

Get Better Together

for living better with health issues

Powerful Tools
FOR Caregivers

Final Report
2020-2021



Participating
Regional Health
Authorities



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Manitoba Evidence-Based Self-Management Programs

2020-2021

This report includes activities related to peer-led, evidence-based self-management programming including Get Better Together (GBT), Manitoba's version of the Chronic Disease Self-Management Program (CDSMP) and Powerful Tools for Caregivers (PTC).

PROGRAM HIGHLIGHTS & RECOMMENDATIONS

Highlights

The Wellness Institute (WI) extended its self-management reach and programming scope by acquiring the capacity to roll out the Powerful Tools for Caregivers program. In addition, permission was granted from licensing bodies to adapt programming for use on a digital platform to allow virtual delivery this year during the COVID-19 pandemic.

A total of 19 programs ran this year, 10 were Get Better Together programs, and nine were Powerful Tools for Caregivers programs.

All of the PTC programs were offered virtually in the Winnipeg Regional Health Authority (WRHA). Of the GBT programs, six were offered in the WRHA, and four were offered in other health regions. Two programs were able to run in-person in accordance with the Public Health orders, seven happened virtually and one program took place using mailed tool kits and conference calls. Registration for virtual programs offered in the WRHA region were opened up province-wide and had participants from other Regional Health Authorities (RHAs) take part.

A total of 134 persons participated in the PTC and GBT programs this year and 105 completed (attended 4 sessions or more), compared to 276 completing the program last year and 411 completing the program in 2018-2019. The completion rate for programs offered in 2020-2021 was 78.4%, which is higher than the national average completion rate reported by the Self Management Resource Center (SMRC) for CDSMP (72%). In the 10 GBT programs, a total of 69 individuals attended at least one session, and 51 completed the program for a completion rate of 73.9%. The nine PTC programs saw 65 participants, of which 56 completed the program resulting in a completion rate of 83.1%.

Most of the participants were female in both the GBT (74.4%) and PTC (96%) programs. Participants in the GBT program ranged in age from 23 to 85 years, with an average age of 50.9 years. While the age of the PTC spanned a similar range (29 to 75 years), on average the participants were older than that of GBT participants (60.5 years). GBT participants were found to have an average of 3.4 chronic conditions, the three most frequent chronic conditions being depression or anxiety (42.9%), arthritis (41.1%), and high blood pressure (39.3%).

Participants in both the GBT and PTC programs gave favourable ratings related to their satisfaction with and perceived benefit of the programs. The majority of participants indicated that they would recommend the program to friends and family, and most of the participants felt more confident in managing their health conditions as a result of participation in the programs.

Fifty three Leaders attended the six virtual Leader Update Trainings offered in 2020-2021.

Recommendations

The following recommendations will support self-management program going forward:

- Continue to support RHAs in offering programming at a variety of sites in-person once Public Health orders allow.
- Continue to coordinate, support and deliver programming virtually province wide on a secure digital platform.
- Re-engage with RHAs and explore new methods of promoting programming.
- Coordinate all 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.
- Continue with wCDSMP as part of health and wellness initiatives to reach employees at their workplace, as public health orders allow.
- Certify Master Trainers (MTs) in PTC to train more facilitators and offer more PTC programming.
- Consult with partners and stakeholders on how to best support self-management delivery virtually.
- Continue to build capacity for virtual delivery.
- Explore and evaluate delivery of brain health self-management programming to support aging and memory: an emerging health issue that can be supported through self-management.

PROGRAM OVERVIEW

CDSMP was offered in-person, virtually and with teleconference calls in 2020-2021.

In-person delivery is a two and a half 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.

Virtual programming is two hours and is offered once a week, for six weeks, free of charge over a secure digital platform. Six to 12 participants log on to the digital platform and attend together.

WI introduced a new model of CDSMP using mailed tool kits with short weekly teleconference call contact is for groups of four to six participants for six weeks, and is free of charge. Each participant receives a tool kit in the mail and takes part in weekly conference calls with a program leader. The tool kits include a companion book, a CD for exercise (with three different exercise routines), a relaxation CD, tip sheets, a self-test that directs people on how to individualize their use of the tool kit, and drawings of all the exercises in each routine on the CD.

All versions of CDSMP help people 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 CDSMP workshop receives a copy of the program companion book. In 2020 participants received the, *Living a Healthy Life With Chronic Conditions, Canadian 4th edition*. Starting in 2021 participants received the *Living a Healthy Life With Chronic Conditions, 5th Edition*, which is inclusive and has resources and information for both Canada and the United States in one.

It is the process in which the CDSMP 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.

Powerful Tools for Caregivers is a best practice program based on principles similar to CDSMP and provides caregivers tools and techniques to manage their own health while they continue to care for their friend or relative. There are three different versions of the Powerful Tools for Caregivers workshops available; a two and half hour program and a condensed ninety minute program both aimed at those caring for an adult and then a specialized version of the program offered for caregivers of children with special needs.

The PTC program is led by two trained leaders and is offered once a week for six weeks in a community setting for eight to 15 caregivers. Virtual delivery capacity is six to 12 attendees.

Evidence indicates caregivers who participate in the PTC program demonstrated improvements in:

- Self-Care Behaviors: increased exercise, use of relaxation techniques and medical checkups
- Management of Emotions: reduced guilt, anger and depression
- Self-efficacy: increased confidence in coping with caregiver demands
- Use of Community Resources: increased awareness and utilization of community resources

KEY ACTIVITIES

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

- Facilitated and coordinated the oversight, implementation and evaluation of all evidence based self-management programming;
- Maintained SMRC standards by ensuring that all Manitoba CDMSP programs work within the license requirements;
- Liaised with other CDSM programs and organizations nationally to identify best practices and disseminate key findings through the final evaluation report;
- Broadened our self-management reach to include caregivers with the launch of Powerful Tools for Caregivers and offered the program virtually this year;
- Transitioned GBT from in-person to virtual to allow for continued program access during the COVID-19 pandemic;
- 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;
- Built province-wide capacity to deliver virtual self-management programming;
- Continued the use of electronic medical records referral for those with access;
- Worked with established My Health Teams to integrate opportunities for support with GBT and PTC;
- Opened up virtual program registration province-wide to aid in reduced RHA program capacity due to RHA coordinators and GBT leaders being redeployed during the pandemic;

- Mentored and supported regional coordinators and leaders through the transition to a digital platform by offering tutorials and creating a virtual tool kit of supplies;
- Launched the new 2020 CDSMP curriculum required under SMRC license;
- Coordinated province-wide public awareness of peer-led self-management programming; and
- Researched and explored emerging trends in self-management and how it can be applied to support brain health. Programming will be piloted in 2021-2022.

Winnipeg specific:

- Delivered 15 programs;
- Bridged the gap between in-person and virtual programming by offering the CDSMP mailed tool kit with short weekly telephone contact to reach those that either don't have access to the internet, don't have a device to log on or who don't feel comfortable using a virtual platform;
- Expanded into more cooperatives with PTC program partnerships including Kiwanis Metropolitan Kiwanis Courts - Seniors Enriched Housing and Childrens Rehabilitation Centre;
- Fulfilled re-occurring schedule with Opportunities for Employment (OFE), a not-for profit organization helping individuals secure work, to build consistency and familiarity to offer GBT;
- Leveraged community capacity by working alongside existing programs, priorities and strategies that support chronic disease management such as My Health Teams;
- Completed the SMRC mandated virtual CDSMP (vCDSMP) training;
- Facilitated all Leader Update trainings virtually to update all GBT leaders on the new curriculum and resource book;
- Managed the central intake phone line, online registration and virtual platform logistics; and
- Completed on-going evaluation and reporting.

Program Integration & Updates

Health System Integration & Chronic Disease Self-Management Program Networks
 WI continues to reach out to disease-based organizations, acute care organizations, and existing health programs to aid in embedding self-management principles into clinician practice throughout the province.

My Health Teams staff took the Powerful Tools for Caregivers training in 2020; thus, GBT and PTC programming will be a part of their repertoire.

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

WI connected with disease specific organizations to post program information on their websites and offered the opportunity for them to have a virtual program opened up exclusively for their clientele.

Heart and Stroke Foundation of Manitoba publicized GBT and PTC in their community connect e-newsletter.

Programming was included on the Canadian Cancer Society's Community Services Locator online.

Information on WI self-management programming can be found on 211 for healthcare professionals and the general public.

Health system integration for GBT includes a GBT electronic medical record (EMR) referral form. This form is available to RHAs with access to EMR platforms systems. WI will look into having a similar form for PTC created.

Marketing & Communications

Province wide program promotion included editorial articles, print advertising and WI and RHA social media posts.

A media release for the launch of Powerful Tools for Caregivers program was picked up by CBC radio and CTV morning live.

PTC marketing materials were created including a pamphlet and three different posters portraying the multifaceted role of caregiving (pictured below).



GBT and PTC was highlighted in the Winnipeg Free Press as part of Active Aging in Manitoba supplement.

Program information on GBT and PTC was disseminated in a large mail out to various medical and health related organizations to aid with promotion.

Given Manitoba Public Health guidelines this year, all in-person public presentations and exhibitions were cancelled. Consultations were done over the phone or virtually.

Workplace CDSMP (wCDSMP)

The wCDSMP in Manitoba is referred to as Get Better Together At Work and was launched in Winnipeg in the 2019-2020 fiscal year. The program was put on hold this year during the COVID-19 pandemic, plans are to re-ignite the program as restrictions lift.

Virtual Self-Management Programming

WI worked to ensure that GBT and PTC programming continued virtually during the pandemic with the following adaptations:

- Used Zoom for Healthcare operated through MBTelehealth or MS Teams
- Developed an adapted, self-learning approach by providing participants with a package for home-based learning and support
- Implemented digital program evaluation
- Supported partners to deliver programs virtually with online tutorials and instruction manual for turnkey delivery

The transition from in-person to virtual went well. Participants were thankful for access to programming during this uncertain and isolating time. It was encouraged that attendees have a webcam turned on during the class. It was important that participants see each other and build a rapport; we know socialization and realizing you are not alone is a very powerful tool in creating self-efficacy.



Amy Yonda, facilitating a virtual GBT program

Expanding Self-Management Capacity

Brain health is one of the key pillars of health and is an important part of self-management. WI researched two evidence-based programs, Total Brain Health® and Memory and Aging Program. Total Brain Health (TBH) is founded by clinical psychologist, author, and brain health expert, Cynthia R. Green, Ph.D. It is a social-based brain training program for small groups. At TBH they believe all minds can thrive and they deliver tools everyone can use to build better brain health, no matter what age or ability. The program is hands-on and includes fun workouts that engage the mind, body and spirit. The Memory and Aging Program (MAP) is from Baycrest, a global leader in geriatric residential living, healthcare, research, innovation and education, with a special focus on brain health and aging. MAP is an education and memory strategy training program for older adults experiencing normal age-related memory changes. The program includes interactive lectures, discussion, and practical exercises where the attendees learn about memory changes that occur, including what is normal and what is not, and acquire tools that help them better manage their memory function.

Optimizing functional capacity, through brain health and other self-management programming for the aging population will be key moving forward (WHO Decade of Healthy Aging 2020-2030). As well, noted in the Dementia Strategy for Canada – 2020 Annual Report, one of the national objectives is prevention of dementia. Brain health programming is specifically designed to impede and slow down cognitive decline that occurs when aging.

WI seeks the opportunity to pilot programs as part of its province-wide self-management portfolio.

REGIONAL IMPLEMENTATION

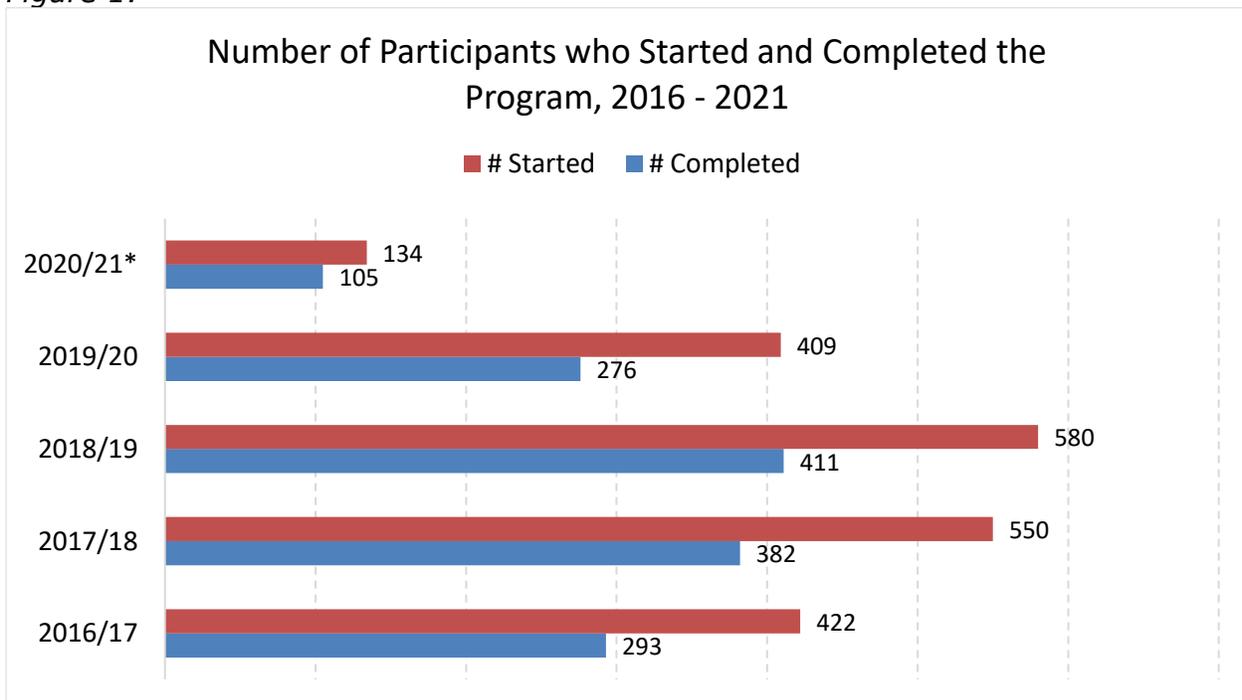
This is the thirteenth year that the Wellness Institute has been offering GBT and helping residents better manage their health conditions. This year, a new program was offered, Powerful Tools for Caregivers (PTC). Due to restrictions and challenges caused by the COVID-19 pandemic, fewer programs were offered in 2020/21 than in previous years. Three RHAs participated in 2020/21, with a total 19 GBT and PTC programs offered, compared to 35 in 2019/20 and 54 in 2018/19. This year, Winnipeg delivered 15 programs which is the same as in 2019/20, and RHAs outside of Winnipeg delivered a total of four compared to 20 last year. The reduced number of programming offered in the RHAs was due to program coordinators and several GBT leaders being redeployed, some more than once, during the year to COVID-19 related duties. Of the programs offered in Winnipeg, six were GBT programs, and nine were newly-introduced PTC programs.

Overview

RHA	# of Leaders/ Master Trainers certified 2020- 21	# of Programs Delivered 2020-21*	# of Participants Attended/ Completed 2020-21
Southern Health -Santé Sud	0 / 0	0	0 / 0
Prairie Mountain Health	0 / 0	3	17 / 14
Interlake-Eastern Regional Health Authority	0 / 0	1	3 / 2
Northern Regional Health Authority	0 / 0	0	0 / 0
Churchill Health Centre	0 / 0	0	0 / 0
Winnipeg Regional Health Authority	0 / 0	15	114 / 89
TOTAL	0 / 0	19	134 / 105

*includes both Get Better Together and Powerful Tools for Caregivers programs.

Figure 1:



*includes both GBT and PTC participants

Implementation of Programs by RHA

Southern Health – Santé Sud

- Three GBT programs were planned for spring 2020, but these programs were cancelled due to COVID restrictions.
- One participant from Southern Health – Santé Sud (SHSS) took part in a GBT virtual class offered by the WI.
- SHSS had meetings with regional resource coordinators to share program information and increase promotion across the region.
- No Leader Training or Refresher sessions were offered in SHSS this year.
- Five individuals from SHSS participated in Leader Update sessions offered virtually.

Prairie Mountain Health

Host	Start Date	Time	# of Participants Attended / Completed
Virtual	June 23	1:00-3:30	4 / 4
Samaritan House In-person	October 8	9:00-11:30	8 / 7
Virtual	October 27	6:30-8:00	5 / 3
		TOTAL	17/ 14

- Three programs were delivered this year in Prairie Mountain Health (PMH).
- Four participants from PMH took part in the WRHA led GBT program offered virtually in February.
- Two leaders from PMH are trained in PTC but due to COVID-19 redeployment they were unable to facilitate a regional program this year.
- One participant from PMH took the virtual PTC program offered by the WI.
- The PMH region highlighted one of their GBT Master Trainers – Wendy MacLennan in an article titled "Get Better Together Leaders – Our Shining Stars. This is what she had to say: *"Get Better Together has shown me how to work with health care professionals to improve my quality of life. It has shown me how to break my symptom cycle so that I can manage my health issues better. I can break down issues into more doable healthy changes instead of looking at them and saying I can't do it. Yes, you can make small changes to your lifestyle, which will make huge changes to your quality of life. Get Better Together showed me how helping others can also help me stay on track and live a better life."*
- A PowerPoint presentation was presented to the mental health staff in the South region of PMH to help with promotion and referral.
- No Leader Training or Refresher sessions were offered in PMH, but 19 individuals from the region participated in the online Leader Update sessions.

Northern Regional Health Authority

- No GBT programs were delivered in 2020-2021 in the Northern RHA.
- There were no Leader Training sessions or Refresher sessions offered in the Northern region, but four individuals from this region participated in online Leader Update sessions.
- Thompson and area remains without a local GBT coordinator since 2013-2014 fiscal year.

Interlake – Eastern Regional Health Authority

Host	Start Date	Time	# of Participants Attended / Completed
Virtual	February 23		3 / 2
		TOTAL	3 / 2

- Prior to the COVID-19 pandemic, the Interlake Eastern Regional Health Authority (IERHA) mentioned they were planning for three or four programs to happen in the first quarter of 2020-2021.
- One virtual GBT program ran in IERHA this year.
- One additional GBT program was planned but was cancelled.
- Two individuals from IERHA participated in a virtual GBT program offered by WRHA.
- To promote GBT, IERHA uses their wellness calendar of events, e-newsletter, social media and posters.
- An article was released announcing that GBT has gone virtual during the pandemic.
"I'm thrilled that we can now offer Get Better Together online," said Caroline McIntosh, regional lead for the program. "Peer support is so helpful for people who cope with ongoing health conditions. Since we can't meet in person, online is a great way offer classes. People get the support they need, while still being "COVID-careful."
- There were no Leader Training sessions or Refresher sessions held in the IERHA region in 2020/21 but seven individuals participated in the online Leader Update sessions.

Winnipeg

Host	Program	Mode	Start Date	Time	# of Participants Attended / Completed
Wellness Institute	PTC	Virtual	April 15	10:00-11:30	7 / 7
Wellness Institute	PTC	Virtual	April 16	1:00-2:30	8 / 6
Opportunities for Employment	GBT	Virtual	May 13	1:00-3:30	10 / 6
Opportunities for Employment	GBT	In-person	June 30	1:00-3:30	11 / 8
Wellness Institute	GBT	Virtual	August 13	10:00-11:30	7 / 7
Seven Oaks Senior Resource Centre	GBT	Mail/Phone	October 2	2:00-3:00	5 / 4
Children's Rehabilitation Centre	PTC	Virtual	September 21	7:00-8:30	5 / 5
Wellness Institute	PTC	Virtual	November 10	10:00-11:30	8 / 5
Wellness Institute	GBT	Virtual	November 12	10:00-11:30	6 / 6
Metropolitan Kiwanis Courts	PTC	Virtual	November 16	10:30-12:30	11 / 7
Metropolitan Kiwanis Courts	PTC	Virtual	January 19	1:30-3:30	8 / 8
Childrens Rehabilitation Centre	PTC	Virtual	February 1	7:00-9:00	7 / 7
Wellness Institute	GBT	Virtual	February 4	10:00-11:30	10 / 4
Wellness Institute	PTC	Virtual	March 16	10:00-11:30	5 / 3
Metropolitan Kiwanis Courts	PTC	Virtual	March 23	1:30-3:30	6 / 6
				TOTAL	114 / 89

- A total of 15 programs ran in Winnipeg in 2020-2021; six programs were Get Better Together, and nine were Powerful Tools for Caregivers.
- Four in-person GBT programs were cancelled or postponed due to COVID-19 restrictions or low registration, and one program was cancelled after three classes.

- GBT using mailed tool kits and teleconference calls was piloted in Winnipeg this year in partnership with the Seven Oaks Seniors Resource Centre Finders Group. It was well received and will be continued into 2021-2022.
- Two virtual and four in-person PTC programs were cancelled or postponed due to COVID-19 restrictions or low registration.
- The Childrens Rehabilitation Centre offered two PTC programs geared for parents caring for children with special needs. The remaining seven PTC programs offered this year was for those caring for an adult.
- GBT continued to build its strong partnership with Opportunities for Employment (OFE) and offered two programs this year; one in-person in the summer when Public Health Orders allowed and one virtually.
- GBT recognizes the importance of health equity and efforts were made to engage and provide supports to vulnerable participants in various communities and circumstances. Programming occurred with Metropolitan Kiwanis Courts (provides affordable non-profit and enriched housing for the senior population) and OFE (helps individuals find employment) this year.
- Collaboration with the Canadian Mental Health Association (CMHA) remains strong and crucial with the increase in reporting of mental health and rising impacts felt from the pandemic. Staff remain certified in GBT and two staff members were trained in PTC and they will host programming next fiscal year.
- Electronic advertising was done through the WI email list, website, social media platforms, Health in Common, and WRHA Health Care Connection.
- Program information was disseminated to Home Care WRHA staff as well as several Home Care facilities across the city in hopes that we can reach this demographic and clientele.
- GBT staff had some of their time redeployed to support Seven Oaks General Hospital COVID-19 efforts.
- No Leader Trainings or Refreshers were offered this year.
- WI hosted six virtual Leader Update sessions. A total of 52 individuals completed this six hour training split over two days. 17 of these individuals were from the Winnipeg region.

Implementation of Leader Training

The Leader Training for new leaders is 24 hours of instruction in how to lead a GBT workshop. 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.

Leader Refresher sessions are offered to leaders who were unable to facilitate a course in the last fiscal year but who are still active leaders. The Refresher is a one day training that goes over all course fundamentals.

Leader Update training is required in the years that the CDSMP licensing body, the Self-Management Resource Center (SMRC), releases an updated program curriculum. Due to COVID-19, the Leader Update Trainings needed to be delivered virtually this year. SMRC released guidelines that in order to be able to facilitate an Update Training on a virtual platform, trainers must take an additional training called Virtual CDSMP (vCDSMP) Training. WI had two Master Trainers complete this vCDSMP training in October in order to update all Leaders province wide. The virtual Leader Update training is two half days, six hours total and teaches Leaders the new content and reinforces the facilitation techniques.

In 2020-2021 there were no Leader Trainings, Master Trainings or Refreshers offered. The following chart provides details of six virtual Leaders Update sessions that were offered. One additional Leader Update session, scheduled for January 19 and 21, was cancelled due to low registration.

There were also four tutorials offered to staff in Winnipeg, Southern, Northern and Interlake-Eastern health regions on how to use a digital platform to facilitate the program and to go over the new virtual teaching materials and PowerPoint slides.

Leader Update Sessions

Dates	Attended / Completed Leader Update Session
November 16, 18	8 / 7
December 2, 3	10 / 10
December 7, 9	10 / 10
January 12, 14	9 / 9
February 2, 3	5 / 5
February 22, 24	11 / 11
TOTAL:	53 / 52

PROGRAMMING

Participation Rate

An average of 5.5 people completed per GBT and PTC program. This compares to an average of 7.9 people per program who completed GBT programs last year. It was anticipated that this number be lower this year with the reduced capacity numbers recommended for virtual programming. Only 5 of the participants gave the Leaders reasons for not completing the program, and these were identified as illness (1), problems with WiFi (1) or conflicting schedules (3).

Program Attendance

A total of 19 in-person and Zoom GBT and PTC programs were delivered in 2020-21, with 144 individuals registering and 134 attending at least one class.

Of those who had attended at least one session in the 19 GBT or PTC programs, 105 participants completed the program (attended at least four out of six sessions). The overall completion rate (78.4%) was slightly higher than in previous years (67.5% in 2019/20 and 70.9% in 2018/19). The average number of sessions participants attended was 4.3.

In the 10 GBT programs, a total of 69 individuals attended at least one session, and 51 completed the program for a completion rate of 73.9%. The nine PTC saw 65 participants, of which 54 completed the program resulting in a completion rate of 83.1%.

Table 1. Attendance for programs

Attendance	2016-17	2017-18	2018-19	2019-20	2020-21*
# registered	442	583	609	427	144
# who attended at least one session	422	550	580	409	134
# completed program	293	382	411	276	105
Average # of classes attended	4.27	4.15	4.25	4.1	4.3

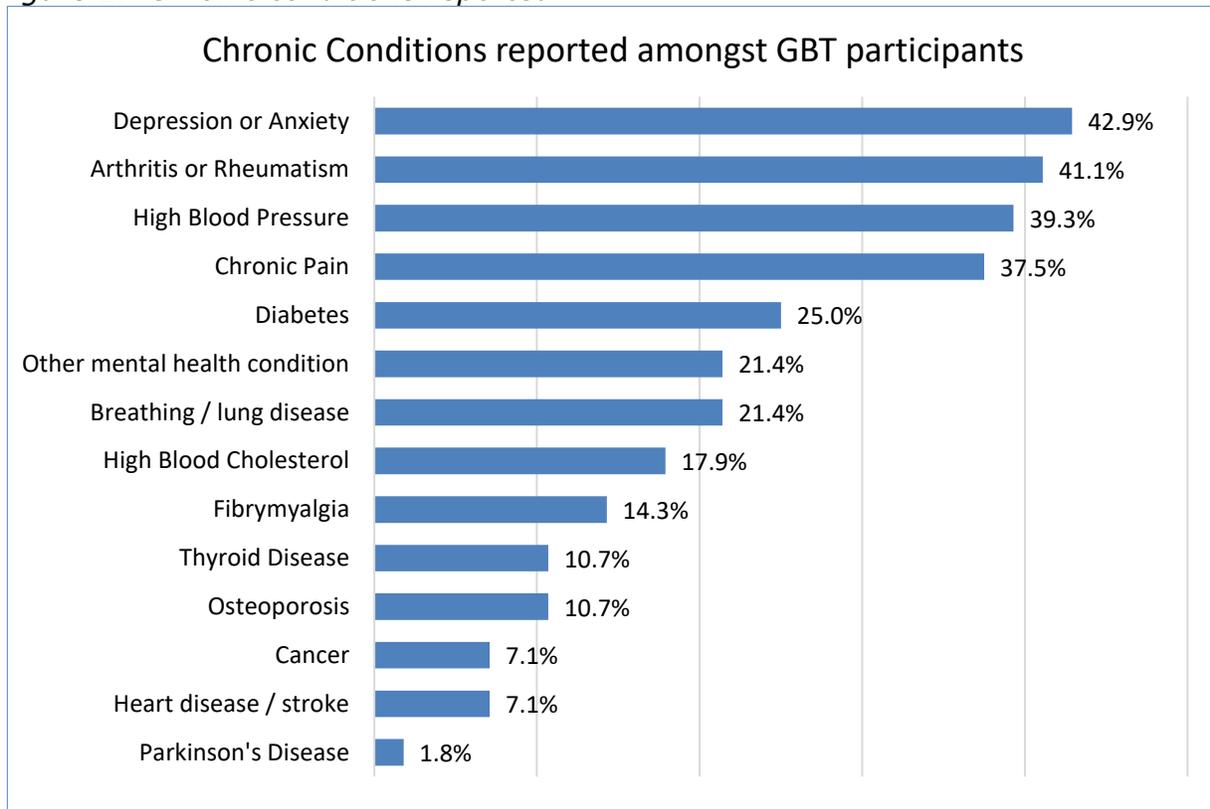
*includes both GBT and PTC participants

Get Better Together Participants and Evaluation

Ten of the programs offered during the 2020-2021 year were GBT programs. Six of these were offered in Winnipeg, three in Prairie Mountain Health, and one in Interlake-Eastern RHA. Demographic information about the participants was obtained from the pre-program questionnaire. Three programs used the paper version of this questionnaire, seven programs used a digital version on the Survey Monkey platform. Of the 69 participants who started the GBT program, initial data was obtained for 58 of them. The majority of participants (72.4%) identified as female, with 22.4% male and 5.2% identifying as other. The participants ranged in age from 23 to 75 years old; the average age of the participants was 50.5 years. About one-half of the participants (49.1%) were single, and 36.8% were married or living in common-law relationships. The group was well educated, with 69.0% achieving education beyond high school.

Participants reported an average of 3.4 chronic conditions. Of the list of 14 chronic condition presented in the questionnaire, the three most frequent chronic conditions were depression or anxiety (42.9%), arthritis (41.1%), and high blood pressure (39.3%) (see Figure 2). About one quarter of the participant (27.5%) identified other chronic conditions with which they have been diagnosed. Half of these identified only one other condition, but up to six other conditions were recorded. Most of the 30 other conditions were mentioned by only one of the participants, but among the conditions mentioned by two or more participants were celiac disease, Sjogren's syndrome, and lupus.

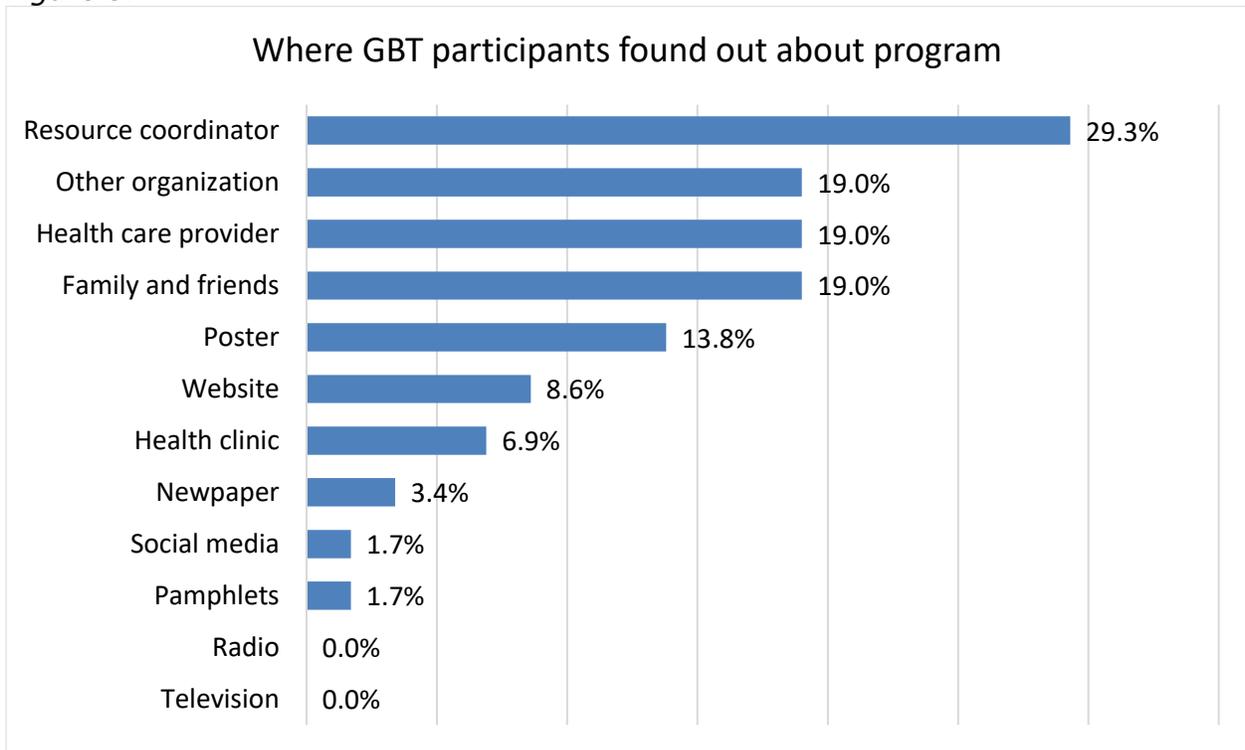
Figure 2. Chronic conditions reported



A total of 39 participants responded to the online questionnaire question about whether they had a regular family doctor. Among these, almost all (97.4%) indicated that they did have a regular doctor.

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). In many cases, the participants had heard about the program from an organization including those that hosted the sessions, a resource coordinator, family members or friends, and health care providers (Figure 3).

Figure 3.



GBT Program outcomes and ratings

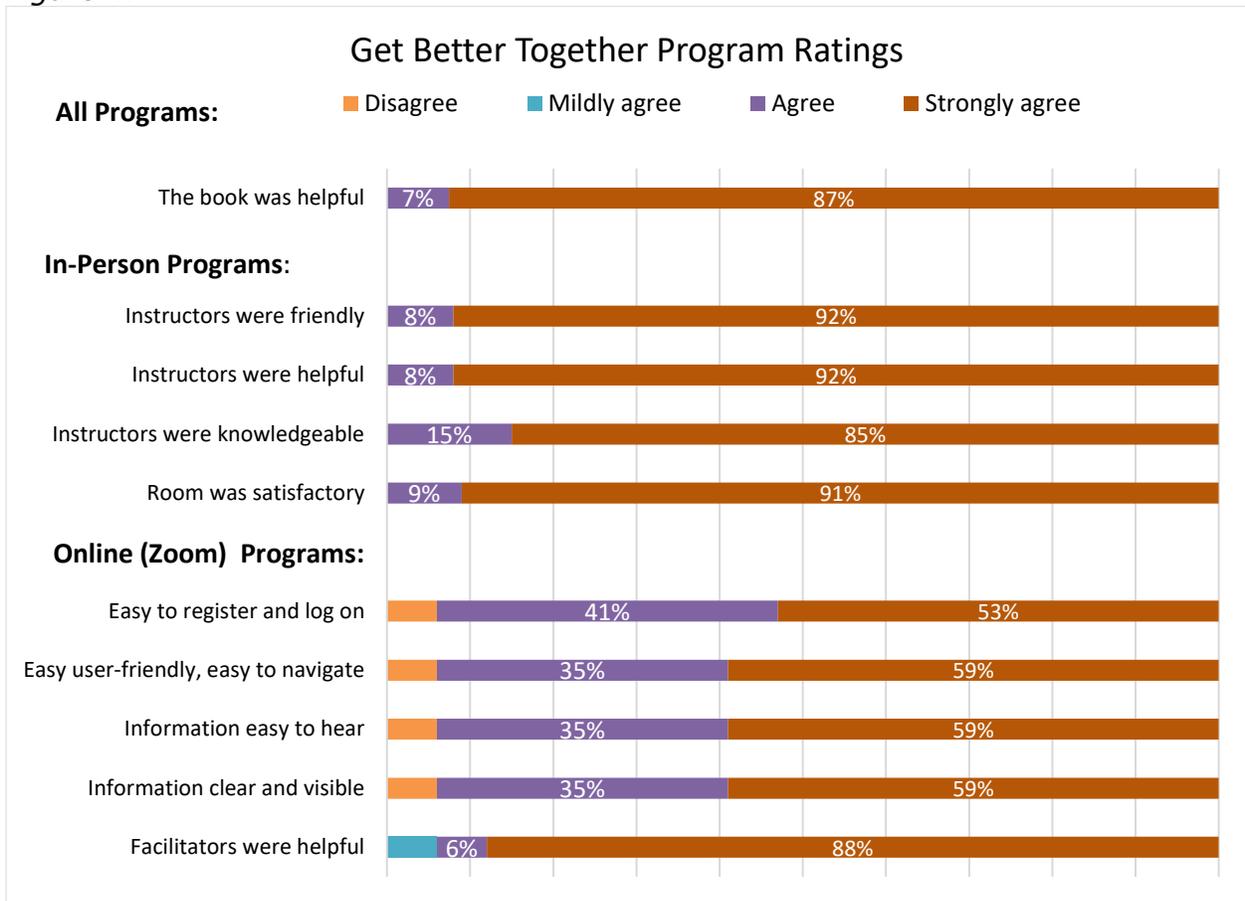
Digital program evaluation was implemented this year to be compatible with the virtual delivery model. Completion rates for digital questionnaires tend to be lower than paper versions distributed in class; the longer and more time intensive the questionnaire the less likely people are to complete it. It was therefore decided that only the short versions of the pre- and post- questionnaires be administered this year for virtual programming. As a result, data collected from the long-form questionnaires is not available.

In 2020-2021, a total of 30 post-program evaluations were completed, 17 of which were digital and 13 paper versions.

Participants in both online and in-person programs rated the program very positively (Figure 4) although in-person participants were more likely than online participants to assign the highest satisfaction ratings. The book, *Living a Healthy Life with Chronic Conditions* is considered a valuable resource by most participants.

"Excellent book and informative, prepared presenters"

Figure 4.



Participants were also asked to rate their overall satisfaction with the program. Two-thirds (68%) of the participants were very satisfied with the program, and 25% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 73% of participants would definitely recommend the program and 23% probably would.

"It was a very supportive program. We were asked to participate as much as we were willing. Overall, a great program."

Participants were more divided in the extent to which they felt a change in confidence to deal with the chronic health problems they face. About one-half of the participants (47%) indicated that they felt a lot more confident as a result of participating in the GBT program, and 33% felt a little more confident. One in five participants (20%) indicated that the program did not affect their confidence level.

"It was a great course! I don't regret taking it at all! It helped me with my confidence and I'm slowly standing up for myself! I'm taking it one day at a time!"

Powerful Tools for Caregivers Participants and Evaluation

Nine Powerful Tools for Caregivers programs were offered in 2020-2021, all of which were based in Winnipeg. Program facilitators gathered demographic and evaluation data on their participants using the digital evaluations but, some did use the paper version in instances where individuals didn't want to complete the questionnaire online. The questions asked match the evaluation form included in the licensed program manual. Six of the programs accessed the digital version, and one program used the paper version. Two programs did not require participants to complete these questionnaires.

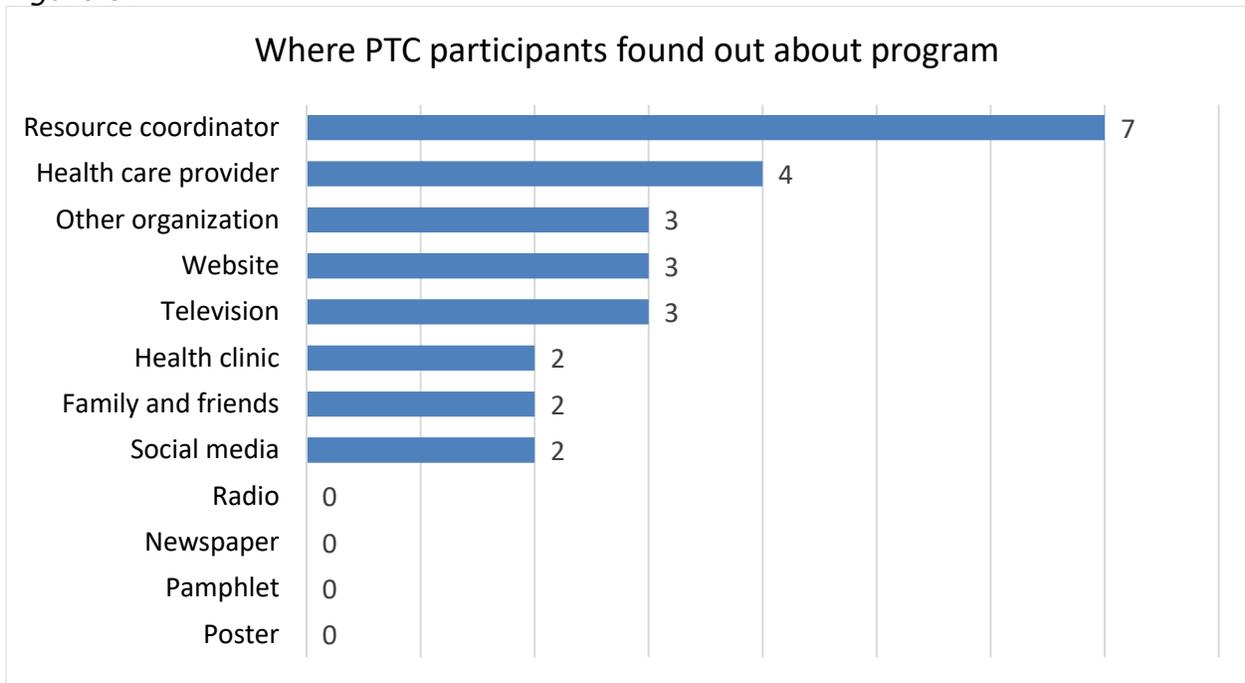
Of the 65 participants who started the PTC program, 26 completed pre-program questionnaires, and 21 completed post-program questionnaires.

All but one of the participants identified as female, the other participant was male. The participants ranged in age from 29 to 75 years old with an average age of 60.5 years.

All of the participants indicated that their primary reason for attending the workshop was because they are a caregiver. When asked about other reasons for attending, 10 of the 26 participants repeated that it was because they are a caregiver, but participants also indicated that they were motivated to attend the program because they themselves have chronic health conditions. These conditions included diabetes, arthritis, depression or anxiety, high blood pressure, osteoporosis, and fibromyalgia; each of these reasons were identified by three or fewer participants. Two participants stated that they attended the workshop for other reasons; to better understand the challenges caregivers face and to get ideas on how to better support their loved one.

The most frequently-mentioned source of information about the PTC program was resource coordinators, followed by health care providers (Figure 5).

Figure 5.



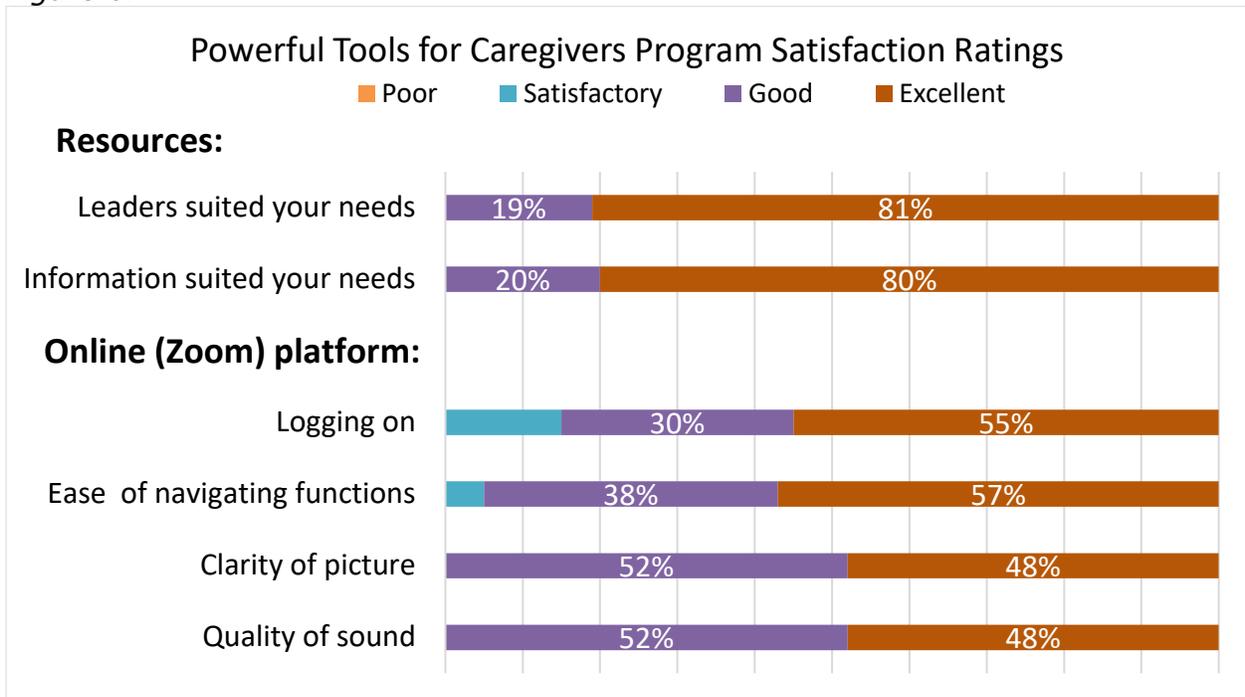
PTC Program outcomes and ratings

Post-program questionnaires were completed by 21 of the PTC participants. Participants rated various aspects of the program favourably, and all 21 of the participants indicated that they would recommend the workshop to a friend or family member.

The quality and relevance of the information provided and support from the leaders were rated very positively, with about 4 in 5 participants rating these aspects as excellent. Satisfaction was slightly lower with aspects of the virtual platform, but most of the participants still rated ease of use and quality of information as good or excellent (Figure 6).

"Talking about loved ones is very sensitive and I felt very comfortable in the atmosphere they set up. I found our meetings very empowering and uplifting, with the struggles and solutions we shared. I also enjoyed meeting such caring people with connections to my loved one."

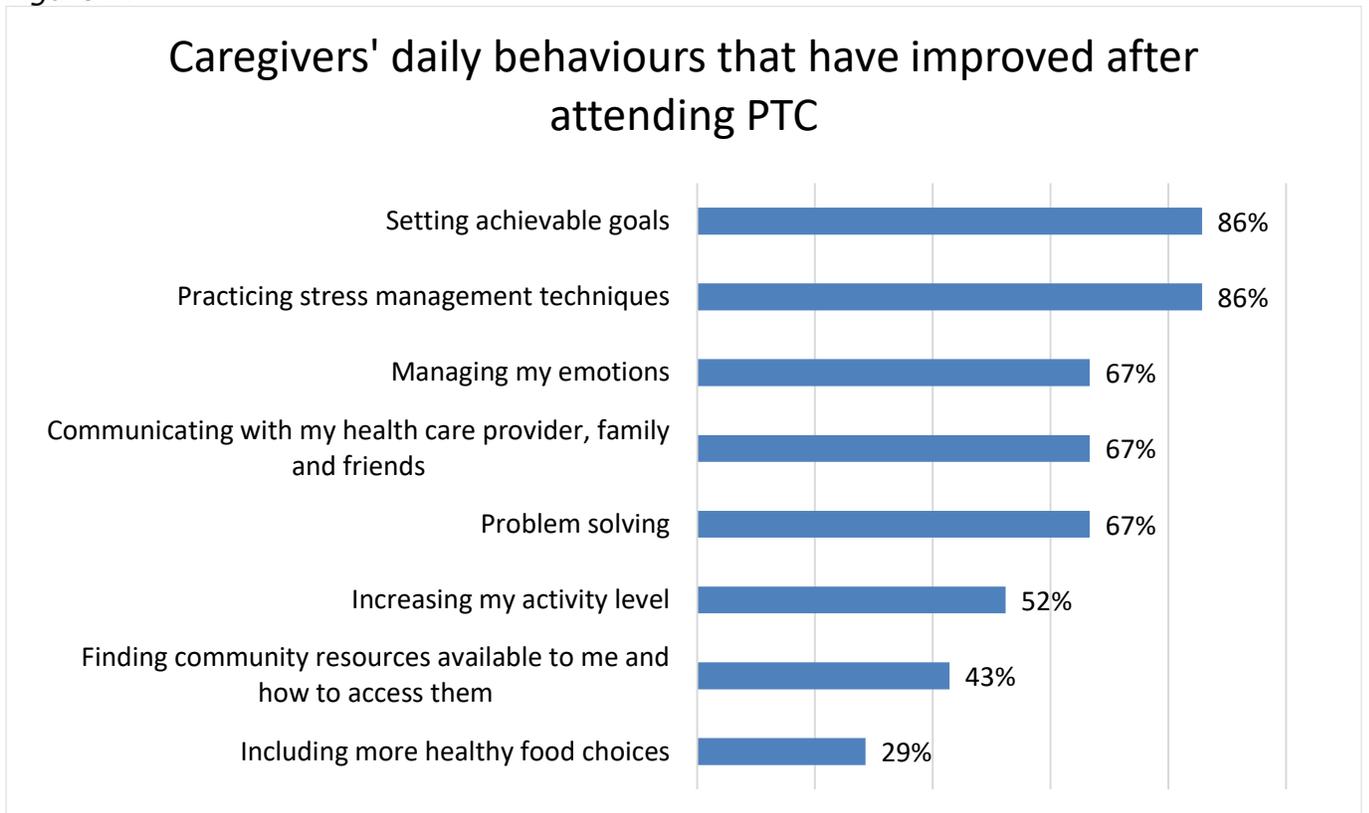
Figure 6.



Participants were asked which daily behaviours had improved as a result of attending the workshop. All of the participants identified areas in which their behaviour had benefits from the workshop. The most frequently-mentioned changes were setting achievable goals and practicing stress managements techniques, identified by the majority of participants. More than half of the participants indicated that, as a result of attending the PTC workshop, they were better able to manage emotions, to communicate with health care providers, family and friends, to problem solve, and to increase their activity level (Figure 7).

"There were a number of things I found useful but the underlying theme that my health as a caregiver mattered was very helpful; also, that my experience was not unique - others had felt similar emotions"

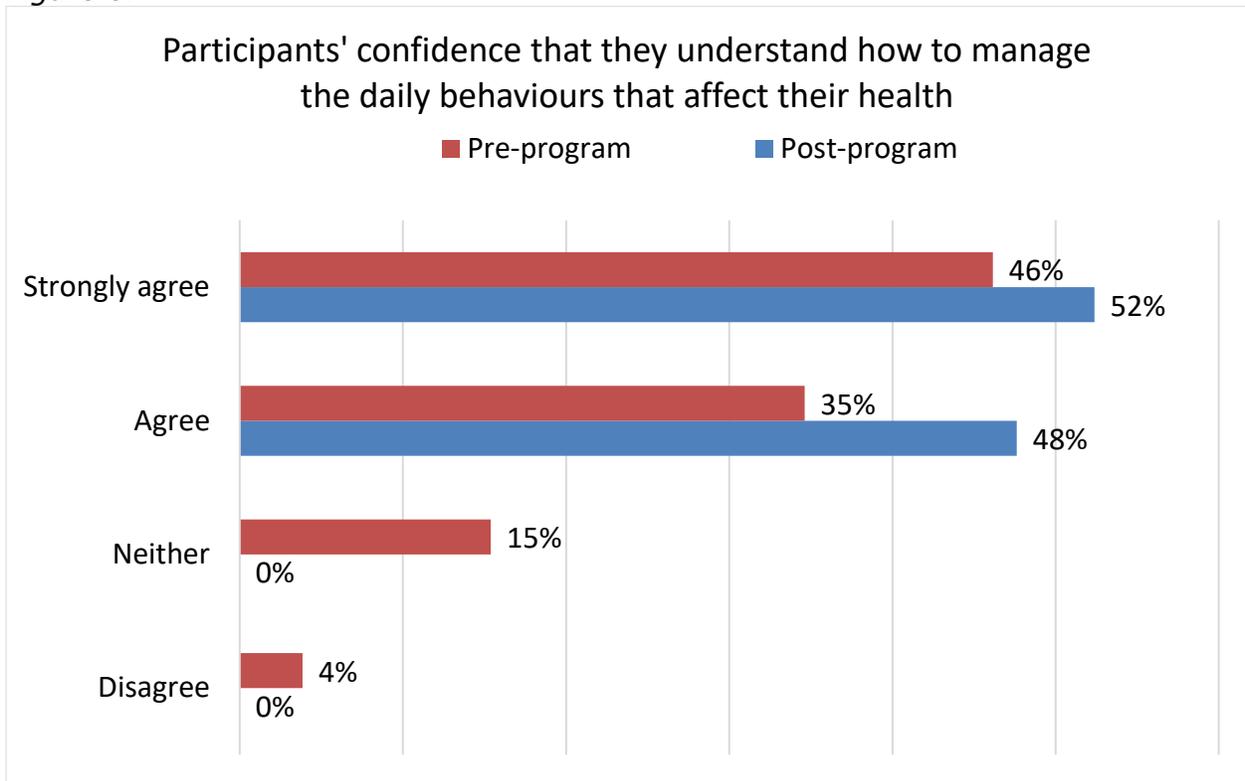
Figure 7.



"Gave me very helpful info on communication and stress relief. Knowing that there are others going through the same is comforting."

Both before and after the Powerful Tools for Caregivers programs, participants were asked to rate how confident they were that they understood the daily behaviours that affected their health. There was a noticeable improvement in this confidence after completing the PTC program. While some participants expressed a lack of confidence before attending the program, all participants who completed the post-program questionnaire felt some measure of confidence (Figure 8).

Figure 8.



Participants commented on a number of aspects of the PTC program that they found helpful. Many comments have been embedded throughout the report but others included:

- *All sections covered to self discover oneself and put oneself first.*
- *All the different coping strategies and communication techniques.*
- *Good refresher on positive thinking. Lots of great tools on dealing with people in general.*
- *Interaction with others.*
- *The variety of tools offered to deal with problems, emotions, self-care etc.*
- *Working in a group environment.*

TRAINING

Leader Training and Leader Refreshers did not occur in Manitoba in 2020-2021. Instead, six Leader Update Training sessions were held (with one additional session scheduled but cancelled). These update sessions were held via Zoom over two half-days and included participants from all health regions.

There was a 98.1% completion rate, with 52 out of 53 Leaders attending both Zoom sessions. Those who completed the session included 20 volunteers and 32 staff members. Most of the Leaders were from Prairie Mountain (19) or Winnipeg

RHA (17), and there were also several participants from Interlake-Eastern RHA (7), Southern Health – Santé Sud (5), and Northern RHA (4).

2020-2021 Leader Update Implementation Schedule

Session	Dates	Participated/ Completed
Fall 2020	November 16, 18	8 / 7
Fall 2020	December 2, 3	10 / 10
Fall 2020	December 7, 9	10 / 10
Winter 2021	January 12, 14	9 / 9
Winter 2021	February 2, 3	5 / 5
Winter 2021	February 22, 24	11 / 11

Participants were asked a series of questions about their impressions of the Leader Update sessions, which portions were most valuable, should have more time, should be shortened or deleted, and what should be changed.

Thirty of the participants identified portions of the training that were the most valuable for them. The most frequently-mentioned portion was that of the new content, and the ability to learn and practice that content (12). Many of the participants appreciated the ability to interact with the other leaders, and obtain feedback (7). As in previous years, participants enjoyed the opportunity to practice teach (5). While a couple of participants identified specific content areas that they found valuable, such as the new section on nutrition (2), others stated that they found everything valuable (2).

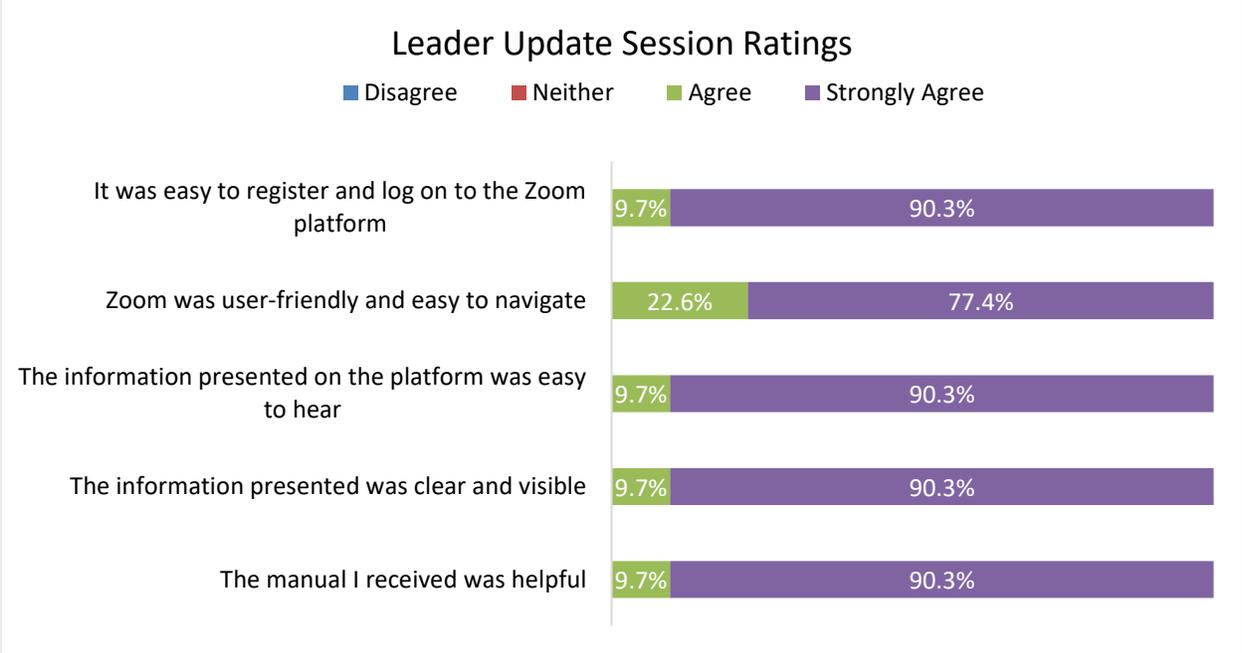
Fewer of the participants gave suggestions about portions of the session that needed to be expanded, shortened, or changed. For each of these questions, the majority of participants indicated that there was nothing that needed to be changed. Suggestions for areas that could benefit from more time included the use of a digital platform, brainstorming, highlighting changes from the previous edition, the ability for co-facilitators to meet and plan ahead, and the opportunity for participants to introduce themselves and chat.

There were only three individuals who identified aspects that could be shortened. Two of these felt that the second day of training was unnecessary and felt repetitive, particularly for experienced facilitators. One individual felt that too much time was spent on evaluation.

Suggestions for changes echoed those already mentioned. Of the six suggestions for change, three were about issues related to the virtual format. The other three suggestions referred to specific content; less time spent on evaluation, and a shorter course especially for experienced facilitators.

The participants rated the format of the session, using Zoom, positively (Figure 9). Most of the participants felt that Zoom was easy to use and that information was clear.

Figure 9.



Following the session, the participants expressed a great deal of confidence in their ability to facilitate a Get Better Together program. On a scale that ranged from 1 to 10, with 10 representing complete confidence, the individuals who participated in the Leader Update were very confident that they could answer participants’ questions and facilitate aspects of the program such as brainstorming activities and exercise demonstrations (Figure 10).

“It was great to see everyone on Zoom! Virtual delivery may actually be a better use of time for an update session in the future rather than in person (as much as I love to meet in person!).”

Figure 10.



Overall, the participants expressed satisfaction with the Leader Update session, and in particular the use of Zoom. Several participants commented that it was nice to see everyone in person, and to have the opportunity to meet other leaders in different regions.