliver CDSMP Online.
- Coordinate Leader and Master Trainer training sessions across the province to maintain program fidelity and license requirements of the SMRC.
- Continue to work closely with the Provincial Chronic Disease Self-Management Steering Committee to support system integration.
- Continue to work with My Health Teams to leverage capacity to deliver programs and integrate into patient care.

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.

Good support from fellow participants - book contains valuable information on all aspects of chronic disease, program offers HOPE, and useful coping mechanisms.

-GBT participant

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.

Canary Health, the license and software holders of the CDSMP online program, will no longer issue licenses to clients offering less than six workshops a year. Wellness Institute (WI) was unable to renew its contract with Canary Health, but was able to collaborate with the province of Alberta to offer one joint online CDSMP program. The program was offered under the Alberta Health Services license and program name, Better Choices Better Health[®]. The joint program includes Alberta and Manitoba residents participating at the same time.

The online program consists of a total of 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*", 4th Edition, the same as for the in-person program.

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 SMRC 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;
- Worked with RHAs and partners to ensure engagement and access to self-management supports for vulnerable populations;
- 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 meet 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;

- Provided ongoing access to online tool kits and program materials to support delivery of GBT Manitoba;
- Offered one CDSMP online program, Better Choices Better Health®;
- Coordinated the MBTelehealth Pilot Project; and
- Worked with established My Health teams to integrate opportunities for support.

Winnipeg specific:

- Delivered 23 programs in Winnipeg with programs offered in all corners of the city;
- Partnered with a variety of host sites as per the host site agreement;
- Leveraged community capacity by working alongside existing programs, priorities and strategies that support chronic disease management such as Access Centres and My Health Teams;
- Offered the Positive Self-Management Program (PSMP), a licensed version of CDSMP which is geared to those who are HIV positive;
- Mentored, supported and recruited peer 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 for GBT includes a GBT electronic medical record (EMR) referral form. This form is 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. Referral numbers from EMR for RHAs are included in the Implementation of Programs by RHA section of this report.

WI continues to reach out to disease-based organizations, acute care organizations, existing health programs, My Health Team members and services to primary care sites to aid in embedding self-management and GBT principles into clinician practice throughout the province.

There has been interest in GBT referral for clients with Dementia and Alzheimer's. The CDSMP program manual is equipped with an appendix on "How to Work with Patients with Alzheimer's" which allows for adjustments to the program to accommodate persons with cognitive impairment. A connection with the Alzheimer's society and GBT is an area we will explore going forward.

Marketing & Communications

A new image and slogan was added to the front cover of the GBT pamphlet to expand ethnic diversity and reach (*displayed to the right*).

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 2017 Seniors Housing and Lifestyles Expo, the Manitoba Liquor & Lotteries 55 Plus Games in Killarney, and the Arthritis Symposium.

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.

First Nation Communities

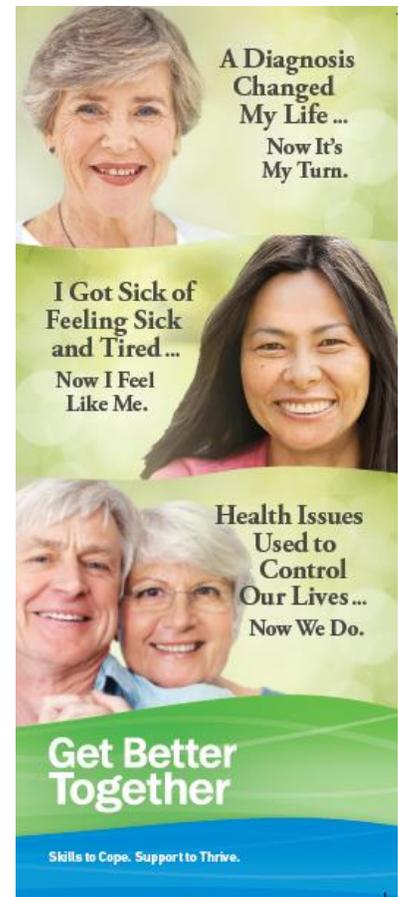
WI continues to encourage GBT programming in First Nation communities. GBT was offered in Birdtail Sioux in collaboration with the Prairie Mountain Health Region in 2017-2018.

In addition, seven Tribal Council Diabetes Coordinators from across Manitoba were trained as GBT Leaders in Winnipeg. The newly trained GBT leaders were connected with their respective GBT RHA Coordinators to open up the lines of communication and allow for GBT programming to occur in these communities in the future.

Online CDSMP

In order to continue to offer the online program to Manitobans, the WI partnered with Alberta Health Services and offered a program under the Alberta license and program name, Better Choices Better Health®. This joint partnership had Alberta and Manitoba residents participating together. Manitoba was offered a maximum of twelve slots and had ten people take part, seven of which completed four or more sessions and three of which completed at least one session. This cooperative workshop in particular, was one of the most successful programs that Alberta has hosted with a total of 20 of the 25 people completing the workshop.

This collaboration will continue for two online programs in 2018-2019.



Environmental Scan Updates

WI provided an environmental scan of the 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 tracked for the 2017-2018 fiscal year:

Recruitment and Attendance:

- A lack of physician referral told us that more work needs to be done to integrate with primary care. WI continues with its plan to establish strong working relationships with My Health Teams and demonstrate how GBT can help their patients with chronic disease.
- My Health Team members were receptive in learning about the program, some took the leader training and have facilitated a program this year.

Program logistics:

- An introductory session offered to individuals explaining GBT and what is expected of them was shown to be effective. This scenario occurred in Winnipeg, whereby residents of The Cornerstone Life Lease Estates were provided with an interactive GBT presentation and had a class list long enough to fill two programs to start of the 2018-2019 fiscal year.
- Research in other jurisdictions showed CDSMP weekend class completion rates to be quite high. With this knowledge, a weekend class took place in Winnipeg at Access West.

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.
- The pilot project using MBTelehealth to facilitate GBT programming has been initiated several times since 2016-2017; but, due to low registration, a program hasn't ran. It is challenging to get participants to commit to attend a program where 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). Plans were to offer the program this fiscal year but to aid in higher registration numbers we offered it in spring 2018. It was a success and will be reported in the 2018-2019 annual report.
- The set-up includes 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.

2017- 2018 Priority Focus Area

WI provided an Action Plan for GBT programming in the 2017-18 GBT Manitoba report. An overview of progress is below:

- Champions that either work or volunteer with the organization or location that acts as the host site were sought out and trained as leaders.
- GBT programming reach was broadened through a health equity lens and expanded more into apartment blocks and housing complexes such as The Oak Table and The Cornerstone Life Lease Estates.
- A re-occurring schedule with Opportunities for Employment (OFE), a not-for-profit organization helping individuals secure work, was arranged to build consistency and familiarity. OFE would like to offer six programs a year.
- Investigated the use of MBTelehealth for program facilitation.
- Established working relationships with My Health Teams.

Further work is required to increase GBT's presence on social media and to develop an updated GBT powerpoint presentation that can be distributed to healthcare providers, partners and the public, including participants and trained Leaders.

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 2018 our eleventh year of helping Manitobans get better together!

Most RHAs participated in 2017-2018, with a total of 53 programs compared to 42 in 2016-2017, and 53 in 2015-2016. This year, Winnipeg delivered 23 in-person programs compared to 20 last year, and RHAs outside of Winnipeg delivered a total of 29 compared to 20 last year. In addition, one province-wide online program was offered this year too.

Program numbers were up this year from last year but capacity exists to have more program participants. This could be attributed somewhat to both GBT full time staff being on extended medical leave over the year.

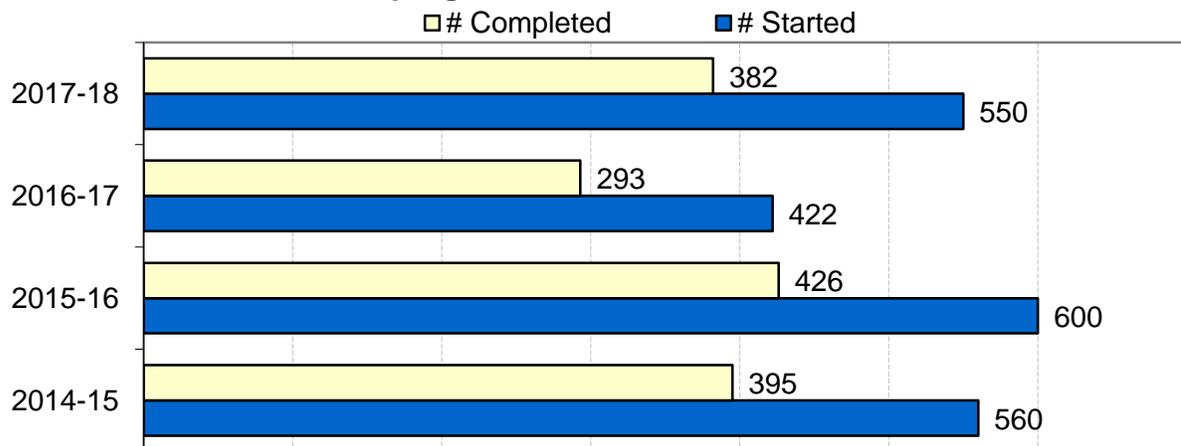
Overview

RHA	# of Leaders/ Master Trainers certified 2017-18*	# of Programs Delivered 2017-18	# of Participants Attended/ Completed 2017-18	Total # Leaders/Master Trainers since participating in GBT
Southern Health -Santé Sud	5 / 0	8	83 / 51	139 / 5
Prairie Mountain Health	0 / 0	14	133 / 95	143 / 8
Interlake-Eastern Regional Health Authority	1 / 0	6	67 / 53	89 / 8
Northern Regional Health Authority	0 / 0	1	12 / 8	106 / 4
Churchill Health Centre	0 / 0	0	0 / 0	6 / 0
Winnipeg Regional Health Authority	11 / 0	23	245 / 168	279 / 18
Online		1	10 / 7	
TOTAL	27 / 0*	53	550 / 382	772 / 43

*in addition, 10 leaders from First Nation Tribal Councils were certified

Figure 1:

Number of GBT Participants who started and completed the program, 2014-2018



Implementation of Programs by RHA

Southern Health – Santé Sud

Location	Start Date	Time	# of Participants Attended / Completed
Portage la Prairie	April 5	1:00-3:30	17 / 12
Morden	April 6	6:30-9:00	11 / 5
St. Adolphe	September 6	9:30-12:00	15 / 12
Portage la Prairie	October 18	1:00-3:30	11 / 8
Langruth	October 19	6:30-9:00	4 / 4
Steinbach	October 19	9:30-12:00	5 / 3
Roseau River	February 22	1:00-3:30	13 / 4
Steinbach	March 22	930-12:00	7 / 3

- There were eight successful programs in the Southern Health – Santé Sud.
- Six programs were cancelled due to low registration.
- The region sent out a letter to leaders and class participants over the holiday season sending them well wishes, thanking them for their involvement holiday greetings and as a way reiterate the program effectiveness and components.
- One Leader Training was offered in 2017-18. A total of eight new leaders were certified.
- Two Refresher Sessions were offered this year, one in the east and one in the west. A total of 11 leaders participated in these Refreshers.
- Two individuals living in Southern Health – Santé Sud participated in the GBT Online program and both completed the program.
- There were seven referrals received via EMR

Prairie Mountain Health

Location	Start Date	Time	# of Participants Attended / Completed
Shilo Military Base	April 20	1:30-4:00	5 / 4
Rivers	April 27	1:00-3:30	14 / 10
Russell	May 2	3:00-5:30	6 / 2
Brandon Regional Health Centre	May 5		11 / 6
Boissevain	May 10	6:30-9:00	9 / 5
Brandon Samaritan House	May 10	9:00-11:30	12 / 10
Brandon Samaritan House	August 30	9:00-11:30	15 / 15

Brandon	September 15	1:00-3:30	16 / 8
Birdtail Sioux	September 18	1:00-3:30	3 / 1
Virden	September 19	6:00-8:30	7 / 7
Killarney	October 4	1:00-3:30	11 / 8
Dauphin	October 12	5:30-8:00	8 / 5
Brandon Samaritan House	December 11	9:00-11:30	13 / 11
Ste. Rose	February 6	9:30-12:00	3 / 3

- 14 programs were delivered this year in Prairie Mountain Health (PMH).
- Two additional programs were planned but did not run due to low registration.
- GBT in PMH has a strong partnership with the Chronic Disease Education Program which accounts for the majority of the referrals to the program. There has been an increase in the number of referrals from Mental Health Workers as well.
- Programs continue to be offered at the Shilo Military Base
- GBT booth was set up at the Manitoba Liquor and Lotteries 55+ Games in Killarney (pictured to the right).
- There were 17 EMR GBT referrals received in the region
- No Leader Training or Refresher sessions were held in PMH in 2017-18



Northern Regional Health Authority

Location	Start Date	Time	# of Participants Attended / Completed
The Pas	September 19	1:30-4:00	12 / 8

- One program was delivered this fiscal year in the Northern RHA, and another program was postponed until spring 2018.
- Thompson and area remains without a local GBT coordinator since 2013-2014 fiscal year.
- The Northern RHA does not utilize EMR in its referral process for GBT.

Interlake – Eastern Regional Health Authority

Location	Start Date	Time	# of Participants Attended / Completed
Stonewall	May 11	1:00-3:30	4 / 4
Woodlands	June 22		12 / 8
Gimli	September 19	9:30-12:00	11 / 11
Lac du Bonnet	October 17	2:00-4:30	11 / 8
Beausejour	October 24	2:00-4:30	10 / 8
Riverton	January 29	1:30-4:00	19 / 4

- Six programs ran in the Interlake Eastern Regional Health Authority (IERHA) this year.
- Three programs were planned but were cancelled due to low registration.
- GBT is promoted to Services to Seniors Coordinators, Addictions Foundation, churches and the Traditional Healing Centre
- Four IERHA residents participated in the GBT Online program and three completed the program.
- The IERHA does not utilize EMR in its referral process for GBT and finds in-person referral to be the most effective.

Winnipeg

Location	Start Date	Time	# of Participants Attended / Completed
Canadian National Institute for the Blind (CNIB)	April 26	1:00-3:30	10 / 6
Canadian Mental Health Association (CMHA)	April 26	1:00-3:30	19 / 9
Nine Circles	April 26	1:00-3:30	8 / 8
Access Fort Garry	May 4	1:00-3:30	11 / 7
Taking Charge	July 13		7 / 7
Nine Circles	August 23	1:30-4:00	8 / 6
Access Transcona	October 3	1:00-3:30	8 / 6
North End Women's Centre	October 3	1:00-3:30	11 / 9
Access Nor'west	October 3	1:00-3:30	5 / 5
Wellness Institute	October 4	1:00-3:30	10 / 8
Youville St. Vital	October 16	1:00-3:30	9 / 6
Fort Garry Women's Centre	October 23	1:00-3:30	11 / 8
Opportunities for Employment (OFE)	October 31	1:00-3:30	15 / 8
The Oak Table	November 18	1:00-3:30	9 / 6

OFE	January 9	1:00-3:30	20 / 13
Accueil – Francophone	January 10	1:00-3:30	10 / 9
The Oak Table	January 16	1:15-3:45	8 / 6
Nine Circles (offered PSMP)	January 23	1:30-4:00	13 / 9
Access River East	February 1	1:00-3:30	9 / 9
Wellness Institute	February 21	1:00-3:30	8 / 4
Access West	February 24	10:00-12:00	10 / 6
OFE	March 6	1:00-3:30	18 / 11
West Central Women’s Resource Centre	March 15	1:00-3:30	8 / 2

- A total of 23 programs ran in Winnipeg in 2017-2018 and one was offered in French.
- Three programs were cancelled due to low registration and one was postponed. Staffing problems resulted in the cancellation of four programs. One program was scheduled but was cancelled on the first day.
- Programs were delivered in two new sites this year including the North End Family Centre and the Oak Table.
- The article “Develop your ‘Self-Management toolbox’ Peer led program returns to Access River East” was published in the Herald Canstar Community News. *(Picture on the right)*. The article sparked interest and all participants completed the program.
- GBT continued to build it’s strong partnership with The Canadian Mental Health Association (CMHA) and Opportunities for Employment (OFE) and several programs were offered at these sites.
- GBT recognizes the importance of health equity and efforts were made to engage and provide supports to vulnerable participants in low socio-economic communities. We partnered with; Nine Circles (works with clients with HIV), Taking Charge (helps single parents find employment), OFE (helps individuals find employment), and The Oak Table (provides hospitality, pastoral care, support, health promotion and social development activities, referral and advocacy within a safe, respectful environment).



Get Better Together is a peer-led program for people dealing with chronic health conditions. (From left) Lynn Slocombe, a recent participant in the Get Better Together program, with program facilitator Irene Konsmo, and program coordinator Dawn Ziemanski. (SHELDON BIRNIE/CANSTAR/THE HERALD)

This has been a very rewarding experience for me. Thank you so much for making it happen for folks that otherwise may never have had the opportunity to participate in a GBT workshop.

-GBT Leader talking about The Oak Table

- Nine Circles had staff certified through the SMRC to offer the PSMP program which is geared to those who are HIV positive and Nine Circles offered the first program this winter. It was very well received. A copy of the poster is shown below.



- Presentations were made to patients of 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: 2017 Active Aging Day, Kildonan Place Health Fair, and Sara Riel Inc. Mental Wellness: Networking and Resource Expo
- Two Leader Trainings were offered this year. One Leader training had nine individuals from Winnipeg and one from IERHA certified. The other one had seven Tribal Council Diabetes Coordinators from across the province and the other two were staff members based in Winnipeg.
- Two Refresher courses were offered this year with a total of 21 participants.
- Four participants from Winnipeg completed GBT Online and 2 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
Southern Health – Sante Sud	Sept 25, 26, Oct 2, 3	8	0
Winnipeg Regional Health Authority	October 17, 18, 24, 25	10	0
Winnipeg Regional Health Authority	Feb. 5,6,7,8	9	0
	TOTAL:	27	0

Refresher Sessions

RHA	Dates	Attended Leader Refresher Session
Southern Health – Santé Sud	September 18	6
Southern Health – Santé Sud	September 22	5
Winnipeg Regional Health Authority	November 29	13
Winnipeg Regional Health Authority	December 7	8
	TOTAL:	32

GBT Programming

Participation Rate

An average of 7.2 people completed per program. This compares to an average of 6.7 people per program who completed last year. 56 of the participants gave the Leaders reasons for not completing the program. Some of the reasons that people were not able to complete the program were: illness (9 people) or conflicting schedules (8). For some of the participants, the program was not what they had expected (6 people), or they felt uncomfortable in a group setting (5). For a large number of these participants, though, the reason for withdrawal was coded as 'other', with no additional information provided (25 people).

Participant Profile

A total of 53 GBT programs were delivered in 2017-18, with a total of 583 individuals registering and 550 attending at least one class.

Of those who had attended at least one session in the 53 programs, 382 participants completed the program (attended at least four out of six sessions). The completion rate (69.4%) was similar to that of the previous year (70.0%) and 2015/16 (71.0%). The average number of sessions participants attended was 4.15.

Table 1. Demographics

DEMOGRAPHICS	2013-14	2014-15	2015-16*	2016-17*	2017-18*
# registered	513	545	654	442	583
# who attended at least one session	460	529	600	422	550
# completed program	290	368	426	293	382
Average # of classes attended	3.83	4.13	4.12	4.27	4.15
# completed long pre & post evaluations	67	46	18	75	69
# completed short/online pre & post evaluations	119	113	236	133	182
Gender: Female (%)	74.8%	76.7%	80.3%	76.5%	72.6%
Age: Average (years)	59.8	59.5	59.1	56.9	58.8
Marital Status: Married (%)	46.0%	46.9%	44.2%	36.6%	38.8%

Education: At Least Some Post-Secondary (%)	51.7%	52.7%	55.1%	52.1%	53.3%
# of Chronic Conditions (Average)	2.18	2.33	2.43	2.25	2.17

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

Participants were mostly female (72.6%), with an average age of 58.8 years (range of 18 to 93 years). Participants were found to have an average of 2.17 chronic conditions, and identified a total of 94 different chronic illnesses. The three most frequent chronic conditions were arthritis (48.4%), high blood pressure (40.1%), and chronic pain (38.2%).

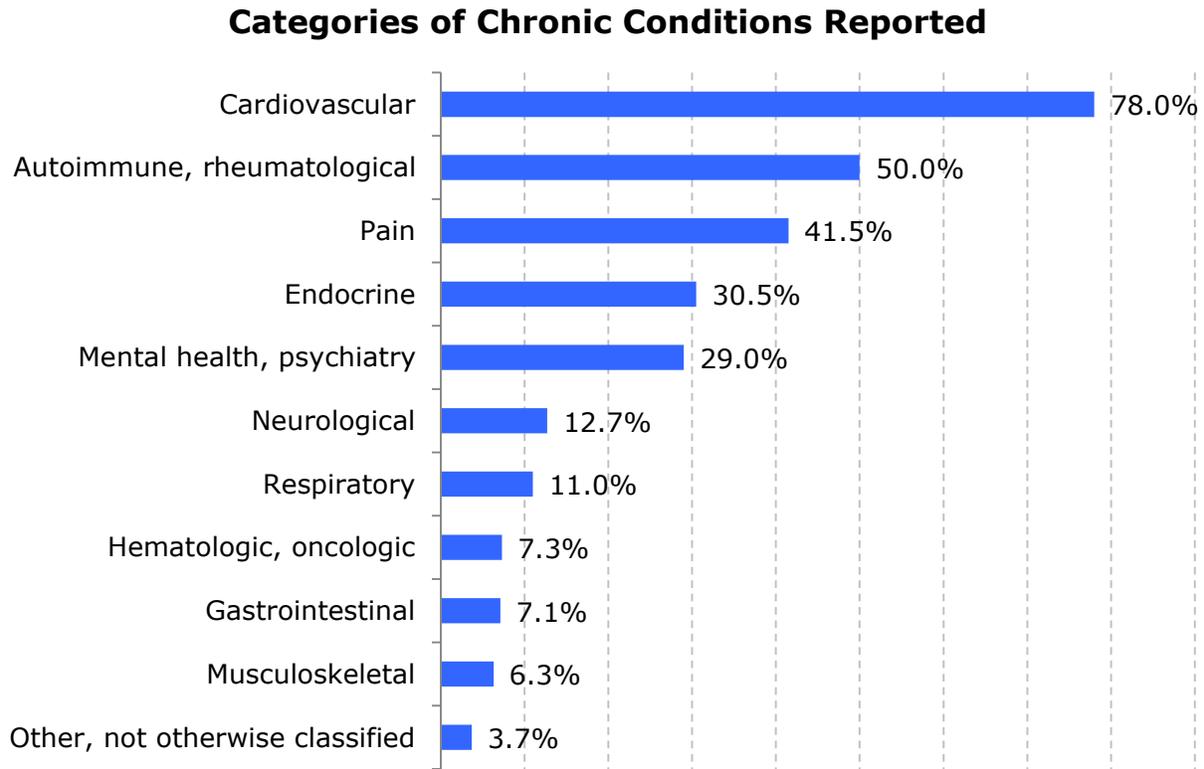
When the chronic conditions are categorized according to type, the most frequent type of chronic condition is cardiovascular (78.0%), which includes conditions such as high or low blood pressure, high blood cholesterol, heart disease, aneurysm and peripheral arterial disease (*Figure 2*). One-half of the participants reported having an autoimmune disease such as arthritis, rheumatism, lupus and Guillian Barre syndrome. Two in five participants (41.5%), reported chronic pain, or a pain-related disorder such as fibromyalgia or myofascial pain. Just under one-third of the participants (29.0%), reported having a mental health disorder, the most commonly reported being depression followed by anxiety.

By taking this course I learned how to get my life back in balance. I feel confidence dealing with my allergies and my Rhumatoid Arthritis medication. Now I am thinking beyond my body and my physical health. Learning how my mind and my body and spirit connected. I feel good about myself. Great course, very enlightening.

-GBT participant

A total of 238 participants included family physician information on their in-person or online evaluation form, and 6.3% reported they did not have a family doctor, which is substantially lower than last year when 15.7% of participants indicated that they didn't have a family doctor.

Figure 2.



(Allergy/immunology, dermatological, gynecological, liver/kidney, and urogenital conditions and infectious diseases 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 healthcare providers, family or friends, or another service organization. In most cases, the 'other organization' was the organization that hosted the sessions, such as Opportunities for Employment or Samaritan House (Figure 3). The increase in healthcare provider refer is a reflection of the system integration work that been on-going.

Figure 3.

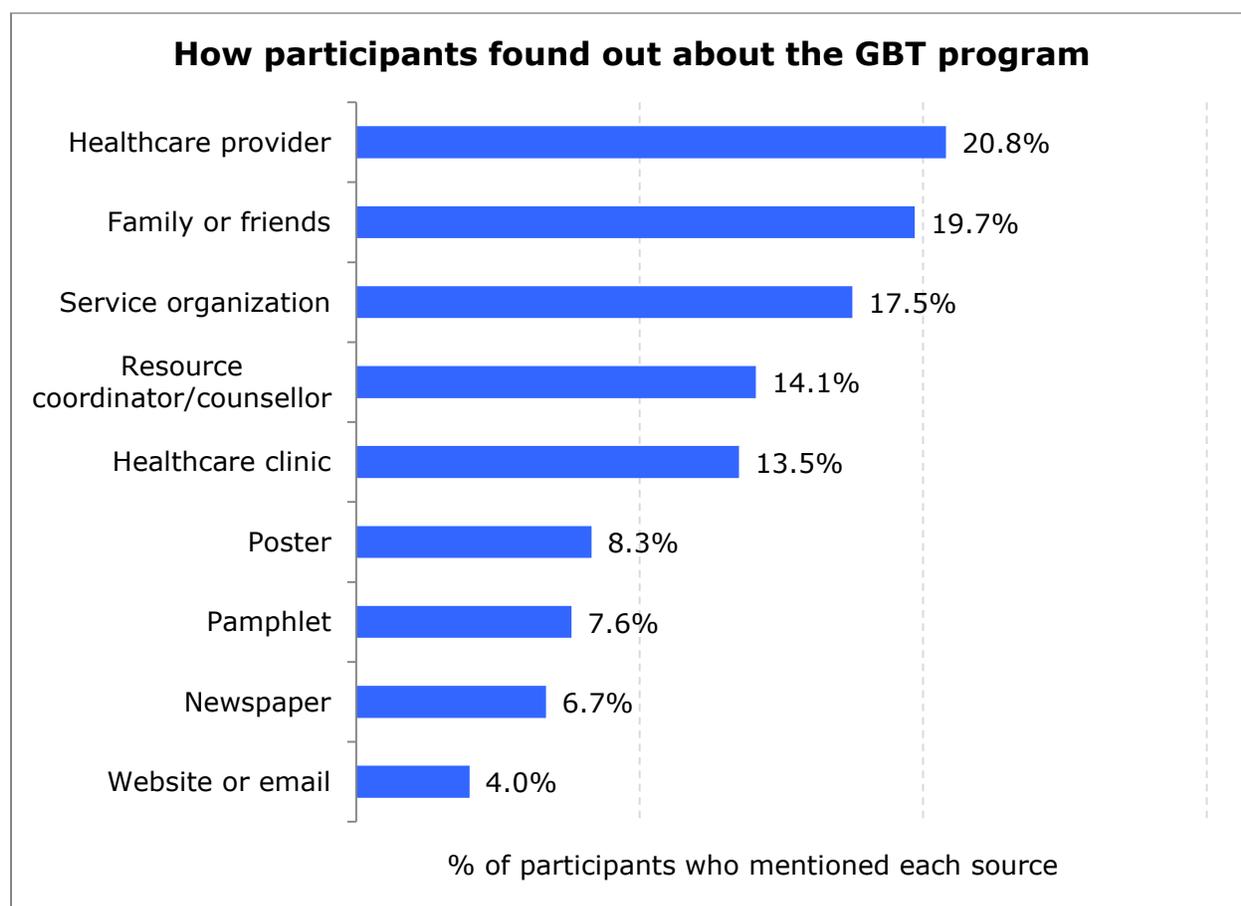


Table 2 provides a comparison of the 2017-2018 GBT in-person programming in Winnipeg and RHAs for participant rate and participant profile results.

Table 2.

Participation & Participant profile	Winnipeg Programs	RHA Programs
# of programs	23	29
# of participants registered	254	316
# who attended at least 1 session	245	295
Average # of participants per program	10.6	10.2
# who completed program	168	207
Completion rate	68.6%	70.2%
Average # of sessions attended	4.00	4.26
Average # of participant who complete program, by program	7.30	7.14

Gender (% female)	67.1%	76.2%
Average age	53.0 years	63.8 years
Age range	20 – 82 years	18 – 93 years
% married	27.4%	48.0%
% with post-secondary education	55.3%	51.6%
Average # of chronic conditions	2.34	2.07
# of different chronic conditions identified	75	65
3 Most common chronic conditions:		
Arthritis	47.3%	48.2%
Chronic pain	45.1%	
High blood pressure	38.5%	40.4%
Diabetes		31.6%
% who do not have a regular family doctor	7.9%	5.4%
How participants found out about GBT:		
Family/friends	16.3%	22.3%
Healthcare provider	13.8	26.3
Service organization	29.6	8.0
Clinic	12.8	14.0
Resource Coordinator/counsellor	11.7	16.0
Poster	7.1	9.2
Pamphlet	7.7	7.6
Web/email	4.6	3.6
Newspaper	5.1	8.0
Radio	0	1.2
Television	0	0.4
Other	1.0	1.6

Outcomes

Pre- and post-test measures of health and behavioural outcomes were administered by 17 of the programs, one of which was in French. 32 programs used a modified, shorter pre- and post- survey to measure client satisfaction and overall change in confidence to manage chronic disease. (One program used a combination of longer and shorter evaluation forms, and two programs did not submit any evaluation forms).

For the 17 programs that used evaluations which included questions on health and health-related behaviour, 69 participants completed evaluations at both pre- and post-program and these evaluations were used to analyze changes to health and behavioural outcomes. Another 92 participants had completed only a pre-program evaluation, and 11 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 A. 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, progressive muscle relaxation, and distancing themselves from their discomfort. It was less common for participants to cope by thinking of their pain as something other than discomfort, or by playing mental games to distract themselves. There was a significant increase overall in the use of such strategies, and a significant increase in two of the six specific strategies.

Trends were similar to previous years, with a slight 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 visits to the emergency room, but these differences were again not statistically significant. Medication compliance improved significantly throughout the course of the program, with the majority of participants always or almost always taking their medications as prescribed by post-program.

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 slight 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' frequency of engaging in aerobic exercise remained stable throughout the program, but there was a significant increase in the frequency of strengthening /stretching exercise by the end of the GBT program.

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 all six of the individual aspects.

Overall, the GBT program participants gained important tools and strategies to manage their chronic conditions, and these strategies have 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, 50.2% of the participants felt a lot more confident, and 41.6% felt a little more confident. Only 8.2% of participants had no change in their perceived confidence, and none of the participants felt less confident after the program.

Program Ratings

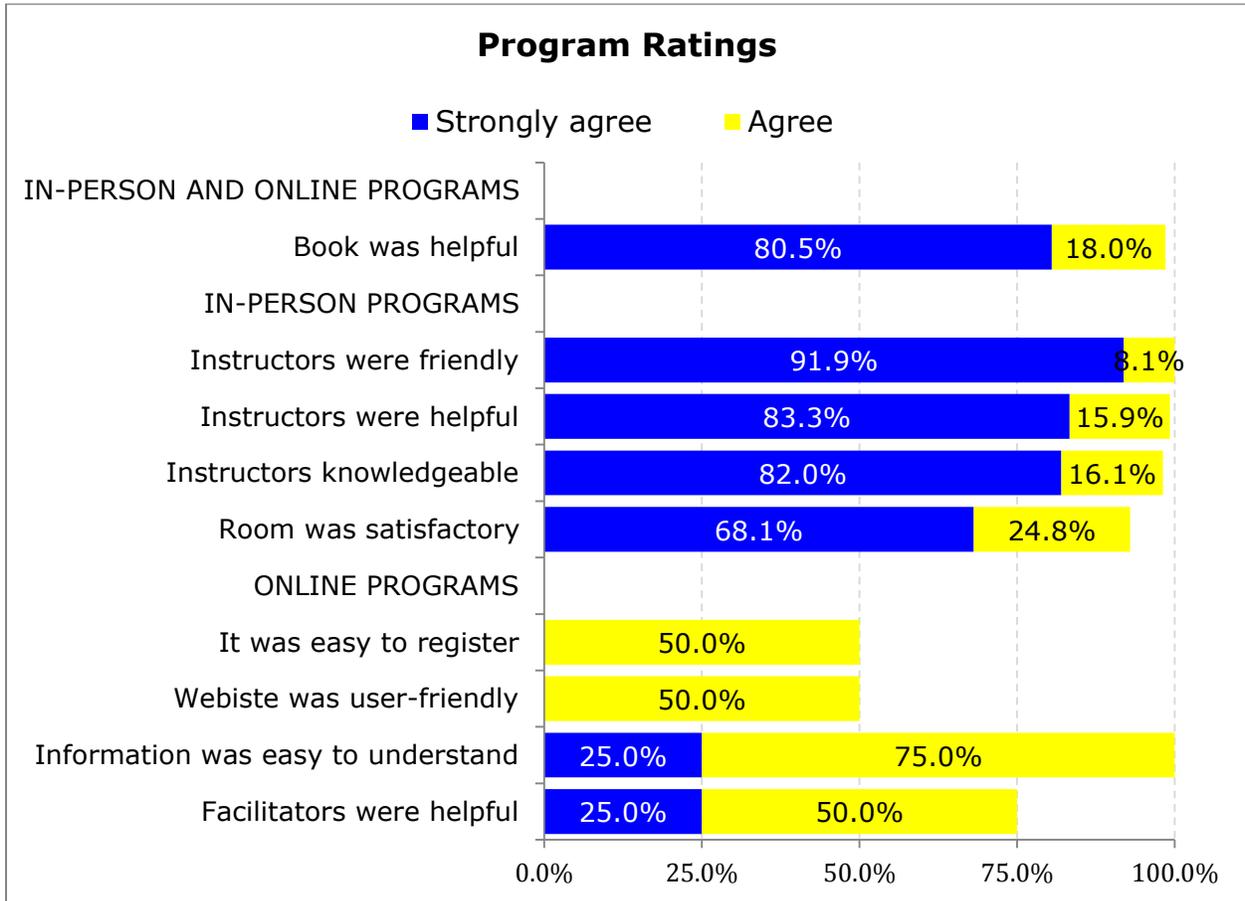
In-person and online participants were asked rate the GBT program on a variety of aspects. Participants at all sites rated the program very positively. Figure 4 shows the percentage of participants who agreed or strongly agreed with each aspect. The book, "*Living a Healthy Life with Chronic Conditions*,"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

This program gives you tools to deal with chronic health issues. It shows that there are no quick fixes. There are many options to managing chronic health conditions. There is great peer and facilitator support. It's realistic.

-GBT participant

Figure 4.



Participants were also asked to rate their overall satisfaction with the program. Two-thirds (64.7%) of the participants were very satisfied with the program, and 32.3% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 67.0% of participants would definitely recommend the program and 30.5% probably would.

Appendix B 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:

Inspiring classes that effect change in behaviour.

That it helps you deal with healthy ways to deal with your health conditions and find success.

I like that the group has homework and action plans so people become accountable. This group provides the opportunity to build social networks.

The support/understanding/coping with ability issues has been very beneficial overall - extremely helpful. I looked forward to every class.

Look into it. It would be helpful to help you with certain activities and stress issues, along with other health issues.

There is a lot of practical and doable advice and suggestions available for managing chronic health issues. I was thankful for being made aware of what these are!

I would encourage people to take the 6-week workshop. It was extremely helpful for me and others in group. Created changes for me eg. Exercise

Each of our group shared insights and supports from each of their unique life's journey and experience about caring for themselves and finding ways to live a healthier, happier life.

Even though your individual condition may not be addressed you will greatly benefit from the lessons learned.

We are in the boat together. Good to share and encourage one another.

Program introduces a lot of new ways to deal with your chronic condition which you may not have tried.

The more you can learn to help yourself manage and live with your disease the better and easier it is to deal with.

This program is excellent at helping understand the chronic disease has limitations but provides you with understanding and solutions, knowledge and suggestions, what you can do for yourself to help with your condition.

TRAINING

Training volunteers to become leaders is a key aspect of GBT. Three 24-hour Leaders' Trainings occurred in Manitoba in 2017-2018, as well as four Refresher sessions. These sessions were only offered in Winnipeg RHA and Southern Health – Santé Sud region, as other RHAs did not require new Leaders and/or were able to keep current Leaders active. This explains why we are a bit below our target numbers for trainers trained this year.

It is with sadness that we share that Lorne Mustard, Master Trainer from Brandon in the Prairie Mountain Health Region passed away. He was a strong Leader and will be missed by the GBT team.

Leader Training

There was an 96.4% completion rate, with 27 out of 28 trainees who attended the entire Leader training program graduating. Most of the participants, 19 out of 27, 70.4%, were staff and eight were volunteers. Eleven of the participants were from Winnipeg, five were from Southern Health – Santé Sud, and one was from Interlake-Eastern Health region. Another 10 trainees were from First Nations communities.

2017-2018 Training Implementation Schedule

Session	RHA	Program Site	Dates	Participated/ Certified
Training				
Fall 2017	Southern Health Santé Sud	Carman	September 2017	8 / 8
Fall 2017	Winnipeg Regional Health Authority	Wellness Institute	October 2017	10 / 10
Winter 2018	Winnipeg Regional Health Authority	Access River East	February 2018	10 / 9

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. 25 of the participants mentioned aspects of the program that they found valuable. Many of the participants identified aspects of the program such as action plans (5) and problem solving (1), as well brainstorming (4). Participants found the practice activities to be valuable (6), as well as the ability to review, ask questions and seek clarification (2). Other aspects that were mentioned by a few participants included the self-management tool box (2).

Participants valued the structured approach to facilitating the program, and the emphasis on program fidelity (3). They felt that the charts and posters were a helpful resource (3). They also appreciated the flexible, open-minded approach of the session facilitators (2) and how comfortable the facilitators made them feel (1).

Many of the participants (8) did not feel that any portion required more time; several of these felt that the time allotment was good as it was. Some of the participants felt that the opportunity to practice teach, receive feedback from these exercises, and view example scenarios could be expanded. A few participants

identified specific content areas that could have been further expanded, such as; brainstorming (2), problem-solving (2) or action plans (2), or specific topics such as weight loss (1) or depression (1).

Most of the participants (12 out of 14 who provided any response), felt that nothing needed to be shortened in the Leader Training program. One suggestion provided related to the length of time devoted to reviewing the previous session. Another participant would have liked to have the time spent in the participant role decreased, and the time in the leader role increased.

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 8.22 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 21 of the 26 participants who answered the question indicated that they definitely would while the remainder probably would. Overall satisfaction with the training program was extremely high, with 25 out of 26 participants who responded very satisfied and one participant mostly satisfied.

Thank you for the last couple of days of training. I have had a rough and isolated couple of years. For months now I've been looking forward to this volunteer opportunity, wanting to get out and help people who have suffered similarly. Leading up to training, however, I was extremely concerned and anxious about my comfort level while sitting in a class for long periods of time. I really appreciate the fact that I felt able to stand and move around during class, as sitting or standing in one spot becomes extremely uncomfortable for me. I don't think I would have been able to pursue this without the flexibility to stretch my legs, so thank you very much to both of you for creating an environment in which I felt comfortable.

-GBT Leader Trainee

Refresher Sessions

2017-2018 Refresher Implementation Schedule

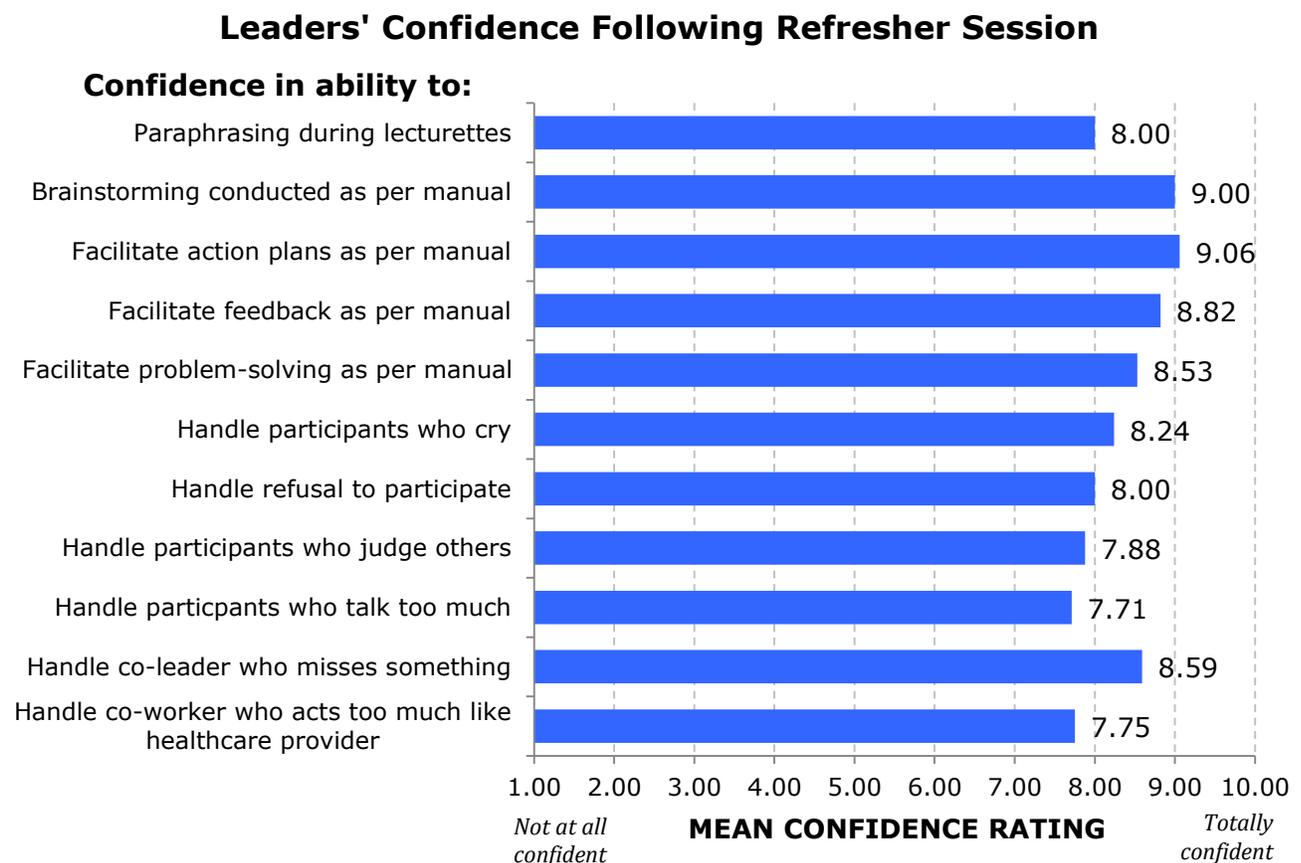
Session	RHA	Program Site	Dates	Participated
Fall 2017	Southern Health Santé Sud	Carman	Sept. 18	6
Fall 2017	Southern Health Santé Sud	Steinbach	Sept. 22	5
Fall 2017	Winnipeg Regional Health Authority	Wellness Institute	Nov. 29	13
Fall 2017	Winnipeg Regional Health Authority	Wellness Institute	Dec. 7	8

Four sessions of the Refresher courses were attended by 32 participants. Eighteen of these participants (56.2%) were staff and 14 were volunteers. All of the participants were from either the Winnipeg Regional Health Authority (21 participants) or from Southern Health – Sante Sud (11 participants).

As with the Leader Training sessions, participants completed evaluations about the Refresher Session, though only 3 of the 4 sessions submitted evaluations. The participants were asked to identify parts of the Refresher that they found valuable, that needed more time, and that needed to be shortened. Of the 17 participants who completed an evaluation, three felt that all parts of the Refresher were valuable. Five of the participants appreciated the coverage of Action Plans, particularly the videos that accompanied the section, while others mentioned the coverage of group discussions (4) and lecturettes (2). Other participants mentioned the summaries, explanation of the steps, and paraphrasing.

These participants also rated aspects of the session on a 10-point scale where 1= not confident at all and 10=totally confident, though the questions differed slightly from the Leader Training evaluations. Most of the participants felt very confident in their ability to facilitate the GBT workshops after the Refresher course; the average overall rating of confidence was 8.33.

Figure 6.



Appendix A:

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	2013/14		2014/15		2015/16 [¶]		2016/17		2017/18	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.33	3.24	3.46	3.23	3.32	3.06	3.39	3.26	3.51	3.40

¶ 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	2013/14		2014/15		2015/16 [¶]		2016/17		2017/18	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	4.06	4.37	4.06	4.13	4.94	4.35	3.86	4.14	4.31	4.37
# of visits to hospital ER	0.29	0.31	0.34	0.38	0.78	0.53	0.69	0.70	0.63	0.51
# times overnight in hospital	0.17	0.19	0.19	0.13	0.11	0.06	0.38	0.35	0.12	0.16
Number of nights in hospital	1.94	1.83	0.78	1.34	1.00	0.06	2.03	1.67	0.37	0.37

* 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..."

	2013/14		2014/15		2015/16 [¶]		2016/17		2017/18	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Prepare a list of questions for your doctor	2.33	2.56	2.17	2.29	2.06	2.33	1.74	2.09**	2.29	2.39
Ask questions about the things you want to know and things you don't understand about your treatment	3.02	3.22	3.17	3.17	2.72	3.44	2.74	2.74	3.08	2.96
Discuss any personal problems that may be related to your illness	2.98	3.10	3.00	3.00	3.17	3.17	2.61	2.79	2.82	2.82
OVERALL	2.76	2.97	2.81	2.84	2.65	2.98	2.39	2.54	2.74	2.72

* 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?"

	2013/14		2014/15		2015/16 [¶]		2016/17		2017/18	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Mean rating of compliance	4.62	4.71	4.30	4.22	4.12	4.22	4.56	4.56	2.66	3.40 ***

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

¶ 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	2013/14		2014/15		2015/16 [¶]		2016/17		2017/18	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Stretching or strengthening exercises (ROM, using weights etc)	1.58	1.96*	1.55	1.88	1.17	1.82	1.66	2.06*	1.81	2.37 **
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	1.92	2.43**	2.15	2.55	2.28	3.00	2.00	2.51*	2.30	2.34

* 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:	2013/14		2014/15		2015/16 [¶]		2016/17		2017/18	
	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	1.64	2.20**	1.70	1.64	1.61	1.78	1.72	1.66	2.17	2.18
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.29	1.59	1.47	1.59	0.89	1.50	1.09	1.26	1.42	1.84*
Play mental games or sing songs to keep your mind off the discomfort	1.41	2.29***	1.30	2.15***	1.11	1.56	1.35	1.86**	1.83	1.89
Practice progressive muscle relaxation	1.72	2.06	1.57	2.17**	1.47	1.89	1.55	2.16**	1.81	2.29*
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.08	1.84**	1.55	2.06*	0.94	1.72	1.22	2.28***	1.78	2.04
Talk to yourself in positive ways.	2.33	2.67	2.31	2.78*	2.59	2.72	2.28	2.67*	2.19	2.44
OVERALL	1.56	2.09**	1.70	2.08**	1.47	1.86	1.49	1.94***	1.86	2.13*

* 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¶		2017/17	
	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?	5.93	6.80*	5.74	6.53*	6.10	7.52	5.29	6.26* *	4.97	6.11**
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	6.00	6.67*	5.76	6.76**	5.64	7.09	5.12	6.10* *	4.95	6.33***
Keep the emotional distress caused by your disease from interfering with the things you want to do?	6.67	6.98	5.97	7.00*	6.32	7.05	5.13	6.08* *	5.19	6.00*
Keep any other symptoms or health problems you have from interfering with the things you want to do?	6.35	7.20*	6.55	6.67	6.05	7.50	5.29	6.28***	5.32	6.13*
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	6.80	7.63*	6.41	7.35*	6.44	7.83	5.91	6.28	5.55	6.40*
Do things other than just taking medication to reduce how much your illness affects your everyday life?	6.98	7.74	7.09	7.11	6.11	7.50	5.92	6.59*	5.65	6.48*
OVERALL	6.45	7.17**	6.20	6.88*	6.09	7.37	5.38	6.21* *	5.29	6.24**

* 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 B:
Results by Region

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

Instructors were friendly (n=271):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	103	94.2%	5.8%	0%	0%
Southern Health – Santé Sud	45	95.6	4.4	0	0
Prairie Mountain Health	79	87.3	12.7	0	0
Interlake-Eastern Regional Health Authority	36	88.9	11.1	0	0
Northern Regional Health Authority	8	100	0	0	0

Instructors were helpful (n=270):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	102	86.3%	12.7%	1.0%	0%
Southern Health – Santé Sud	45	88.9	8.9	2.2	0
Prairie Mountain Health	79	75.9	24.1	0	
Interlake-Eastern Regional Health Authority	36	83.3	16.7	0	0
Northern Regional Health Authority	8	87.5	12.5	0	0

Instructors were knowledgeable (n=267):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	102	83.3%	15.7%	0%	1.0%
Southern Health – Santé Sud	44	84.1	11.4	4.5	0
Prairie Mountain Health	79	79.7	19.0	1.3	0
Interlake-Eastern Regional Health Authority	35	80.0	17.1	2.9	0
Northern Regional Health Authority	7	85.7	14.3	0	0

Meeting room was satisfactory (n=270):

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	102	78.4%	16.7%	3.9%	1.0%
Southern Health – Santé Sud	45	66.7	24.4	8.9	0
Prairie Mountain Health	79	64.6	29.1	5.1	1.3
Interlake-Eastern Regional Health Authority	36	50.0	38.9	11.1	0
Northern Regional Health Authority	8	62.5	25.0	12.5	0

Book was helpful (n=272)*:

RHA	#	Strongly agree	Agree	Mildly Agree	Disagree
Winnipeg Regional Health Authority	103	78.6%	19.4%	1.0%	1.0%
Southern Health – Santé Sud	46	89.1	8.7	2.2	0
Prairie Mountain Health	78	80.8	17.9	1.3	0
Interlake-Eastern Regional Health Authority	37	75.7	24.3	0	0
Northern Regional Health Authority	8	75.0	25.0	0	0

*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=269):

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	100	44.0%	44.0%	12.0%	0%
Southern Health – Santé Sud	45	66.7	28.9	4.4	0
Prairie Mountain Health	78	56.4	38.5	5.1	0
Interlake-Eastern Regional Health Authority	36	33.3	55.6	11.1	0
Northern Regional Health Authority	8	50.0	50.0	0	0

*Includes both online and in-person program participants

Satisfaction with the GBT program (n=269*):

RHA	#	Very satisfied	Mostly satisfied	Indifferent or mildly satisfied	Quite dissatisfied
Winnipeg Regional Health Authority	99	67.7%	28.3%	4.0%	0
Southern Health – Santé Sud	46	80.4	17.4	2.2	0
Prairie Mountain Health	79	55.7	40.5	3.8	0
Interlake-Eastern Regional Health Authority	37	59.5	40.5	0	0
Northern Regional Health Authority	8	50.0	50.0	0	0

*Includes both online and in-prson program participants

Would you recommend the GBT program to a friend or family member who might need it? (n=285)*:

RHA	#	Yes definitely	Yes, I think so	No, I don't think so	No, definitely not
Winnipeg Regional Health Authority	103	67.0%	30.1%	2.9%	0%
Southern Health – Santé Sud	46	80.4	15.2	4.3	0
Prairie Mountain Health	79	60.8	36.7	2.5	0
Interlake-Eastern Regional Health Authority	49	71.4	28.6	0	0
Northern Regional Health Authority	8	25.0	75.0	0	0

*Includes both online and in-person program participants