

Get Better Together

for living better with health issues

Final Report
2018-2019



Participating
Regional Health
Authorities



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TABLE OF CONTENTS

Program Highlights & Recommendations	3
Program Overview	4
Key Activities	5
GBT Manitoba Program Integration & Updates	6
Regional Implementation	10
Overview	11
<i>Implementation of programs by RHAs</i>	12
<i>Implementation of Leader Trainings</i>	16
GBT Programming	17
<i>Participant Rate</i>	17
<i>Participation Profile</i>	17
<i>Outcomes</i>	22
Program Ratings	23
Training	26
Appendix A	
<i>GBT Manitoba Health and Behavioural Outcomes</i>	30
Appendix B	
<i>Results by Region</i>	36

Get Better Together Manitoba Program

2018-2019

Manitoba's version of the Chronic Disease Self-Management Program (CDSMP), Get Better Together (GBT), continues to be a well received evidence based program. This report includes all GBT program activities in Manitoba.

PROGRAM HIGHLIGHTS & RECOMMENDATIONS

Highlights

A total of 56 programs ran this year including two province-wide online programs. In 2018-19, 36 Leaders were certified and 19 Leaders attended the Leader Refresher sessions. 580 persons participated in the program this year and 411 completed (attended 4 sessions or more), an increase from 382 completing the program last year and 293 completing the program in 2016-2017. The national average completion rate for CDSMP is 72% and so Manitoba is right on target this year with 71%.

Most of the program participants were female (69.3%), with an average age of 58.4 years (range of 18 to 97 years). Participants were found to have an average of 2.77 chronic conditions, and identified a total of 99 different chronic illnesses. The three most frequent chronic conditions were arthritis (44.5%), high blood pressure (36.6%) and chronic pain (33.7%). GBT Health behaviour outcomes continue to show statistically significant improvements over the course of the program.

The Wellness Institute (WI) collaborated with the Province of Alberta to offer two joint online CDSMP Online workshops this year. 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.

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.
- Continue to explore new methods of promoting the program in partnership with RHAs.
- Coordinate Leader and Master Trainer training sessions across the province to maintain program fidelity and license requirements of the Self-Management Resource Center (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.
- Work together with other Canadian Provinces to reinstate the Chronic Disease Self-Management Program (CDSMP) Online program in Canada.
- Launch the Workplace Chronic Disease Self Management Program (wCDSMP) as part of health and wellness initiatives to reach employees at their workplace.
- Implement the Powerful Tools for Caregiver (PTC) Program in Manitoba. The PTC curriculum was developed in collaboration with Dr. Kate Lorig and Stanford University and so the program closely resembles CDSMP. The program is for caregivers and helps to reduce stress, improve self-confidence and communication, find balance and identify valuable community resources.

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.

"What a great 6 week program and resource book! We all need these resources and support. Got this old girl back to exercising – which is good for this body. I will read the book over and over again. Everyone should take this course!"

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.

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 each week. The companion book for the workshop is "*Living a Healthy Life with Chronic Conditions*", 4th Edition, the same as for the in-person program.

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;
- Aligned efforts with a health equity lens support 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;
- Supported electronic medical records referral for those with access;
- 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 two CDSMP online programs, Better Choices Better Health[®];
- Utilized MB Telehealth for a GBT program as well as a Leader Training;
- Worked with established My Health teams to integrate opportunities for support.

Winnipeg specific:

- Delivered 23 programs in Winnipeg in all corners of the city;
- Partnered with a variety of host sites as per the host site agreement;
- Broadened reach through a health equity lens and expanded more into apartment blocks and housing complexes such as 101 Marion, Autumn House, Arlington House, Willow Centre Inc. and The Cornerstone Life Lease Estates;
- Fulfilled re-occurring schedule with Opportunities for Employment (OFE), a not-for profit organization helping individuals secure work, to build consistency and familiarity;
- 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;
- Winnipeg Master Trainers were trained on wCDSMP through SMRC;
- 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 with access to EMR platforms systems. Referral numbers from EMR for RHAs are included in the Implementation of Programs by RHA section of this report. The EMR form was translated into French this year to aid the Manitoba Francophone population.

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

Connecting with The My Health Teams was one of our main goals this year and was met with success. WI was present at a few of the Provincial My Health Team workshops this year to share information, resources and lessons learned related to

GBT. Also, GBT was incorporated as a follow up program for attendees of The My Health Team led Living Well with Pain program. The programs complemented each other well and will be a part of future planning.

WI met with specialists from the WRHA Chronic Disease Collaborative to explore reach and how to best continue to build capacity within the GBT program and other chronic disease programming. Both parties agreed that there is a lack of resources and programming specific for caregivers in our province. Caregivers are encouraged to attend GBT but often do so as a support person and so their focus isn't necessarily on them and their health.

As our population continues to age it is critical that the health and wellbeing of caregivers is addressed to avoid a greater burden on the health care system. Evidence-based programs such as Powerful Tools for Caregivers (PTC) can alleviate psychological stress on caregivers which in turn can reduce the burden on the health care system. WI will explore and pilot the offering PTC as an additional self-management program for Manitobans. Topics covered in the six week program include:

1. Taking care of you
2. Identifying and reducing personal stress
3. Communicating feelings, needs and concerns
4. Communicating in challenging situations
5. Learning from our emotions
6. Mastering caregiving decisions

A description of GBT and class schedules are included in the Health Management Group Program Schedule released by the Winnipeg Health Region.

TeleCare and GBT will collaborate on representation at booths and exhibits at local and Provincial events when applicable.

In terms of national collaboration, WI staff took part in the CDSMP National Teleconference in November. Topics discussed were the Diabetes Self-Management Program update, the Health Coach Program and updates from organizations offering CDSMP across Canada.

A GBT staff participated in the Self-Management Health Coach Program in August 2018. The Health Coach Program is a telephone-based program that provides social, educational and emotional support to encourage people to become effective self-managers. Through weekly telephone interaction with participants, Coaches provide support and guidance with health challenges to achieve better health outcomes through empowerment, encouragement and support.

Marketing & Communications

New promotional items including re-useable cloth bags, pens (*displayed to the right*) were purchased to assist with GBT advertising. To ensure we are raising our profile and reaching our target demographic, WI requested the input of current GBT leaders and advocates of the program on what type of marketing and communication channels they recommend.

Province wide promotion included advertising in the Winnipeg Free Press, Senior Scope, 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 2018 Seniors Housing and Lifestyles Expo, the Manitoba Liquor & Lotteries 55 Plus Games in Glenboro, 27th annual Provincial Palliative Conference (*exhibitor booth pictured below*), the Diabetes Canada Type 1 Diabetes Showcase and the Arthritis Society Resource Fair and Webcast: " Pain: Relief is Within Reach"



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 encourages GBT programming in First Nation communities, however implementation has been slow. It can be a challenge to fund the additional travel and accommodations costs.

GBT was offered in Swan Lake First Nation in collaboration with the Southern Health – Sante Sud Health Region in 2018-2019.

Seven Tribal Council Diabetes Coordinators from across Manitoba were trained as GBT Leaders in 2017-2018. A leader from this training was influential in a program offered in the Prairie Mountain Health region this fall.

All GBT staff completed the SAN' YAS: Manitoba Indigenous Cultural Safety Training (MICST) Course offered through the Winnipeg Regional Health Authority. This training aims to improve staffs' ability to develop and deliver culturally safe care and programming.

In addition, there is a Canada wide Indigenous CDSMP teleconference call that takes place every few months that WI and RHA coordinators are a part of. This is a great place to get ideas and see what other provinces are doing in terms of First Nation involvement.

Online CDSMP

In 2018-2019, 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 24 slots between the two programs and were able to register 23 Manitobians. A total of 18 started and participated in at least one session and 13 completed the program by logging on four or more sessions.

It was announced in March 2019 that Canary Health; the digital licensed provider, was ceasing all programming from Canada. Canadians will therefore be unable to access the CDSMP in the online format going forward. GBT will work with other Canadian Provinces to reinstate the CDSMP online program in Canada and explore other options for online delivery in Canada.

GBT via Telehealth

Telehealth is a viable option to reach those living in rural and remote communities; therefore Manitoba will continue to use Telehealth for training. MBTelehealth was used to facilitate a GBT program this year with the community of Snow Lake in the Northern Regional Health Authority. Program set-up included Winnipeg as a host site with two GBT leaders; no participants, and one remote site; Snow Lake with eight participant starts. Six residents completed four or more classes and

articulated that without telehealth hook up they wouldn't have had the opportunity to take this course. They were very appreciative.

Workplace CDSMP (wCDSMP)

Two Master Trainers were cross trained online through SMRC on how to facilitate and train leaders on the wCDSMP program. The main difference between CDSMP and wCDSMP is the time frame. The meetings occur twice weekly for 60 minutes each and Action Plans and Feedback are only done in alternative sessions and so are for less than a week. Program activities have been adjusted to be more applicable to those individuals in the workforce and include topics such as stress and mindful breathing and managing back pain.

The wCDSMP in Manitoba will be referred to as Get Better Together At Work and it will be launched at a Winnipeg workplace in 2019-2020. WI will pilot its delivery in Winnipeg prior to integrating it across the RHAs.



REGIONAL IMPLEMENTATION

This is the twelfth year that the Wellness Institute has been offering GBT and helping residents better manage their health conditions. Most RHAs participated in 2018-2019, with a total of 54 programs compared to 53 in 2017-2018, and 42 in 2016-2017. This year, Winnipeg delivered 23 in-person programs which was the same as in 2017-2018, and RHAs outside of Winnipeg delivered a total of 31 compared to 29 last year. In addition, two province-wide online programs were offered this year.

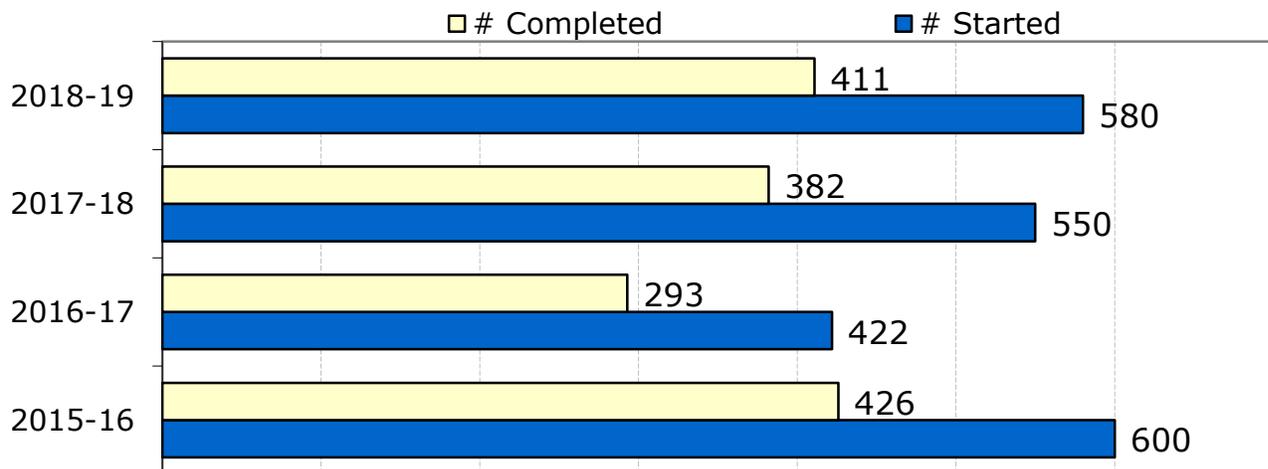
"The group approach helps you to focus on better managing problems. Sharing with others and getting feedback is beneficial."

Overview

RHA	# of Leaders/ Master Trainers certified 2018-19	# of Programs Delivered 2018-19	# of Participants Attended/ Completed 2018-19
Southern Health -Santé Sud	5 / 0	3	33 / 22
Prairie Mountain Health	8 / 0	15	145 / 101
Interlake- Eastern Regional Health Authority	8 / 0	9	80 / 51
Northern Regional Health Authority	1 / 0	4	27 / 20
Churchill Health Centre	0 / 0	0	0 / 0
Winnipeg Regional Health Authority	14 / 0	23	277 / 204
Online		2	18 / 13
TOTAL	36 / 0	56	580 / 411

Figure 1:

Number of GBT Participants who started and completed the program, 2015-2019



Implementation of Programs by RHA

Southern Health – Santé Sud

Location	Start Date	Time	# of Participants Attended / Completed
Swan Lake	April 3/18	1:00-3:30	12 / 4
Dominion City	April 11/18	9:30-12:00	12 / 10
Portage la Prairie	April 13/18	1:00-3:30	9 / 8
		TOTAL	33 / 22

- There were three successful programs in the Southern Health – Santé Sud.
- Six programs were cancelled due to low registration, one of which was French. In addition, one French program was postponed.
- GBT promotion was targeted to various outlets such as Doctor Finder, Nutrition services, Chronic Disease Network, Manitoba Metis, Services to Seniors, Volunteer Manitoba and Spiritual Care.
- One Leader Training was scheduled in 2018-19 but this session was cancelled. However, five new leaders from Southern Health – Santé Sud were certified at a training session held in Winnipeg.
- One Refresher Session was offered this year and a total of 7 leaders participated in this Refresher.
- No individuals living in Southern Health – Santé Sud participated in the GBT Online program.
- There was one referral received via EMR in 2018-2019.

Prairie Mountain Health

Location	Start Date	Time	# of Participants Attended / Completed
Brandon River Heights Terrace	March 8/18	1:30-4:00	13 / 4
Benito	April 19/18	6:00-8:30	4 / 3
Brandon Samaritan House	April 23/18	9:00-11:30	13 / 11
Glenboro	May 1/18	1:00-3:30	11 / 6
Neepawa	May 1/18	1:00-3:30	7 / 5
Brandon Samaritan House	July 18/18	9:00-11:30	13 / 11
Brandon	August 1/18		10 / 2
Brandon Canadian National Institute of the Blind (CNIB)	October 4/18	1:00-3:30	5 / 5
Winnipegosis	October 16/18	6:00-8:30	3 / 1

Brandon Samaritan House	October 18/18	9:00-11:30	15 / 14
Rapid City	October 20/18	9:30-12:00	8 / 6
Roblin	January 16/19	1:00-3:30	8 / 6
Brandon 7 th St. Access	January 28/19	2:00-4:30	8 / 4
Brandon Samaritan House	January 30/19	9:00-11:30	14 / 12
Brandon Winnipeg House	January 30/19	2:00-4:30	13 / 11
		TOTAL	145 / 101

- 15 programs were delivered this year in Prairie Mountain Health (PMH).
- One additional program was planned but did not run due to low registration.
- A GBT display was set up at the first Prairie Mountain Health Share and Learn, which is the local take on a Healthy Together Now Provincial conference.
- The PMH website highlights GBT promotional items and the GBT EMR form.
- PMH shared some feedback they received, including this comment from a Rapid City participant:

"Our group leaders were very welcoming to us each week, consistently friendly and cheerful and very positive in their outlook and presentations. Both ladies were clear about what they wanted to share with us, were very organized with their information, gentle and had good control of group discussions and problem-solving activities"

- The collaboration with GBT and the Shilo Military Base continues.
- There were eight EMR GBT referrals received in the region.
- One Leader Training session was offered with eight new leaders certified.
- There was also one Refresher session held which was attended by six leaders.
- Seven individuals living in the Prairie Mountain Health region participated in one of the two online programs, and five of them completed the program.

Northern Regional Health Authority

Location	Start Date	Time	# of Participants Attended / Completed
Snow Lake (via Telehealth)	April 10/18	1:00-3:30	8 / 6
Flin Flon	April 21/18	6:30-8:30	5 / 4
The Pas/OCN	September 27/18	6:30-9:00	9 / 6
Flin Flon	January 14/19	1:30-4:00	5 / 4
		TOTAL	27 / 20

- Four programs were delivered in 2018/19 in the Northern RHA.
- There were no Leader Training sessions offered in the Northern region, but one individual from this area attended a training session held in Winnipeg.
- There were no Refresher sessions offered this year.
- None of the participants in the online programs were from the Northern RHA region.
- 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
Hadashville	March 4/18	12:00-2:30	10 / 5
Stonewall	April 19/18	1:00-3:30	4 / 3
Gimli	May 8/18		10 / 5
Victoria Beach	September 14/18	1:00-3:30	9 / 8
Warren	September 21/18	1:00-3:30	16 / 12
Whitemouth	September 25/18	1:00-3:30	5 / 5
Ashern	October 3/18	1:00-3:30	13 / 7
Selkirk	January 9/19	1:00-3:30	6 / 2
Gimli	February 25/19	9:30-12:00	7 / 4
		TOTAL	80 / 51

- Nine programs ran in the Interlake Eastern Regional Health Authority (IERHA) this year.
- Five programs were planned but were cancelled due to low registration.
- Community newspapers in the IERHA provide space in the community events section for free to help promote GBT.
- GBT was endorsed in an article written by a Wellness Facilitator in the IERHA September e-newsletter (*displayed to the right*).

There is Help and Hope - with Get Better Together!

Well summer is over, and it's back to regular routines. Were you able to incorporate healthy changes into your lifestyle this summer? Or . . . is summer a time when we let things slide? Sometimes we have difficulty committing to making positive changes, but the good news, even for those with chronic health conditions, is that there is help and hope, and it is possible to make small – but realistic, changes. Read on!

Living with a chronic health condition is, in reality, not that rare. In fact, **one in three** people live with a chronic health condition, which can involve chronic pain, anxiety, strained relationships with family and those closest to you, lack of energy, reduce mobility, and frustration with not being able to participate fully in activities, just to name a few challenges.

Here is where the help and hope come in! "Get Better Together" is a 6 week program (2 ½ hours once a week), designed to help individuals learn to manage their health better. The program teaches important self-management skills such as goal setting, tips on making healthy changes, basic health information, pain management, and dealing with emotions that can result from living with a chronic condition. According to studies, those who've participated in the program report fewer days spent in hospital, more healthy behaviors, and overall better health status, lasting well beyond the program.

To quote a participant, "There is help and hope for your condition to make your life better!" With a good evidence based program such as Get Better Together (developed by Stanford University and studied extensively), as well as peer support, trained peer leaders, and a fresh start, making small but lasting health changes are possible.

- An article about GBT was published in the regions Home Care newsletter.
- There was one Leader Training session that was held in the IERHA region via Telehealth, and eight new leaders were certified.
- Five IERHA residents participated in the GBT Online program and three completed the program.
- The IERHA does not utilize EMR yet for referral.

Winnipeg

Location	Start Date	Time	# of Participants Attended / Completed
Cornerstone Apartments	April 10/18	1:00-3:30	19 / 16
Canadian Mental Health Association (CMHA)	April 19/18	2:00-4:30	11 / 6
Gwen Sector	April 19/18	1:00-3:30	8 / 6
Opportunities for Employment (OFE)	May 1/18	1:00-3:30	20 / 13
Nine Circles – Offered PSMP	May 2/18	5:00-7:30	5 / 3
101 Marion	May 25/18	9:30-12:00	7 / 5
Mount Carmel Clinic	June 11/18	1:00-3:30	5 / 3
Fort Garry Women’s Resource Centre	June 26/18	9:30-12:00	5 / 3
OFE	June 26/18	1:00-3:30	23 / 14
Nine Circles	September 11/18	1:30-4:00	9 / 7
Wellness Institute	October 11/18	1:00-3:30	15 / 12
Cornerstone Apartments	October 17/18	1:00-3:30	12 / 12
CMHA	October 26/18	10:00-12:30	4 / 2
OFE	October 30/18	1:00-3:30	22 / 17
Access Transcona	November 1/18		8 / 6
Willow Centre	November 8/18	1:00-3:30	8 / 6
OFE	January 22/19	1:00-3:30	20 / 14
CMHA	February 13/19	10:30-1:00	8 / 8
Access River East	February 14/19	1:00-3:30	6 / 5
Good Food Club	February 21/19	1:00-3:30	13 / 9
Autumn House	March 11/19	1:00-3:30	10 / 10
Arlington House	March 11/19	1:00-3:30	8 / 7
OFE	March 19/19	1:00-3:30	20 / 13
		TOTAL	277 / 204

- A total of 23 programs ran in Winnipeg in 2018-2019.
- Five programs were cancelled due to low registration or staffing problems and one was postponed.

- Programs were delivered in two new sites this year including the Good Food Club (GFC) in West Broadway whose mission is to empower members to eat healthier, gain new skills and build community and at the Cornerstone Life Lease Estates, a 55+ complex.
- GBT continued to build it's strong partnership with Opportunities for Employment (OFE) and offered five programs at this site.
- 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), OFE (helps individuals find employment), and Mount Carmel Clinic (works together with people, families and communities to enhance lifelong health and wellbeing in the Winnipeg Downtown).
- With mental health and psychiatry becoming more commonly reported chronic illnesses over the last couple of years, the partnership built with the Canadian Mental Health Association (CMHA) remains crucial. Three programs were offered at CMHA this year.
- One PSMP program geared to those who are HIV positive was offered at Nine Circles.
- Presentations were made to patients of the SOGH Day Hospital, SOGH Mental Health Unit, Health Sciences Centre Spine Assessment Clinic and Myasthenia Gravis Support group.
- Presentations were made to patients at the relocated Mental Health units at Victoria General Hospital. This visit allowed for an opportunity to promote registration for spring programming but also for GBT staff to connect with the Recreation Coordinators at this site.
- Electronic advertising was done through the WI email list, website, Facebook, Instagram and Health Care Connection.
- GBT was highlighted in an article in the local Times newspaper.
- GBT was represented a several events this year hosted specifically for those living in Winnipeg including: 2018 Active Aging Day, The Broadway Seniors Resources Fair, Kildonan Place Health Fair, and Sara Riel Inc. Mental Wellness: Networking and Resource Expo
- Two Leader Trainings were offered this year and a total of 14 new leaders were certified.
- One Refresher course was offered this year with six participants.
- Six Winnipeg residents participated in the GBT Online program and 5 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	April 16, 18, 23, 25 / 18	8	0
Prairie Mountain Health	April 19, 20, 26, 27 / 18	8	0
Winnipeg	October 16, 17, 23, 24 / 18	12	0
Interlake – Eastern Regional Health Authority	January 21, 22, 26, 27 / 19	8	0
TOTAL:		36	0

Refresher Sessions

RHA	Dates	Attended Leader Refresher Session
Prairie Mountain Health	May 25/18	6
Southern Health – Santé Sud	September 18/18	7
Winnipeg	November 13/18	6
TOTAL:		19

GBT Programming

Participation Rate

An average of 7.4 people completed per program. This compares to an average of 7.2 people per program who completed last year. 65 of the non-completing participants gave the Leaders reasons for not completing the program. Some of the more common reasons that people were not able to complete the program were illness or conflicting schedules. Ten of the participants at programs offered by OFE had obtained employment and withdrew for that reason.

Participant Profile

A total of 56 in-person and online GBT programs were delivered in 2018-19, with 609 individuals registering and 580 attending at least one class.

Of those who had attended at least one session in the 56 programs, 411 participants completed the program (attended at least four out of six sessions). The

completion rate (70.9%) was consistent with previous years (69.4% in 2017/18 and 70.0% in 2016/17). The average number of sessions participants attended was 4.25.

Table 1. Demographics

DEMOGRAPHICS	2014-15	2015-16	2016-17	2017-18	2018-19
# registered	545	654	442	583	609
# who attended at least one session	529	600	422	550	580
# completed program	368	426	293	382	411
Average # of classes attended	4.13	4.12	4.27	4.15	4.25
# completed long pre & post evaluations	46	18	75	69	84
# completed short/online pre & post evaluations	113	236	133	182	82
Gender: Female (%)	76.7%	80.3%	76.5%	72.6%	69.3%
Age: Average (years)	59.5	59.1	56.9	58.8	58.4
Marital Status: Married (%)	46.9%	44.2%	36.6%	38.8%	33.1%
Education: At Least Some Post-Secondary (%)	52.7%	55.1%	52.1%	53.3%	53.1%
# of Chronic Conditions (Average)	2.33	2.43	2.25	2.17	2.77

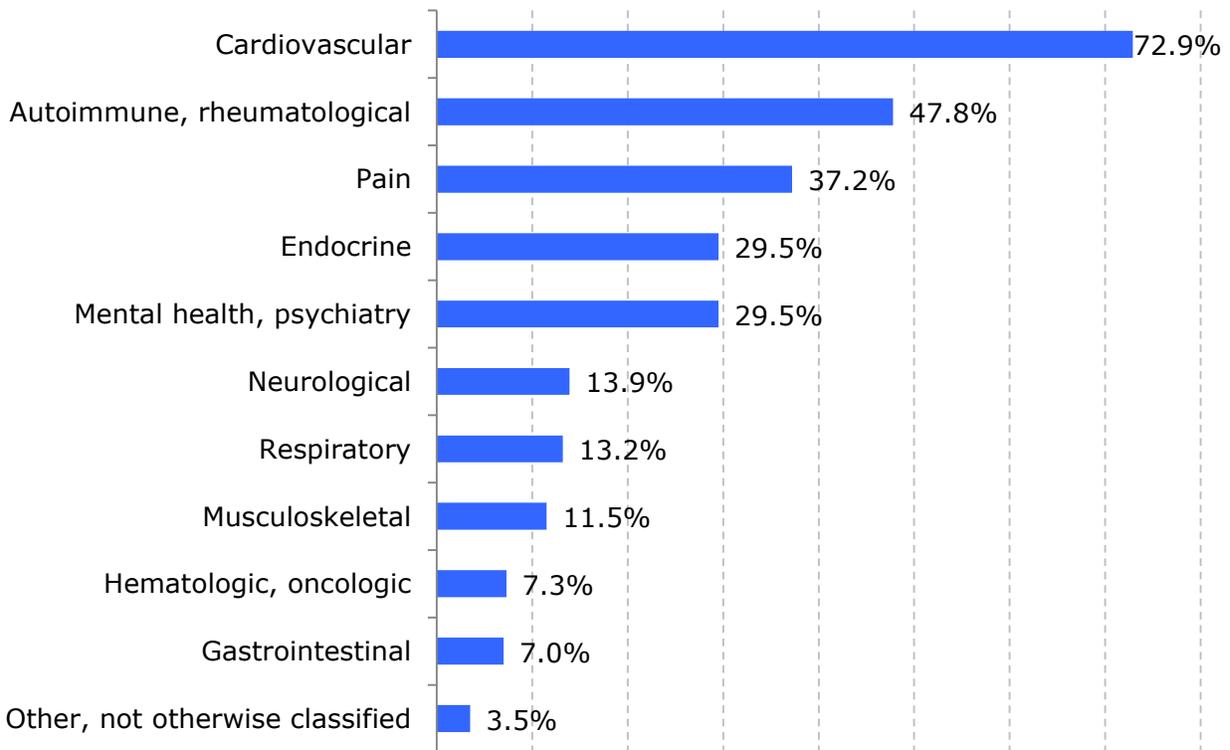
Most of the participants were female (69.3%), with an average age of 58.4 years (range of 18 to 97 years).

Participants reported an average of 2.77 chronic conditions and identified 99 different chronic illnesses. The three most frequent chronic conditions were arthritis (44.5%), high blood pressure (36.6%), and chronic pain (33.7%). When the chronic conditions are categorized according to type, the most frequent type of chronic condition was cardiovascular (72.9%), which includes conditions such as high or low blood pressure, high blood cholesterol, heart disease, aneurysm and peripheral arterial disease (*Figure 2*). Almost one-half of the participants (47.8%), reported having an autoimmune disease such as arthritis, rheumatism, lupus and Guillian Barre syndrome. Two in five participants (47.2%), reported chronic pain, or a pain-related disorder such as fibromyalgia or myofascial pain. Just under one-third of the participants (29.5%), reported having a mental health disorder, the most commonly reported being depression followed by anxiety.

A total of 299 participants included family physician information on their in-person or online evaluation form, and 12.4% reported they did not have a family doctor, which is an increase from last year when 6.3% of participants indicated that they didn't have a family doctor.

Figure 2.

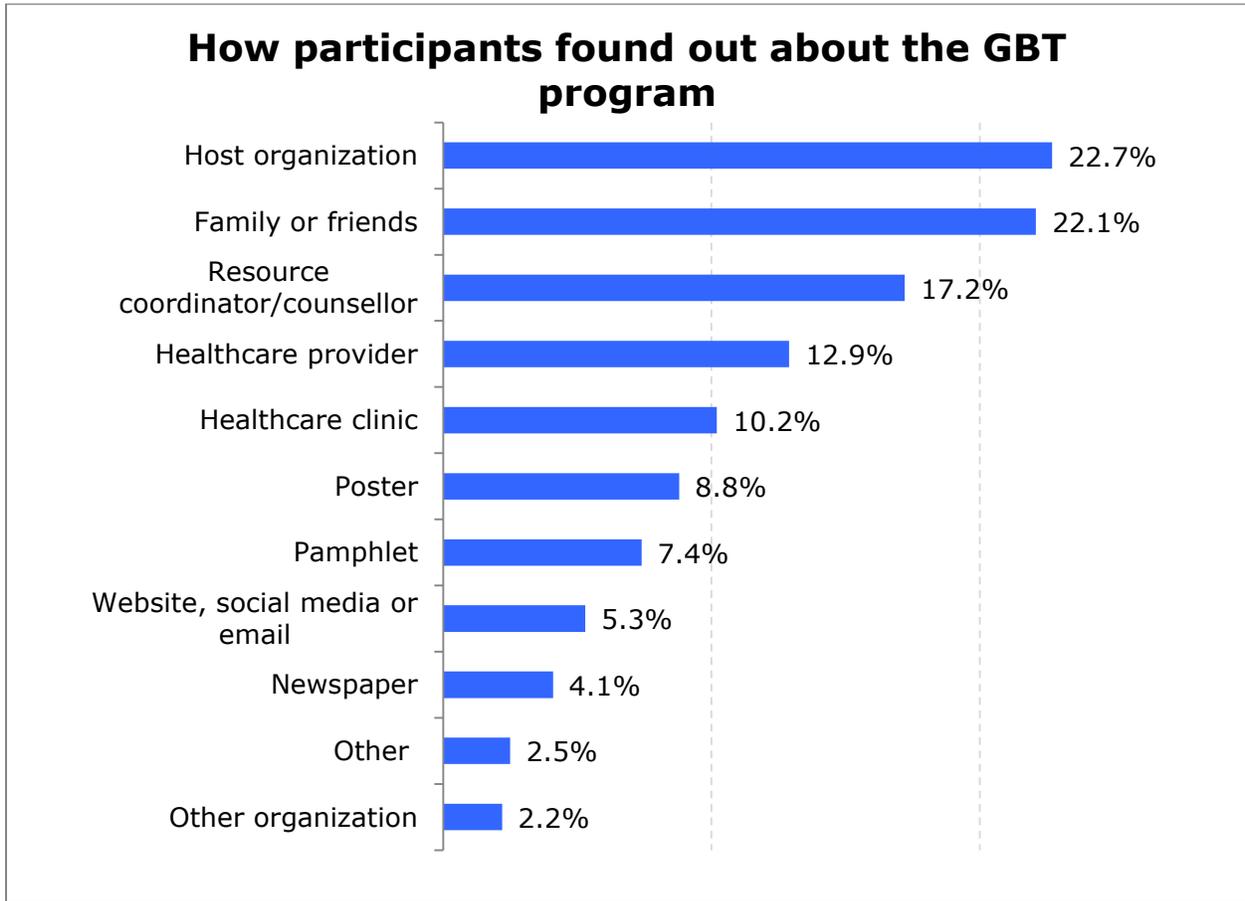
Categories of Chronic Conditions Reported



(Allergy/immunology, dermatological, gynecological, liver/kidney, genetic, urogenital conditions and infectious diseases were reported by 15 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, health clinics, or family or friends. In many cases, the participants had heard about the program from the organization that hosted the sessions, such as Opportunities for Employment or Samaritan House (Figure 3).

Figure 3.



"I have mentioned the program to many of my friends. You learn very important information in the class, a very supportive and helpful group."

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	31
# of participants registered	288	302
# who attended at least 1 session	277	285
Average # of participants per program	12.0	9.5
# who completed program	204	194
Completion rate	73.6%	68.1%
Average # of sessions attended	4.3	4.2
Average # of participant who complete program, by program	8.9	6.3
Gender (% female)	60.2%	75.7%
Average age	54.0	62.8
Age range	18-97	19-93
% married	25.0%	40.6%
% with post-secondary education	45.4%	57.9%
Average # of chronic conditions	2.86	2.68
# of different chronic conditions identified	82	57
3 Most common chronic conditions:		
Arthritis	43.8%	45.5%
Chronic pain	34.1%	32.0%
High blood pressure	31.3%	42.0%
% who do not have a regular family doctor	11.9%	13.6%
How participants found out about GBT:		
Family/friends	21.0%	24.2%
Healthcare provider	7.6%	17.7%
Host organization	32.6%	14.5%
Clinic	8.0%	11.7%
Resource Coordinator/counsellor	17.9%	12.9%
Poster	5.8%	10.5%
Pamphlet	6.7%	8.5%
Web/social media/email	1.3%	6.0%
Newspaper	0.9%	7.3%
Radio	0%	0.8%
Television	0%	0%
Other organization	2.2%	2.4%

Outcomes

Pre- and post-test measures of health and behavioural outcomes were administered by 14 of the programs, eight of which were in Winnipeg and six in other regions. The other 40 programs used a modified, shorter pre- and post- survey to measure client satisfaction and overall change in confidence to manage chronic disease.

For the 14 programs that used evaluations which included questions on health and health-related behaviour, 84 participants completed evaluations at both pre- and post-program and these evaluations were used to analyze changes to health and behavioural outcomes. Another 52 participants had completed only a pre-program evaluation, and 8 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 and behavioral 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, distancing themselves from their discomfort, and progressive muscle relaxation. 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 five 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 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. It was also common for participants to prepare a list of questions to ask their physician.

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. There was a small, but not statistically 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 five of the six 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, 40.9% of the participants felt a lot more confident, and 51.1% felt a little more confident. Only 7.3% of participants had no change in their perceived confidence, and almost none of the participants (0.6%) felt less confident after the program.

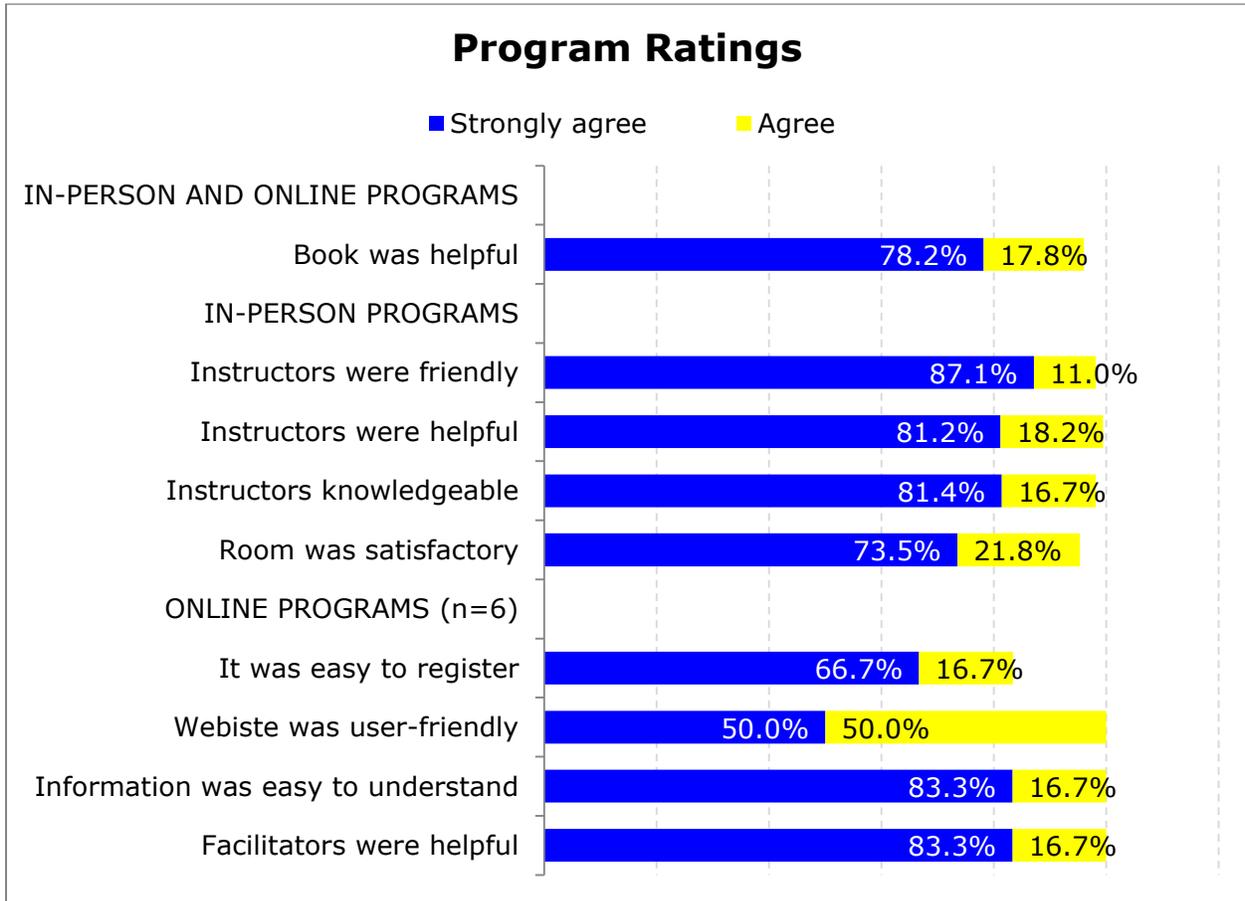
"I hope to continue using "action plans" which will help in everyday situations. I have also learned to read labels and make better choices in foods I purchase. This is something I have never done before."

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.



Participants were also asked to rate their overall satisfaction with the program. Three-fifths (61.5%) of the participants were very satisfied with the program, and 33.4% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 64.9% of participants would definitely recommend the program and 32.6% probably would. Generally, the participants who had stated that they did not have any chronic conditions gave poorer ratings than the participants living with chronic illness, and they were also less likely to recommend the program to others.

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:

- *I can't say enough about this program - you should go!*

- *Education is beneficial - many tips/hints from the other participants were helpful along with the information from the instructors"*
- *There is a very positive effect on people when there is a "group" of people experiencing the same emotions - coming together - support peering is/would be a very positive welcome upcoming program and CMHA Winnipeg*
- *I found it very helpful in realizing I am not alone. Chronic illness makes one feel isolated but the program stressed you are not alone and the small steps to get started back into a normal life.*
- *This program has given me a lot more knowledge and motivation dealing with my emotions, stress due to chronic pain*
- *It's a very positive experience. No one makes you feel as if your problems aren't as important as anyone else's*
- *It helps teach you coping skills for pain management but also helpful information on bettering your health overall.*
- *Already have recommended it to others*
- *This was a very helpful session. Sometimes we feel alone with our problem but in this class you realize everyone has issues and being positive and keep exercising and talking about your problems is so helpful.*
- *Makes you realize a lot of the things you do wrong. Helps you understand more about your lifestyle to get better*
- *This program allows someone to talk to other people about health issues they have without it being their own health care provider. Can give someone confidence.*
- *I like the idea of setting goals and giving a score before accomplishing the goal - then feeling good about achieving the goal. Deep breathing exercises. More physical exercise helps me to feel better*
- *This workshop gave me a "reboot", a reminder that I can set the pattern for my life, living with my condition.*
- *I would recommend it to everyone so that there is less stigma in the world for people dealing with disabilities*
- *I thought it might be depressing, but it was actually uplifting*

- *It was fun and made me feel good every time I went. Made me make goals and get off butt.*

TRAINING

Master training capacity continues to exist in Winnipeg and in several health regions. In the event that additional Master Trainers are required due to attrition, WI staff will be re-certified as T-Trainers to ensure we continue to have local training capacity.

Training volunteers to become GBT leaders is a key aspect of GBT. Four 24-hour Leaders' Trainings occurred in Manitoba in 2018-2019 in Winnipeg RHA, Prairie Mountain Health and Interlake-Eastern RHA. One training session scheduled in Southern Health – Santé Sud was cancelled, but participants from that region attended a training session in Winnipeg. In addition, three Refresher sessions were held in Winnipeg RHA, Prairie Mountain Health and Southern Health – Santé Sud.

Leader Training

There was a 92.3% completion rate, with 36 out of 39 trainees who attended the entire Leader training program graduating. Sixteen of the 17 staff participants completed the training, and 20 of the 22 volunteer participants graduated. Fourteen of the participants were from Winnipeg, five were from Southern Health – Santé Sud, eight were from each of Prairie Mountain and Interlake-Eastern RHAs and one was from Northern Health region.

2017-2018 Training Implementation Schedule

Session	RHA	Program Site	Dates	Participated/ Certified
Spring 2018	Winnipeg	Wellness Institute	April 16, 18, 23, 25	8 / 8
Spring 2018	Prairie Mountain	Brandon	April 19, 20, 26, 27	9 / 8
Fall 2018	Winnipeg	Wellness Institute	October 16, 17, 23, 24	13 / 12
Winter 2019	Interlake-Eastern	Selkirk (via Telehealth)	January 21, 22, 28, 29	9 / 8

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.

Refresher Sessions

2018-2019 Refresher Implementation Schedule

Session	RHA	Program Site	Dates	Participated
Spring 2018	Prairie Mountain	Brandon	May 25/18	6
Fall 2018	Southern Health - Santé Sud	Carman	September 18/18	7
Fall 2018	Winnipeg	Wellness Institute	November 13/18	6

Three sessions of the Refresher courses were attended by 19 participants. Eight of these participants were staff and 11 were volunteers. All of the participants lived in the health region in which the Refresher course was held.

As with the Leader Training sessions, participants completed evaluations about the Refresher Session, though only 2 of the 3 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 12 participants who completed an evaluation, eight mentioned the videos (8) and group discussions (5) as being particularly valuable.

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 8.13.

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	2014/15		2015/16 [¶]		2016/17		2017/18		2018/19	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.46	3.23	3.32	3.06	3.39	3.26	3.51	3.40	3.24	3.15

¶ 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	2014/15		2015/16 [¶]		2016/17		2017/18		2018/19	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	4.06	4.13	4.94	4.35	3.86	4.14	4.31	4.37	2.79	2.86
# of visits to hospital ER	0.34	0.38	0.78	0.53	0.69	0.70	0.63	0.51	0.53	0.42
# times overnight in hospital	0.19	0.13	0.11	0.06	0.38	0.35	0.12	0.16	0.21	0.25
Number of nights in hospital	0.78	1.34	1.00	0.06	2.03	1.67	0.37	0.37	1.72	1.80*

* 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..."

	2014/15		2015/16 [¶]		2016/17		2017/18		2018/19	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Prepare a list of questions for your doctor	2.17	2.29	2.06	2.33	1.74	2.09**	2.29	2.39	2.99	2.95
Ask questions about the things you want to know and things you don't understand about your treatment	3.17	3.17	2.72	3.44	2.74	2.74	3.08	2.96	3.39	3.18
Discuss any personal problems that may be related to your illness	3.00	3.00	3.17	3.17	2.61	2.79	2.82	2.82	2.92	3.06
OVERALL	2.81	2.84	2.65	2.98	2.39	2.54	2.74	2.72	3.10	3.09

* 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?"

	2014/15		2015/16 [¶]		2016/17		2017/18		2018/19	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Mean rating of compliance	4.30	4.22	4.12	4.22	4.56	4.56	2.66	3.40 ***	3.54	3.93 **

*** 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	2014/15		2015/16 [¶]		2016/17		2017/18		2018/19	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Stretching or strengthening exercises (ROM, using weights etc)	1.55	1.88	1.17	1.82	1.66	2.06*	1.81	2.37 **	1.77	2.01
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	2.15	2.55	2.28	3.00	2.00	2.51*	2.30	2.34	2.22	2.35

* 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:	2014/15		2015/16 [¶]		2016/17		2017/18		2018/19	
	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	1.70	1.64	1.61	1.78	1.72	1.66	2.17	2.18	1.79	2.10*
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.47	1.59	0.89	1.50	1.09	1.26	1.42	1.84*	1.18	1.61**
Play mental games or sing songs to keep your mind off the discomfort	1.30	2.15**	1.11	1.56	1.35	1.86**	1.83	1.89	1.42	1.96**
Practice progressive muscle relaxation	1.57	2.17*	1.47	1.89	1.55	2.16**	1.81	2.29*	1.61	1.99**
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.55	2.06*	0.94	1.72	1.22	2.28***	1.78	2.04	1.51	1.76
Talk to yourself in positive ways.	2.31	2.78*	2.59	2.72	2.28	2.67*	2.19	2.44	2.40	2.72*
OVERALL	1.70	2.08*	1.47	1.86	1.49	1.94***	1.86	2.13*	1.60	2.01***

* 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

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....	2014/15		2015/16		2016/17		2017/18		2018/19	
	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?	5.74	6.53*	6.10	7.52	5.29	6.26**	4.97	6.11* *	5.72	6.46**
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	5.76	6.76**	5.64	7.09	5.12	6.10**	4.95	6.33 ***	5.55	6.36**
Keep the emotional distress caused by your disease from interfering with the things you want to do?	5.97	7.00*	6.32	7.05	5.13	6.08**	5.19	6.00*	5.59	6.28**
Keep any other symptoms or health problems you have from interfering with the things you want to do?	6.55	6.67	6.05	7.50	5.29	6.28 ***	5.32	6.13*	5.75	6.47**
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	6.41	7.35*	6.44	7.83	5.91	6.28	5.55	6.40*	6.40	6.84*
Do things other than just taking medication to reduce how much your illness affects your everyday life?	7.09	7.11	6.11	7.50	5.92	6.59*	5.65	6.48*	6.61	7.04
OVERALL	6.20	6.88*	6.09	7.37	5.38	6.21**	5.29	6.24* *	5.91	6.58 ***

* 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

Appendix B:

Program Evaluation by Region

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

Instructors were friendly (n=317):

RHA	#	Strongly agree (%)	Agree (%)	Mildly Agree (%)	Disagree (%)
Winnipeg Regional Health Authority	152	86.8	12.5	0.7	0%
Southern Health – Santé Sud	18	100%	0	0	0
Prairie Mountain Health	85	78.8	15.3	5.9	0
Interlake-Eastern Regional Health Authority	46	93.5	6.5	0	0
Northern Regional Health Authority	16	100	0	0	0

Instructors were helpful (n=318):

RHA	#	Strongly agree (%)	Agree (%)	Mildly Agree (%)	Disagree (%)
Winnipeg Regional Health Authority	152	78.3	21.7	0	0
Southern Health – Santé Sud	18	94.4	5.6	0	0
Prairie Mountain Health	86	73.3	24.4	2.3	0
Interlake-Eastern Regional Health Authority	46	95.7	4.3	0	0
Northern Regional Health Authority	16	93.8	6.3	0	0

Instructors were knowledgeable (n=317):

RHA	#	Strongly agree (%)	Agree (%)	Mildly Agree (%)	Disagree (%)
Winnipeg Regional Health Authority	151	75.5	21.9	2.0	0.7
Southern Health – Santé Sud	18	94.4	5.6	0	0
Prairie Mountain Health	86	80.2	17.4	2.3	0
Interlake-Eastern Regional Health Authority	46	93.5	6.5	0	0
Northern Regional Health Authority	16	93.8	6.3	0	0

Meeting room was satisfactory (n=317):

RHA	#	Strongly agree (%)	Agree (%)	Mildly Agree (%)	Disagree (%)
Winnipeg Regional Health Authority	151	70.9	24.5	4.0	0.7
Southern Health – Santé Sud	18	94.4	5.6	0	0
Prairie Mountain Health	86	68.6	26.7	4.7	0
Interlake-Eastern Regional Health Authority	46	76.1	15.2	8.7	0
Northern Regional Health Authority	16	93.8	6.3	0	0

Book was helpful (n=321):

RHA	#	Strongly agree (%)	Agree (%)	Mildly Agree (%)	Disagree (%)
Winnipeg Regional Health Authority	158	73.4	22.8	3.8	0
Southern Health – Santé Sud	18	94.4	5.6	0	0
Prairie Mountain Health	83	71.1	21.7	6.0	1.2
Interlake-Eastern Regional Health Authority	46	95.7	2.2	2.2	0
Northern Regional Health Authority	16	93.8	6.3	0	0

Compared to before taking the GBT course, confidence that you can handle your chronic condition(s) (n=313):

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	150	37.3	54.0	8.0	0.7
Southern Health – Santé Sud	18	55.6	44.4	0	0
Prairie Mountain Health	84	38.1	48.8	11.9	1.2
Interlake-Eastern Regional Health Authority	45	51.1	46.7	2.2	0
Northern Regional Health Authority	16	43.8	56.3	0	0

*Includes both online and in-person program participants

Satisfaction with the GBT program (n=317):

RHA	#	Very satisfied (%)	Mostly satisfied (%)	Indifferent or mildly satisfied (%)	Quite dissatisfied (%)
Winnipeg Regional Health Authority	152	57.9	34.2	5.9	0.2
Southern Health – Santé Sud	18	77.8	22.2	0	0
Prairie Mountain Health	83	57.8	39.8	2.4	0
Interlake-Eastern Regional Health Authority	50	74.0	22.0	4.0	0
Northern Regional Health Authority	14	57.1	42.9	0	0

Would you recommend the GBT program to a friend or family member who might need it? (n=325)*:

RHA	#	Yes definitely (%)	Yes, I think so (%)	No, I don't think so (%)	No, definitely not (%)
Winnipeg Regional Health Authority	156	59.6	37.8	1.9	0.6
Southern Health – Santé Sud	18	83.3	16.7	0	0
Prairie Mountain Health	85	67.1	30.6	2.4	0
Interlake-Eastern Regional Health Authority	50	68.0	28.0	4.0	0
Northern Regional Health Authority	16	75.0	25.0	0	0

*Includes both online and in-person program participants