

# Get Better Together

for living better with health issues

Powerful Tools  
**FOR** Caregivers



Memory  
**aging**&<sup>TM</sup>  
PROGRAM

## Manitoba Evidence-Based Self-Management Programs Final Report 2023-2024



Winnipeg Regional Health Authority  
Caring for Health

Office régional de la santé de Winnipeg  
À l'écoute de notre santé

Participating  
Regional Health  
Authorities



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

*April 1, 2023 – March 31, 2024*

## **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.

This year, 35 programs were run: 14 were GBT, five were PTC, 10 were TBH, and six were MAP.

The programs offered in 2023-2024 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 was opened up province-wide to allow participants from other Regional Health Authorities (RHAs) to take part.

The Winnipeg Regional Health Authority (WRHA) offered three in-person GBT programs. The Prairie Mountain Health (PMH) region ran seven GBT programs, five of which were in-person and two offered virtually. The Northern RHA (NRHA) and Interlake-Eastern RHA (IERHA) each offered two in-person GBT programs in 2023-2024.

All of the PTC, TBH and MAP programs were offered in the Winnipeg Regional Health Authority. Five PTC programs were offered, all but one being virtual. All 10 TBH programs were offered in-person. Of the six MAP programs offered, five were in-person, and one was virtual.

A total of 370 persons participated in the four types of programs offered this year, and 271 completed the program, more than the previous two years when 209 and 210 individuals completed, respectively. The overall completion rate for programs offered in 2023-2024 was 73.2%, comparable to the national average completion rate reported by the Self Management Resource Center (SMRC) for CDSMP (72%).

Across the 2023-2024 programs, the completion rate improved compared with last year. In the 14 GBT programs, 125 individuals attended at least one session, and 90 completed the program for a completion rate of 72.0% compared to 71.2% last year. The five PTC programs had 51 participants, of which 35 completed the program, resulting in a completion rate of 68.6%, versus 61.0% in 2022-2023. A total of 130 individuals participated in the ten TBH programs, and 94 completed the program for a completion rate of 72.3%, an improvement over the 63.3%

completion rate last year. In the six MAP programs, 52 of the 64 participants completed the program for a completion rate of 81.3%.

Individuals identifying as female made up the majority of participants in all four programs. Females comprised 71.8% of GBT participants, 93.8% of PTC participants, 86.2% of TBH participants and 87.1% of MAP participants. Although participants in their 80s and beyond could be found in all four programs, the average age of GBT participants, at 54.2 years, was lower on average than participants in PTC, TBH and MAP programs, each with an average age over 70 years. The chronic conditions reported most frequently by GBT participants were depression or anxiety (56.3%), arthritis (50.0%), and high blood pressure (39.3%). TBH participants' most commonly reported chronic condition was high blood cholesterol, reported by 47.0% of participants, followed by arthritis (46.0%) and high blood pressure (41.0%).

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

Five training sessions were conducted in 2023-2024: one for Get Better Together, one for Powerful Tools for Caregivers and three for the Memory and Aging and Total Brain Health Programs. A Get Better Together training took place with 14 new leaders from Prairie Mountain Health (12) and Interlake Eastern Regional Health Authority (2). Six leaders were trained in the PTC program in Winnipeg. A total of 25 Leaders were trained in a combined training for the Memory and Aging and Total Brain Health Program, with two leaders being from Interlake-Eastern Regional Health Authority and the rest from the Winnipeg region.

### Recommendations

The following recommendations will support the self-management programs in the future:

- Continue supporting RHAs in offering GBT in-person and virtual province-wide programming.
- Expand PTC, TBH and MAP programming into RHAs.
- Coordinate Leader Training sessions across the province for all programming and maintain program fidelity and license requirements.
- 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.

## 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*.

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. It provides caregivers with tools and techniques to manage their own health while they continue to care for their friends or relatives. 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 Cynthia R. Green, Ph.D., a clinical psychologist, author, and brain health expert. 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

This year, the program was adjusted from once a week for two hours for four weeks to once a week for three weeks for 90 minutes. This decision was made after consultation from active participants and after successfully amalgamating the content without impacting the knowledge and skills learned. 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 areas 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;
- Expanded capacity for programming by offering peer leader training in all programs;
- Trained leaders from three First Nation communities in the Prairie Mountain Health Region in GBT;
- Engaged RHAs and other stakeholders in regular communications to strengthen integration, coordination and delivery of programming;
- Worked with established My Health Teams and Healthy Aging Resource Teams to integrate opportunities for support with programming;
- Offered virtual program registration province-wide to allow all Manitobans to take part and

- Coordinated province-wide public awareness of peer-led self-management programming.

*Winnipeg specific:*

- Offered 24 programs in Winnipeg; three programs were Get Better Together, five were Powerful Tools for Caregivers, 10 were Total Brain Health, and six were the Memory and Aging program.
- Offered both in-person (19) and virtual (5) programming;
- Leveraged community capacity by working alongside existing programs, priorities and strategies that support chronic disease management, such as My Health Teams and Healthy Aging Resource Teams;
- Trained new leaders for the PTC, MAP and TBH programs;
- Managed the central intake phone line, online registration and virtual platform logistics; and
- Completed ongoing evaluation and reporting.

## **PROGRAM IMPLEMENTATION & 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, Healthy Aging Resource Team and Senior Resource Finder staff throughout the city have been strengthened. Many have become 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 managed by the WRHA.

Wellness was approached by the organization Right at Home Canada and asked to provide a list of services pertinent to older adults to be included in their care planner tool kit. All of the peer-led evidence-based self-management programs were included.

Get Better Together programming is in Winnipeg's 24th edition of the 2023 Mental Health Resource Guide.

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.

Print advertising for programming was highlighted in the Winnipeg Free Press as part of Active Aging Week.

WI is a part of the Seven Oaks Neighborhood Resource Network, Seven Oaks and Inkster Food Security Network and Keewatin Inkster Neighborhood Resource Council. These networks allow us to stay connected, build relationships, be current on the needs of the communities and find new sites to host programming.

A presentation was made the slate of programming for healthcare professionals at Deer Lodge as part of their Geriatric Rounds. There was a lot of interest, especially in the Powerful Tools for Caregivers program.

Wellness Institute hosted an Active Aging Day Open House in early October, and a table with information on all programming was at the health fair.

## REGIONAL IMPLEMENTATION

The Wellness Institute has been offering Get Better Together (GBT) and helping residents better manage their health conditions for over fifteen years. Three programs that have been introduced in recent years were again offered and included Powerful Tools for Caregivers (PTC), Total Brain Health (TBH), and the Memory and Aging Program (MAP).

During 2023-2024, programs were offered in-person and virtually using a secure digital platform. Four RHAs participated in 2023-2024, with a total of 35 programs offered, an increase from 32 programs offered in each of the previous two years. Virtual programs allowed participants from other RHAs to attend, even if no programs were provided in their area.

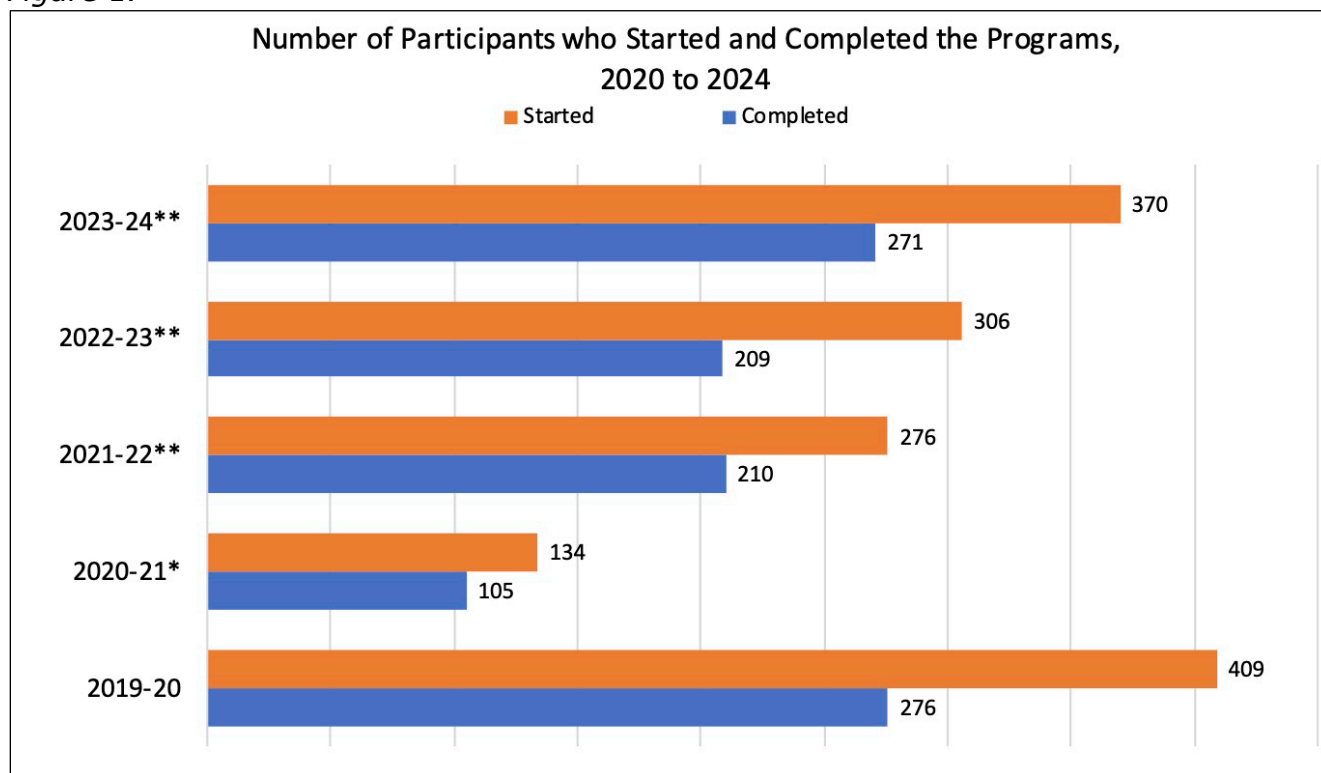
Winnipeg delivered 24 programs this year, an increase from 19 in 2022-2023. Of the programs offered in Winnipeg, three were GBT programs, five were PTC programs, ten were TBH programs, and six were MAP programs. RHAs outside of Winnipeg delivered 11 GBT programs, compared to 13 last year and 11 in 2021-2022.

### Overview

<b>RHA</b>	<b># of Leaders/ Master Trainers certified 2023/24</b>	<b># of Programs Delivered 2023/24</b>	<b># of Participants Attended/ Completed 2023/24</b>
Southern Health -Santé Sud	0 / 0	0	0 / 0
Prairie Mountain Health	12 / 0	7	53 / 39
Interlake-Eastern Regional Health Authority	4 / 0	2	28 / 21

Northern Regional Health Authority	0 / 0	2	11 / 9
Churchill Health Centre	0 / 0	0	0 / 0
Winnipeg Regional Health Authority	29 / 0	24	278 / 202
<b>TOTAL</b>	<b>45 / 0</b>	<b>35</b>	<b>370 / 271</b>

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.
- 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	In-person	April 11	8:45 - 11:00	9	7
Samaritan House	In-person	July 12	8:45 - 11:00	11	9

PMH virtual	Virtual	September 26	6:30 - 8:30	8	4
Samaritan House	In-person	October 10	8:45 - 11:00	8	7
Samaritan House	In-person	January 9	8:45 - 11:00	7	6
Brandon Town Centre	In-person	February 14	1:30 - 4:00	4	3
PMH virtual	Virtual	February 20	9:30 - 12:00	6	3
TOTAL				53	39

- Seven programs were delivered this year in Prairie Mountain Health (PMH). Two of these were offered virtually, and five were in-person programs.
- Two in-person GBT programs in PMH were cancelled.
- GBT presentations were given to clients at the Centre for Adult Psychiatry in Brandon and during an Age-Friendly event in Swan River.
- PMH promotes programming through My Health Teams, Physician Clinics, Nurse Practitioners, Mental Health Workers, the Chronic Disease Prevention Program Nurses and Dietitians, and Health Promotion Coordinators.
- One GBT program offered this year had a very dedicated group of participants, and the leaders were asked to offer two additional gatherings after the 6-week program ended. These were well attended, and feedback was very positive.
- One GBT Leader Training session was offered involving Brandon, Swan River and Ste. Rose du Lac participants. A total of 12 new leaders were trained. One leader was unable to finish the training due to illness.

### **Northern Regional Health Authority**

<b>Host</b>	<b>Mode</b>	<b>Start Date</b>	<b>Time</b>	<b># of Participants Attended</b>	<b># of Participants Completed</b>
Flin-Flon	In-person	February 27	1:30 - 4:00	5	4
The Pas	In-person	March 27	6:30 - 9:00	6	5
TOTAL				11	9

- Two GBT programs were delivered in 2023-2024 in the Northern RHA.
- There were no Leader Training sessions or Refresher sessions offered.

## Interlake-Eastern Regional Health Authority

Host	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Whitemouth	In-person	April 4	10:00 - 12:00	11	9
Riverton	In-person	March 12	1:30 - 4:00	17	12
TOTAL				28	21

- Two GBT programs were delivered in 2023-2024 in the Interlake Eastern RHA.
- The region continues to use Facebook, e-newsletters, and partners such as Services to Seniors, recreation, congregate meals programs, and senior living facilities to spread the word.
- Two staff members from Riverton attended a GBT training this year.
- One staff and one volunteer attended a MAP and TBH training.

## Winnipeg

Host	Program	Mode	Start Date	Time	# of Participants Attended	# of Participants Completed
Opportunities for Employment	GBT	In-person	April 4	1:00 - 4:00	11	7
Wellness Institute	GBT	In-person	April 25	1:00 - 3:30	7	5
Friends Housing	TBH	In-person	April 25	10:00 - 11:00	9	4
Wellness Institute	MAP	In-person	April 26	10:00 - 12:00	12	11
Wellness Institute	PTC	Virtual	May 3	10:00 - 11:30	8	6
Wellness Institute	MAP	Virtual	May 23	10:00-12:00	10	10
Wellness Institute	TBH	In-person	May 24	10:00 - 11:00	9	5
Bethel Place	PTC	In-person	June 12	10:00 - 11:30	15	11
Fort Rouge Crescentwood United Church	TBH	In-person	October 3	10:00 - 11:00	17	15
Children's Rehabilitation Centre	PTC	Virtual	October 16	7:00 - 9:00	10	6

Stonecrest condos	TBH	In-person	October 19	1:00 - 2:00	20	19
Pembina Trails Library	TBH	In-person	October 24	1:00 - 3:00	18	16
Opportunities for Employment	GBT	In-person	October 24	1:00 - 3:30	15	9
Wellness Institute and Age & Opportunity	MAP	In-person	October 31	10:00 - 12:00	12	7
Wellness Institute and Health Aging Resource Team (HART)	PTC	Virtual	November 7	10:00-11:30	10	7
Children's Rehabilitation Centre	PTC	Virtual	January 29	7:00 - 9:00	8	5
Creative Retirement	TBH	In-person	January 31	10:00 - 11:00	6	3
Valhalla Apartments	MAP	In-person	February 6	10:00 - 11:30	8	8
Wellness Institute	MAP	In-person	February 20	1:00 - 2:30	12	11
Valhalla Apartments	TBH	In person	March 5	10:00 - 11:00	9	9
Norwest Food Centre	MAP	In-person	March 6	2:00 - 3:30	10	5
Arlington Haus	TBH	In-person	March 7	1:00 - 2:00	13	5
Autumn House	TBH	In-person	March 19	1:00 - 2:00	16	8
Wellness Institute	TBH	In-person	March 20	1:00 - 2:00	13	10
TOTAL					278	202

- A total of 24 programs ran in Winnipeg in 2023-2024; three programs were Get Better Together, five were Powerful Tools for Caregivers, ten were Total Brain Health, and six were the Memory and Aging program.
- Two in-person PTC programs were cancelled.
- One in-person MAP program was cancelled.
- One in-person MAP program was postponed due to a lack of leaders.
- One in-person TBH program was cancelled, and one in-person TBH program was postponed.

- 19 of the programs were offered in-person, and five of the programs were offered online.
- The Children's Rehabilitation Centre offered two PTC programs for parents caring for children with special needs. The remaining PTC programs offered this year were for those caring for an adult.
- One PTC training session was offered in 2023-2024, and all six participants were from WRHA.
- Three MAP and TBH training sessions were offered, and 23 leaders were certified and were a combination of staff and volunteer leaders.

## Implementation of Leader Training

The format for CDSMP Leader Training for new leaders is 24 hours of instruction over four days on 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 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 (group pictured below) was held in 2023-2024 outside of WHRA, including staff and volunteers from Brandon, Swan River and Ste Rose du Lac in Prairie Mountain Health and two individuals from Riverton in the IERHA. No one-day Leader Update trainings were offered this year.



The Wellness Institute hosted a two day leader training for the Powerful Tools for Caregivers program. Six leaders were trained in the WRHA including staff from Age & Opportunity and HART, and two volunteers.

The Wellness Institute recognizes the importance of self-management techniques for brain health and memory and is increasing leader capacity in the Memory and Aging and Total Brain Health Programs. Wellness offered a day training session for trainees to experience and learn how to facilitate both programs. Three training sessions were offered this year and 23 leaders were trained from WRHA and two from IERHA.

### **Training Sessions**

<b>Dates</b>	<b>Program</b>	<b>Attended / Completed Training Session</b>
September 19 & 20, 2023	PTC	6 / 6
October 16, 17, 23, & 24, 2023	GBT	15 / 14
December 14, 2023	MAP and TBH	9/9
January 25, 2024	MAP and TBH	11/11
March 12, 2024	MAP and TBH	5/5
<b>TOTAL:</b>		<b>46 / 45</b>

## **PROGRAMMING**

### **Participation rate**

An average of 7.7 people completed 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 9.9 people per program who completed the four programs last year and 8.6 people in 2021-2022.

### **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 or the organization hosting them. 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 essential sources of information about Get Better Together, which is more established in communities but less about the newer programs offered. Emails, websites and social media are increasingly important sources of information about these programs, particularly the newer programs.

*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>
Host organization	43.2	23.1	40.4	40.0
Other organization	3.4	3.8	5.1	11.7
Family or friends	19.5	11.5	37.4	18.3
Health care provider in a clinic	12.7	7.7	3.0	3.3
Resource coordinator	22.9	42.3	16.2	6.7
Email	5.1	11.5	6.1	15.0
Website	3.4	0	6.1	8.3
Social media	3.4	3.8	2.0	0
Media (newspaper, radio, TV)	1.7	0	1.0	3.3

## **Program attendance**

A total of 35 GBT, PTC, TBH, and MAP programs were delivered in 2023-2024, with 401 individuals registering and 370 participating in at least one class.

Of those who had attended at least one session in the 35 programs, 271 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 two of the three classes completed the program. The overall completion rate was 73.2%, an improvement from last year (68.3%) but slightly lower than in 2021-2022 (76.1%). The average number of sessions attended in each program is shown in Table 2.

In the 14 GBT programs, 125 individuals attended at least one session, and 90 completed the program for a completion rate of 72.0%. Five PTC programs had 51 participants, and 35 completed the program, resulting in a completion rate of 68.6%. No attendance information was available for one of the PTC programs. A total of 130 individuals participated in the 10 TBH programs, of which 94 completed the program for a completion rate of 72.3%. The MAP program saw the highest completion rate among the four programs. In the six MAP programs, 64 individuals participated, and 52 completed the program, with a completion rate of 81.3%.

Table 2. Attendance for programs

<b>Attendance</b>	<b>2019-20*</b>	<b>2020-21**</b>	<b>2021-22</b>	<b>2022-22</b>	<b>2023-24</b>
# registered	427	144	305	352	<b>401</b>
# who attended at least one session	409	134	276	306	<b>370</b>
# completed program	276	105	210	209	<b>271</b>
<b>Average # of classes attended</b>					
GBT & PTC (of 6 classes)	4.1	4.3	4.4	3.9	<b>4.2</b>
TBH (of 4 classes)			3.1	2.8	<b>3.8</b>
MAP (of 3 classes)			4.6	3.2	<b>3.0</b>

\* included only GBT participants

\*\*includes both GBT and PTC participants

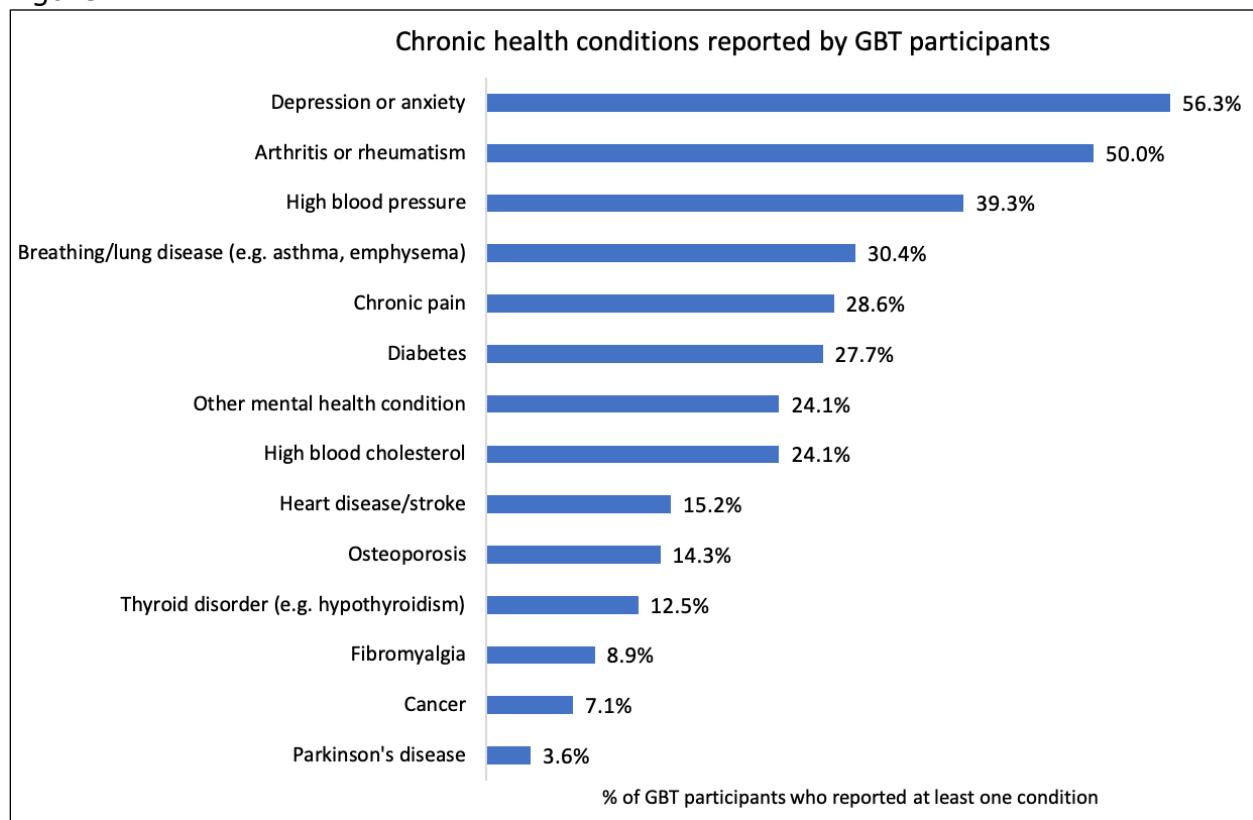
## Get Better Together Participants, Outcomes and Evaluation

Fourteen Get Better Together (GBT) programs were offered during the 2023-2024 fiscal year. Three were offered in Winnipeg, seven in Prairie Mountain Health, two in Interlake-Eastern RHA and two in Northern RHA. Most of the programs were offered in-person. Only two of the programs in Prairie Mountain Health were provided virtually, and all participants were residents of that health region.

The pre-program questionnaire provided demographic information about the participants. Of the 125 participants who started the GBT program, initial data were obtained for 117 of them. Over two-thirds of participants (71.8%) identified as female. The participants ranged in age from 19 to 86; the average age of the participants was 54.2. About one-half of the group (51.8%) had received education beyond high school.

Most participants indicated that they have a regular family doctor or nurse practitioner (86.3%). Participants reported an average of 2.5 chronic conditions, and the number of chronic conditions ranged from zero to 10. Of the list of 14 chronic conditions presented in the questionnaire, the most frequently mentioned chronic conditions were depression or anxiety (56.3%), arthritis (50.0%), high blood pressure (39.3%) and chronic pain (30.4%). In addition to the printed list of conditions, participants mentioned 30 other conditions. Only five or fewer participants mentioned these conditions.

Figure 2.



Three programs used long-form evaluations that used questions on health and health-related behaviour. Among these, 18 participants completed pre- and post-program evaluations, which is necessary to analyze changes to health and behavioural outcomes. Another 13 participants completed only a pre-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 detailed in Appendix A, but statistical differences for the 2023-2024 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 teaches cognitive and behavioural strategies that reduce mental 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: talking to themselves positively, playing mental games to distract themselves, and trying to feel distant from the discomfort.

In both pre-and post-program, the participants demonstrated strong communication with their physicians. They reported that they frequently asked their physicians questions about things they did not understand or about which they wanted more information and discussed personal problems that may be related to their illness. These practices appeared to increase throughout the program.

Some behaviours and ratings remained stable throughout the program as in previous years. 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 throughout the six-week program. However, time spent doing stretching and strengthening exercises and aerobic activities increased by the end of the program.

Finally, participants were asked how well they felt they could manage various aspects of their condition. For all of the aspects, the average scores increased from pre- and post-program. Participants were most confident in their ability to do different activities to reduce their need to see their doctor and to do things other than take medications to reduce the impact of their illness on their daily lives.

Overall, the GBT program participants gained important tools and strategies to manage their chronic conditions, and these strategies positively impacted their confidence to manage their conditions. After completing the GBT program, the participants were asked how confident they felt in managing their chronic disease(s), such as managing pain and completing daily activities. Compared to before the GBT program, 47.4% of the participants felt much more confident, and 43.4% felt slightly more confident. Only 9.2% of participants had no change in their perceived confidence, and none felt less confident after the program.

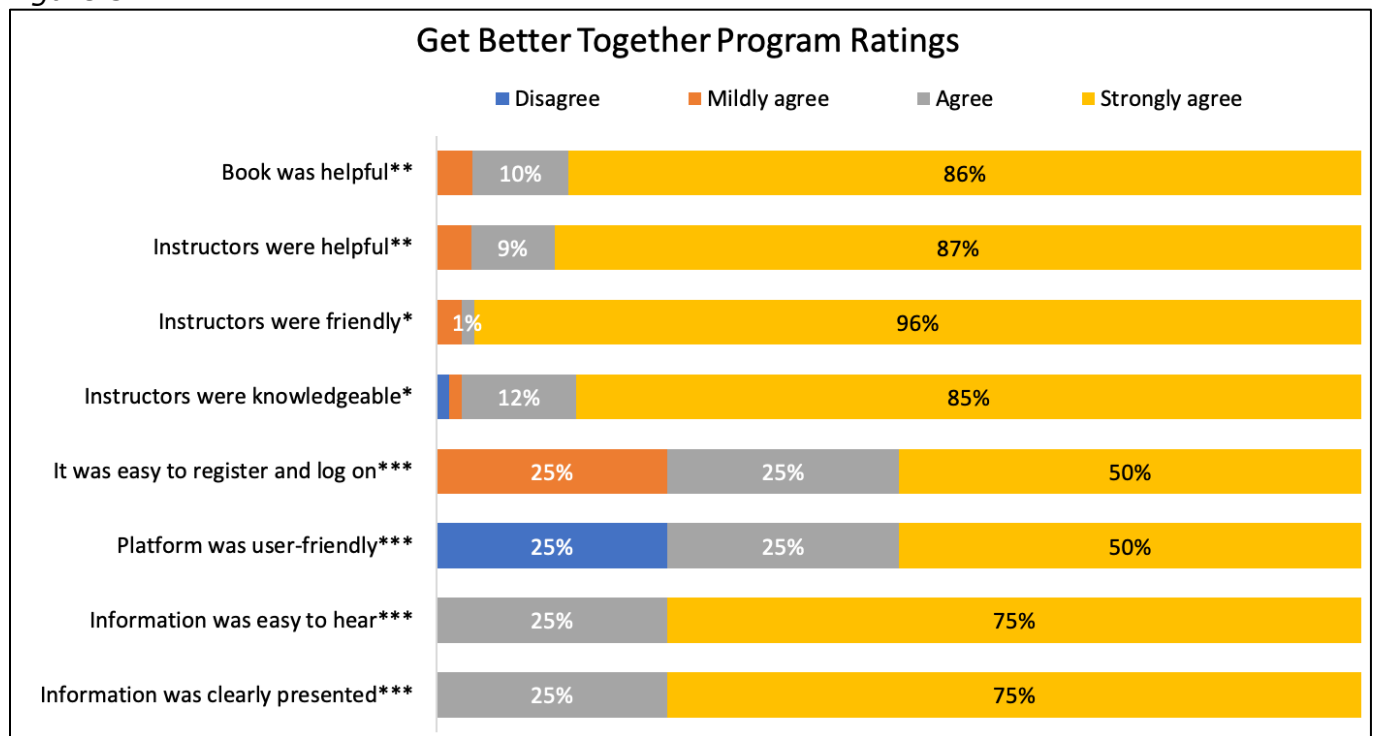
Participants rated the GBT program very positively (Figure 3). Participants in both in-person and virtual programs found the instructors helpful, friendly, and knowledgeable. Only a few virtual program participants encountered frustrations with the ability to use, see, and hear the online platform. The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

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*"I loved getting help from other participants. I thought having the instructors talk about their struggles and accomplishments was extremely helpful and motivating"*

---

Figure 3.



\* *in-person program questionnaire.*

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

\*\*\* *virtual program questionnaire*

Participants were also asked to rate their overall satisfaction with the program. Two-thirds (65.8%) of the participants were very satisfied with the program, and 29.1% were mostly satisfied. When asked whether they would recommend the program to a friend who needed similar help, 76.0% of participants would definitely recommend the program and 22.7% probably would. Appendix B breaks down the ratings of satisfaction by the RHA in which the program was offered.

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

- Break tasks down into small steps (action plan) and set yourself to succeed.
- Everyone is very supportive; don't be shy or afraid.
- For kind, non-judgemental support and encouragement they find positives when you don't see them.
- It helped me deal with ongoing health conditions. I was able to find myself in ways that were previously unknown. Live a more positive life.
- It's a very safe way to take a good, honest look at yourself and your habits.
- Regardless of your specific condition, the tips, tricks, tools and info provided are incredibly helpful and lay the groundwork to be our own advocates.

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

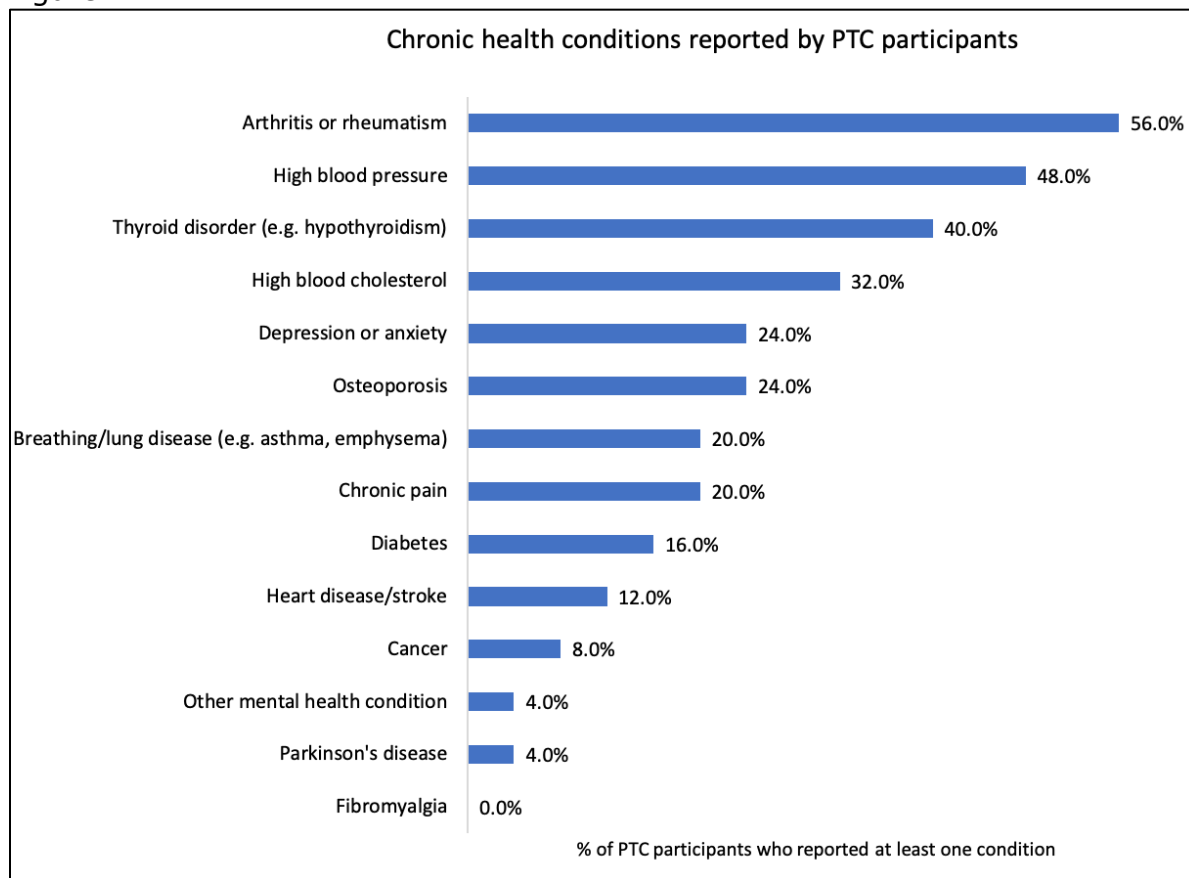
The Powerful Tools for Caregivers (PTC) program was offered for its fourth year in 2023-2024, and five programs were offered in the WRHA region. There were 51 participants, of whom 35 completed the program, resulting in a completion rate of 68.6%. Four programs were offered online, and one was offered in person; however, online evaluations were offered.

Of the 12 individuals who participated in a virtual program and gave a postal code, seven were from the Winnipeg health region, two from Interlake-Eastern RHA, two from Prairie Mountain Health region, and one from Northern RHA.

Information about participant characteristics was gathered through pre-program questionnaires, and information is available for 26 participants. Most of the participants (93.8%) identified as female. The participants ranged in age from 45 to 89 with an average age of 70.6. Over three-quarters (78.3%) of the participants had received education or training beyond high school.

All but one participant indicated that they have a regular doctor or nurse practitioner. Participants reported an average of 1.9 chronic conditions, and the number of chronic conditions ranged from zero to 9. Twenty-five of the participants identified at least one condition. Of the list of 14 chronic conditions presented in the questionnaire, the most frequently mentioned chronic conditions were arthritis (56.0%), high blood pressure (48.0%) and thyroid conditions (40.0%). In addition to the printed list of conditions, participants mentioned 5 other conditions. Only one or two participants mentioned these conditions.

Figure 4.



Participants were asked to specify who they provided care to, and some of the participants identified multiple individuals. Of the 26 participants for whom information is available, ten cared for a spouse or partner, eight cared for a parent, three cared for a child, two cared for a friend, two cared for clients, and one cared for another family member.

Post-program evaluations were submitted by 22 participants. The participants were asked to rate how valuable the program was, and the ratings were broken down into each of the weeks. The table below shows the class topic for each week and the percentage of participants who gave each rating. Ratings are shown only for the participants who attended each class. The participants rated all of the classes very positively, with the majority of participants giving ratings of 'very good' or 'excellent.'

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*"Powerful tools - helps you evaluate where you are at and assess where and what changes would help you at this time and place"*

---

Table 3. Satisfaction for each PTC class

Week	Class topic	Poor	Fair	Good	Very Good	Excellent
1	Introduction, self-care principles, caregiving challenges, action plans	0%	5.6%	22.2%	16.7%	55.6%
2	Identifying signs and reducing stress, using positive self-talk	0	5.6	30.0	30.0	35.0
3	Communicating concerns and feelings, I/You messages, muscle relaxation	0	0	25.0	35.0	40.0
4	Communication in challenging situations: Assertive, Aikido & DESC, setting limits, guided imagery	0	0	20.0	35.0	45.0
5	Understanding and learning from emotions, dealing with anger, guilt and depression	0	0	16.7	38.9	44.4
6	Mastering caregiving decisions, family meeting and future planning	0	0	22.2	33.3	44.4

Participants commented on a number of aspects of the PTC program that they liked the best. A couple of participants stated that they liked everything they learned. Among other specific topics, setting goals and action plans were found valuable by several participants. The most frequently mentioned aspects involved communication, such as the I/You messages and the strategies learned in Week 4.

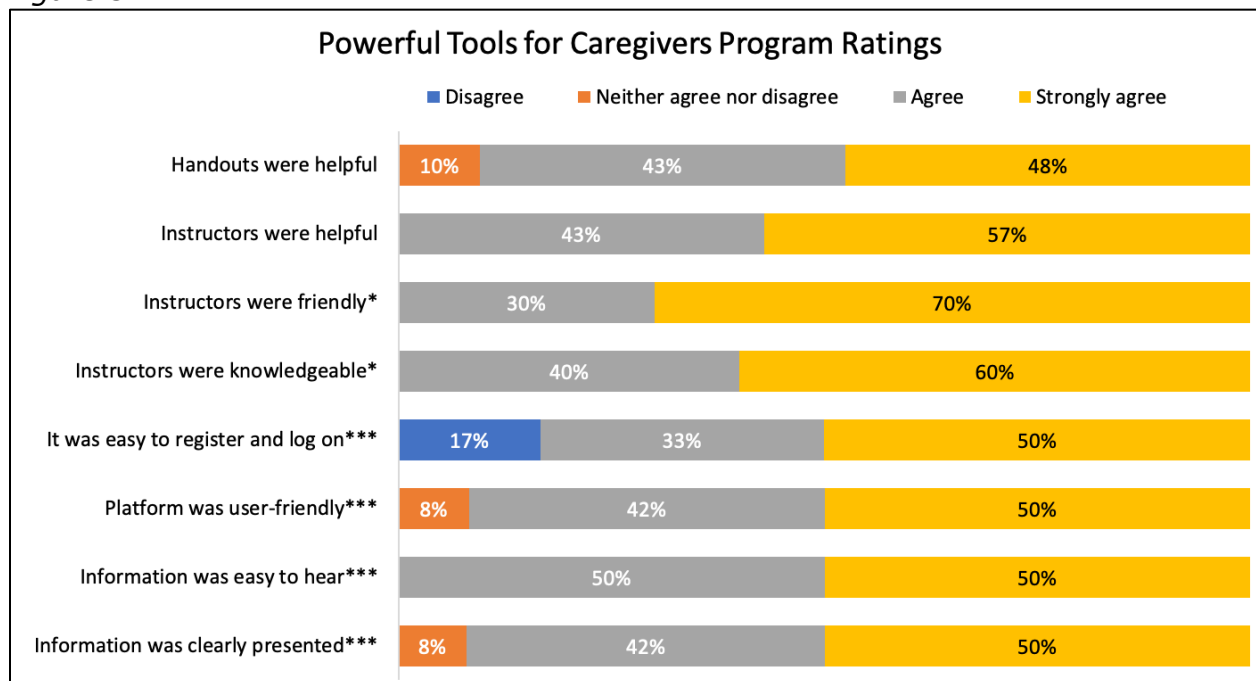
Participants rated the PTC program very positively (Figure 5). Participants in both in-person and virtual programs found the instructors helpful, friendly and knowledgeable. Only a few participants of virtual programs encountered frustrations with the ability to use, see and hear the online platform.

---

*"Please take this course you will thank yourself.  
They are amazing teachers and meeting new  
people who is the same boat as you and share  
new experiences, such a great opportunity"*

---

Figure 5



\* *in-person program questionnaire.*

\*\*\* *virtual program questionnaire*

The Powerful Tools for Caregivers program had a positive impact on the participants. Asked if the class provided participants with helpful information about community resources, 36.4% strongly agreed, and 45.5% agreed with that statement. One-third of participants (33.3%) strongly agreed that as a result of the class, they were more confident caregivers than before, and 38.1% agreed; about one-quarter of the participants (28.6%) neither agreed nor disagreed with that statement.

Over one-half of the participants (52.4%) were very satisfied with the program overall, and 42.9% were satisfied. When asked if they would recommend the program to a friend, almost all participants said they would definitely would (61.9%) or probably would (33.3%).

Participants offered what they would tell others about the PTC program:

- Know that you are not alone. Many others share similar experiences to yours, and your thoughts and feelings are normal.
- Great resource for a time in your life that has many changes.
- I would let people know that the sessions are very well organized and the information is excellent.
- This course will help give you the tools to make caregiving easier.
- Welcoming safe information.
- You owe it to yourself and your loved one to take this course

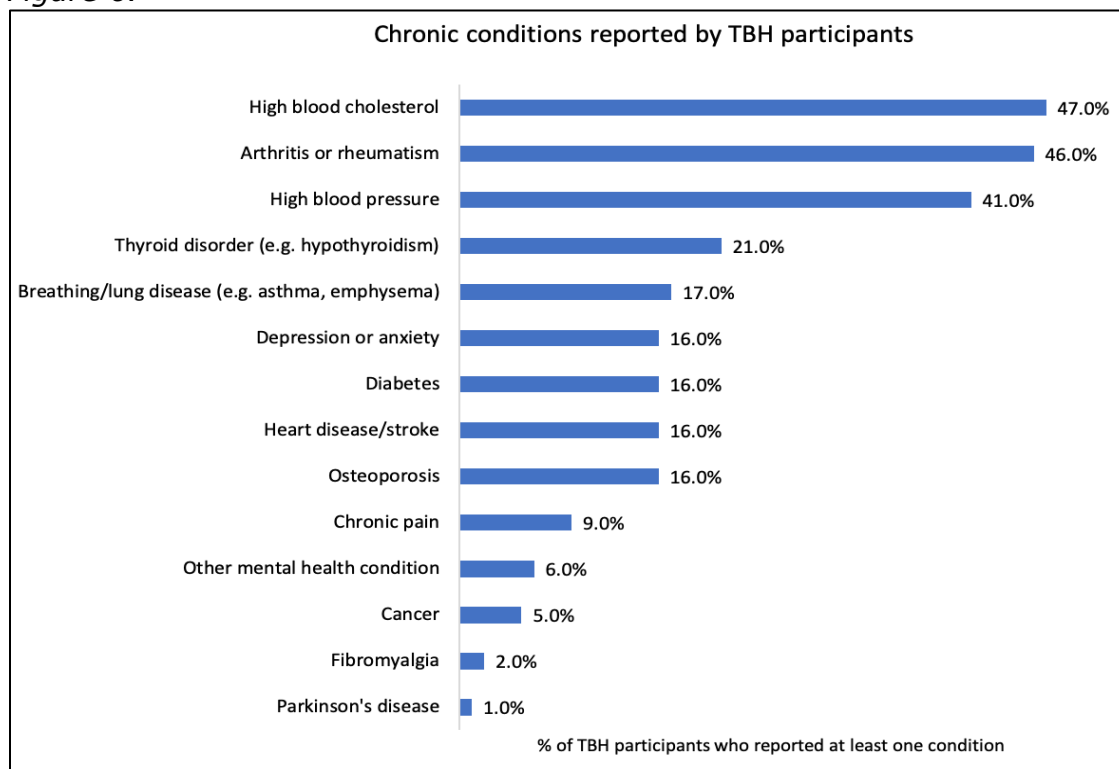
## Total Brain Health Participants, Outcomes and Evaluation

The Total Brain Health program was introduced during the 2021-2022 fiscal year. In 2023-2024, 10 programs were offered, and all programs were offered in-person. The Wellness Institute offered two of these programs. Programs were also offered at a church, a public library, at Creative Retirement, and five programs were offered onsite at seniors housing units.

A total of 130 individuals participated in the TBH program, and 94 completed it, for a completion rate of 72.3%. 104 individuals completed pre-program questionnaires that provided information about the participants. Of these 104, most (86.2%) identified as female. The participants ranged in age from 32 to 93, with an average age of 72.7. Almost three-quarters (70.2%) had education or training 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 1.8 and ranged from no chronic condition to seven conditions. One hundred of the participants mentioned at least one chronic condition. The most frequently mentioned conditions were high blood cholesterol (47.0%), arthritis or rheumatism (46.0%) and high blood pressure (41.0%). In addition to the 14 listed conditions, participants mentioned 16 other conditions, all reported by four or fewer participants.

Figure 6.



Prior to participating in the program, participants were asked to rate their current brain health. The table below shows the percentage of participants who gave each rating (Table 4). For most aspects of brain health, participants rated their current health as good or very good.

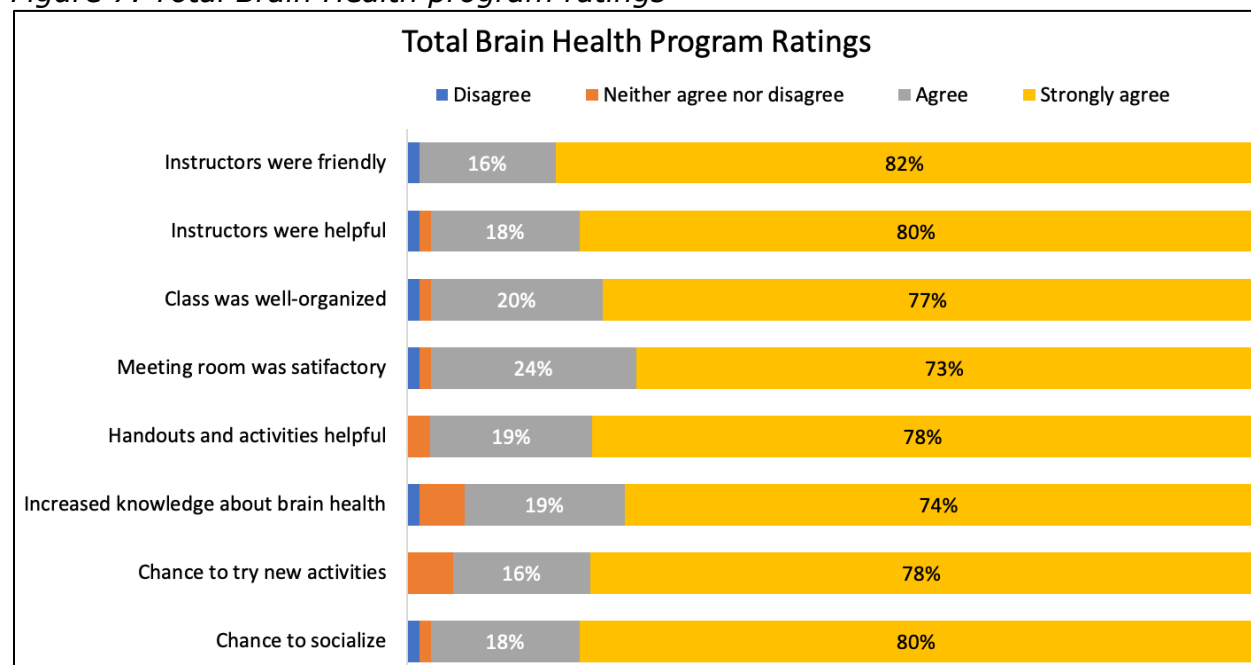
*Table 4. Rating of brain health pre-program*

Aspect of brain health	Excellent (%)	Very good (%)	Good (%)	Fair (%)	Poor (%)
Attention skills	7.4%	36.8%	37.9%	15.8%	2.1%
Multi-tasking skills	5.2	34.0	41.2	16.5	3.1
Short term memory	8.2	18.4	44.9	21.4	7.1
Long term memory	11.3	37.1	34.0	14.4	3.1
Reasoning skills	11.6	47.4	32.6	8.4	0.0

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 found the instructors friendly and helpful. Most participants agreed or strongly agreed that the class was well-organized and the handouts and activities were helpful (Figure 7).

In addition, most participants felt that their knowledge about brain health increased after attending the program. They were even more pleased with the opportunities the program gave them to try brain health activities and socialize.

*Figure 7. Total Brain Health program ratings*



Most TBH program participants felt they would feel an ongoing impact from the program. Almost all participants strongly agreed (62.9%) or agreed (34.3%) that

they are more likely to make brain-healthy choices as part of their routine and as a result of the program. Similarly, most participants were very satisfied (80.6%) or satisfied (17.7%) overall with the program. Almost all participants indicated that they would definitely (83.9%) or likely (14.5%) recommend the Total Brain Health program to a friend.

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

- Everyone should have the opportunity to participate in this program. It is challenging, interesting and gives you an appetite to learn more. Please keep this program going and look for more!
- Excellent information and materials. Extremely well run. Good for everyone!
- Highly encourage anyone to take advantage of this program. Well organized, excellent presentation and handouts, resources.
- I would whole-heartedly recommend attending this program. I was grateful for the opportunity and it opened my eyes to how important it is to keep the brain working i.e. Exercising it and challenging it. I am usually shy and avoid social situations often, so it was enlightening to learn that social interaction is also important in brain health.
- This program is well worth the time commitment. It provides valuable information for stimulating our minds and fun ways for incorporating them into our lives.
- It's a very interesting program with a great deal of information that I can use going forward.

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

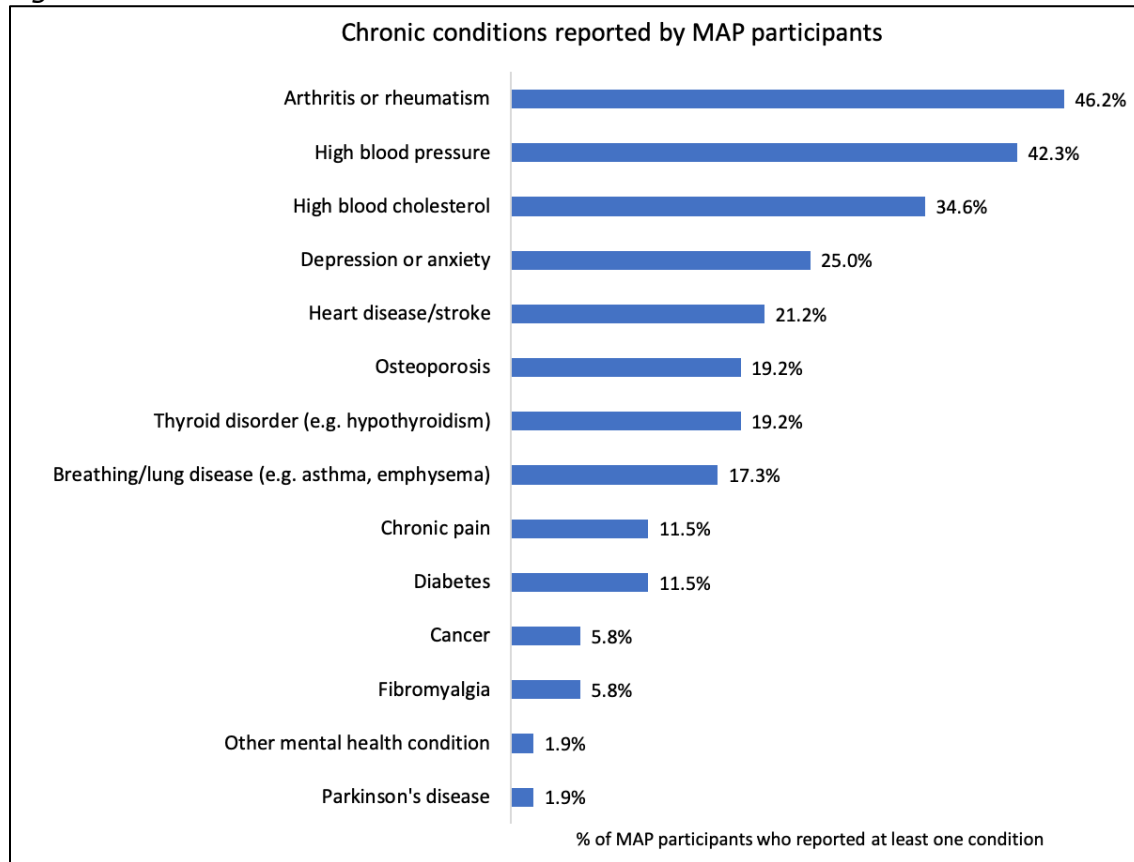
The Memory and Aging Program was introduced as a pilot program in 2021-2022, and Total Brain Health program participants were invited to attend. The program is now a key program in the schedule of offerings. In 2023-2024, six programs were offered, five in-person and one virtual program, and a total of 64 individuals took part, 52 of whom completed the program at a completion rate of 81.3%. The virtual program, and three of the in-person programs, were offered at or by the Wellness Institute. Norwest Food Centre and Valhalla Apartments hosted the remaining programs.

Pre-program evaluation forms were submitted on paper or online by 60 participants. The majority of participants (87.1%) identified as female, and almost two-thirds (63.9%) had education or training beyond high school. The age of the participants ranged from 56 to 86, with an average age of 72.8 years.

Almost all of the participants (96.5%) indicated that they have a regular doctor or nurse practitioner. Participants were asked to indicate any chronic conditions they have been diagnosed with from a list of 14 conditions, with the possibility of writing in additional conditions. The average number of conditions reported was 1.8, with a range from no conditions to eight conditions. 52 of the participants named at least one condition. The most frequently-mentioned condition was arthritis or

rheumatism (46.2%), followed by high blood pressure (42.3%) and high blood cholesterol (34.6%). There were 12 conditions mentioned that were not on the printed list, but each of these conditions were mentioned by a single participant.

*Figure 8.*



Prior to participating in the program, participants were asked to rate their current brain health. The table below shows the percentage of participants who gave each rating (Table 5). For most of the aspects of brain health, participants rated their current health as good or very good. Compared to the other aspects of brain health, short-term memory was most likely to receive ratings of fair or poor.

*Table 5. Rating of brain health pre-program*

Aspect of brain health	Excellent (%)	Very good (%)	Good (%)	Fair (%)	Poor (%)
Attention skills	6.9%	29.3%	44.8%	17.2%	1.7%
Multi-tasking skills	9.3	33.3	33.3	18.5	5.6
Short term memory	3.4	20.7	36.2	29.3	10.3
Long term memory	1.8	37.5	41.1	16.1	3.6
Reasoning skills	14.3	42.9	39.3	1.8	1.8

On the first day of the program, participants were asked to select up to three goals for the program, from a list of 13 goals. When the program was complete, the

participants were asked to indicate how satisfied they were with achieving the goals they selected. 28 of the participants mentioned at least one goal and rated their satisfaction with their goal(s). The table below shows the rating given for each goal that had been identified.

Of the 13 goals listed, 12 of them had been identified by at least one participant as among their top three goals. Overall, most participants were satisfied that their goals had been achieved. The most frequently identified goal was to feel less stressed and worried about memory loss, because some memory loss is normal. Nine of the 12 participants who identified that goal were satisfied or very satisfied with its achievement. Ten of the participants had a goal to learn current evidence-based recommendations to optimize brain health, and for eight of these their goal had been achieved.

*Table 6.*

GOAL: To....	# who chose as a goal	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Feel less stressed and worried about my memory	12	6	3	2	1	0
Know current, evidence-based recommendations for how to optimize memory and brain health	10	6	2	2	0	0
Have a better general understanding about memory	8	6	2	0	0	0
Understand how lifestyle factors such as diet, exercise, thinking and social activities can affect my memory	7	4	3	0	0	0
Use strategies to remember names	7	1	3	3	0	0
Feel more confident in my ability to remember things that are important to me	6	1	5	0	0	0
Use strategies to remember things that I need to do	6	0	4	2	0	0
Use strategies to remember where I put things	5	3	2	0	0	0

Understand how aging can impact memory	4	3	0	0	1	0
Understand how different medical conditions can affect my memory	4	1	2	0	1	0
Understand how stress can affect my memory	4	2	1	1	0	0
Use strategies to remember recent events.	3	0	1	2	0	0
Learn from my peers and share experience with them	0	0	0	0	0	0

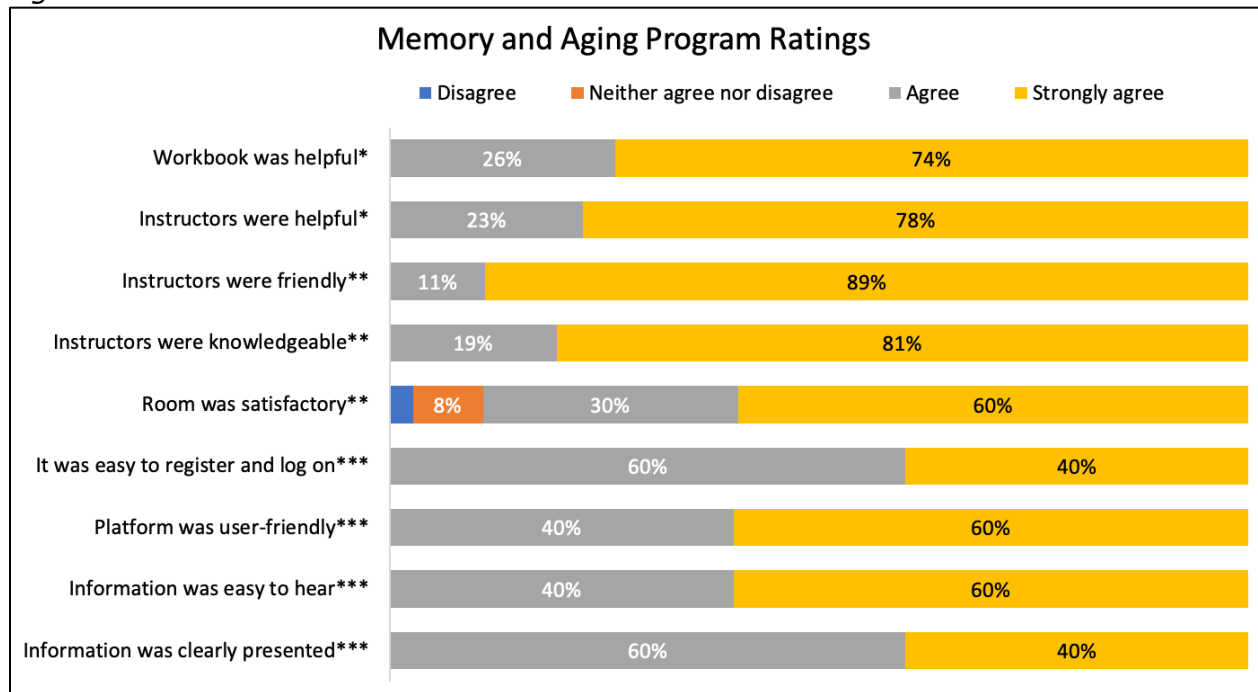
Participants were asked to complete another questionnaire at the end of the four-week program, and 37 submitted a questionnaire. Participants rated the Memory and Aging program very favourably. Participants found the instructors friendly, knowledgeable and helpful. All participants agreed or strongly agreed that the workbook was helpful (Figure 9).

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*"Useful information presented in an engaging method. Lots of interaction with presenters and participants. Well done!"*

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Figure 9.



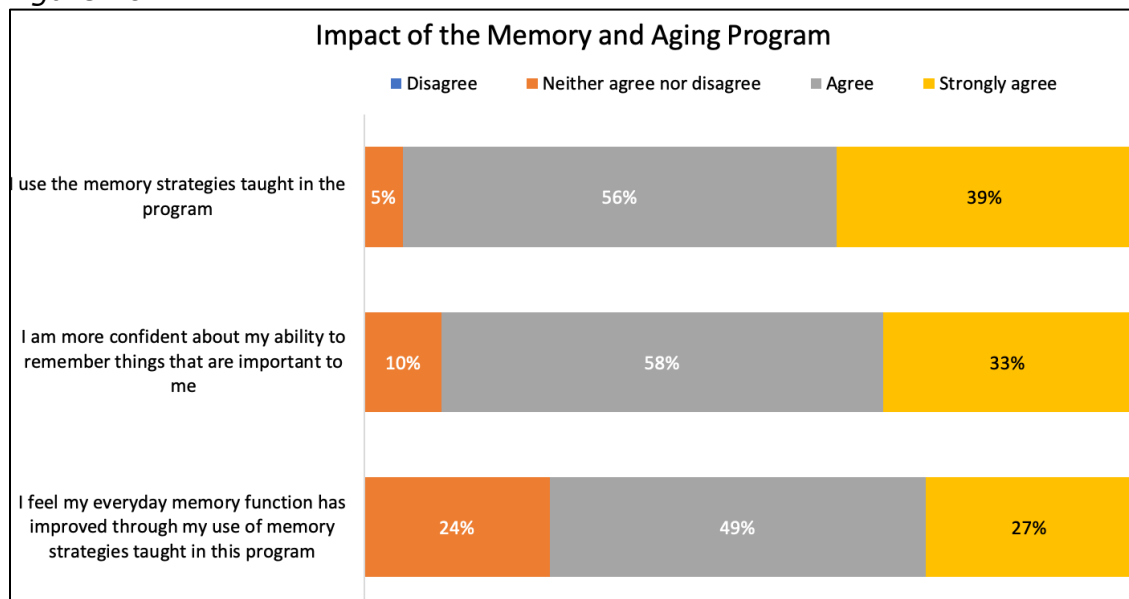
\* *both in-person and virtual program questionnaires.*

\*\* *in-person program questionnaire*

\*\*\* *virtual program questionnaire*

In addition, most participants felt improvement in their everyday memory function and confidence in their memory due to using the strategies taught in the Memory and Aging program. Almost all of the participants agree that they use the strategies.

Figure 10.



Overall, all of the participants were either satisfied (30.8%) or very satisfied (69.2%) with the Memory and Aging program. In addition, all of the participants indicated that they would definitely (84.2%) or probably (15.8%) recommend the program to friends and family.

Participants provided additional comments related the program:

- Good info. You realize some things are age related and normal and you may not be really losing it like you might think.
- By understanding how memory works, I understand how changes in my life affect MY memory now, not just aging.
- I truly enjoyed the enthusiasm of the facilitators. It is a great learning tool & I will reread the workbook again & work at my own pace. It will be a great reference tool.
- Useful information presented in an engaging method. Lots of interaction with presenters and participants. Well done!
- This is an excellent program for anyone, from caregivers to aging parents to aging children like me!

## TRAINING

Five training sessions were held during 2023-2024.

*Table 7. 2023-2024 Training Schedule*

<b>Regional Health Authority</b>	<b>Dates</b>	<b>Program</b>	<b># of Leaders Trained</b>	<b># Attended Leader Update</b>
Winnipeg Regional Health Authority	September 19 & 20 2023	PTC	6	N/A
Prairie Mountain Health and Interlake Eastern Regional Health Authority	October 16, 17, 23 & 24, 2023	GBT	14	N/A
Winnipeg Regional Health Authority	December 14, 2023	MAP and TBH	9	N/A
Winnipeg Regional Health Authority	January 25, 2024	MAP and TBH	11	N/A
Winnipeg Regional Health Authority	March 12, 2024	MAP and TBH	5	N/A

Six peer leaders were trained in the Powerful Tools for Caregivers program. Six leader trainees started, and completed, the two-day course. All of the participants were from the Winnipeg RHA area. Two of the participants were volunteers, and four were staff from either Age & Opportunity or the HART team.

There was one Get Better Together training in 2023-2024. This session was offered in-person in Brandon, with participants from Riverton, Swan River, and Ste. Rose du Lac joining in via Manitoba Telehealth. A total of 15 trainees started, but one trainee had to withdraw due to health issues. Of the 14 leaders trained 12 were staff and two were volunteers. Prairie Mountain Health region trained 12 new leaders and included representation from the north region (six), south region (four, two of which were volunteers), Keeseekowenin First Nation (one) and Sioux Valley Dakota Nation (one). Two staff leaders were trained in the IERHA . After the training session, participants were sent links to complete evaluation forms via Survey Monkey. Six participants completed post-training evaluations.

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. Six participants mentioned aspects of the program that they found valuable. Four participants found particular value in the ability to observe and practice teaching. Also mentioned were the scenarios that were presented and learning how to use the leader guidebook

Two 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, the appendix, action planning and problem-solving, and re-reading the leader book material.

All participants felt that nothing needed to be shortened or changed in the Leader Training program. One comment related to the length of time devoted to food labels. Another participant commented: *"Even though it felt like a long training I felt that it was all useful."*

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. The online format of this question offered response options of Totally Confident, Fairly Confident, Somewhat Confident, and Slightly Confident. Most leader trainees felt totally or fairly confident in dealing with various situations.

*Table 8. Ratings given by six GBT leader trainees*

<b>Confidence that I can...</b>	<b>Totally confident</b>	<b>Fairly confident</b>	<b>Somewhat confident</b>	<b>Slightly confident</b>
Answer questions that might be asked by program participants	2	4	0	0
Assist people with making an action plan	5	1	0	0
Assist participants, using the problem-solving process	4	2	0	0
Handle participants who cry	1	4	0	1
Handle participants who are silent	2	3	0	1
Handle participants who challenge you	1	4	1	0
Handle participants who talk too. Much	1	5	0	0
Handle participants who refuse to participate	2	3	1	0
Handle participants who have many personal problems they want to share	2	3	1	0

All of the GBT leader trainees were very satisfied with the training session.

This year, three MAP and TBH training sessions were offered, with 23 leaders from WRHA and two leaders from IERHA being trained. No official training evaluations were completed, but everyone seemed to find the programs a great new addition.

## **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	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Self-rated health	3.24	3.15	3.47	3.17*	3.46	3.44	3.33	3.30	<b>3.38</b>	<b>3.28</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	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
# of visits to doctor	2.79	2.86	3.96	3.96	3.24	2.78	3.10	3.27	<b>2.22</b>	<b>2.50</b>
# of visits to hospital ER	0.53	0.42	0.39	0.51	0.32	0.22	0.70	0.33	<b>0.72</b>	<b>0.72</b>
# times overnight in hospital	0.21	0.25	0.23	0.26	0.12	0.19	0.32	0.44	<b>0.35</b>	<b>0.33</b>
Number of nights in hospital	1.72	1.80*	1.74	1.32	0.96	0.96	0.82	1.09	<b>1.41</b>	<b>1.56</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...."*

	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Prepare a list of questions for your doctor	2.99	2.95	2.32	2.53	2.50	2.62	2.42	2.52	<b>2.89</b>	<b>2.89</b>
Ask questions about the things you want to know and things you don't understand about your treatment	3.39	3.18	2.93	3.28*	3.00	3.19	2.81	3.00	<b>3.00</b>	<b>3.11</b>
Discuss any personal problems that may be related to your illness	2.92	3.06	3.00	3.16	3.15	2.77	2.53	2.94	<b>2.89</b>	<b>3.17</b>
OVERALL	3.10	3.09	2.75	3.00*	2.88	2.86	2.58	2.78	<b>2.93</b>	<b>3.06</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?"*

	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Mean rating of compliance	3.54	3.93 **	3.54	3.65	4.42	4.58	4.66	4.62	<b>4.25</b>	<b>3.94</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	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-	Pre-	Post-
Stretching or strengthening exercises (ROM, using weights etc)	1.77	2.01	1.95	2.41	1.46	1.68	1.88	2.06	<b>1.71</b>	<b>2.17</b>
Aerobic exercises (such as walking, bicycling, swimming, aerobic exercise equipment)	2.22	2.35	2.37	2.88*	2.12	2.13	2.40	2.47	<b>2.17</b>	<b>2.44</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:	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	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	1.79	2.10*	2.13	2.04	1.31	1.73	1.63	1.75	<b>1.94</b>	<b>2.24</b>
Don't think of it as discomfort, but as some other sensation like warm, numb feeling	1.18	1.61**	1.40	1.79*	0.96	1.40	1.24	1.45	<b>1.72</b>	<b>1.94</b>
Play mental games or sing songs to keep your mind off the discomfort	1.42	1.96**	2.00	2.24	1.85	2.12	2.06	2.24	<b>2.18</b>	<b>2.53</b>
Practice progressive muscle relaxation	1.61	1.99**	1.66	1.89	1.88	2.04	1.76	2.21	<b>1.67</b>	<b>2.12</b>
Practice visualization or guided imagery, such as picturing yourself somewhere else	1.51	1.76	1.53	2.18**	1.32	1.65	1.45	1.82	<b>1.94</b>	<b>2.12</b>
Talk to yourself in positive ways.	2.40	2.72*	2.14	2.62**	2.08	2.08	2.38	2.76	<b>2.65</b>	<b>2.82</b>
OVERALL	1.60	2.01***	1.67	2.09***	1.57	1.84	1.83	2.12	<b>2.01</b>	<b>2.29</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.	2018/19		2019/20		2021/22¶		2022/23¶		2023/24¶	
	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?	5.72	6.46**	5.56	6.42**	5.52	5.71	5.74	6.39	<b>5.83</b>	<b>6.61</b>
Keep the physical discomfort or pain of your disease from interfering with the things you want to do?	5.55	6.36**	5.72	6.05	5.08	5.96	5.33	6.60	<b>5.94</b>	<b>6.56</b>
Keep the emotional distress caused by your disease from interfering with the things you want to do?	5.59	6.28**	5.07	6.43***	4.56	5.58	5.69	6.45	<b>6.33</b>	<b>6.94</b>
Keep any other symptoms or health problems you have from interfering with the things you want to do?	5.75	6.47**	5.47	6.43**	5.00	5.64	5.77	6.61	<b>6.11</b>	<b>6.83</b>
Do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?	6.40	6.84*	5.98	6.76*	5.92	7.00	6.06	6.91	<b>5.71</b>	<b>7.65</b>
Do things other than just taking medication to reduce how much your illness affects your everyday life?	6.61	7.04	6.22	6.72	6.65	7.00	5.85	6.64	<b>6.63</b>	<b>8.00</b>
OVERALL	5.91	6.58***	5.66	6.45**	5.44	6.07	5.80	6.60	<b>6.09</b>	<b>7.08</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=4):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Prairie Mountain Health	4	2	1	1	0

ONLINE: The virtual platform was user-friendly and easy to navigate (n=4):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Prairie Mountain Health	4	2	1	0	1

ONLINE: The information presented on the platform was easy to hear (n=4):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Prairie Mountain Health	4	3	1	0	0

ONLINE: The information presented was clear and visible (n=4):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Prairie Mountain Health	4	3	1	0	0

ONLINE and IN-PERSON: The facilitators were helpful, answered my questions(n=78):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	17	17	0	0	0
Prairie Mountain Health	32	26	3	3	0
Interlake-Eastern Regional Health Authority	21	17	4	0	0
Northern Regional Health Authority	8	8	0	0	0

ONLINE and IN-PERSON: The book was helpful (n=77):

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	17	17	0	0	0
Prairie Mountain Health	32	28	2	2	0
Interlake-Eastern Regional Health Authority	20	14	5	1	0

Northern Regional Health Authority	8	7	1	0	0
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IN-PERSON: The instructors were friendly (n=74)

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	17	17	0	0	0
Prairie Mountain Health	28	25	1	2	0
Interlake-Eastern Regional Health Authority	21	21	0	0	0
Northern Regional Health Authority	8	8	0	0	0

IN-PERSON: The instructors were knowledgeable (n=73)

	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	16	13	3	0	0
Prairie Mountain Health	28	23	3	1	1
Interlake-Eastern Regional Health Authority	21	18	3	0	0
Northern Regional Health Authority	8	8	0	0	0

IN-PERSON: The meeting room was satisfactory (n=74)

<b>RHA</b>	<b>#</b>	<b>Strongly agree (#)</b>	<b>Agree (#)</b>	<b>Mildly Agree (#)</b>	<b>Disagree (#)</b>
Winnipeg Regional Health Authority	17	12	3	2	0
Prairie Mountain Health	28	22	4	2	0
Interlake-Eastern Regional Health Authority	21	17	4	0	0
Northern Regional Health Authority	8	6	2	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=76):

<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	17	6	10	1	0
Prairie Mountain Health	32	15	13	4	0
Interlake-Eastern Regional Health Authority	19	10	8	1	0
Northern Regional Health Authority	8	5	2	1	0

ONLINE and IN-PERSON: Would you recommend Get Better Together to a friend? (n=75)

<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	17	12	5	0	0
Prairie Mountain Health	31	23	7	1	0
Interlake-Eastern Regional Health Authority	19	15	4	0	0
Northern Regional Health Authority	8	7	1	0	0

ONLINE and IN-PERSON: How satisfied are you with Get Better Together overall? (n=79):

<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	18	12	6	0	0
Prairie Mountain Health	32	22	9	0	1
Interlake-Eastern Regional Health Authority	21	12	7	1	1
Northern Regional Health Authority	8	6	1	0	1

