

# Get Better Together

for living better with health issues

Powerful Tools  
FOR Caregivers



Memory  
aging<sup>&™</sup>  
PROGRAM

## Final Report 2022-2023



Participating  
Regional Health  
Authorities



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

April 1, 2022 – March 31, 2023

## **PROGRAM HIGHLIGHTS & RECOMMENDATIONS**

### Highlights

The Wellness Institute (WI) evidence-based self-management portfolio includes four programs: the mainstay, Get Better Together (GBT), which is Manitoba's version of the Chronic Disease Self-Management Program (CDSMP), Powerful Tools for Caregivers (PTC) and two brain health programs; Memory and Aging Program (MAP) and Total Brain Health (TBH). This report includes data from all programming.

A total of 32 programs ran this year: 19 GBT, five were PTC programs, six were TBH programs, and two were MAP.

The programs that were offered in 2022-2023 included both in-person programs and programs offered virtually using online platforms; Zoom and Microsoft Teams. 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.

Six of the GBT programs were offered in the Winnipeg Regional Health Authority (WRHA), with three in-person and three virtual programs. Twelve programs were offered in Prairie Mountain Health (PMH) region; and seven of these were in-person, five were offered virtually. The Northern RHA (NRHA) offered one GBT program in-person in 2022-2023.

All of the PTC, TBH and MAP programs were offered in the Winnipeg Regional Health Authority. Most of these programs were provided virtually, but each of the three programs offered one in-person program in 2022-2023.

A total of 306 persons participated in the four types of programs offered this year, and 209 completed the program, comparable to last year when 210 completed the program, and more than the 105 who completed the program in 2020-2021. The overall completion rate for programs offered in 2022-2023 was 68.3%, slightly lower than the national average completion rate reported by the Self Management Resource Center (SMRC) for CDSMP (72%).

In the 19 GBT programs, 156 individuals attended at least one session, and 111 completed the program for a completion rate of 71.2%. The five PTC programs had 41 participants, of which 25 completed the program resulting in a completion rate of 61.0%. A total of 90 individuals participated in the six TBH programs, and 57 completed the program for a completion rate of 63.3%. Sixteen of the 19 participants in the two MAP programs completed that program.

Across all programs, most of the participants were female. Females comprised 68.9% of GBT participants, 80.0% of PTC participants, 84.6% of TBH participants and 64.3% of MAP participants. Participants in the GBT program ranged in age from 18 to 86 years, and the age of the TBH spanned from 29 to 89 years. Participants of the PTC program were older on average, ranging from 54 to 86 years, and the participants in the MAP program were most aged, on average, between 67 and 82 years. The chronic conditions reported most frequently by GBT participants were depression or anxiety (63.2%), arthritis (39.5%), high blood pressure (36.0%) and chronic pain (28.9%). TBH participants' most commonly reported chronic condition was high blood pressure, reported by 44.2% of participants, followed by arthritis (40.4%) and high blood cholesterol (30.8%).

Participants in all of the programs gave favourable ratings related to their satisfaction with and perceived benefit of the programs. Most participants indicated that they would recommend the program to friends and family, and most of the participants felt that they had gained confidence due to the program.

Four training sessions were conducted in 2022-2023. Three individuals were trained to be peer leaders for the Total Brain Health program to aid in expanding the program. Eight individuals were trained to facilitate the Powerful Tools for Caregivers program. Eight new leaders were trained for the Get Better Together program, and five 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 the self-management programs going forward:

- Continue supporting RHAs in offering in-person and virtual province-wide programming on a secure digital platform.
- 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 them into patient care.
- Expand PTC, TBH and MAP programming by continuing to develop partnerships and training peer leaders.
- Consult with partners and stakeholders on best supporting self-management delivery virtually and in person going forward.

## 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 or virtually, 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*.

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*"Fantastic book provided.  
I'll get lots of use out of it"*

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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 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 a free social-based brain training program for people of all ages founded by a clinical psychologist, author, and brain health expert, Cynthia R. Green, Ph.D. The program is offered once a week for four to six weeks.

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 with 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 brain’s physical health and performance and building a protective buffer against memory loss
- Eat smart – a healthy diet and maintaining a healthy weight are 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 challenging 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 significantly 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
- Belief 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 practical exercises, educational lectures and group discussions. 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

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 program's creators.

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's 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;
- Identified the importance of self-management techniques for brain health through two program offerings (TBH and MAP);
- Expanded capacity for programming 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 programming;

- Opened up virtual program registration province-wide to aid in reduced RHA program capacity due to pandemic redeployment; and
- Coordinated province-wide public awareness of peer-led self-management programming.

*Winnipeg specific:*

- Offered 19 programs in Winnipeg; six were Get Better Together, five were Powerful Tools for Caregivers, six were Total Brain Health, and two were the Memory and Aging program.
- Offered a mix of in-person (six) and virtual (13) programming;
- Leveraged community capacity by working alongside existing programs, priorities and strategies that support chronic disease management, such as My Health Teams;
- Facilitated GBT Leader Update trainings to update a few previously trained leaders on the latest curriculum and offered a Leader Training for eight new GBT leaders;
- Trained new leaders for the PTC and the TBH program;
- Managed the central intake phone line, online registration and virtual platform logistics; and
- Completed ongoing 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.

Partnerships with My Health Team, Access Centres, and Senior Resource Finder staff throughout the city have been strengthened. Many have shown interest in becoming leaders for several of the programs.

A description of all four evidence-based peer-led self-management programs, GBT, PTC, MAP and TBH are included in the Health Management Group Program Schedule, posters and handbill created by the WRHA.

WI was approached by the Manitoba Physiotherapy Association (MPA) Public Practice Committee to provide health program information to increase awareness and knowledge across both private and public sectors within the field. Information was shared on all four self-management programs, will be shared in the MPA Newsletter, and then stored in MPA's newsletter archive.

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.

Wellness Institute created three-fold pamphlets for the Memory and Aging Program and Total Brain Health (Pictured below). Additionally, MAP information will be added to the *Living Well* campaign one-page handout with GBT, PTC and TBH. This will provide a clean, quick and easy marketing tool for all programming.



The *Living Well* e-newsletter continues to be distributed and 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.

Print advertising for programming was highlighted in the Winnipeg Free Press twice this year, once as part of Active Aging in Manitoba's 55+ games and another as part of Seniors and Elders Month. Additionally, an article, "Taking Charge of Your Well-Being," highlighted the importance and benefit of our self-management

programming here at Wellness. An ad was also placed in Senior Scope in February/March 2023 volume.

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

The PTC program was presented at a continuing education event for the Clinical & Research Nursing Network of Manitoba for nurses and allied health professionals.

A long-serving, dedicated leader of programming offered to do a presentation this quarter to Fort Rouge United Church to promote the TBH program. Uptake has been great, and they have been asked to speak to additional groups.

Wellness Institute reinstated Active Aging Day this year, including a health fair for exhibitors to peruse. There was a table designated for the promotion of WI evidence-based peer-led self-management programs, and it generated quite a bit of interest.

## REGIONAL IMPLEMENTATION

The Wellness Institute has been offering GBT and helping residents better manage their health conditions for fifteen years. Three programs that have been introduced over the past couple of years were again offered and included Powerful Tools for Caregivers, Total Brain Health, and the Memory and Aging Program.

During 2022-2023, programs were offered in-person and virtually using a secure digital platform. Three RHAs participated in 2022-2023, with a total of 32 programs offered, the same number as last year, and an increase from 19 programs in 2020-2021. Virtual programs allowed participants from other RHAs to attend, even if no programs were offered in their area.

Winnipeg delivered 19 programs this year, down slightly from 21 programs in 2021-2022. Of the programs offered in Winnipeg, six were GBT programs, five were PTC programs, six were TBH programs, and two were MAP programs. RHAs outside of Winnipeg delivered a total of 13 GBT programs compared to 11 last year.

### Overview

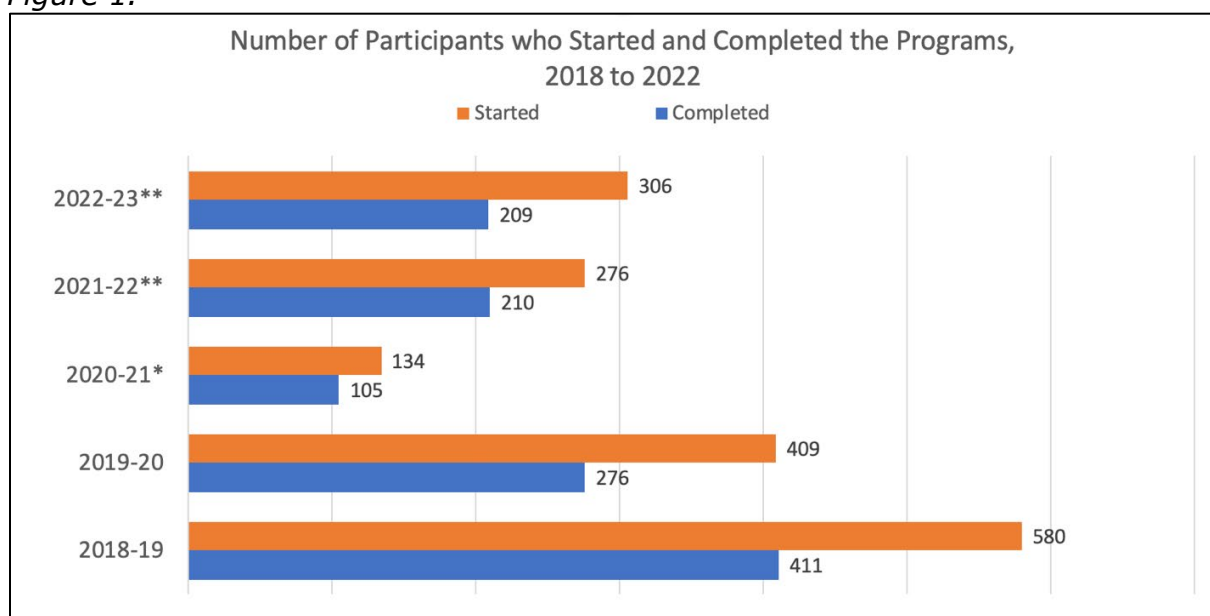
<b>RHA</b>	<b># of Leaders/ Master Trainers certified 2022/23*</b>	<b># of Programs Delivered 2022/23**</b>	<b># of Participants Attended/ Completed 2022/23**</b>
Southern Health -Santé Sud	0 / 0	0	0 / 0
Prairie Mountain Health	0 / 0	12	97 / 70

Interlake-Eastern Regional Health Authority	0 / 0	0	0 / 0
Northern Regional Health Authority	0 / 0	1	8 / 6
Churchill Health Centre	0 / 0	0	0 / 0
Winnipeg Regional Health Authority	19 / 0	19	201 / 133
<b>TOTAL</b>	<b>19 / 0</b>	<b>32</b>	<b>306 / 209</b>

\* Includes Get Better Together, Powerful Tools for Caregivers, and Total Brain Health training.

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

Figure 1.



\* Includes GBT and PTC participants

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

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

#### **Southern Health – Santé Sud**

- No programs were offered in Southern Health – Santé Sud (SHSS) this year.
- One individual from this health region participated in an online TBH program offered by WRHA.
- One GBT online participant was from SHSS.
- No Leader Training or Refresher sessions were offered in SHSS this year.

## Prairie Mountain Health

Host	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Samaritan House	Virtual	April 19	8:45-11:00	9	8
Prairie Mountain Health (PMH)	Virtual	April 19	6:30-9:00	5	2
Samaritan House	In-person	July 19	8:45-11:00	10	7
PMH	Virtual	August 24	9:30-11:30	4	2
7th street access	In-person	September 15	1:30-4:00	2	2
Samaritan House	In-person	October 11	8:45-11:00	12	8
Roblin HERO club	In-person	October 19	12:30-3:00	5	4
PMH	Virtual	October 26	9:30-11:30	12	10
Samaritan House	In-person	January 10	8:45-11:00	13	9
PMH	Virtual	January 24	6:30-8:30	9	8
Neepawa	In-person	February 6	1:30-4:00	7	3
Killarney	In-person	February 14	1:30-4:00	9	7
TOTAL				97	70

- Twelve programs were delivered this year in Prairie Mountain Health (PMH). Five of these were offered virtually and seven were in-person programs.
- One participant from PMH took part in a WRHA-led TBH program.
- No GBT Leader Training sessions were offered in PMH.
- The region continues to promote programming through My Health Teams, Physician Clinics, Nurse Practitioners, Mental Health Workers, the Chronic Disease Prevention Program Nurses and Dietitians, Health Promotion Coordinators, etc. In addition, they work with outside agencies like The Kidney Foundation of Canada (Western Region), Parkinson Canada (PMH Region), MB Society for People with Disabilities, The Arthritis Society, Shilo Military Family Resource Centre, MB Mood Disorders Association and many more.
- A GBT article was written by the PMH Communications department and included participant feedback and comments promoting the program.

### Northern Regional Health Authority

Host	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
The Pas	In-person	March 1	1:30-4:00	8	6

- One GBT program was delivered in 2022-2023 in the Northern RHA.
- Another GBT program was scheduled but was cancelled due to low registration.
- There were no Leader Training sessions or Refresher sessions offered.

### Interlake-Eastern Regional Health Authority

- No GBT programs ran in Interlake-Eastern Regional Authority (IERHA) this year. One program had been scheduled but was cancelled.
- Six individuals from IERHA participated in a virtual TBH program.
- Two IERHA residents participated in MAP programs, one in the virtual and one in the in-person programs.
- There were no Leader Training sessions held in the IERHA region in 2022-2023.
- The region continues to promote GBT heavily through its community wellness e-newsletter, community wellness calendar of events, social media, and community newspaper partner community events listing. Collaboration with health care providers (Recreation Directors, Doctors, Nurse Practitioners, Mental Health workers, Dietitians, Respiratory Therapists, Physio Therapists etc.) and other partner organizations continues to take place to get the word out about programming.
- A targeted marketing campaign was done at a senior's centre in Whitemouth, Manitoba, including a 15-minute presentation, handing out brochures and returning to the site several times to remind them about the program. These efforts were successful, and a program started in early April 2023.

### Winnipeg

Host	Program	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Wellness Institute	GBT	Virtual	April 6	1:00-3:00	6	4
Good Food Club	TBH	Virtual	April 7	11:00 - 12:00	16	10
Wellness Institute	TBH	Virtual	April 21	10:00 - 11:00	9	6

Canadian Mental Health Association (CMHA)	PTC	Virtual	May 4	10:00 - 11:30	11	5
Wellness Institute	TBH	Virtual	June 16	10:00 - 11:00	15	7
Children's Rehabilitation Centre	PTC	Virtual	October 17	7:00-9:00	n/a	n/a
Park City Commons	GBT	In-person	October 19	1:00-3:30	11	6
Wellness Institute	GBT	Virtual	November 1	1:00-3:00	6	5
Wellness Institute	TBH	Virtual	November 3	10:00 - 11:00	13	6
Opportunities for Employment (OFE)	GBT	In-person	November 15	1:00-3:30	13	7
St James - My Health Team	PTC	Virtual	November 15	10:00 - 11:30	11	4
Wellness Institute	MAP	Virtual	January 26	10:00 - 12:00	9	8
Wellness Institute	GBT	Virtual	January 30	10:00 - 12:00	8	8
Children's Rehabilitation Centre	PTC	Virtual	February 6	7:00-9:00	14	12
OFE	GBT	In-person	February 7	1:00-3:30	7	5
Creative Retirement	TBH	Virtual	February 7	10:00 - 11:00	15	11
CMHA	PTC	In-person	February 10	10:00 - 11:30	5	4
Wellness Institute	MAP	In-person	March 13	10:00 - 12:00	10	8
Reh-Fit Centre	TBH	In-person	March 22	1:00-2:00	22	17
TOTAL					201	133

- A total of 19 programs ran in Winnipeg in 2022-2023; six programs were Get Better Together, five were Powerful Tools for Caregivers, six were Total Brain Health, and two were the Memory and Aging program.
- Two in-person GBT programs were scheduled but cancelled.
- One PTC program was postponed, and one TBH programs was scheduled but cancelled.
- Six of the programs were offered in-person, and 13 of the programs were offered online.
- The Childrens Rehabilitation Centre offered two PTC programs geared for parents caring for children with special needs. The remaining PTC programs offered this year were for those caring for an adult.
- Programming was expanded into Park City Common housing complex, Creative Retirement, Good Food Club, and Friends Housing Inc., a not-for-profit organization dedicated to providing safe, affordable and supportive housing for persons with mental health issues and for low-income families.
- In-person programming was re-launched at the Reh-Fit Centre;
- Communication with River Ridge Retirement Residence and Riverview Health Inc. has been re-established with hopes of reoccurring programming at these centres.
- Connections were made with Local Investment Toward Employment (LITE) to host programming in the future.
- To further engage and provide support to Manitobans in various communities and circumstances, WI provided copies of the Living a Healthy Life with Chronic Conditions, 4<sup>th</sup> edition resource book was provided to organizations such as; Nine Circles Community Health Service, Sara Riel Inc., Manitoba Housing units, My Health Teams and to Community Service Coordinators. A promotional sticker with program information was attached to the books.
- Electronic advertising was done through the WI email list, website, social media platforms, Health in Common, and WRHA Health Care Connection.
- Four training sessions were offered in 2022-2023; one GBT Leader Training, one GBT Leader Update, one PTC Leader Training, and one TBH Leader Training. All participants were from WRHA.

### *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 instructions on how to lead each one. The training teaches group facilitation and key skills used throughout the CDSMP program: brainstorming, action planning, decision-making, problem-solving, and modelling. Practice teaching and group learning exercises are used as teaching tools for trainee evaluation. One Leader Training was held in 2022-2023.

Leader Update trainings are offered over one day to leaders who need to be updated on the most up-to-date curriculum and are still active leaders. One leader update was held this year.

The WI hosted a virtual leader training for the Powerful Tools for Caregivers program. The training was held over five days for three hours for a total of 15 hours of instruction. Eight leaders were trained in the WRHA including staff from Canadian Mental Health Association (CMHA), My Health Team West and a few volunteers.

A one day training session was held for the Total Brain Health program in the WRHA.

### Training Sessions

<b>Dates</b>	<b>Program</b>	<b>Attended / Completed Training Session</b>
April 4 – 8, 2022	Powerful Tools for Caregivers	8 / 8
September 28, 2022	Get Better Together	5 / 5
October 17, 19, 24, 26, 2022	Get Better Together	9 / 8
December 21 , 2022	Total Brain Health	3 / 3
<b>TOTAL:</b>		<b>25 / 24</b>

## PROGRAMMING

### *Participation rate*

An average of 9.9 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 8.6 people per program who completed the four programs last year.

### *Finding out about the programs*

Participants found out about the programs in various ways (Table 1). People were often told about the programs from other organizations they are connected to, often the organization hosting the program. Likewise, resource coordinators and other social services workers were frequent sources of information about these programs. Word of mouth through family and friends was a valuable resource. Healthcare providers and health clinic staff were important sources of information about Get Better Together, which is more established in communities, but less about the newer programs offered. Total Brain Health and Memory and Aging had a specific email campaign that we effectively alerted several 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>Memory and Aging (#)</b>	<b>Total (#)</b>
Other (or host) organization	34	2	27	0	<b>63</b>
Family and friends	31	0	3	1	<b>35</b>
Health care provider	27	1	0	0	<b>28</b>
Resource coordinators	19	1	1	0	<b>21</b>
Email campaign	0	0	12	7	<b>19</b>
Website	4	0	7	1	<b>12</b>
Social media	11	0	0	0	<b>11</b>
Health organization	9	0	0	1	<b>10</b>
Other	5	0	0	0	<b>5</b>
Radio, TV or newspapers	0	0	3	0	<b>3</b>

### *Program attendance*

A total of 32 GBT, PTC, TBH and MAP programs were delivered in 2022-2023, with 352 individuals registering and 306 participating in at least one class.

Of those who had attended at least one session in the 32 programs, 209 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 68.3%, down slightly from last year (76.1%) and 2020-2021 (78.4%). The average number of sessions participants attended in each program is shown in Table 2.

In the 19 GBT programs, a total of 156 individuals attended at least one session, and 111 completed the program for a completion rate of 71.2%. Four PTC programs had 41 participants, and 25 completed the program resulting in a completion rate of 61.0%. No attendance information was available for one of the PTC programs. A total of 90 individuals participated in the TBH program, of which 57 completed the program for a completion rate of 63.3%. Sixteen of the 19 individuals who participated in the two MAP sessions completed that program.

*Table 2. Attendance for programs*

<b>Attendance</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21*</b>	<b>2021-22**</b>	<b>2022-23**</b>
# registered	609	427	144	305	<b>352</b>
# who attended at least one session	580	409	134	276	<b>306</b>

# completed program	411	276	105	210	<b>209</b>
<b>Average # of classes attended</b>					
GBT & PTC (of 6 classes)	4.25	4.1	4.3	4.4	<b>3.9</b>
TBH (of 4 classes)				3.1	<b>2.8</b>
MAP (of 5 classes)				4.6	<b>3.2</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. The reasons included scheduling conflicts (4), personal illness (3), a death in the family (1) and audio issues (1). Four individuals stated that the program was not what they expected.

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

Nineteen Get Better Together (GBT) programs were offered during the 2022-2023 fiscal year. Six were offered in Winnipeg, twelve in Prairie Mountain Health, and one in Northern RHA. Eleven of the programs were offered in person, and eight of the programs were offered virtually using an online conferencing platform.

Digital program evaluation was used this year again for eight of the programs 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. Eleven of the programs used the shortened version of the questionnaire, either pen-and-paper or a digital version on the Survey Monkey platform, to measure client satisfaction and overall change in confidence to manage chronic disease. Eight programs used a longer questionnaire similar that included measures of health and behavioural outcomes, and these too were collected either on paper or via Survey Monkey.

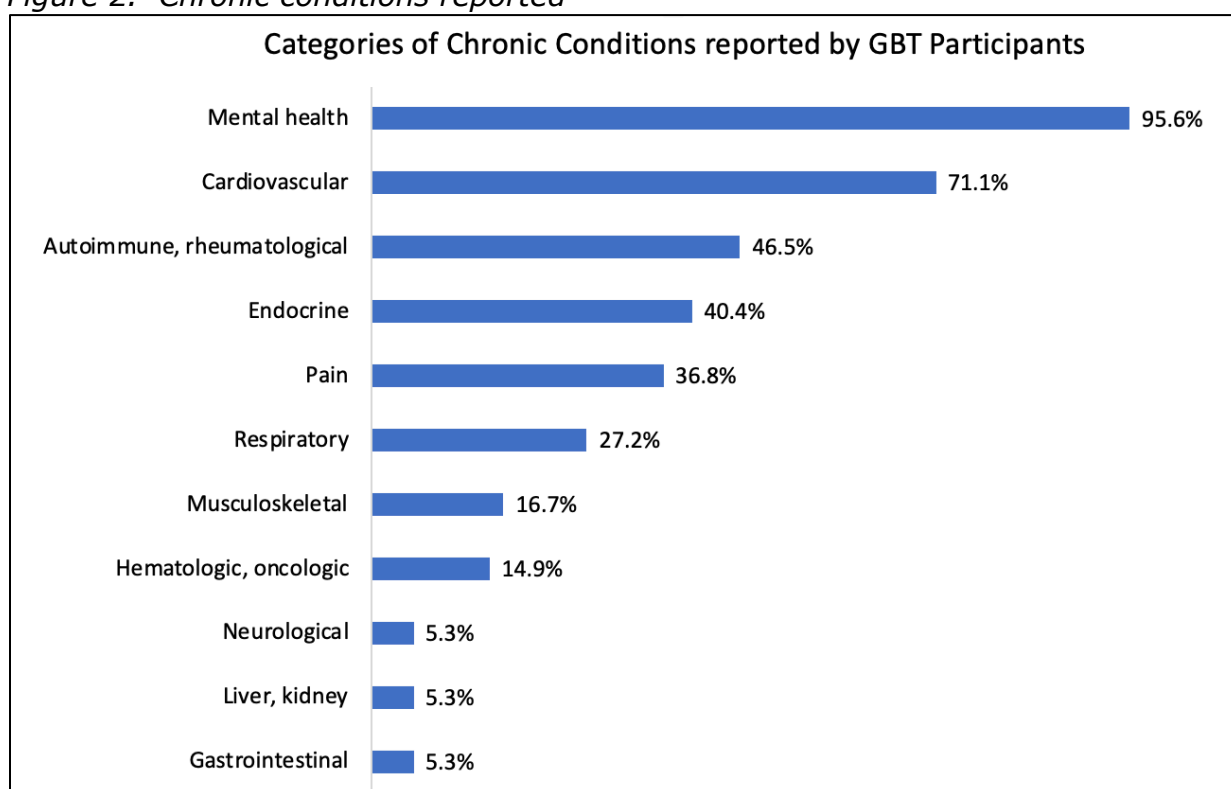
Demographic information about the participants was obtained from the pre-program questionnaire. Of the 156 participants who started the GBT program, initial data were obtained for 123 of them—two-thirds of participants (68.9%) identified as female. The participants ranged in age from 18 to 86 years old; the average age of the participants was 52.4 years. About one-third of the participants (36.6%) were single, and 35.8% were married or living in common-law relationships. About one-half of the group (47.2%) had received education beyond high school.

Three-quarters of participants indicated that they have a regular family doctor (75.4%). Participants reported an average of 3.4 chronic conditions, and the number of chronic conditions ranged from zero to 10. Of the list of 14 chronic

condition presented in the questionnaire, the most frequently mentioned chronic conditions were depression or anxiety (63.2%), arthritis (39.5%), high blood pressure (36.0%) and chronic pain (28.9%) (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 (95.6%) 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 three-quarters of the participants (71.1%) and half of the participants had a autoimmune or rheumatological condition such as arthritis (46.5%).

*Figure 2. Chronic conditions reported*



(Allergies, gynecological, dermatological, urogenital and other conditions not classified were reported by fewer than 5 respondents)

For the eight programs that used evaluations, including questions on health and health-related behaviour, 34 participants completed evaluations at both pre and post-program, which is necessary to analyze changes to health and behavioural outcomes. Another 20 participants completed only a pre-program evaluation, and three 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 2022-2023 year are not presented. Only the data for

the individuals with pre- and post-program data are shown in these tables. Data from previous years are included for comparison.

Generally, the data available for this year is similar to that from previous years. The GBT program's primary focus is teaching cognitive and behavioural strategies that reduce cognitive stress and provide pain management. By the end of the program, there appeared to be an increase in the use of all strategies. The participants most frequently used strategies were talking to themselves in positive ways, playing mental games to distract themselves, and progressive muscle relaxation.

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.

As in previous years, some behaviours and ratings remained stable throughout the program. Self-rated health changed very little, and compliance with medication instructions remained strong throughout. Use of healthcare services such as doctor visits and hospital stays did not change substantially over the course of the six-week program.

Finally, participants were asked how well they felt they could manage various aspects of their condition. For all of the aspects, there was an increase in average scores from pre- and post-program. Participants were most confident in their ability to do different activities to reduce their need to see their doctor. This aspect saw the largest improvement, and, despite the small number of respondents, this change was statistically significant, which highlights the extent of the improvement.

Overall, the GBT program participants gained important tools and strategies to manage their chronic conditions, and these strategies positively impact 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, 45.1% of the participants felt much more confident, and 41.8% felt slightly more confident. Only 13.2% of participants had no change in their perceived confidence, and none felt less confident after the program.

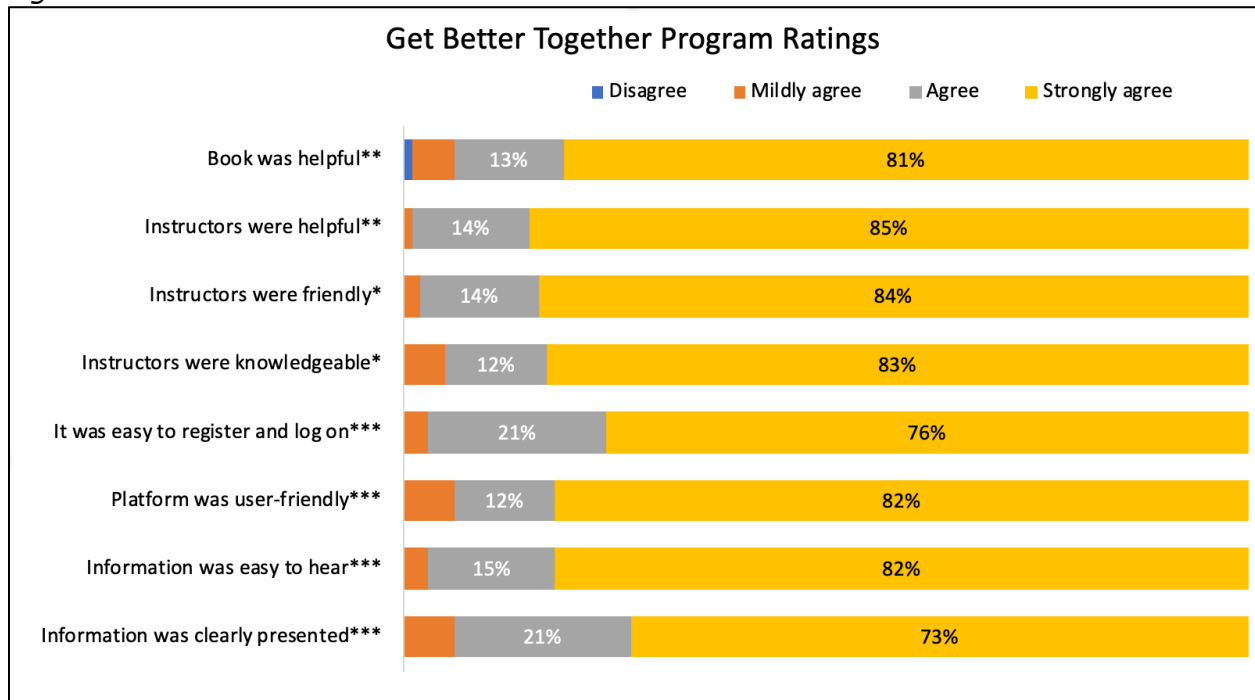
Participants rated the GBT program very positively (Figure 3). Participants in both in-person and virtual programs found the instructors helpful, friendly and knowledgeable. Only a few participants of virtual programs encountered frustrations with the ability to use, see and hear the online platform. The book, *"Living a Healthy Life with Chronic Conditions,"* is considered a valuable resource by most participants.

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*"It's a fantastic and supportive group. It is very comforting being able to speak freely about our struggles and feel completely understood and supported."*

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Figure 3.



\* *in-person program questionnaire.*

\*\* *both in-person and virtual program questionnaire.*

\*\*\* *virtual program questionnaire*

Participants were also asked to rate their overall satisfaction with the program. Two-thirds (65.9%) of the participants were very satisfied with the program, and 30.8% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 67.0% of participants would definitely recommend the program and 30.8% probably would. Appendix B breaks down the ratings of satisfaction by the RHA in which the program was offered.

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:

- I would tell other people who deal with ongoing health conditions that the GBT program is a safer learning tool, which includes group participation. You do not feel pressure, our leaders are exceptional with high knowledge in every area we studied. I also found it helpful to hear others' ideas and I

totally learned more in this program. The book that I received has excellent ideas and very educational.

- Well put together. Great info and experience to pass on. Action plans - great for self-esteem and confidence.
- This program assists each person with chronic diseases to open their hearts and minds to other treatments.
- It is very helpful for learning how to manage a huge degree of different chronic conditions, including help with diet and exercise.
- The program helped me realize I'm not alone while dealing with my disease. It helped me understand things better and helped me find other ways to help and cope with my disease.
- I would be good to take more than once. I have taken it once a year for the last three years including this year. You learn something new every time you take it.
- A good way to get connected with a community of support for people with similar struggles due to health.
- It helps you manage your issues and live a more fulfilling life.
- I will tell other people about the program GBT because it is helpful to hear about different things related to living a healthy life with chronic conditions.
- It provided practical help, support and good action plans for dealing with chronic illness.

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

The Powerful Tools for Caregivers (PTC) program was offered for its third year in 2022-2023, and five programs were offered in the WRHA region. One program did not submit attendance or evaluation data, so for the four PTC programs that reported, there were 41 participants, of which 25 completed the program resulting in a completion rate of 61.0%. Four programs were offered online, and one program was offered in person; however, online evaluations were offered. The completion of evaluation data could have been higher. Only five participants from one program completed the pre-program questionnaire, and only six completed the post-program questionnaire. Completion of online questionnaires continues to pose challenges and remained low this year. This can be attributed to several things, such as; people feeling intimidated completing forms online, not wanting to have information stored online, having to complete the questionnaires outside of the designated class time, forgetting to do it, and misplacing the email with the link. With the return of in-person programming, completing questionnaires should return to normal and allow for further analysis.

The participants, four females and one male, who completed the pre-program evaluations each identified themselves as caregivers, but in addition, three stated other reasons for attending the class, such as depression/anxiety and their care receiver having diabetes.

The six individuals who submitted post-program evaluations rated the leaders as Excellent (2), Good (3) and Satisfactory (1) and the workshop resources and

information ratings were split between Excellent (3) and Good (3). Online platform ratings, including logging on, ease of navigation, clarity of picture and quality of sound, were all rated the same with Excellent (4) and Good (2). All six would recommend the program to others.

When asked, as a result of the workshop, what daily behaviours were improved, the common replies were related to setting achievable goals, increasing activity level, communicating effectively with a healthcare provider, family and friends, and practicing stress management techniques.

Participants commented on a number of aspects of the PTC program that they found helpful.

- Learning how to take better care of myself and when to ask for help when it is needed.
- The tips and techniques
- The strategies provided
- Most importantly, the action plans. Communication skills were also helpful.
- The group discussions, the taking care of yourself piece and making yourself accountable to looking after yourself. The communication piece was very interesting.
- The facilitators did a wonderful job and provided great information for all caregivers in different situations.

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

The Total Brain Health program was introduced during the 2021-2022 fiscal year. In 2022-2023, and six programs were offered. The Wellness Institute offered three of these programs online. Creative Retirement and Good Food Club also offered online programs. Pre- and post-program questionnaires for online programs were powered by Survey Monkey online, and participants in four of the five online programs completed these questionnaires. The Reh-Fit Centre offered one TBH program in-person in 2022-2023 and participants completed paper questionnaires for this program.

A total of 90 individuals participated in the new TBH program, and 57 completed the program for a completion rate of 63.3%, with 52 individuals completed pre-program questionnaires. Of these 52, most (84.6%) identified as female, and 60% of the participants were married. The participants ranged in age from 29 to 89 years, with an average age of 69.3 years. The group was well-educated, with 87.1% indicating they had education beyond high school.

Participants were given a list of 14 chronic conditions with which they may have been diagnosed and the opportunity to specify other conditions. The average number of chronic conditions reported was 2.6, and ranged from no chronic condition to seven conditions. The most frequently-mentioned conditions were high

blood pressure (44.2%), arthritis or rheumatism (40.4%) and high blood cholesterol (30.8%).

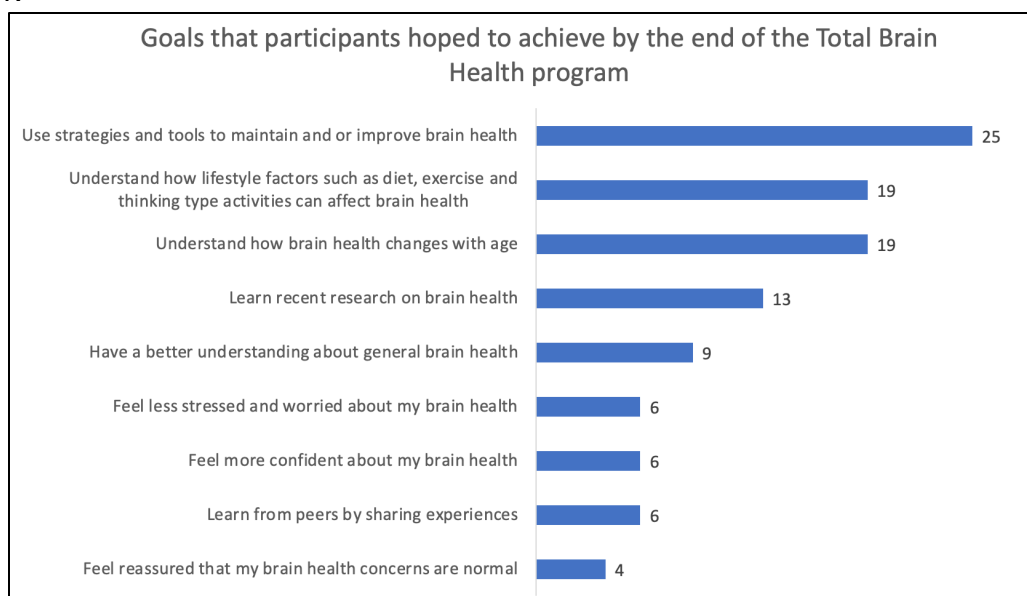
Prior to participating in the program, participants were asked to rate their current brain health. The questionnaire's online version included five aspects of brain health, while the paper version asked participants to rate their brain health overall. The table below shows the number who gave each rating (Table 3). For most of the aspects of brain health, participants rated their current health as good or very good.

*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	4	13	11	3	0
Multi-tasking skills	4	13	8	6	0
Short term memory	2	10	12	6	1
Long term memory	4	13	11	2	1
Reasoning skills	6	17	8	0	0
Overall brain health	2	5	9	5	0

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 31 participants who completed the question, 26 did identify three goals, but four participants identified more goals. The chart below indicates the number of participants who identified each goal using all the data available (Figure 4). The most frequently-mentioned goal was to use strategies and tools to maintain and/or improve brain health, as mentioned by 25 of the 31 participants. Almost two-thirds of the participants also hoped to gain an understanding of how lifestyle factors can affect their brain health and how brain health changes with age.

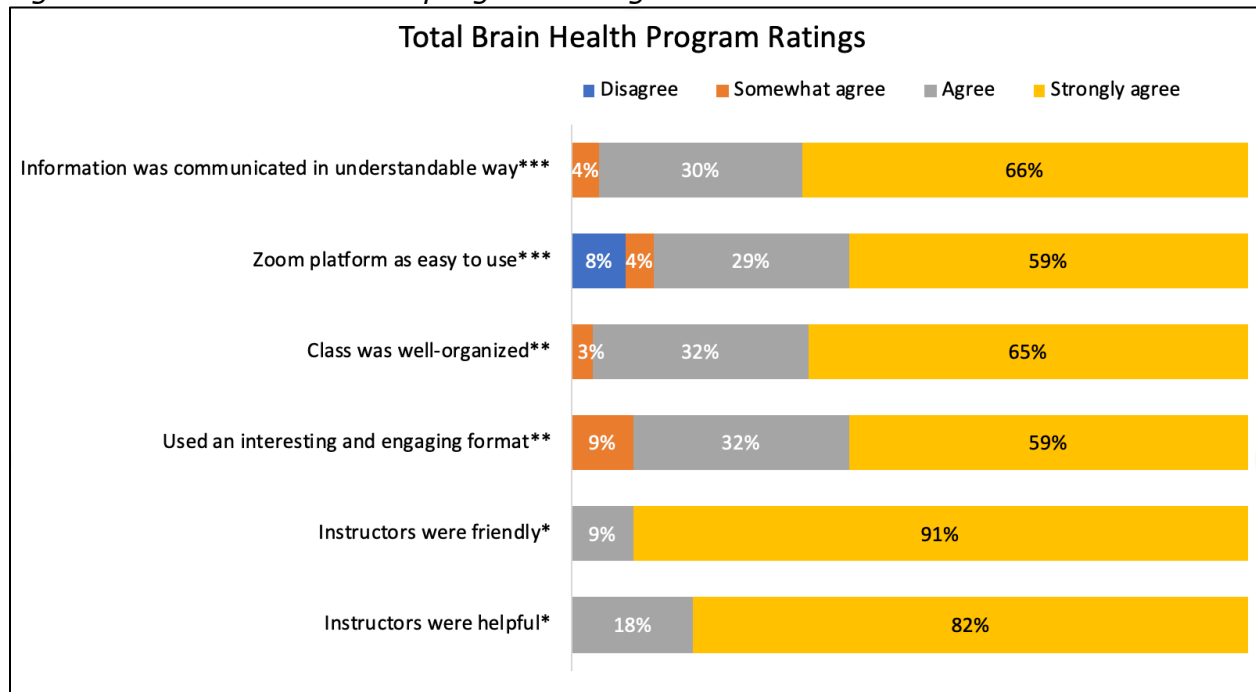
*Figure 4.*





Participants were asked to complete another questionnaire at the end of the four-week program, and 35 submitted a questionnaire. Participants rated the Total Brain Health program very favourably. Participants in in-person programs found the instructors friendly and helpful. Most participants agreed or strongly agreed that the information presented, class organization, and format were interesting and effective (Figure 5). Only a few participants were displeased about the ease of use of the Zoom platform.

Figure 5. Total Brain Health program ratings



\* in-person program questionnaire

\*\* both in-person and virtual program questionnaire

\*\*\* virtual program questionnaire

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*"I like that this program was not dull and textbook-like, where we are listening to stats and "what you should do". This program gave an overall idea on how to live healthy and challenge your brain for better brain health, in simple ways."*

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In addition, the participants strongly agreed (18 participants) or agreed (12 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 (21 strongly agree, 12 agree).

Participants were also very satisfied with how their goals for the program had been attained. They were asked to rate their satisfaction with all the goals initially presented to them, not just the goals they had identified at the program's start (Table 4). Participants expressed the most satisfaction with learning to use strategies and tools to maintain and or improve brain health.

*Table 4. Number of Total Brain Health participants giving each rating*

Goal	Very satisfied (#)	Satisfied (#)	Neither satisfied nor dissatisfied (#)	Dissatisfied (#)
Understand how brain health changes with age	10	11	2	1
Learn from peers by sharing experiences	7	12	5	0
Have a better understanding about general brain health	9	10	4	1
Feel more confident about my brain health	8	11	4	0
Understand how lifestyle factors such as diet, exercise and thinking type activities can affect brain health	12	11	1	0
Use strategies and tools to maintain and or improve brain health	10	14	0	0
Feel less stressed and worried about my brain health	5	11	8	0
Learn recent research on brain health	5	12	5	2
Feel reassured that my brain health concerns are normal	9	12	3	0

Most TBH program participants felt they would feel an ongoing impact from the program. Almost all of the participants agreed (18) or strongly agreed (16) that they are more likely to make brain-healthy choices as part of their routine and as a result of the program. All participants indicated that they would recommend the program to a friend. Overall, all participants were satisfied or very satisfied with the Total Brain Health program.

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

- I totally enjoyed Brain Health; it was very informative and gave me insight into improving my brain health.

- I just want to say thank you to the facilitators of this program and workshop and they did a great job. It is like a little break from being stressed at work.
- This course touched on some aspects of brain health in a fun, engaging way.
- Really enjoyed the activities & learning from them. I needed to miss 2 sessions, but was very impressed with the ones I was present for. Best zoom sessions I have been on.
- Thank you to the facilitators for delivering very interactive sessions in a non-judgmental way that encouraged and promoted participation.
- Thank-you for the creative exercises!
- A very interesting class with lots of challenging activities and working with others was fun.

### **Memory and Aging Program Participants, Outcomes and Evaluation**

The Memory and Aging Program was introduced in 2021-2022 as a pilot, and the Total Brain Health program participants were invited to attend. In 2022-2023, the 5-week program was offered to all interested individuals and was offered once online and once in person. Sixteen of the 19 participants who signed up for the program completed it; 10 individuals completed evaluation forms. The participants in the online program submitted evaluations via Survey Monkey, and the participants of the in-person program completed evaluations on paper. Because the questionnaires differed slightly, some information is unavailable for all 10 individuals.

The program was well-received by participants. Only three of the online participants submitted evaluations, but those participants agreed that the facilitators presented the information in a clear and effective way. Six individuals who participated in-person submitted evaluations. All participants agreed or strongly agreed that the instructors were friendly, helpful and knowledgeable. Both online and in-person participants agreed that the participant workbook was a useful supplement to the program.

Participants also felt positive about the impact of the program on their behaviours. Asked if their memory function had improved through the use of memory strategies taught in the program, five agreed, one strongly agreed, and three participants agreed somewhat. Seven of the participants agreed, and two strongly agreed that after participating in the program, they were more confident about their ability to remember things that are important to them. Participants agreed (6) or strongly agreed (3) that they use the strategies taught in the program. Overall, participants rated their experience with the Memory and Aging Program positively. Six participants indicated that they would recommend the program to a friend.

Participants provided additional comments related the program:

- Excellent course; instructors were fabulous.
- Attending the Zoom presentation along with the workbook was very helpful. Plan on continuing to refer to the workbook.

- Very useful.
- It was very good.
- There are good strategies offered to assist in remembering important facts, events.
- The information is familiar but it reinforced not to fear memory loss. Learned some new strategies to remember things!
- Excellent program, will tell others.

## TRAINING

There were two Get Better Together trainings in 2022-2023, one Leader Training and one Leader Update training. Both of these sessions were offered in person. Nine individuals, all from the WRHA area, started the training session, and eight individuals completed the session. Seven of these leaders were staff members, and one was a volunteer leader who was told about the program by a friend. At the conclusion of the training session, participants were asked to complete evaluation forms.

Participants were asked a series of questions about their impressions of the training program, which portions were most valuable, should have more time, should be shortened or deleted, and what should be changed. The eight participants mentioned aspects of the program that they found valuable. Some participants identified aspects of the program such as action plans, self-management toolkit and mental activities, and a couple of the participants found particular value in the ability to observe and practice teaching.

Three of the participants did not feel that any portion required more time and that the time allotment was good as it was. The suggestions for increased time or emphasis included practice teaching, and time spent on specific topic areas such as food labelling and communication with self.

Most participants (7 of the 8 who provided any response), felt that nothing needed to be shortened or changed in the Leader Training program. One suggestion was provided related to the length of time devoted to food labels. Another participant commented: *"Perhaps more emphasis at the beginning on why active participation is important for learning - but also to get a fuller appreciation for how the program runs. A bit frustrated at times with lack of participation from future leaders!"*

Trainees rated themselves on their readiness and ability to be Leaders with nine questions related to self-efficacy. These questions asked how confident participants felt in handling various participant scenarios. Overall, participants had a total score of 8.40 out of a scale of 1-10, where 1= not confident at all and 10=totally confident. Participants in the training program felt very confident in their ability to handle most situations.

Figure 6:



One GBT Leader Update Training session was held in September 2022 in which five leaders were updated. Evaluations were not completed for this Leader Update session.

Eight individuals, including three volunteer and five staff, took part in a virtual training session for the Powerful Tools for Caregivers program. An evaluation was not provided.

Three 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.

### 2022-2023 Training Schedule

Regional Health Authority	Dates	Program	# of Master Trainers	# of Leaders Trained	# Attended Leader Update
Winnipeg Regional Health Authority	April 4 – 8, 2022	Powerful Tools for Caregivers	N/A	8	N/A

Winnipeg Regional Health Authority	September, 2022	Get Better Together	N/A	N/A	5
Winnipeg Regional Health Authority	October 17, 19, 24, 26, 2022	Get Better Together	N/A	8	N/A
Winnipeg Regional Health Authority	December , 2022	Total Brain Health	N/A	3	N/A

## **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	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.51	3.40	3.24	3.15	3.47	3.17*	3.46	3.44	<b>3.33</b>	<b>3.30</b>

¶ tests of significance not conducted

## Healthcare Utilization

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

Mean	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	4.31	4.37	2.79	2.86	3.96	3.96	3.24	2.78	<b>3.10</b>	<b>3.27</b>
# of visits to hospital ER	0.63	0.51	0.53	0.42	0.39	0.51	0.32	0.22	<b>0.70</b>	<b>0.33</b>
# times overnight in hospital	0.12	0.16	0.21	0.25	0.23	0.26	0.12	0.19	<b>0.32</b>	<b>0.44</b>
Number of nights in hospital	0.37	0.37	1.72	1.80*	1.74	1.32	0.96	0.96	<b>0.82</b>	<b>1.09</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...."*

	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Prepare a list of questions for your doctor	2.29	2.39	2.99	2.95	2.32	2.53	2.50	2.62	<b>2.42</b>	<b>2.52</b>
Ask questions about the things you want to know and things you don't understand about your treatment	3.08	2.96	3.39	3.18	2.93	3.28*	3.00	3.19	<b>2.81</b>	<b>3.00</b>
Discuss any personal problems that may be related to your illness	2.82	2.82	2.92	3.06	3.00	3.16	3.15	2.77	<b>2.53</b>	<b>2.94</b>
OVERALL	2.74	2.72	3.10	3.09	2.75	3.00*	2.88	2.86	<b>2.58</b>	<b>2.78</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?"*

	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Mean rating of compliance	2.66	3.40 ***	3.54	3.93 **	3.54	3.65	4.42	4.58	<b>4.66</b>	<b>4.62</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	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Stretching or strengthening exercises (ROM, using weights etc)	1.81	2.37 **	1.77	2.01	1.95	2.41	1.46	1.68	<b>1.88</b>	<b>2.06</b>
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	2.30	2.34	2.22	2.35	2.37	2.88*	2.12	2.13	<b>2.40</b>	<b>2.47</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:	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	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	2.17	2.18	1.7 9	2.10*	2.13	2.04	1.31	1.73	<b>1.63</b>	<b>1.75</b>
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.42	1.84*	1.1 8	1.61* *	1.40	1.79*	0.96	1.40	<b>1.24</b>	<b>1.45</b>
Play mental games or sing songs to keep your mind off the discomfort	1.83	1.89	1.4 2	1.96* *	2.00	2.24	1.85	2.12	<b>2.06</b>	<b>2.24</b>
Practice progressive muscle relaxation	1.81	2.29*	1.6 1	1.99* *	1.66	1.89	1.88	2.04	<b>1.76</b>	<b>2.21</b>
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.78	2.04	1.5 1	1.76	1.53	2.18**	1.32	1.65	<b>1.45</b>	<b>1.82</b>
Talk to yourself in positive ways.	2.19	2.44	2.4 0	2.72*	2.14	2.62**	2.08	2.08	<b>2.38</b>	<b>2.76</b>
OVERALL	1.86	2.13*	1.6 0	2.01* **	1.67	2.09** *	1.57	1.84	<b>1.83</b>	<b>2.12</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.	2017/18		2018/19		2019/20		2021/22¶		2022/23¶	
	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?	4.97	6.11* *	5.72	6.46**	5.56	6.42**	5.52	5.71	<b>5.74</b>	<b>6.39</b>
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	4.95	6.33***	5.55	6.36**	5.72	6.05	5.08	5.96	<b>5.33</b>	<b>6.60</b>
Keep the emotional distress caused by your disease from interfering with the things you want to do?	5.19	6.00*	5.59	6.28**	5.07	6.43** *	4.56	5.58	<b>5.69</b>	<b>6.45</b>
Keep any other symptoms or health problems you have from interfering with the things you want to do?	5.32	6.13*	5.75	6.47**	5.47	6.43**	5.00	5.64	<b>5.77</b>	<b>6.61</b>
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	5.55	6.40*	6.40	6.84*	5.98	6.76*	5.92	7.00	<b>6.06</b>	<b>6.91</b>
Do things other than just taking medication to reduce how much your illness affects your everyday life?	5.65	6.48*	6.61	7.04	6.22	6.72	6.65	7.00	<b>5.85</b>	<b>6.64</b>
OVERALL	5.29	6.24* *	5.91	6.58***	5.66	6.45**	5.44	6.07	<b>5.80</b>	<b>6.60</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

**Appendix B:**

**Get Better Together Program  
Evaluation by Region**

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

ONLINE: It was easy to register and log on to the virtual (Zoom or MSTeams) platform (n=34):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	9	7	2	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	25	19	5	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	0	0	0	0	0

ONLINE: The virtual platform was user-friendly and easy to navigate (n=34):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	9	6	2	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	25	22	2	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	0	0	0	0	0

ONLINE: The information presented on the platform was easy to hear (n=34):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	9	8	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	25	20	4	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	0	0	0	0	0

ONLINE: The information presented was clear and visible (n=34):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	9	8	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	25	17	6	2	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	0	0	0	0	0

ONLINE: The facilitators were helpful, answered my questions(n=34):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	9	8	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	25	21	3	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	0	0	0	0	0

ONLINE and IN-PERSON: The book was helpful (n=92):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	27	22	1	3	1
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	60	47	11	2	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	5	0	0	0

IN-PERSON: The instructors were friendly (n=58)

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	18	16	1	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	35	28	7	0	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	5	0	0	0

IN-PERSON: The instructors were helpful (n=58)

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	18	17	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	35	27	8	0	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	5	0	0	0

IN-PERSON: The instructors were knowledgeable (n=58)

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	18	17	1	0	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	35	27	8	0	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	5	0	0	0



IN-PERSON: The meeting room was satisfactory (n=58)

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	18	12	4	2	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	35	24	8	2	1
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	4	1	0	0

ONLINE and IN-PERSON: 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=91):

<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	27	10	10	7	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	59	27	27	5	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	4	1	0	0

ONLINE and IN-PERSON: Would you recommend Get Better Together to a friend?  
(n=91)

<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	27	17	9	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	59	39	19	1	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	5	0	0	0

ONLINE and IN-PERSON: How satisfied are you with Get Better Together overall?  
(n=88):

<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	27	18	8	1	0
Southern Health – Santé Sud	0	0	0	0	0
Prairie Mountain Health	56	36	20	0	0
Interlake-Eastern Regional Health Authority	0	0	0	0	0
Northern Regional Health Authority	5	4	1	0	0