

# Get Better Together

for living better with health issues

Powerful Tools  
FOR Caregivers



## Final Report 2021-2022



Participating  
Regional Health  
Authorities



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# **Manitoba Evidence-Based Self-Management Programs**

2021-2022

This report includes activities related to peer-led, evidence-based self-management programming including Get Better Together (GBT), Powerful Tools for Caregivers (PTC), Total Brain Health (TBH) and Memory and Aging Program (MAP).

## **PROGRAM HIGHLIGHTS & RECOMMENDATIONS**

### Highlights

The Wellness Institute (WI) extended its self-management reach and programming scope by acquiring the capacity to roll out the Total Brain Health program in addition to Get Better Together, Manitoba's version of the Chronic Disease Self-Management program (CDSMP), and Powerful Tools for Caregivers. Furthermore, WI piloted the Memory and Aging Program to see if it should be added as part of our programming portfolio. Optimizing functional capacity, through brain health and other self-management programming for the aging population will be key moving forward contributing to overall independence and aging in place (WHO Decade of Healthy Aging 2020-2030).

A total of 32 programs ran this year, 17 were Get Better Together (GBT), eight were Powerful Tools for Caregivers (PTC) programs, six were Total Brain Health (TBH) programs and one Memory and Aging (MAP) program was piloted.

This year, all of the PTC, TBH and MAP programs were offered virtually due to the COVID-19 pandemic. Of the GBT programs, six were offered in the Winnipeg Regional Health Authority (WRHA), and 11 were offered in other health regions. Almost all of the programs ran virtually using an online conferencing platform, the sole exception being one GBT program delivered via telephone. Registration for virtual programs that were not site or organization specific were opened up province-wide and had participants from other Regional Health Authorities (RHAs) take part.

A total of 276 persons participated in the four types of programs offered this year and 210 completed (attended 4 sessions or more), compared to 105 completing the program last year and 276 completing the program in 2019-2020. The overall completion rate for programs offered in 2021-2022 was 76.1%, which is higher than the national average completion rate reported by the Self Management Resource Center (SMRC) for CDSMP (72%).

In the 17 GBT programs, a total of 150 individuals attended at least one session, and 112 completed the program for a completion rate of 74.7%. The eight PTC programs had 53 participants, of which 40 completed the program resulting in a completion rate of 75.5%. A total of 57 individuals participated in the new TBH

program, and 44 completed the program for a completion rate of 77.2%. Eleven of the 12 individuals who took part in the MAP pilot program completed that program.

Across all programs, most of the participants were female. Females comprised 79.3% of GBT participants, while almost all of the participants in the PTC (91.3%), TBH (94.4%) and MAP (90.0%) were female. Participants in the GBT program ranged in age from 24 to 88 years, and the age of the PTC spanned from 30 to 75 years. Participants of the TBH program were older on average, ranging from 44 to 83 years. The chronic conditions reported most frequently by GBT participants were depression or anxiety (64.3%), arthritis (36.6%), chronic pain (33.7%) and high blood pressure (3.7%). For the TBH participants, the most commonly reported chronic condition was arthritis, reported by 53.3% of participants, and thyroid problems, high blood pressure and high cholesterol were each reported by 30% of participants.

Participants in all of the 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 that they had gained confidence as a result of the program.

To aid in the expansion of the Total Brain Health program eight individuals were trained to be peer leaders for the program in 2021-2022. Two leaders who were previously trained to facilitate the Get Better Together program took part in update training on the newest CDSMP leader curriculum.

### Recommendations

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

- Continue to support RHAs in offering hybrid programming; virtually province-wide on a secure digital platform and in-person, while keeping with Public Health orders.
- Re-engage with RHAs and explore new methods of promoting programming.
- Coordinate all Leader 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.
- Expand PTC and TBH programming by continuing to develop partnerships and training peer leaders.
- Consult with partners and stakeholders on how to best support self-management delivery virtually and in-person going forward.
- Evaluate the delivery of brain health self-management programming to support aging and memory: an important pillar of health.

## PROGRAM OVERVIEW

**Get Better Together** is a free program offered once a week for six consecutive weeks for around two and a half hours.

CDSMP, offered in-person, virtually or via teleconference calls, helps 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 workshops receives a copy of the *Living a Healthy Life With Chronic Conditions, 5<sup>th</sup> Edition*. Participants obtaining the program over the phone also receive a tool kit in the mail that includes 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.

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.

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***"I have learned how to make plans and goals that I can actually succeed at, which has been a huge confidence booster."***

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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 free best practice six week 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.

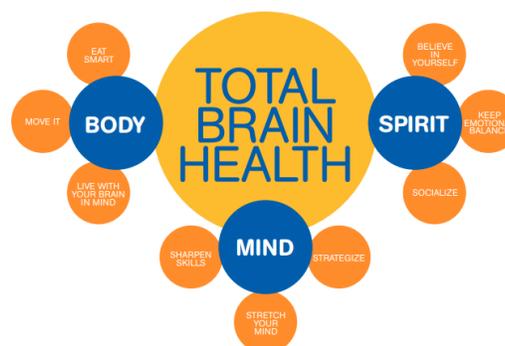
There are three different versions of the Powerful Tools for Caregivers workshops; a two and half hour program and a condensed ninety minute program both aimed at those caring for an adult and then a specialized version of the program offered for caregivers of children with special needs. Programming can be offered in-person or virtually.

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

**Total Brain Health** is an free social based brain training program for people of all ages founded by clinical psychologist, author, and brain health expert, Cynthia R. Green, Ph.D.

The Total Brain Health Blueprint® is an action plan for addressing the two major goals leading to a brain fit life: Boosting everyday performance and promoting long-term brain vitality.



Based on three decades of research evidence, the TBH Blueprint provides participants hands-on, simple actions and tools that engage the three pillars or dimensions of well-being: body, mind and spirit.

#### Body

- Move it – the importance of physical activity in boosting the brains physical health, performance and building a protective buffer against memory loss
- Eat smart – healthy diet and maintaining a healthy weight is key to a healthy brain
- Live with your brain in mind – lifestyle choices like sleep, medications and how we take care of our health are important factors in future brain health

#### Mind

- Sharpen skills – cognitive training can help revive skills that diminish when we age
- Stretch your mind – staying intellectually engaged, keeping your mind active, and challeing your brain can be effective ways to shield against dementia
- Strategize – memory-boosting strategies and tools can help us better organize, remember and recall information

## Spirit

- Socialize – spending time with others is a brain workout and contributes greatly to brain health
- Keep emotional balance – keeping emotions intact and finding ways to be mindful is beneficial for mental function and long term brain health
- Believe in yourself – feeling confident about brain health and ability allows us to be more likely to take part in brain-boosting activities

**Memory and Aging Program** was developed in 1997 at the Baycrest Centre, in Ontario for Geriatric Care. The program includes the use of practical exercises, educational lectures and group discussion. It is based on the scientific research on memory interventions of older adults experiencing normal age-related memory changes and incorporates the following:

- Group based multifactorial approach providing educational information, memory skills training, self-efficacy enhancement, relaxation techniques and lifestyle modification
- Emphasis on strategies that improve memory function as opposed to increasing memory capacity
- Use of practical strategies and opportunities to practice applying them in a variety of ways so that they can be used in everyday life

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***"Using the five SHARP memory strategies shared in sessions had added value to aging gracefully. Thank you for a great workshop."***

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The program is offered once a week for five weeks for two hours and as part of MAP participants receive a *Participant Workbook* developed by the creators of the program.

The benefits to the participants of the program are (Troyer, 2001; Vandermorris et al., 2017; Wiegand et al., 2013):

- Large gains in factual knowledge about memory and factors that affect memory
- Large increase in the ability to identify memory tools for everyday memory situations
- Increased satisfaction with memory including reduced concerns about memory and increased confidence to succeed with everyday memory tasks
- Development of a sense of normalization of the experience of age-related memory change
- Self-reported implementation of a healthier lifestyle and improvements in the area of relaxation, physical activity, cognitive and social engagement, and nutrition

## KEY ACTIVITIES

Wellness Institute key activities include Winnipeg and regional coordination of the peer-led self-management programming:

- Facilitated and coordinated the oversight, implementation and evaluation of all evidence based self-management programming;
- Maintained all programming standards by ensuring that all Manitoba 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 WI's self-management reach to include the Total Brain Health program;
- Explored how self-management can continue to be applied to support brain health by piloting the Memory and Aging Program in 2021-2022;
- Expanded capacity for both PTC and TBH by offering peer leader trainings;
- 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;
- 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;and
- Coordinated province-wide public awareness of peer-led self-management programming.

*Winnipeg specific:*

- Delivered 21 programs; six programs were Get Better Together, eight were Powerful Tools for Caregivers, six were Total Brain Health, and one was the Memory and Aging program;
- Offered all programming virtually with the exception of one CDSMP program which was offered using mailed tool kits with short weekly telephone contact. This version allowed us to reach individuals 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 leaders trained from Fort Garry Womens Centre, Canadian Mental Health Association (CMHA) and Access Winnipeg West at the Grace Hospital;
- Leveraged community capacity by working alongside existing programs, priorities and strategies that support chronic disease management such as My Health Teams;

- Completed the training “Interventions for Memory and Aging; A Train-the-Trainer workshop” for the Memory Aging Program to allow WI to implement the program;
- Piloted the Memory and Aging program to adults who had previously completed the WI hosted Total Brain Health program allowing them to compare the programs and provide feedback;
- Facilitated Leader Update trainings virtually to update the last few previously trained GBT leaders on the 2020 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.

Additional My Health Teams staff took the Powerful Tools for Caregivers training in 2021; and will continue to include GBT and PTC in their repertoire.

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

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

### Marketing & Communications

Province wide program promotion included articles, print advertising and WI and RHA social media posts. Programming is also promoted in Health Care Connections.

An ad for GBT and PTC was highlighted in the Winnipeg Free Press twice this year; once as part of Active Aging in Manitoba 55+ games and another as part of Seniors and Elders month. Additionally, there were articles included on how to remain physically and mentally active and the importance of investing in our brain health.

WI launched a new campaign called *Living Well* to enable promotion of our self-management and preventative health programs together as a series (Displayed to the right). As a supplement to this campaign, a quarterly *Living Well e-newsletter* is distributed that combines tips, recipes, and skills from the Wellness Institute's self-management programming for healthier mind, body and better coping. Subscribers are program volunteers, coordinators, disease specific organizations, and various health professionals across the Province.

Programming information was included in the Seven Oaks Neighbourhood Resource Network newsletter and WI continues to attend their meetings throughout the year.

Due to the COVID-19 pandemic, presentations and exhibitions continued virtually.

### Virtual Self-Management Programming

WI continues to adapt and strengthen virtual delivery:

- Provided instruction manuals for GBT, PTC and TBH programs on the WI website portal for turnkey delivery;
- Continued digital program evaluation and conducted both short and long pre- and post- questionnaires for GBT;
- Offered virtual program participants the option to receive the GBT resource book as an MP3 to view on their e-reader, tablet or computer; and
- Adjusted PowerPoint slides to dark mode to make them more accessible for those visually impaired.

Virtual programming will continue to be a mode of delivery in addition to in-person programming moving forward. Using a digital platform allows individuals to take part who might not otherwise be able to due to location, transportation, weather, scheduling, caregiving duties, work, preference to attend a program from a device, etc.

Evidence-based self-management and preventative health workshops:

**Powerful Tools for Caregivers**  
<https://wellnessinstitute.ca/powerful-tools-for-caregivers/>  
 > Free, 90 minutes, once a week for six weeks  
 Aimed at individuals who are **caregivers** for an adult, such as a relative or friend, or a child with special needs. Provides tools and techniques for caregivers to manage their own health while caring for their loved ones. Evidence indicates caregivers who participate demonstrate improvements in self-care behaviours, management of emotions, increased confidence in coping with caregiver demands and added awareness and use of community resources.

**Get Better Together**  
<https://wellnessinstitute.ca/gbt/>  
 > Free, two hours, once a week for six weeks  
 Aimed at individuals who **have a chronic physical or mental health problem(s) or support someone who does**. Attendees discuss the common issues they face and motivate each other with solutions and techniques for dealing with difficult emotions, appropriate exercise, nutrition and medication use, communicating effectively with family, friends and health professionals, and engaging with other community resources.

**Total Brain Health**  
<https://wellnessinstitute.ca/total-brain-health/>  
 > Free, one hour, once a week for four weeks (virtually) and six weeks (in-person)  
 Aimed at those **wanting to engage their mind and build better brain health, no matter what age or ability**. Total Brain Health™ is a social-based, hands-on brain training program that addresses the two major goals of leading a brain fit life: boosting everyday performance and promoting long-term brain vitality.

## REGIONAL IMPLEMENTATION

The Wellness Institute has been offering GBT and helping residents better manage their health conditions for fourteen years. Last year, a new program was offered, Powerful Tools for Caregivers (PTC). New programs were added again this year; Total Brain Health (TBH), and the Memory and Aging Program (MAP) were piloted.

Restrictions and challenges caused by the COVID-19 pandemic impacted the number of programs offered in 2021-2022, and all programs were conducted remotely using either a digital platform or telephone. Three RHAs participated in 2021-2022, with a total 32 programs offered, compared to 19 in 2020-2021 and 35 in 2019-2020. Given the virtual nature of the programs offered, participants from other RHAs were able to attend programming unless the program was site or organization specific for ex: Samaritan House.

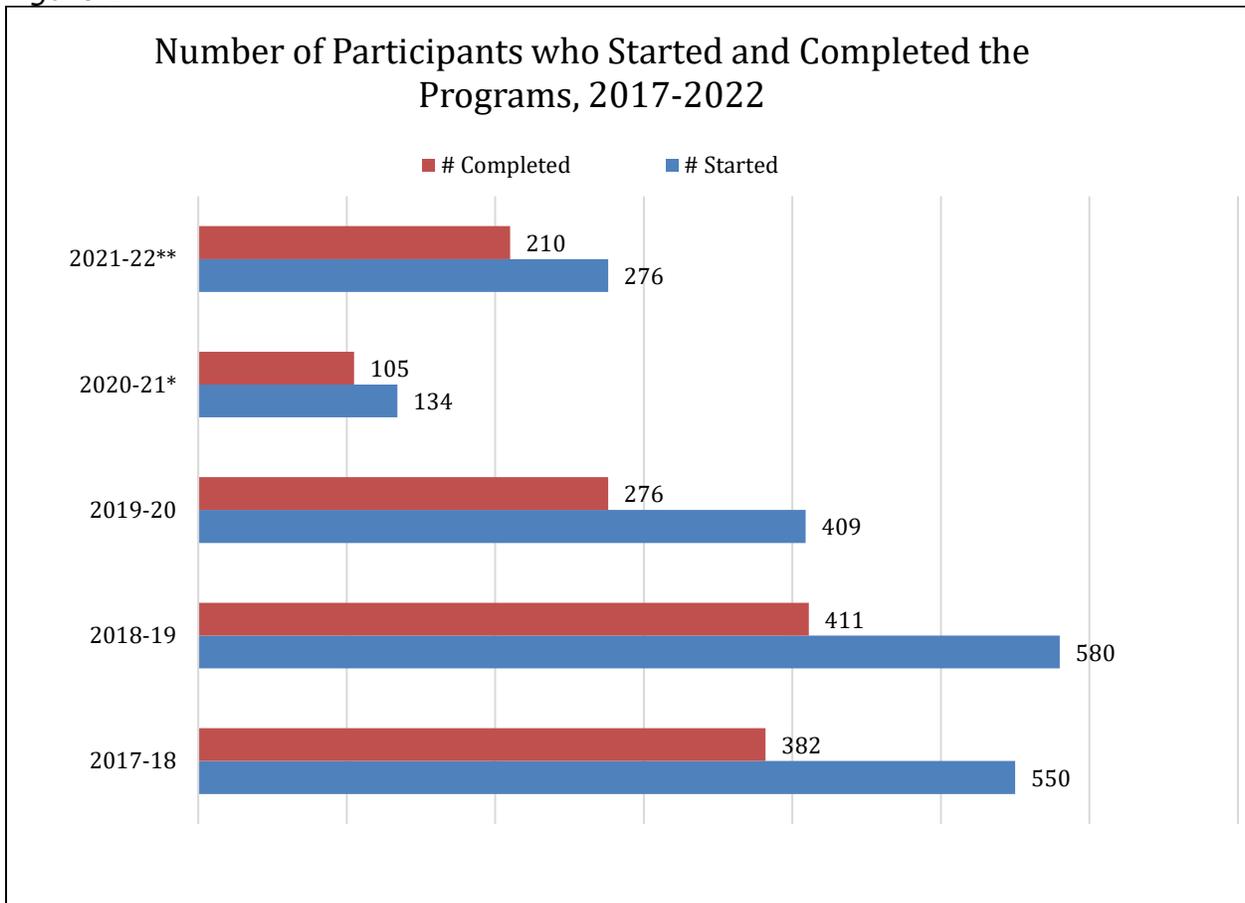
This year, Winnipeg delivered 21 programs, up from 15 programs in 2020-2021. Of the programs offered in Winnipeg, six were GBT programs, eight were PTC programs, six were the newly-introduced TBH programs and one MAP program piloted. RHAs outside of Winnipeg delivered a total of 11 GBT programs, compared to four last year. Reduced program delivery from a few RHAs was due to program coordinators and several GBT leaders being redeployed, some more than once, during the year to COVID-19 related duties.

### Overview

RHA	# of Leaders/ Master Trainers certified 2021/22	# of Programs Delivered 2021/22*	# of Participants Attended/ Completed 2021/22
Southern Health -Santé Sud	0 / 0	0	0 / 0
Prairie Mountain Health	0 / 0	8	92 / 71
Interlake-Eastern Regional Health Authority	0 / 0	0	0 / 0
Northern Regional Health Authority	0 / 0	3	19 / 16
Churchill Health Centre	0 / 0	0	0 / 0
Winnipeg Regional Health Authority	0 / 0	21	165 / 123
<b>TOTAL</b>	0 / 0	32	276 / 210

*\*includes Get Better Together, Powerful Tools for Caregivers, Total Brain Health and Memory and Aging programs.*

Figure 1:



\*includes both GBT and PTC participants

\*\*includes GBT, PTC, TBH and MAP participants

### **Implementation of programs by RHA**

#### **Southern Health – Santé Sud**

- The GBT coordinator was redeployed the entire year due to the COVID-19 pandemic.
- A Master Trainer from Southern Health – Santé Sud (SHSS) lead a GBT virtual class this year for the WRHA.
- No programs were offered in SHSS this year.
- One individual from this health region took part in an online PTC program offered by WRHA.
- No Leader Training or Refresher sessions were offered in SHSS this year.

## Prairie Mountain Health

Host	Start Date	Time	# of Participants Attended / Completed
Samaritan House	April 20	9:00-11:00	11 / 11
Prairie Mountain Health	April 21	6:30-8:30	5 / 3
Samaritan House	July 20	9:00-11:00	14 / 12
Prairie Moutain Health	July 14	10:00-12:00	13 / 8
Samaritan House	October 12	9:00-11:30	13 / 10
Prairie Moutain Health	October 12	6:30-9:00	12 / 9
Samaritan House	January 18	9:00-11:00	12 / 9
Prairie Moutain Health	January 18	1:30-4:00	12 / 9
		TOTAL	92 / 71

- Eight programs were delivered virtually this year in Prairie Mountain Health (PMH).
- One participant from PMH took part in a WRHA-led PTC program.
- PMH did a presentation to regional mental health staff on GBT and how to get their patients involved. The majority of referrals continue to be from mental health workers.
- GBT promotional material was sent out to My Health Teams, Physician clinics, Nurse Practitioners, Chronic Disease Prevention Program Nurses and Dietitians, Health Promotion Coordinators, etc.
- PMH started a partnership with the Manitoba Mood Disorders Association to offer GBT programming and having programming promoted widely through their networks.
- No GBT Leader Training sessions were offered in PMH, but two individuals participated in a GBT Leader Update session.

## Northern Regional Health Authority

Host	Start Date	Time	# of Participants Attended / Completed
The Pas and Flin Flon	May 20	1:30-3:30	6 / 6
The Pas	March 9	6:30-9:00	6 / 5
Flin Flon	March 9	6:30-9:00	7 / 5
		TOTAL	19 / 16

- Three GBT programs were delivered in 2021-2022 in the Northern RHA.
- Several Northern RHA residents also participated in online programs offered by Prairie Mountain Health.

- The region advertised with local papers, radio, social media and emails were sent to RHA staff and community organizations.
- There were no Leader Training sessions or Refresher sessions offered.
- The Seniors Centre in Thompson showed interested in programming and training some leaders. This would help build capacity for this area which hasn't had a local GBT coordinator for several years.

### **Interlake – Eastern Regional Health Authority**

- No GBT programs ran in Interlake Eastern Regional Authority (IERHA) this year.
- Two individuals from IERHA participated in a virtual PTC program, and five participated in online TBH programs.
- IERHA continues to use social media, e-newsletters and partner organizations to get the word out about programming.
- The new WI *Living Well* campaign and e-newsletter were promoted in the IERHA e-newsletter.
- There were no Leader Training sessions or Refresher sessions held in the IERHA region in 2021-2022.

### **Winnipeg**

<b>Host</b>	<b>Program</b>	<b>Start Date</b>	<b>Time</b>	<b># of Participants Attended / Completed</b>
Archwood 55 Plus Inc.	PTC	April 14	10:00-11:30	8 / 6
Age & Opportunity	PTC	April 13	7:00-8:30	6 / 6
Wellness Institute	PTC	April 20	1:00-2:30	4 / 3
Canadian Mental Health Association	GBT	April 20	1:30-3:30	9 / 4
Wellness Institute	GBT	April 22	1:00-2:30	5 / 4
Seven Oaks Seniors Resource Finder*	GBT	May 20	11:00-12:00	3 / 3
Fort Garry Women's Centre	GBT	June 22	1:00-3:00	7 / 4
Wellness Institute	TBH	September 21	10:00-11:00	11 / 9
Wellness Institute	GBT	October 7	10:00-12:00	10 / 5
Wellness Institute	PTC	October 13	10:00-11:30	8 / 5
Wellness Institute	TBH	October 18	2:00-3:00	12 / 8
Age & Opportunity	PTC	October 26	7:00-8:30	6 / 6
Wellness Institute	TBH	November 2	10:00-11:00	7 / 7
Wellness Institute	TBH	November 29	10:00-11:00	8 / 6

Wellness Institute	TBH	January 26	2:00-3:00	7 / 6
Wellness Institute	MAP	January 26	10:00-12:00	12 / 11
Wellness Institute	GBT	February 2	10:00-12:00	5 / 5
Archwood 55 Plus Inc.	TBH	February 3	9:30-10:30	12 / 8
Wellness Institute	PTC	February 15	10:00-11:30	10 / 4
Children's Rehabilitation Centre	PTC	February 15		8 / 6
Age & Opportunity	PTC	February 23	1:00-3:30	7 / 7
			TOTAL	165 / 123

\* mode of delivery was telephone

- A total of 21 programs ran in Winnipeg in 2021-2022; six programs were Get Better Together, eight were Powerful Tools for Caregivers, six were Total Brain Health, and one was the Memory and Aging program.
- All but one of the programs were offered online, with one delivered by telephone.
- GBT using mailed tool kits and teleconference calls ran in partnership with the Seven Oaks Seniors Resource Centre Finders Group.
- One GBT and one PTC programs were cancelled due to low registration.
- The Children's Rehabilitation Centre offered one PTC program 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 recognizes the importance of health equity and efforts were made to engage and provide supports to vulnerable participants in various communities and circumstances. Copies of the Living a Healthy Life with Chronic Conditions, 4<sup>th</sup> edition resource books were provided to clients at the Centre for Geriatric Psychiatry in Prairie Mountain Health, Nine Circles Community Health Service (works with clients with HIV), Sara Riel Inc. (works with individuals with mental health and substance use/addiction challenges), Manitoba Housing units, My Health Teams and to Community Service Coordinators. A promotional sticker with GBT information was attached to the books.
- Collaboration with the Canadian Mental Health Association (CMHA) remains strong and crucial with the increase in mental health and rising impacts felt from the pandemic. This year, 97% of participants reported mental health conditions and concerns in their health questionnaires. A GBT class ran in partnership with CMHA this year and additional staff were trained in PTC in April 2022. They will host both GBT and PTC programming in the 2022-2023 fiscal year.
- Electronic advertising was done through the WI email list, website, social media platforms, Health in Common, and WRHA Health Care Connection.
- No Leader Trainings were offered this year.
- WI hosted one training session for the Total Brain Health program, and eight leaders were trained.

### *Implementation of Leader Training*

The in-person format for CDSMP Leader Training for new leaders is 24 hours of instruction over four days on how to lead a GBT workshop. Trainees participate in the 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. In accordance with public health recommendations, in-person trainings were paused for the 2021-2022 year.

The Self-Management Resource Center (SMRC) created a virtual CDSMP leader training offered over seven weeks with trainees attending 13, two and a half hour virtual video meetings. Following consultation with partners, coordinators, staff and future leaders, it was agreed this was very time consuming and that we would hold off training new GBT leaders until it can be offered in-person. There were enough active leaders certified throughout the Province to fulfill the programming scheduled for the year.

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. There weren't any Refreshers held this year.

CDSMP Leader Update training is required when SMRC releases an updated program curriculum. The virtual Leader Update training is two half days, for a total of six hours, teaching Leaders the new content and reinforcing the facilitation techniques. There was one GBT virtual Leader Update training held for leaders in the Prairie Mountain Health with two previously trained leaders in attendance.

One training session was held in Winnipeg Regional Health Authority for the Total Brain Health program. Eight individuals completed the virtual training to facilitate that program.

#### **Training Sessions**

<b>Dates</b>	<b>Program</b>	<b>Attended / Completed Training Session</b>
October 26	Total Brain Health	8 / 8
December 14, 16	Get Better Together	2 / 2
<b>TOTAL:</b>		<b>10 / 10</b>

## PROGRAMMING

### *Participation rate*

An average of 8.6 people completed per Get Better Together (GBT), Powerful Tools for Caregivers (PTC), Total Brain Health (TBH) and Memory and Aging (MAP) program. This compares to an average of 5.5 people per program who completed GBT and PTC programs last year. This increase shows that Manitobians are embracing virtual programming and that it will continue to be an important part of program delivery going forward.

### *Finding out about the programs*

Participants found out about the programs a variety of ways (Table 1). People were often told about the programs from other organizations they are connected to, often the organization that was hosting the program. Likewise, resource coordinators and other social services workers were a frequent source of information about these programs. Word of mouth through family and friends was a valuable resource. Health care providers and health clinic staff were important sources of information about Get Better Together, which is more established in communities, but less so about the newer programs offered. Total Brain Health had a specific email campaign that was effective in alerting a number of participants.

*Table 1. Source of information about programs*

<b>Source of information</b>	<b>Get Better Together</b>	<b>Powerful Tools for Caregivers</b>	<b>Total Brain Health</b>	<b>Total</b>
Other (or host) organization	30	6	7	43
Family and friends	20	7	6	33
Health care provider	21	4	0	25
Resource coordinators	15	3	6	24
Website	9	3	3	15
Local health clinic	10	1	2	13
Email campaign	0	0	12	12
Posters or Pamphlets	10	1	0	11
Social media	7	1	0	8
Radio, TV or newspapers	4	0	1	5

*Program attendance*

A total of 32 online GBT, PTC, TBH and MAP programs were delivered in 2021-2022, with 305 individuals registering and 276 logging in to at least one class.

Of those who had attended at least one session in the 32 programs, 210 participants completed the program. For GBT and PTC programs, which had six classes, completion means that the participants attended at least four out of six sessions. For TBH, participants who attended at least three of the four classes completed the program. MAP participants who attended at least three of the five classes completed the program. The overall completion rate was 76.1%, similar to last year (78.4%) and higher than 2019-2020 (67.5%). The average number of sessions participants attended in each of the programs is shown in Table 2.

In the 17 GBT programs, a total of 150 individuals attended at least one session, and 112 completed the program for a completion rate of 74.7%. The eight PTC programs had 53 participants, and 40 completed the program resulting in a completion rate of 75.5%. A total of 57 individuals participated in the new TBH program, of which 44 completed the program for a completion rate of 77.2%. Eleven of the 12 individuals who took part in the MAP pilot program completed that program.

*Table 2. Attendance for programs*

<b>Attendance</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21*</b>	<b>2021-22**</b>
# registered	583	609	427	144	<b>305</b>
# who attended at least one session	550	580	409	134	<b>276</b>
# completed program	382	411	276	105	<b>210</b>
Average # of classes attended					
GBT & PTC (of 6 classes)	4.15	4.25	4.1	4.3	<b>4.4</b>
TBH (of 4 classes)					<b>3.1</b>
MAP (of 5 classes)					<b>4.6</b>

\*includes both GBT and PTC participants

\*\*includes GBT, PTC, TBH and MAP participants

Participants who chose not to complete the programs were given the opportunity to state their reason for withdrawal. Only a few of the participants identified reasons. Five responses from Get Better Together participants included scheduling (2) or technical (1) difficulties, while for two participants the program was not what they expected. Powerful Tool for Caregivers participants cited caregiving challenges (2) and being uncomfortable in a group setting as reasons for their withdrawal.

## **Get Better Together Participants, Outcomes and Evaluation**

Seventeen Get Better Together (GBT) programs were offered during the 2021-2022 fiscal year six of these were offered in Winnipeg, eight in Prairie Mountain Health, and three in Northern RHA. All of the programs used a digital version of the questionnaires on the Survey Monkey platform. Demographic information about the participants was obtained from the pre-program questionnaire. Nine of the programs used the shortened version of the questionnaire, and five programs used a longer online questionnaire similar to the paper surveys completed in past years. For three of the programs, no data was available.

Of the 150 participants who started the GBT program, initial data was obtained for 113 of them. The majority of participants (79.3%) identified as female. The participants ranged in age from 24 to 88 years old; the average age of the participants was 51.8 years. Two in five of the participants (41.3%) were single, and 33.9% were married or living in common-law relationships. About one-half of the group (51.4%) had received education beyond high school.

The majority of participants indicated that they have a regular family doctor (88.4%). Participants reported an average of 3.5 chronic conditions, and the number of chronic conditions ranged from zero to 19. Of the list of 14 chronic condition presented in the questionnaire, the most frequently mentioned chronic conditions were depression or anxiety (63.4%), arthritis (36.6%), chronic pain (33.7%) and high blood pressure (33.7%) (see Figure 2). In addition to the printed list of conditions, participants mentioned 42 other conditions. Most of these conditions were mentioned by only one or two participants.

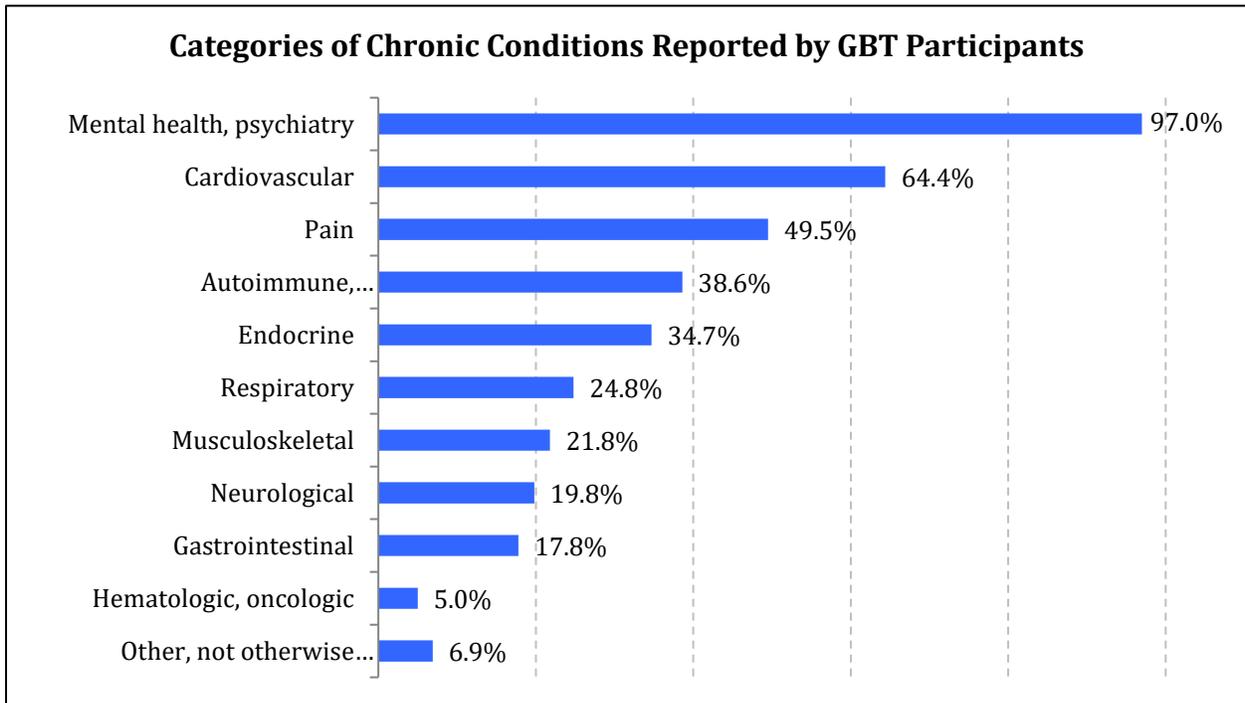
When all of the chronic conditions were categorized by type of condition, almost all of the participants (97.0%) had mentioned at least one mental health issue (which included depression and anxiety, PTSD, bipolar disorder etc.) among their conditions. At least one cardiovascular condition was experienced by almost two-thirds of the participants (64.4%) and half of the participants had a pain-related condition (49.5%).

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***"I love the absolute acceptance of people as individuals. There is no judgement on how you perceive your condition, whether or not you reach goals, whether you are feeling positive or negative that day. You are accepted for being you on that day, and it feels great."***

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Figure 2. Chronic conditions reported



Digital program evaluation was used this year again, to be compatible with the virtual delivery model. Completion rates for digital questionnaires tend to be lower than paper versions distributed in class as participants often forget or miss the link. Reminders are sent, but completion continues to be low.

Longer pre- and post-test measures of health and behavioural outcomes were administered by five of the programs, two of which were in Winnipeg and three in Prairie Mountain Health regions. Nine programs used a modified, shorter pre- and post- survey to measure client satisfaction and overall change in confidence to manage chronic disease. For three of the programs, no evaluations were collected.

For the five programs that used evaluations which included questions on health and health-related behaviour, 26 participants completed evaluations at both pre- and post-program, which is necessary to analyze changes to health and behavioural outcomes. Another 23 participants had completed only a pre-program evaluation, and one participants had completed only a post-program evaluation.

The small number of participants with both pre- and post- data limits the ability to analyze changes in outcomes statistically. Therefore, the mean scores are shown in detail in Appendix A, but statistical differences for the 2021-2022 year are not presented. 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.

Generally, the data available for this year is similar to that from previous years. A primary focus of the GBT program is to teach cognitive and behavioral strategies that reduces cognitive stress and provides pain management. By the end of the program, the strategies that were most frequently used by the participants were talking to themselves in positive ways, progressive muscle relaxation, and playing mental games to distract themselves.

For medication compliance, the majority of participants always or almost always taking their medications as prescribed both pre- and 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 this practice appeared to increase over the course of the program.

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***"This program needs to be widely shared and promoted for anyone with chronic health conditions. The facilitators were amazing and the program was organized very well and easy to follow. Our physicians need to know about these resources to enable patients to take better charge of and manage our health. This has helped me to be understand and improve my relationship with all of my care providers, and I now look forward to working WITH them."***

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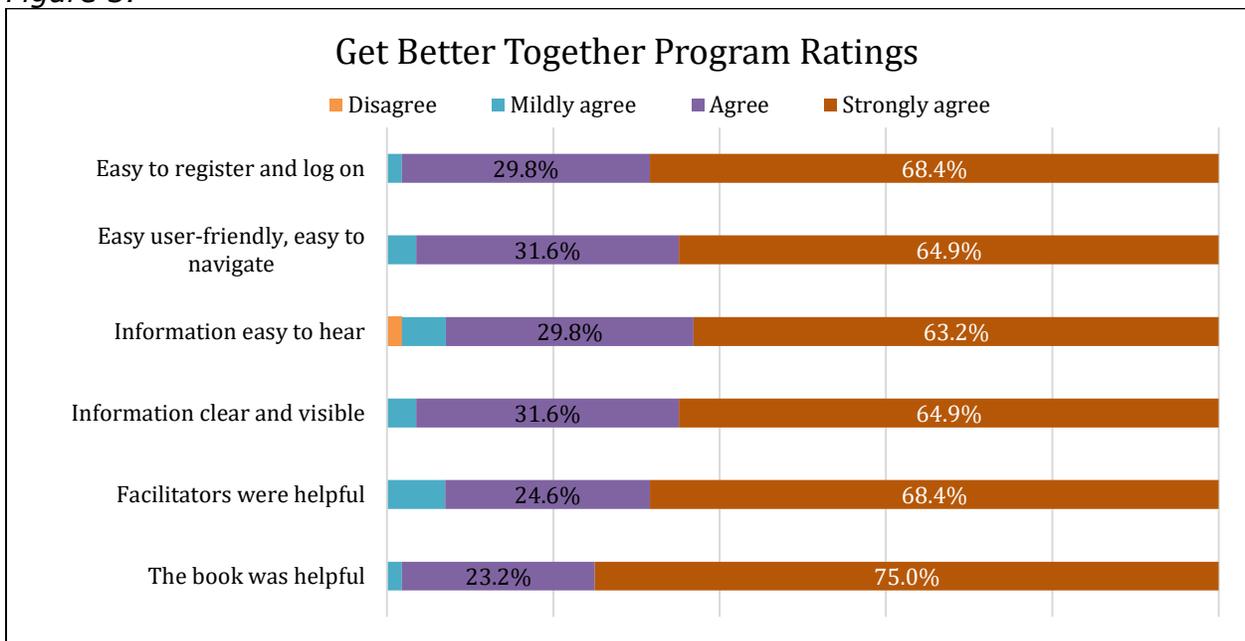
Finally, participants were asked how well they felt they could manage various aspects of their condition. Participants were most confident in their ability to do things other than just taking medication to reduce the impact of their illness on their activities, and in their ability to do different activities to reduce their need to see their doctor.

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, 35.1% of the participants felt a lot more confident, and 56.1% felt a little more confident. Only 7.0% of participants had no change in their perceived confidence, and almost none of the participants (1.8%) felt less confident after the program.

Participants rated the GBT program very positively (Figure 3). Only a few participants encountered frustrations with the ability to use, see and hear the online platform. The book, *“Living a Healthy Life with Chronic Conditions”* is considered a valuable resource by most participants.

***“I really appreciate the other participants in the program, and their different approaches to similar problems. Also, the book is a fantastic tool that I will use myself and share with others for years to come.”***

Figure 3.



Participants were also asked to rate their overall satisfaction with the program. Almost three-quarters (71.4%) of the participants were very satisfied with the program, and 26.8% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 68.4% of participants would definitely recommend the program and 29.8% probably would. Appendix B breaks down the ratings of satisfaction by the RHA in which the program was offered.

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***"The facilitators for this course were excellent. They were upbeat and positive and made sure everyone had a chance to speak and be a part of the discussions."***

---

Participants commented on a number of aspects of the GBT program that they found helpful. Comments have been embedded in the report but others included:

- *The program has really boosted my confidence in finding different ways to cope with my health issues. While I know I may not be able to solve all the issues on my own, I have now gained some very helpful tools... and most importantly, the hope and support to keep on going!*
- *Program was informative and presented very well. Comfortable to be a part in.*
- *Take the 6 week course. It is reassuring to hear how people with chronic condition face the same challenges regardless of the diagnosis. It helped me take control of areas of my life that I can control and increased my self compassion for areas I can't control. I would 100% recommend taking this course and my life has improved because I stepped out of my comfort zone and tried it. Thank you GBT I am forever grateful!*
- *You learn to do things you might not have thought of to manage your illness. it helps you take action and adhere to schedules.*
- *Thank you for the privilege of participating in this program. I hope to help others tby using the resource workbook and through the knowledge I have gained. Excellent course.*

### **Powerful Tools for Caregivers Participants, Outcomes and Evaluation**

The Powerful Tools for Caregivers (PTC) program was offered for its second year in 2021-2022 and eight programs were offered in the WRHA region. The eight PTC programs had 53 participants, of which 40 completed the program resulting in a completion rate of 75.5%. Although final registration and completion numbers were reported, for three of the programs no attendance forms were submitted. In addition, only four of the eight programs have online survey evaluation data available. There were 23 participants who completed a pre-program questionnaire, and eight participants completed a post-program evaluation.

The majority of participants who participated in PTC and completed an initial questionnaire were female (91.3%). Their ages ranged from 30 to 75 years, with an average age of 57.9 years.

At the beginning of the program, participants were asked if they felt confident that they know how to manage the daily behaviours that affect their health. Ten of the participants agreed or strongly agreed that this was the case, and nine participants neither agreed nor disagreed. Three participants disagreed with the statement.

For almost all of the participants (21 individuals), the main reason for taking the PTC course was because they were caregivers. One individual noted that her main reason was because she was pre-diabetic.

Participants were asked what additional reasons they had for taking the PTC program. One-half of the participants (11) said they experienced depression or anxiety, and six participants repeated that they were caregivers. Other reasons were mentioned by fewer than five participants, that the participants had diabetes, Parkinson's disease, chronic pain, lung disease, heart disease, arthritis, mental health issues other than depression or anxiety, high blood pressure, and fibromyalgia.

Only eight participants completed post-program evaluations. Of these, all indicated that they would recommend the program to others. Two of the participants strongly agreed, and six agreed, that they were confident that they understand how to manage the daily behaviours that affect their health following the program.

---

***"I found the course helpful in a number of ways to help me deal with the stresses of care-giving. As to venue, I like Zoom and find it effective for presenting material, possibly even more (personal opinion) than in person settings."***

---

Participants were asked about changes in their behaviours as a result of the Powerful Tools for Caregivers program. The participants identified a number of areas where they felt that they had improved (Figure 4). Most of the participants felt that their communication with health care providers, family and friends had improved, as had their ability to manage stress and set achievable goals.

Figure 4.



Asked what they found helpful about the PTC program, several of the participants mentioned the sections on communication and the importance of making realistic goals. A couple of participants appreciated the weekly meetings to hold members responsible for their goal setting, valued the realization that they were not alone in their struggles, and were motivated to improve their self-care.

Participants suggested that the program might be improved by holding evening sessions (2 participants) and in-person sessions (2 participants) when circumstances allowed. There were only a few other suggestions related to emphasizing or clarifying certain content.

Overall, the participants rated the PTC program very favourably. All of the participants rated the extent to which the leaders and workshop information met their needs as either excellent or good. Excellent or good ratings were also given to quality of the sound and picture of the online platform. Although PTC was rated favourably by most, one or two participants expressed less satisfaction with the ease of logging on and navigating the online program.

Comments have been embedded throughout but additional comments made about the PTC program were:

- *The workshop is helpful. The venue was very comfy (LOL my living room).*
- *I found the course helpful in a number of ways to help me deal with the stresses of care-giving. As to venue, I like Zoom and find it effective for*

*presenting material, possibly even more (personal opinion) than in person settings.*

- This was very informative and a good use of my time. The facilitators were knowledgeable and welcoming.*
- Thank you to the facilitators for a great workshop. Your support, positive energy and help were truly appreciated.*

## **Total Brain Health Participants, Outcomes and Evaluation**

The Total Brain Health program was introduced during the 2021-2022 fiscal year, and six programs were offered. Five of these programs were organized by the Wellness Institute, and one by Archwood 55 Plus Inc., and all of these were offered online. Pre- and post-program questionnaires were powered by Survey Monkey online, and participants in all six programs completed these questionnaires.

A total of 57 individuals participated in the new TBH program, and 44 completed the program for a completion rate of 77.2%. Pre-program questionnaires were completed by 36 individuals. Of these 36, most (94.4%) identified as female, and 50% of the participants were married. The participants ranged in age from 44 to 83 years, with an average age of 67.2 years. The group was well-educated, with 94.3% indicating that they had education beyond high school.

Participants were given a list of 14 chronic conditions with which they may have been diagnosed, as well as the opportunity to specify other conditions. The average number of chronic conditions reported was 2.1, and ranged from no chronic condition to nine conditions. The most frequently-mentioned condition was arthritis or rheumatism (16 participants, or 53.3% of those who completed the question). Thyroid problems, high blood pressure, and high cholesterol were each mentioned by nine participants. Six participants indicated that they had diabetes and five had osteoporosis. The remaining conditions were mentioned by fewer than five participants.

Prior to participating in the program, participants were asked to rate various aspects of their current brain health. The table below shows the number, out of 36 participants, who gave each rating (Table 3). For most of the aspects of brain health, participants rated their current health as good or very good. Ranking the ratings by numerical average, the strongest skill was reasoning skills, followed by attention skills, long term memory and multi-tasking skills, with short term memory the weakest.

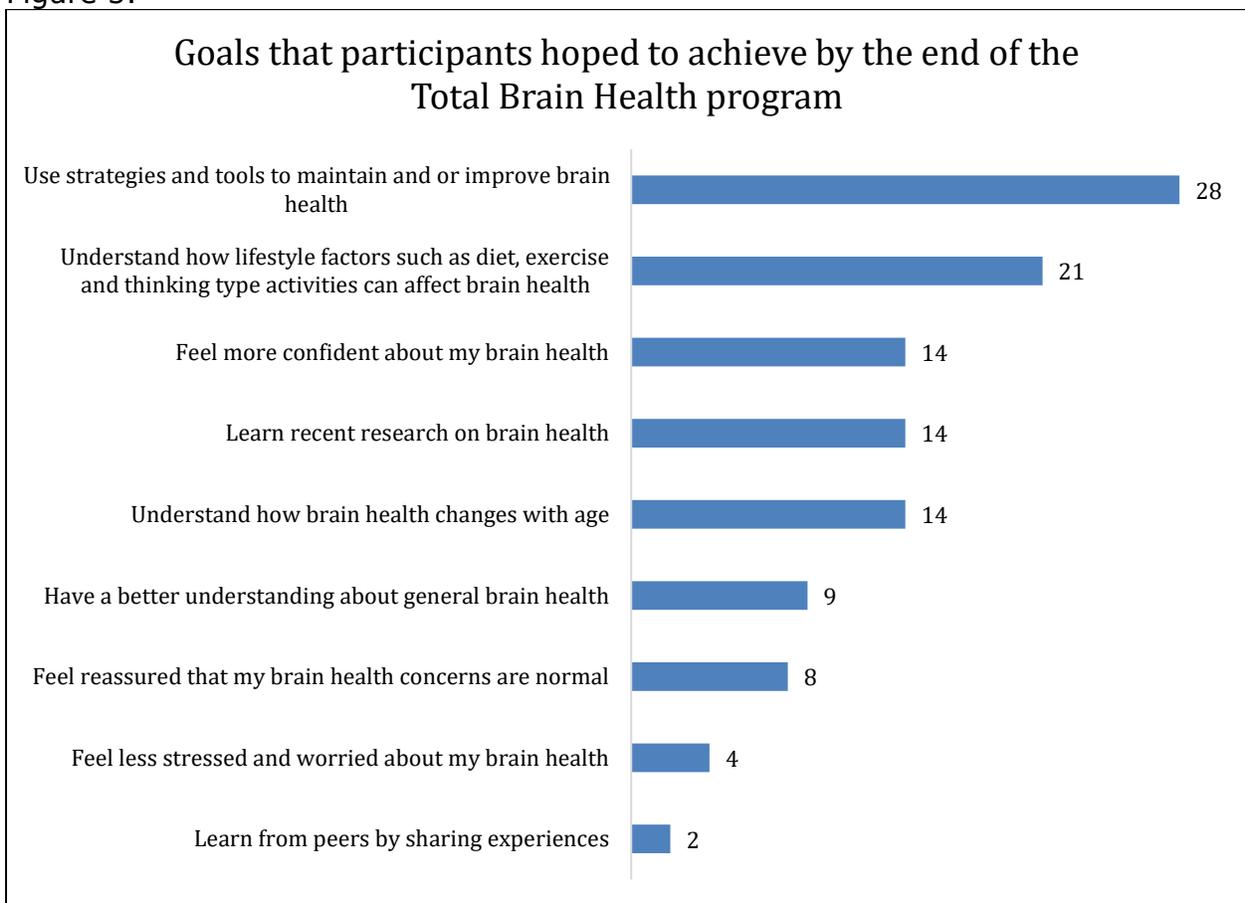
*Table 3. Rating of brain health pre-program*

<b>Aspect of brain health</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Attention skills	5	14	15	2	0
Multi-tasking skills	2	10	18	5	1
Short term memory	3	8	15	8	2

Long term memory	2	14	14	4	1
Reasoning skills	7	18	10	0	1

Finally, in the pre-program questionnaire, participants were asked what they hoped to achieve by taking the program. Participants were asked to identify three goals. Of the 36 participants, 33 did identify three goals, but three participants identified a different number of goals (1, 6, and 8 goals). The chart below indicates the number of participants who identified each goal, using all the data available (Figure 5). The goal that was most frequently-mentioned was to use strategies and tools to maintain and/or improve brain health, mentioned by 28 of the 36 participants. Almost two-thirds of the participants also hoped to gain understanding how lifestyle factors can affect their brain health.

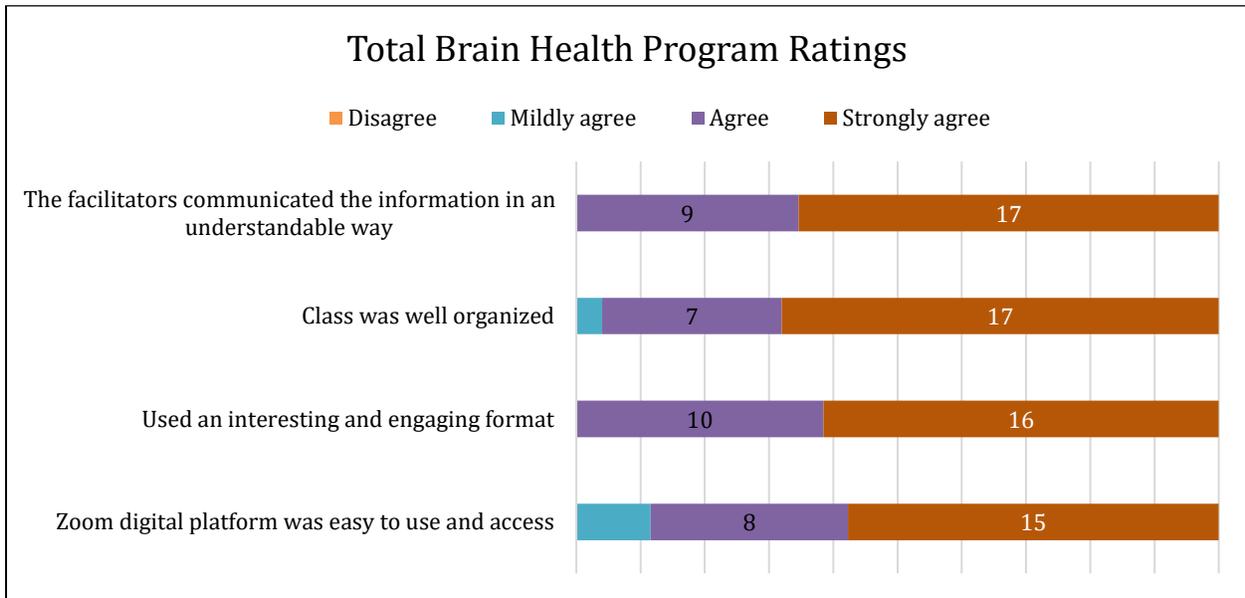
Figure 5.



Participants were asked to complete another questionnaire at the end of the four-week program, and 26 participants submitted a questionnaire. Participants rated the Total Brain Health program very favourably. Most of the participants agreed or strongly agreed that the information presented, class organization and format were interesting and effective (Figure 6).

***"The facilitators were great and the worksheets that accompanied each class were challenging and fun."***

Figure 6. Total Brain Health program ratings

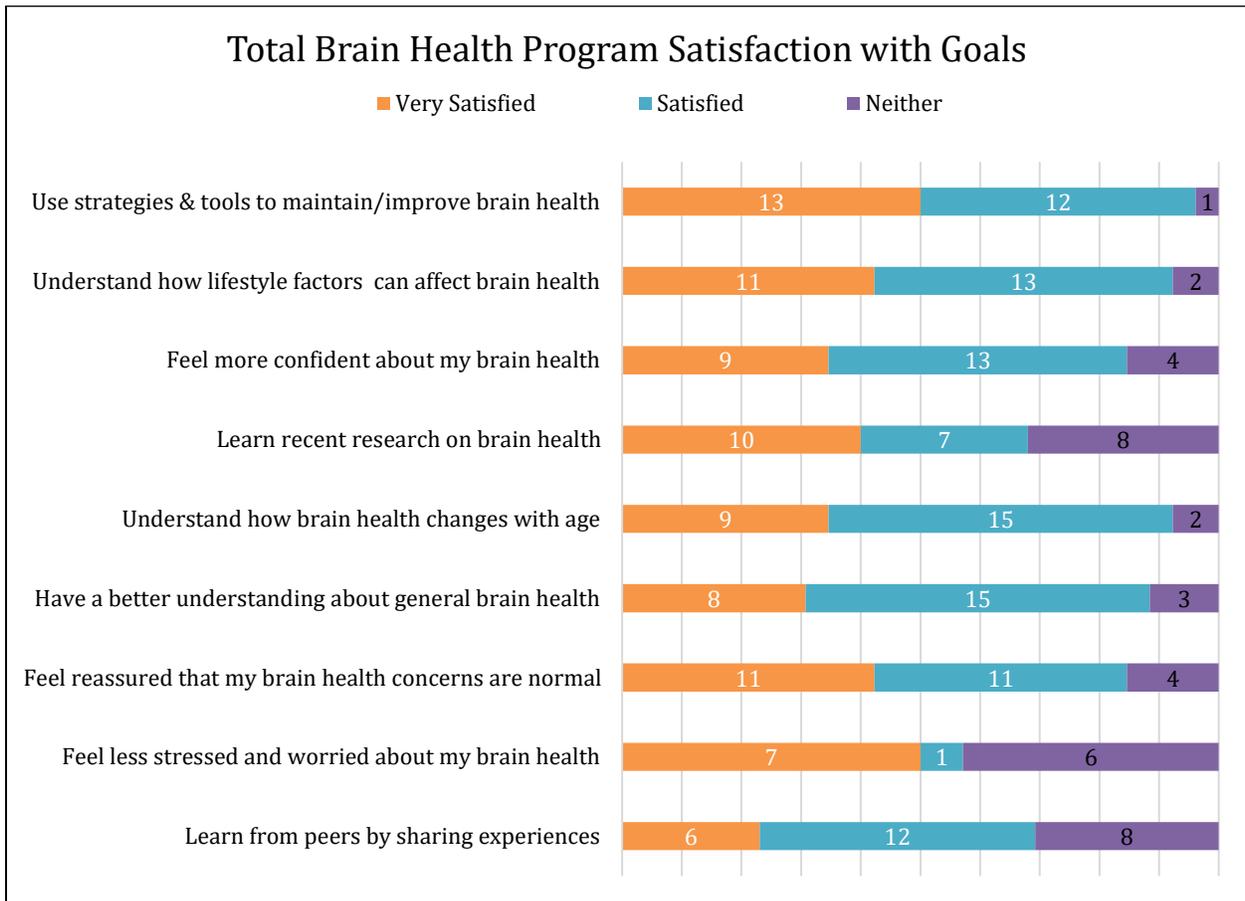


In addition, the participants strongly agreed (8 participants) or agreed (15 participants) felt that their knowledge about brain health increased after attending the program. The participants were even more pleased with the opportunities that the program gave them to try to brain health activities (16 strongly agree, 9 agree).

Participants were also very satisfied with how their goals for the program had been realized. They were asked to rate their satisfaction with all of the goals initially presented to them, not just the goals they had identified at the start of the program (Figure 7).

***"The time spent during each session went by very quickly because the facilitators were so well organized. The combination of learning about our brains and the activities they had us doing were great! Very well done and enjoyable!"***

Figure 7. Number of Total Brain Health participants giving each rating



Most of the TBH program participants felt that they would feel an ongoing impact from the program. Almost all of the participants agreed (14 of 16) or strongly agreed (11 of 26) that they are more likely to make brain-healthy choices a part of their routine, as a result of the program. Nineteen of the 26 participants agreed or strongly agreed that they would participate in another TBH program if it was offered, and 25 of the 26 would recommend the program to a friend.

Overall, almost all of the participants (25 of 26) were satisfied or very satisfied with the new Total Brain Health program.

In addition to the comments embedded in the report, the participants reported the following:

- *The length of time of one hour was good. The pace of information delivery was good. It was a fun, challenging, happy session due to the instructors and information they were delivering.*
- *The variety of brain exercises was very good. Thanks.*
- *Delivered well and enjoyable interactive activities.*

- *The facilitators were very well organized, always started and ended on time and kept the classes engaging. Well Done!*

## **Memory and Aging Program Evaluation**

The Memory and Aging Program was introduced in 2021-2022 as a pilot and participants of the Total Brain Health program were invited to attend. The 5-week program was offered online. Ten of the eleven participants who signed up for the program completed it, and also submitted an online post-program questionnaire. Nine of the 10 participants who submitted a questionnaire were female, and all were from WRHA region.

The program was well-received by participants. All of the participants strongly agreed (8) or agreed (2) that the facilitators presented the information in a clear and effective way. A similar number agreed that the participant workbook was a useful supplement to the program. The participants agreed that the digital platform was easy to access and to use.

Participants also felt positively about the impact of the program on their behaviours. Asked if their memory function had improved through use of memory strategies taught in the program, seven agreed, one strongly agreed, and one participant agreed somewhat. Eight of the participants agreed, and one strongly agreed, that after participating in the program, they were more confident about their ability to remember things that are important to them. Only one participant disagreed with that statement. Participants agreed (6) or somewhat agreed (3) that they use the strategies taught in the program.

At the start of the program, participants had been presented with a list of goals that they might wish to achieve by taking part in the program. They had been asked to select the three goals most important to them. Then, at the conclusion of the program, participants rated their satisfaction with how the program helped them meet their goals. The table below shows how many participants rated their satisfaction with each goal, if it had been chosen by them (Table 4). For instance, of the six participants who had identified “have a better understanding about memory” as a goal, one was very satisfied and five were satisfied with how the program met that goal.

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***“Excellent booklet and the format and presentation was really enjoyable. A good group to meet with and I really enjoyed it.”***

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Table 4. Rating of satisfaction in how initial goals were met by the Memory and Aging program

<b>Goal of Memory and Aging program is to....</b>	<b># Very satisfied</b>	<b># Satisfied</b>	<b># Partially Satisfied</b>	<b># Dissatisfied</b>
Feel less stressed and worried about my memory	1	0	0	0
Feel more confident about my memory	1	2	0	0
Feel more reassured that my memory mistakes are normal	0	2	0	0
Have a better understanding about memory.	1	5	0	0
Know the latest research findings on memory and aging.	0	0	1	0
Understand how lifestyle factors such as diet, exercise and cognitive (thinking) activities can affect my memory	2	1	0	0
Understand how memory changes with age	1	3	1	0
Understand how stress can affect my memory	1	0	0	0
Use strategies to remember names	0	1	0	1
Use strategies to remember recent events	0	1	2	0
Use strategies to remember recent events	0	2	0	0
Use strategies to remember where I put things.	1	0	0	0

Overall, participants were generally very satisfied with the new Memory and Aging program, and all of the participants indicated that they would recommend the program to a friend.

Participants provided additional comments to those that have been embedded in the report:

- *Most enjoyable class, highly recommend it! Thanks so much!*
- *I enjoyed the class and have learned some ways to improve my memory.*
- *Based on the size of the group, the amount of interactivity achieved definitely made the program very enjoyable.*

## TRAINING

Get Better Together Leader Training and Leader Refreshers did not occur in Manitoba in 2021- 2022.

The curriculum for CDSMP under the SMRC license was updated in 2020 and the majority of all previously trained leaders were updated in 2020-2021. There was one additional Leader Update Training session held in December 2021 for two leaders in Prairie Mountain Health region. The training was held virtual over two half-days, six hours total and teaches Leaders the new content and reinforces facilitation techniques. With only two participants in the GBT update training, evaluations were not completed for this Leader Update session.

Eight peer leaders were trained on the Total Brain Health program. Following the one-day training the leaders were given the opportunity to log on to a virtual class and see the class in action. The new Total Brain Health program does not have a set curriculum to follow for training, nor a formal evaluation tool, so there are no outcome or satisfaction indicators to report.

### 2021-2022 Training Schedule

<b>Regional Health Authority</b>	<b>Dates</b>	<b>Program</b>	<b># of Master Trainers</b>	<b># of Leaders Trained</b>	<b># Attended Leader Update</b>
Winnipeg Regional Health Authority	October 26, 2021	Total Brain Health	N/A	8	N/A
Prairie Mountain Health	December 14 & 16, 2021	Get Better Together	N/A	N/A	2

## **Appendix A:**

### **Get Better Together Program Health and Behavioural Outcomes<sup>1</sup>**

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<sup>1</sup>In 2020-2021, only the short versions of the pre- and post- questionnaires were administered using digital evaluation. Data needed for pre- and post-test measures of health and behavioural outcomes are obtained from long-form questionnaires and so it was not possible to show the benefits of the program as it pertains to cognitive and behavioural strategies, medication compliance and health care utilization for the 2020-2021 fiscal year.

## Self-rated General Health

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

Mean ratings	2016/17		2017/18		2018/19		2019/20		2021/22¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.39	3.26	3.51	3.40	3.24	3.15	3.47	3.17*	<b>3.46</b>	<b>3.44</b>

¶ 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	2016/17		2017/18		2018/19		2019/20		2021/22¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	3.86	4.14	4.31	4.37	2.79	2.86	3.96	3.96	<b>3.24</b>	<b>2.78</b>
# of visits to hospital ER	0.69	0.70	0.63	0.51	0.53	0.42	0.39	0.51	<b>0.32</b>	<b>0.22</b>
# times overnight in hospital	0.38	0.35	0.12	0.16	0.21	0.25	0.23	0.26	<b>0.12</b>	<b>0.19</b>
Number of nights in hospital	2.03	1.67	0.37	0.37	1.72	1.80*	1.74	1.32	<b>0.96</b>	<b>0.96</b>

\* 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..."*

	2016/17		2017/18		2018/19		2019/20		<b>2021/22¶</b>	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	<b>Pre-</b>	<b>Post-</b>
Prepare a list of questions for your doctor	1.74	2.09**	2.29	2.39	2.99	2.95	2.32	2.53	<b>2.50</b>	<b>2.62</b>
Ask questions about the things you want to know and things you don't understand about your treatment	2.74	2.74	3.08	2.96	3.39	3.18	2.93	3.28*	<b>3.00</b>	<b>3.19</b>
Discuss any personal problems that may be related to your illness	2.61	2.79	2.82	2.82	2.92	3.06	3.00	3.16	<b>3.15</b>	<b>2.77</b>
<b>OVERALL</b>	2.39	2.54	2.74	2.72	3.10	3.09	2.75	3.00*	<b>2.88</b>	<b>2.86</b>

\* 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?"

	2016/17		2017/18		2018/19		2019/20		<b>2021/22¶</b>	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	<b>Pre-</b>	<b>Post-</b>
Mean rating of compliance	4.56	4.56	2.66	3.40 ***	3.54	3.93 **	3.54	3.65	<b>4.42</b>	<b>4.58</b>

\*\*\* 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	2016/17		2017/18		2018/19		2019/20		<b>2021/22¶</b>	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	<b>Pre-</b>	<b>Post-</b>
Stretching or strengthening exercises (ROM, using weights etc)	1.66	2.06*	1.81	2.37 **	1.77	2.01	1.95	2.41	<b>1.46</b>	<b>1.68</b>
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	2.00	2.51*	2.30	2.34	2.22	2.35	2.37	2.88*	<b>2.12</b>	<b>2.13</b>

\* 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:	2016/17		2017/18		2018/19		2019/20		2021/22¶	
	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	1.72	1.66	2.17	2.18	1.79	2.10*	2.13	2.04	<b>1.31</b>	<b>1.73</b>
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.09	1.26	1.42	1.84*	1.18	1.61**	1.40	1.79*	<b>0.96</b>	<b>1.40</b>
Play mental games or sing songs to keep your mind off the discomfort	1.35	1.86**	1.83	1.89	1.42	1.96**	2.00	2.24	<b>1.85</b>	<b>2.12</b>
Practice progressive muscle relaxation	1.55	2.16**	1.81	2.29*	1.61	1.99**	1.66	1.89	<b>1.88</b>	<b>2.04</b>
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.22	2.28***	1.78	2.04	1.51	1.76	1.53	2.18**	<b>1.32</b>	<b>1.65</b>
Talk to yourself in positive ways.	2.28	2.67*	2.19	2.44	2.40	2.72*	2.14	2.62**	<b>2.08</b>	<b>2.08</b>
OVERALL	1.49	1.94***	1.86	2.13*	1.60	2.01***	1.67	2.09***	<b>1.57</b>	<b>1.84</b>

\* 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....	2016/17		2017/18		2018/19		2019/20		2021/22	
	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?	5.29	6.26* *	4.97	6.11**	5.72	6.46**	5.56	6.42**	<b>5.52</b>	<b>5.71</b>
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	5.12	6.10* *	4.95	6.33***	5.55	6.36**	5.72	6.05	<b>5.08</b>	<b>5.96</b>
Keep the emotional distress caused by your disease from interfering with the things you want to do?	5.13	6.08* *	5.19	6.00*	5.59	6.28**	5.07	6.43** *	<b>4.56</b>	<b>5.58</b>
Keep any other symptoms or health problems you have from interfering with the things you want to do?	5.29	6.28***	5.32	6.13*	5.75	6.47**	5.47	6.43**	<b>5.00</b>	<b>5.64</b>
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	5.91	6.28	5.55	6.40*	6.40	6.84*	5.98	6.76*	<b>5.92</b>	<b>7.00</b>
Do things other than just taking medication to reduce how much your illness affects your everyday life?	5.92	6.59*	5.65	6.48*	6.61	7.04	6.22	6.72	<b>6.65</b>	<b>7.00</b>
OVERALL	5.38	6.21* *	5.29	6.24**	5.91	6.58***	5.66	6.45**	<b>5.44</b>	<b>6.07</b>

\* 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:**

**Get Better Together Program  
Evaluation by Region**

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

It was easy to register and log on to the virtual (Zoom or MStTeams) platform (n=57):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	8	7	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	18	9	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	14	7	0	0

The virtual platform was user-friendly and easy to navigate (n=57):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	8	6	2	0	0
Southern Health – Santé Sud	0	0	0	0	
Prairie Mountain Health	28	17	9	2	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	14	7	0	0

The information presented on the platform was easy to hear (n=57):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	8	6	1	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	16	10	1	1
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	14	6	1	0

The information presented was clear and visible (n=57):

<b>RHA</b>	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	8	6	2	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	17	9	2	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	14	7	0	0

The facilitators were helpful, answered my questions(n=57):

<b>RHA</b>	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	8	6	1	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	18	8	2	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	15	5	1	0

The book was helpful (n=57):

<b>RHA</b>	#	Strongly agree (#)	Agree (#)	Mildly Agree (#)	Disagree (#)
Winnipeg Regional Health Authority	8	7	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	27	19	7	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	16	5	0	0

Compared to BEFORE you took the program, how confident are you that you can manage your chronic disease(s), such as managing pain and fatigue and completing your daily activities? (n=57):

<b>RHA</b>	<b>#</b>	<b>I feel a LOT more confident now (#)</b>	<b>I feel a LITTLE more confident now (#)</b>	<b>I feel about the SAME as I did before (#)</b>	<b>I feel LESS confident now (#)</b>
Winnipeg Regional Health Authority	8	4	3	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	8	17	2	1
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	8	12	1	0

How satisfied are you with Get Better Together overall? (n=57):

<b>RHA</b>	<b>#</b>	<b>Very satisfied (#)</b>	<b>Mostly satisfied (#)</b>	<b>Indifferent or mildly satisfied (#)</b>	<b>Quite dissatisfied (#)</b>
Winnipeg Regional Health Authority	8	6	2	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	20	7	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	13	8	0	0

Would you recommend Get Better Together to a friend? (n=57):

<b>RHA</b>	<b>#</b>	<b>Yes definitely (#)</b>	<b>Yes, I think so (#)</b>	<b>No, I don't think so (#)</b>	<b>No, definitely not (#)</b>
Winnipeg Regional Health Authority	8	6	2	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	28	20	7	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	21	13	8	0	0